Shaping Futures

Market Position Statement

Designing services for the future 2015 - 2025

NHS

Essex County Council

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1. Executive summary: key issues for Essex

When we look at our markets in Essex, the council and our partners, including health – look for several predominant features and these include:

- variety of suppliers, some working in wider networks
- coverage of all parts of the county
- longevity
- high quality provision
- competitive pricing
- and innovation.

This market position statement (MPS) has been produced to help us understand our markets and profile the service needs moving forward for social care. The MPS will also help to provide a better understanding for organisations about the supply and demand of integrated care services in Essex in the medium and long term. It signals a time of fundamental change in the market and the way in which we expect to work with partners and suppliers moving forward – we are aiming to create a diverse, sustainable and high quality service offer for our service users and carers.

The statement will influence and inform planning and decision-making by commissioners and suppliers and is the start of a conversation about how we meet challenges over the next few years in partnership. The content takes account of the wider public policy context in which social care is commissioned and delivered and seeks a robust, best in class response from the market.

Market opportunities

We are seeking new ideas for best in class services – by designing new service solutions and outcomes together. Throughout the document you will see opportunities and prompts for your ease of reference.

During the remainder of 2014 and 2015, we expect to support this statement with a dialogue with partners and suppliers.

The document contains references to **market opportunities** throughout. These are highlighted to help the market identify further opportunities to diversify and expand business in Essex. We hope that the trends and analysis in this Statement will stimulate an ongoing debate about quality, location and new business ventures and arrangements for social care.

We have not set out to prescribe all the solutions at this stage as we want to try to solve the challenges by working together. This document together with a full list of upcoming contract opportunities can be found at www.essex.gov.uk/ariba.

So this MPS is intended to be a forward looking foundation for sustained change and improvement and a platform for new ideas.

The evidence provided in the document will help Essex County Council (ECC), health and our partners to reflect on and plan for the emerging shape and features of the population of Essex.

As a commissioning organisation our role is to:

- understand and articulate need based on evidence
- understand how people want to fulfil their lives
- consider markets and monitor quality
- decide how and when to commission services.

By working effectively with providers, service users, carers and communities, we aim to make sure the right services are available in the right place and when they are most needed.

1.1 What is covered?

The information contained in the MPS will also help commissioners work with the market to develop unusual, creative, efficient and cost-effective approaches. New approaches are required to address local need in this current climate of reducing resources, public service reform and personalisation.

This document covers:

- **Key issues – the need**
- **Supply analysis**
- **Demand analysis**

Broken into sections for

- All user groups
- Ageing well
- Living well

Moving forward, we will see more people holding personal budgets and making decisions about how their care is provided and our role will be to enable and provide more choices for service users. By 2016 onwards, these policy changes will be business as usual for our customers and we need to be planning for those changes.

This document should be read in conjunction with other strategic documents that are publicly available such as the council's commissioning strategies, The ECC Commercial Strategy 2014, The Essex 5 Year Health and Care Plan 2014-2019. Joint Strategic Needs Assessment and others such as a "A Shock to the System" ECC and NHS 2014. A full reference list is available at the rear of this document. There are also some appendices that have been included at the rear of the document that draw on some of the up to date projections as to population needs. These are linked to various new documents that the council is currently producing, including the Older Persons Strategy. Please contact us for further information and contact details are supplied again at the end of this document.

Together, it is intended that these documents provide the necessary information for local and regional/national suppliers to make informed strategic business decisions that will enable them to be best positioned to provide their strongest service offer to both service users and commissioners. The council, health and our partners want to develop a more creative solution to the challenges ahead

and consider ground breaking ideas and we are ambitious for our residents.

Of course a key piece of contextual legislation is the Care Act - that sets the tone for meeting the new and emerging needs of our residents that will require more integrated solutions.

The Care Act includes a legal duty to promote the integration of health and social care where the local authority considers that integration of services would either promote the wellbeing of adults with care and support needs (including carers), contribute to the prevention or delay of developing care needs, or improve the quality of care in the local authority's area. For the purposes of the Care Act, housing is considered a health-related service.

In line with the thrust of the Care Act, the coverage of the MPS can be any age, but focus remains predominantly on the market for adults with social care needs, their carers (formal and informal) and their families. Service needs of adults are wide ranging and complex and revolve to some extent, around life changing situations and circumstances.

Similarly, older children leaving care is a key transition phase in life and the Care Act emphasises a much more complete approach to meeting a vulnerable person's needs during their young adult years.

We will continue to work with our suppliers to design solutions that have a wider reach and that will be reflected in supplementary statements of intent that underpin this MPS.

Quality of service remains a key driver for our services and own partners moving forward.

Market opportunities

The context for commission and supply in this area of service delivery has never been more challenging. Predicted growth in population numbers, longevity of life, complex disease management and decreasing budgets requires a creative and effective response from all sectors.

Throughout this document is a wide range of data regarding supply and demand in and around Essex. The following summarises salient points that begin to highlight our social care context in Essex:

- **Personalisation** is a top priority element of emerging markets for social care over the coming years and presents wide ranging opportunities for new service offers from infrastructure and technology, online home banking and accounting support, through to menus of care itself to ensure that service users and their carers can transparently buy and monitor their own packages of care and top up care as needed
- Approximately 32,000 people receive social care services in Essex over the course of a year and at any one time
- 17,566 of those 32,000 were adults

aged 65+ and this proportion is set to increase

- There is a significant link between areas of deprivation and the volumes of people accessing services – until the age of 65 – when the correlation (across the UK) becomes less significant and we can assume therefore more age group specific
- Investment in early **intervention** and **prevention** of falls, for example, reduces the ongoing and lengthy cost of a hospital stay and aftercare. Prevention is a key focus for our service moving forward
- Older children leaving care are a high risk customer group. In earlier years, the average cost of an excluded child over a lifetime to society has been quantified as £63,851[1]* and these children are at high risk of becoming dependant young offenders as they move out of care
- The nationally predicted age spike (a decent quality of life beyond 80s/90s) in the population will appear in Essex
- Whilst people are not coming into services any earlier, they are living (and hence staying) in need and in services for longer – real terms volume and general demand for social care will increase over the next 10 years
- Every resident should be within reach of a community transport service.

1 *(DFE pilot data Office of Public Management reported) 2014/15

Providers wishing to develop closer partnership approaches with the council should leverage the strategic geographic positioning of the service offer and focus on rural coverage

- Extra care (high dependency) housing and more support at home are areas of current and future focus in terms of developing a range of options for older people and potentially other service user groups.

Market opportunities

In Essex, we know already that there will be a need for 2,500 additional places with extra care support of which we would expect to directly commission approximately 360 and this extra care support will be mainly in Tendring, Basildon, Chelmsford and Castle Point.

- The contemporary model of care and support is based upon time limited specific interventions to achieve named and agreed outcomes – but importantly these interventions must be linked and integrated for a person and a family as whole.

Market opportunities

All of these points are key opportunities for you to expand and develop new market offers.

- We want to maximise independence and reduce the chances of creating dependencies through long-term

service provision.

Market opportunities

Extended periods of residential stay are no longer the way forward and the market needs to work with us to design service offers that reflect micro-commissioning issues, such as long term response to health issues helping people to stay in the home.

- One fifth of care packages were for home care services and this is set to rise
- In a typical week, approximately 6,800 service users receive home care from an external service provider
- There are approximately 159,000 hours of home care provided each week by externally commissioned home care providers
- The demographic trend of an ageing population requires permanent care and support that is expected to be increasingly complex and needs to be personalised and tailored.

Market opportunities

Different markets can require different commissioning approaches. We are open to competition, collaboration and complimentary approaches and want to explore new ideas.

We need to see services developing that reflect our aim to have a greater focus on carers – and see carers as having 'parity of esteem' effectively to be as supported and enabled as the service user that they are caring for.

Market opportunities

We want to work in closer partnership with our providers and moving forward there will be an intense focus on

- **quality**
- **choice**
- **dignity and most importantly**
- **safeguarding.**

Market opportunities

We want to encourage our providers to work with us to develop and secure a workforce that is

- **motivated**
- **skilled and valued.**

We will work with the market to provide ideas as to how we can assist on workforce and development in particular.

Market opportunities

We know already through market position research, that there are opportunities for you to expand and diversify your business in Essex in the key aspects of:

- **Prevention** providing service solutions to help people retain independence
- **Achieved and tailored Care at home** providing ideas as to how service users can remain empowered in the community
- **Personalisation** providing flexible ideas for others including brokerage so people can purchase services themselves from a menu of choices
- **Enablement and reablement**
- **Supporting carers through peer mentoring** ideas such as training advice, short breaks for example
- **Advanced technology**
- **Community activity**
- **Home support services** Home support for budgeting, household services for example domestic services – rural supply.

Market messages[2]

Market messages are varied for all regions, but these key points are relevant across the south east and eastern regions and in Essex we have endorsed these:

- **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence
- **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care
- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils – including wider support services, such as housing
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers
- **Protection:** there are sensible safeguards against the risk.

2 South West Regional Improvement and Efficiency Partnership (2011), Developing a Market Position Statement for Adult Social Care: A toolkit for commissioners, http://ipc.brookes.ac.uk/publications/pdf/Toolkit_for_Developing_MPS.pdf.

2. Introduction – our vision

Market opportunities

A strong market message for us is that we start to reduce the number of older people in residential care and we want to hear new ideas on how we can achieve that aim.

Over the last year, the council along with our health partners has moved to a more radical and integrated commissioning structure and a new way of working, with a team of dedicated commissioners developing strategies and plans for commissioning services for a wide range of needs. Crucially, these plans are outcome focussed, rather than a more traditional age grouped approach.

This allows us to be more flexible moving forward and to recognise the key theme of the Care Act which is essentially that care needs and our response to them, requires a person centred and personal response.

Commissioning strategies available at www.essex.gov.uk

2.1 Our vision

Our vision for residents and service users in Essex 'Where innovation brings prosperity' is linked to our seven key outcomes:

1. Children in Essex get the best start in life
2. People in Essex enjoy good health and wellbeing
3. People have aspirations and achieve their ambitions through education, training and lifelong learning
4. People in Essex live in safe communities and are protected from harm
5. Sustainable economic growth for Essex communities and businesses
6. People in Essex experience a high quality and sustainable environment
7. People in Essex can live independently and exercise choice and control over their lives.

We have also worked with our health[3] partners to produce a shared vision.

3 The Essex 5 Year Health and Care Plan 2014 - 2019. www.essex.gov.uk

Joint Health and Wellbeing Strategy for Essex 2012 and Essex 5 Year Health and Care plan 2014-2019 Vision

By 2018 residents and local communities in Essex will have greater choice, control and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing.

Social care for people of any age range works across a number of these outcomes and principally our goal is to ensure people may achieve their full potential. We want to work with the market to ensure that support is available to help improve residents' health and wellbeing – providing access to the right help at the right time, with an increased and clear focus upon education, training, work and skills.

Policy drivers are key in this domain and they have stayed constant since the White Paper that preceded the Care Act. 'Capable Communities, Active Citizens' and for us in Essex remains helpful.

Appendix 1 also includes further high level goals for our services for Older People and some key messages on our direction of travel that we hope will influence market direction.

2.2 A changing market place

Personalisation

Market opportunities

Personalisation will be a major part of our service in the future and so needs to feature in successful market offers and solutions.

We will aim to promote greater personalisation through individual budgets, commission services at a local community level where that works best and work across health and other council services and the third sector (third sector for us in Essex is our voluntary sector, charities and not for profit organisations) to develop more coherent customer journeys that reduce dependency upon complex and sometimes costly services.

Our ambition is to build strong partnerships supported by an accessible business market that responds flexibly to supply and demand, providing diverse, high-quality and sustainable services at affordable prices.

2.3 Third sector

The council and our partners work closely with the third sector (by third sector, we mean not for profit organisations and registered charities) and we value that partnership highly. A key role for our market partnership with the third sector moving forward is in personalisation and prevention. Many successful projects are

based around keeping vulnerable people closely connected with projects and schemes that help foster independence and enable communities to support themselves and be away from the sometimes stressful acute care situations.

There are about 10,000 volunteer organisations (VCS) in Essex and we value our partnership with our third sector partners greatly as do service users in Essex.

The council is currently working with our partners to prepare a VCS commissioning framework which will be a joint and new way of working with our partners. This will be a blend of a caring approach whilst maintaining a commercial and competitive edge to everything we do.

Examples of actions under the new framework include:

- Creating opportunities for co-decision making with the sector over-awarding new bids
- Sharing and developing training and best practice case studies
- Improving ease of online access for the sector to bid for opportunities and joint work on forward planning such as procurement pipelines
- Self assessment of the council's own approaches to the VCS Compact.

Similarly, the council is working hard to develop partnership approaches with the Federation of Small Businesses in Essex and encourage a mix of providers working in collaboration together that may encourage local and sustainable supply chains.

Moving forward, we will primarily be concerned with facilitating choices and co-ordinating the provision of information and advice for people and their carers about the care options available for them, and what actions might produce the best outcomes. **This will in turn help people to become their own commissioners and personalise their packages of care.**

Market opportunities

Helping us to make service users aware of the choices of care available is a key business growth area for our suppliers, not only raising the awareness and fulfilling the offer, but ensuring the whole package is online as a choice of users.

This "connecting and informing" role is also a crucial element for the Third Sector and many innovative scheme ideas such as Social Prescription for example, are successfully bridging service gaps and helping to improve quality of life for vulnerable people across Essex.

www.whowillcare.info[4]
http://essexpartnership.org

4 Sir Thomas Hughes-Hallett "Who Will Care?" Independent Commission 2013

2.4 Prevention

The council wishes to see service offers from all parts of the market that are targeted at prevention and avoiding harm to vulnerable people wherever possible. For example, it is commonly acknowledged that a significant number of unplanned hospital admissions of older people are not necessary. 'Unplanned admissions of older people: exploring the issue'[5] explored the work of nine English councils that agreed to work in partnership with health and third sector organisations to achieve the 'headline target' of a 20% reduction in emergency bed days (EBDs) for people aged 75 and over, during a three-year period. Those admissions often led to very poor outcomes, including onward admission to long-term care. Services therefore need to be realigned to face the front door of the hospital and acute care, rather than the "back door" and prevent admission.

My Home Life Essex is a good example of partnership working for vulnerable people in Essex and details can be found at www.mhlec.org

Market collaboration involving the third sector in solutions will be a priority for our service offer moving forward as will direct bidding from the third sector.

By applying experience from the work in north east Essex[6] to date, it is anticipated that cashable benefits could include:

- **Improved mental health** currently costs the council £956 per person per year (total fiscal cost), based on adults suffering from depression or anxiety disorders
- **Reduced numbers of GP appointments** currently costs the council £125 per GP per hour
- **Reduced time spent in surgeries** currently costs the council £35 per nurse or practice, per hour
- **Improved health; reduced prescription need** currently costs the council £42 in GP prescription costs consultation
- **Return to work** estimated £10,025 fiscal benefit in terms of Job Seekers Allowance, from a previous claimant entering work.

2.5 Early intervention

Working with the market, the council wants to maximise the benefits of early intervention and preventative initiatives, building life skills, preventing the onset of diseases and work to help people live independently and healthily for longer.

5 Henderson, Sheaff, Dickinson, Beech, Wistow, Windle, Ashby and Knapp – 2011

6 Taken from empirical evidence base CCC and national Colchester CVS OBC My Social Prescription 2014

Early intervention is an investment in better outcomes for all user groups – adults and families, that will enable them to contribute to the community and the local economy, build stronger communities, have better futures for themselves, and reduce the cost of dependence on health and social care services. It will contribute to the wider agenda of sustaining a strong local economy, reducing rural deprivation and inequality and promoting localism.

The council will work to influence and support the market to develop these characteristics and encourage micro-commissioning; where we look for the joins in services to make a more complete and seamless package offer, that is geared around individual needs and circumstances.

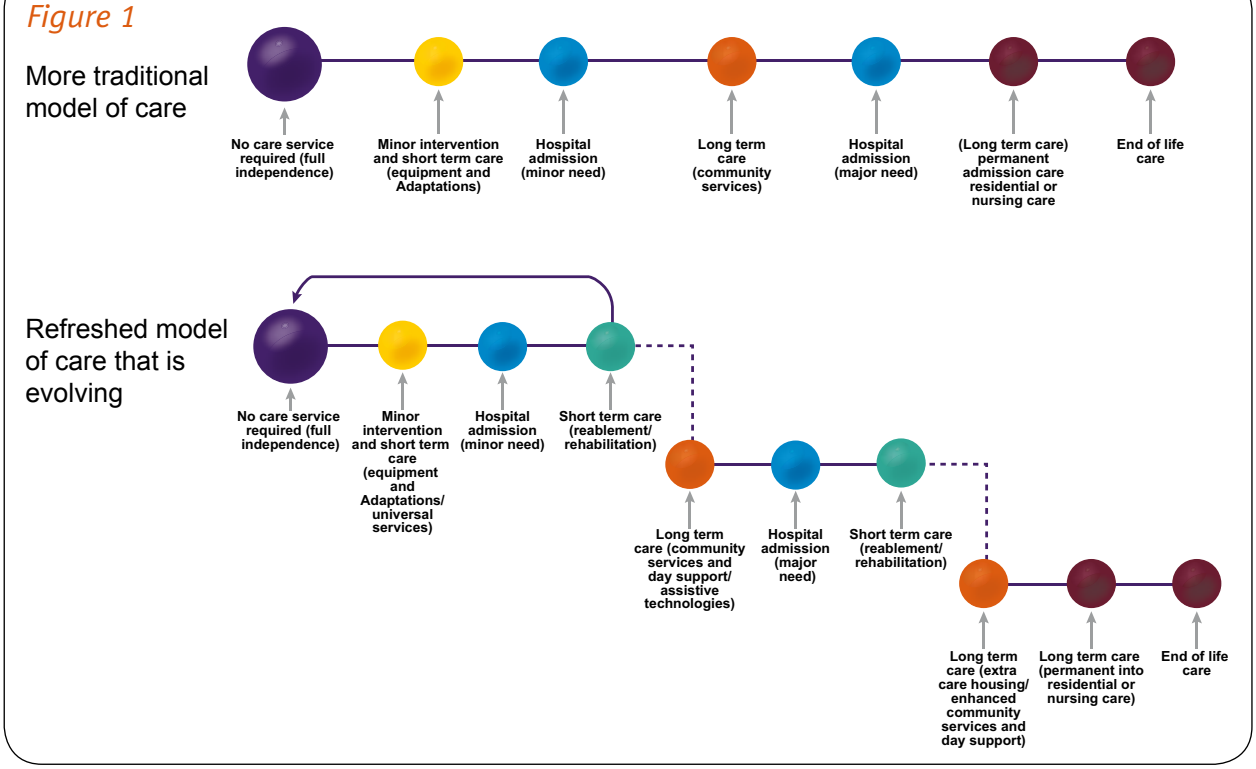
Market opportunities

The contemporary model of care and support is based upon time-limited, specific interventions to achieve named and agreed outcomes. This is an attempt to optimise independence and reduce the chances of manufacturing dependencies through unnecessary or prolific provision.

2.6 Risks and rewards

Social care in Essex is currently delivered through a mixed economy market, comprising of a wide range of service providers, including small, medium and large organisations.

Figure 1



Many providers are local, some regional and national in scope and their governance and ownership structures range from the straightforward to the complex. The fitting together of these different approaches is vital to the success of meeting the challenges that lie ahead.

Market opportunities

Moving forward, we want to see collaborations of groups of suppliers and umbrella partnership models working together to meet peaks and troughs in demand, so that business flow and profitability for smaller suppliers is steady and sustainable. Quality services can therefore be maintained by suppliers working together more effectively as demand ebbs and flows.

For example, we do want to move over time to more strategic partnerships with a fewer number of providers - that may in turn deliver and tactically support a wider portfolio of service offers – perhaps more focussed on areas or whole communities, rather than very specific aspects of a single service.

The council is looking for some breakthrough ideas. We are one of the largest councils in England and our solutions will be best in class and innovative moving forward.

The council knows there are some areas in Essex where there are fewer choices of providers; residential care in some rural parts of Essex, for example. We want to work with both current and new providers to source supply here, from neighbouring areas where that works well as a solution.

Market opportunities

We know that there are some gaps in our capability to make easy placements in some service areas such as – nursing, respite care, some areas for home support. We are working on detailing the scale of the issues by geography and service type and on understanding of the reasons e.g. skills, training gaps and lack of specialist supply, rurality factors etc. We need your market ideas to help move this forward and umbrella partnership ideas to plug gaps in rural Essex in particular.

We know of course that Government funding will continue to reduce in the foreseeable future and that we face unprecedented financial challenges; we will need to encourage and stimulate local businesses, investors and social enterprises to enter the health and social care market place as providers or funders to share in the risks and rewards with us.

The council knows that advanced technology will be part of all our solutions for services in the future, not only to coordinate the capacity and provide the capability to deliver, but also to improve information and the exercise of online choices.

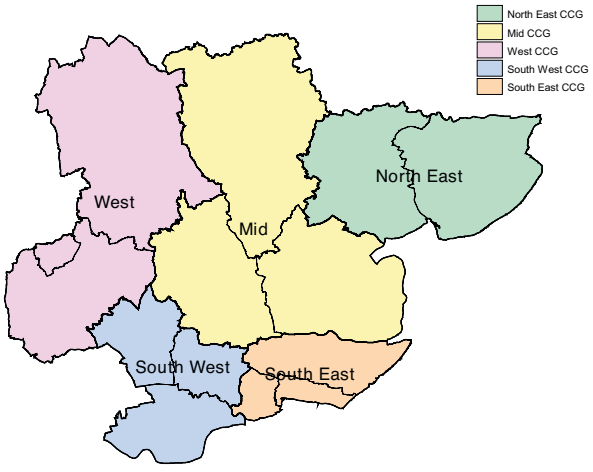
Our commissioners are responsible for

balancing the risks and rewards, for strategic planning and for stimulating and shaping the market.

Commissioners are integrated with health as joint care commissioners. We want service providers to work closely with the third sector and commissioners. We want to try to ensure that a sufficient range of quality services are available at an affordable price, enabling real choice, particularly in areas where shortages of provision is already evident.

Through this MPS, commissioners will provide intelligence and information for the markets to assist their business-planning processes. The analysis and forecasting of demand trends will lead to the creation of business opportunities for enterprising, dynamic, flexible and creative providers.

Figure 2 – Five CCGs



2.7 Clinical Commissioning Groups (CCGs) in Essex

Working together, the council and health partners have recently completed a Five Year Plan Health and Care Plan 2014-2019. The CCGs have visions that have been cross referred when developing plans together. The plan provides important context for this MPS, as there are five Clinical Commissioning Groups (CCGs see figure 2) in Essex and the five together make up a business critical setting for the care markets.

References to some of the key issues in the 5 CCG areas follow in the demand section of this MPS noting our close and ongoing partnership with Southend and Thurrock Councils and health partners.

2.8 Future resourcing

2014/15 background

Essex County Council, along with many of our public sector partners, is facing considerable financial challenge. There are of course national reductions in public sector spending, compounded by expected inflation and an increasing demand for our services. The council must continue to ensure value for money of all spending and to direct as much money as possible to front line services and continues working with partners such as health – looking at whole systems thinking of market solutions.

Market opportunities

Similarly, the council will be expecting to manage the inflation expectations of our suppliers very closely and work on a no surprises, "early warning" basis in close partnership.

So the council for its part must produce a balanced budget in any year, without the ability to borrow to help fund shortfalls in funding; therefore it must take action to manage the pressures it faces and this MPS is a key part of our planning ahead.

Without significant changes to how services are delivered, budget pressures relating to increased prices and increased numbers of service users, particularly from an ageing population, would increase ECC costs considerably. Combined with declining funding levels, this increase means that without intervention, there would be a gap for the council of around 24p for every £1 received by 2016/17; or over £235 million.

Whilst the council is seeing in real terms reductions in its budget, it still has significant resources, funding critical services for a wide-range of customers including social care, educational services, roads, waste disposal, libraries and infrastructure. Essex County Council has a gross expenditure budget of £1,855.9m in 2014/15, with a net cost of services of £931.8m. This represents a £40.0m spending reduction on 2013/14, a substantial proportion of which arose from a 13% cut to the Revenue Support Grant (RSG).

The Better Care Fund (BCF)

BCF has been created by Government to help support greater integration in health and social care and has provided an opportunity for the service delivering stakeholders in Essex to work together. In Essex, the Fund will support market opportunities and help to bridge the funding challenges surrounding integration between the council, health and other partners.

BCF will support:

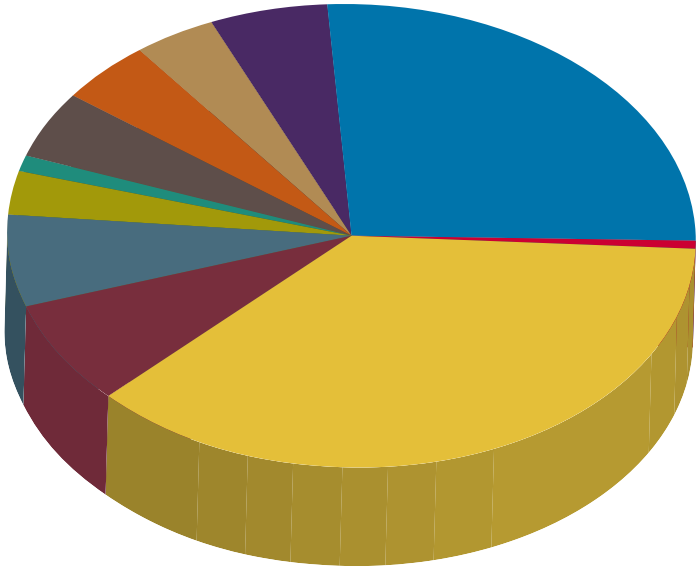
- new provider models of integration between community health, community care providers
- investment in reablement funding on community based services and in integrated health and social care residential and domiciliary reablement models
- investment in effective hospital discharge support.

Market opportunities

Talk to us about your business ideas that might fall into this BCF framework and we can work together to bring good ideas to fruition.

Figure 3

2.8.1 Essex County Council gross budgeted expenditure on services 2014/15



	£m
Adult Social Care	488
Economic Growth and Infrastructure	7
Education and Lifelong Learning	687
Families and Children	134
Highways and Transportation	121
Leader and Finance	53
Libraries Communities and Planning	24
Public Health and Wellbeing	88
Transformation and Corporate Services	82
Waste and Recycling	72
Other Operating Costs	99

Of this service spend – the council spends around £998m of it externally on bringing in goods and services (i.e. third party expenditure).

Figure 4

2.8.2 Detailed breakdown of adult social care budgets 2012/13 to 2014/15

Revenue budget summary

Adults social care

2012/13 Actuals £'000	2013/14 Original budget £'000	2013/14 Latest budget £'000		2014/15 Gross expenditure £'000	2014/15 Income £'000	2014/15 Specific grants £'000	2014/15 Total net expenditure £'000
			Corporate and democratic core				
361	361	361	Corporate and democratic core	341			341
			Access assessment and care Management				
(249)	8,284	(442)	Countrywide teams	(2,627)	(6)	(205)	(2,838)
5,430	3,752	6,024	Mid teams	6,612	(26)		6,587
6,786	4,865	8,175	North east teams	8,300	(192)	(188)	7,920
6,334	4,784	7,796	South east teams	8,025		(157)	7,867
104	52	52	South west teams	388		(255)	132
3,853	3,037	5,140	West teams	5,013	(51)	(158)	4,804
			Care and support				
111,733	165,389	164,193	Learning disabilities	180,206	(8,487)		171,719
96,989	105,494	105,781	Older people	195,723	(65,875)	(19,351)	110,498
35,838	34,733	36,499	Physical and sensory impairment	43,032	(3,118)	(43)	39,872
			Other social care				
(17)			Carers strategy	200	(200)		
(30)			Essex vulnerable adults	437	(437)		
4,360	6,036	6,036	Third sector funding	6,516		(350)	6,166
			Service management costs				
(113)	(366)	(366)	Service management recharge	(176)			(176)
8,470	15,543	13,452	Service management costs	14,484	(376)	(10,474)	3,634
			Housing related support				
22,054	18,737	18,944	Programme costs	21,427			21,427
307,903	**370,701**	**371,645**	**Net cost of services**	**487,901**	**(78,786)**	**(31,181)**	**377,953**

* Noting that there is therefore a budget to spend of £200k for the Carers Strategy programme 2014/15.

2.8.3 Capital investment

In addition to the expenditure on services outlined above, the council is committed to investing in assets it owns on behalf of the community, such as schools and highways. As a result, we have set an overall capital programme of £212m for 2014/15.

Figure 5

Note: the draft capital programme from 2015/16 onwards shows only the on-going impact of the 2014/15 and earlier programmes.

Capital programme summary

Portfolio	2014/15 £'000	2015/16 £'000	2016/17 £'000	Total £'000
Adult social care	5,483	2,000	-	7,483
Economic growth and infrastructure	6,950	6,000	6,000	18,950
Education and lifelong learning	50,940	56,992	32,203	140,135
Families and children	25	-	-	25
Highways and transportation	91,084	28,434	27,847	147,365
Leader	750	250	250	1,250
Libraries, communities and planning	7,623	4,681	2,557	14,861
Transformation and support services	30,395	16,612	872	47,879
Waste and recycling	18,175	160	-	18,335
Total	**211,425**	**115,129**	**69,729**	**396,283**

Health and social care will need to work closely and very differently to deliver these social care savings with health benefits and securing early intervention, enablement and rehabilitation will necessitate health and social care.

The national position on the financial challenges facing the NHS in general in the next five to 10 years has been well documented. The system has moved from a period of regular high growth to a period of minimal growth. This has presented significant financial challenges as it is coupled with the impact of an aging population who are living longer and so have

a greater burden of disease. There is also the continuing introduction of new technologies and drugs which add to the increasing costs of healthcare.

The high level modelling undertaken nationally suggested that the NHS is facing a £15-20bn shortfall in funding which would need to be addressed in the new system. Each Essex CCG has completed modelling work using a common set of assumptions to identify the financial gap over the next 5 years. This shows a cumulative gap of £84M by 2018/19, if mitigating plans are not put in place. As part of the two year planning process completed during 2013/14, the CCGs have then developed five year financial plans which mitigate this financial position in Essex[7].

What this means for the council's suppliers, is that we will work hard to ensure we commission quality services at a keenly competitive price. The council will work towards managed frameworks and integrated contracts, creating flexibility for ourselves and service users and meaning we can adapt to the peak and flow of demand. The council will also work hard with our partners in health and district and borough councils in particular, to reduce duplication and ensure best value and co-ordination of shared commissioning ambitions across the sector.

Glancing back

ECC capital expenditure: last year was £116m.

Capital expenditure relates to spend on assets such as infrastructure, schools and roads.

- 53% or £61m was spent on highways and transportation projects that help to keep vulnerable service users mobile
- 13% or £16m was spent on schemes for other council services which includes the assets for social care.

Source ECC Annual Report 2013 – 2014

7 Reference to health budgets in full and to integration of pooled budgets can be found in the 5 Year Health and Care Plan Section 6.

3. Purpose of this statement

3.1 What is a market position statement?

The term market can refer to many things, but it is essentially a way of distributing goods and services through supply and demand. For the purposes of this document, we are defining 'the market' in terms of the investment that the council can make, to meet the three demands that commissioners have to respond to:

- The needs identified by service users
- The duties identified by statute and augmented by our ambition and vision for Essex
- The local gaps that have been identified through commissioning analysis and goals and outcomes of the Commissioning Strategies.

The council values highly the work done with current suppliers to maintain quality and improve services; for example, the council analyses the top 20 vendors on a regular basis. Through this MPS we want to also invite existing and new suppliers and market makers to come and talk to the council and our partners about new solutions to help us navigate future challenges.

In turn, positioning is the means by which service providers and suppliers are able to best identify their chances of successfully supporting individuals to achieve agreed outcomes. It is a strategic approach that seeks the best alignment between an organisation's internal strengths and external opportunities. This is generally understood in terms of finding the strategic fit between the opportunities and threats within the far environment. The internal capabilities and resources of the organisation need to be understood within the context of both collaborative partnerships and competitive pressures.

This market position statement offers guidance that each organisation involved should consider in terms of its own business intentions. This MPS is an attempt to develop the partnership approach, to share risk on the uncertainties of the future directions of the social care and indeed other related markets, whilst linking to wider circumstances for vulnerable people.

3.2 Purpose of this statement

The first part sets out a series of themes that encapsulate the key areas of strategic development and concern from the council's and our partners' perspectives.

Whereas previous strategies may have concentrated on specific age determined client groups, the council is seeking to move away from this approach to consider the social care connections as a more seamless approach to commissioning – focussed instead on outcomes for people and their carers and providing choices.

Market opportunities

A key issue for the market is to provide menus of services for service users so that a greater variety of choice is available. These menus should combine directly funded services and those which are "top up" that a user may purchase 'on top'.

We will also be producing more detail around the impact of our work on place (place in Essex policy terms, refers to environment services such as – infrastructure, housing, transport, roads and capital investment services) to support and inform this statement about more of the situational settings that can improve quality of life for vulnerable service users.

There is now a greater than ever need to ensure maximum efficiency and flexibility in the market and connect features that improve quality of life such as housing, environment and transport for example.

The first part of the statement considers supply and demand for wide service user groups – an overall picture:

- All user groups
- Ageing well
- Living well.

The second part sets out and analyses the more detailed demands of the social care market over the next strategic period covering approximately five years. In parts one and two, you will see current population issues and micro trends forecasted from this analysis and projected forward up to 10 years and beyond where it is possible to draw assumptions.

The second part of the statement considers supply and demand in more depth, for priority user groups and features trends:

- Client focus
- Current supply
- Expressed demand
- Future commissioning intentions.

All analysis is subject to the risks and uncertainties that are becoming more tested in a dynamic sector. However, they offer a rational approach in terms of suggesting insights into how future demand must shape service delivery. In short, it tries to identify the population needs that social care services in particular, must accommodate.

By sharing market intelligence (in terms of size, competitiveness and current make-up), the council is attempting a further development in terms of enabling providers to meet future challenges.

So we can all ask ourselves key questions as central investment decreases, organisations will need to make a decision about their individual future strategies.

Where will you position your organisation to best succeed? Will collaboration or competition offer more opportunities? How can sustainable solutions be developed that can maximise social value as well as individually agreed outcomes? These are the questions that we want to answer with you.

We can assist with all of these challenges. We have some ideas of our own as to how we can be of practical assistance in terms of training and awareness of upcoming bidding opportunities and an easier way of accessing those online.

http://www.essex.gov.uk/Business-Partners/Supplying-Council

More information is contained in the Next Steps section at the end of this Statement.

As we come together to establish a way forward, the council hopes that this approach will stimulate opportunities to improve efficiency, increase flexibility and inspire innovations that will drive up quality to improve outcomes for residents and service users in Essex.

Part 1 – Supply and demand analysis

4. Setting the scene

The current demand data establishes the predicted trends in terms of future areas of concern, demographics and relevant social determinants for key social care market aspects.

The Joint Strategic Needs Assessment provides more detail in these areas; however, this statement is an attempt to produce a more focussed tool for service providers regarding the current market in Essex and offers an insight for those organisations considering trading.

Locality demand projections are also available and Appendix 2 sets outs some further detail extracted from "Planning 4 Care". Appendix 3 sets out some granular detail about placements that could not immediately be sourced by CCG area and this presents market opportunities in many ways as these are regular hot spots. This situation is only set to exacerbate as the population increases, together with the age profile.

It is intended to assist business decisions in terms of internal investment, the choice of training for the workforce and the practical choices that must be made by any organisation working to provide high quality services.

Market opportunities

Where else can you find service and market opportunities?

A significant number of improvement programmes or initiatives are in place on an Essex wide basis and these will also provide helpful guidelines. In addition to the ECC Commissioning Strategies and 5 Year Health and Care Plan already mentioned, others include the following:

- The Essex Dementia Strategy (2010)
- The Essex Health and Wellbeing Board Joint Health and Wellbeing Strategy for Essex (2012)
- The Essex 5 Year Health and Care Plan 2014-2019 and 'a Shock to the System' report 2014
- Mental health strategies for north and south Essex (2012), currently under review to ensure that they reflect more recent guidance on achieving parity of esteem between mental and physical health
- ECC Integrated Plans 2013-16 and Outline County Council Health and Wellbeing Plans
- The Essex Primary Care Strategy (2013)
- The Essex Children, Young People and Families Partnership Plan (CYPP) 2013-2016 (2013)
- The Better Care Fund (2014), which incorporates previous work on health and social care integration and work on the provision of seven day services
- Increasing Independence – Working Age Adults (2014)
- The Essex Acute Services Review (2014)

- The ECC Commissioning Strategy for achieving Outcome 1 – Children in Essex get the best start in life (May 2014)
- The ECC Commissioning Strategy for achieving Outcome 7 – People in Essex can live independently and exercise choice and control over their own lives (May 2014)
- The ECC Commissioning Strategy for achieving Outcome 2 – People in Essex enjoy good health and wellbeing (May 2014).

4.1 Health model

Whilst the five CCG plans are reflective of local need and circumstances, there are some similarities between the plans, and it is possible to describe a model of health care that is broadly similar across the CCGs.

Key features of the model include:

Market opportunities

We invite you to consider how your business can help us embed these new features in Essex.

- Increased 24/7 working, including improved access to primary care
- Development of primary care 'at scale', to provide integrated primary, community, mental health and social care to local populations
- Development of integrated services/ pathways for vulnerable elderly and frail citizens, including 'predictive case finding' approach
- Immediate care – simplifying and joining up urgent and emergency care services, reducing reliance on acute care
- Full range of integrated children's services with a seamless transition between child and adult services
- Integrated Child and Adolescent Mental Health Services (CAMHS) and behavioural services tier 1-3
- Ensuring parity of esteem between physical and mental wellbeing and between users and carers
- Ensuring that the same health interventions and services will be accessible to people with learning disabilities that are available to any other citizen within Essex
- Self-care and community resilience
- Focus on preventative care, healthy lifestyles and inequalities.

4.2 Social care model

Key features of the social care model are described below:

- Increased availability of advice, information and advocacy to support people with care needs to plan their care
- Personal budgets as the default mechanism for providing care
- Increased 7 day working to facilitate hospital discharge and prevention of hospital admission
- Increased investment in domiciliary and residential reablement services
- Development of integrated services/ pathways for vulnerable older and frail people, including 'predictive case finding' approaches based on risk
- Full range of integrated children's services with a seamless transition between child and adult services
- Integrated CAMHS and behavioural services (Tier 1-3)
- Development of specialist dementia support services
- Increased levels of carers support services.

5. An overall picture

The Essex 5 Year Health and Social Care Plan referenced previously also highlights:

- Increased levels of housing support as an alternative to residential and nursing care
- Preventative care and self-care approaches
- Introduction of care coordination and co-location of social services alongside community health care into multi-disciplinary teams in primary care settings.

Supply and demand – All user groups

5.1 Referrals

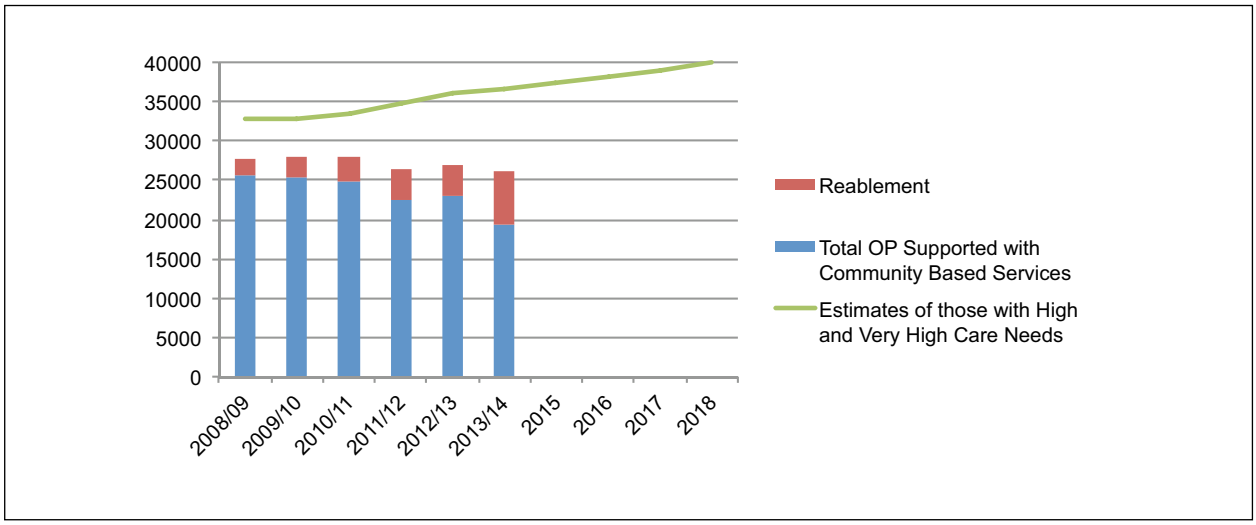
During the year Essex received 54,110 referrals to social care services, requesting help and support; 48% of these referrals were dealt with at point of contact.

The business model of referrals shows some interesting trends for example approximately 45% of the referrals are from hospital and 55% from the community.

5.2 Registered care homes

Essex County Council is currently commissioning care for 6,138 people in a registered care setting, financially supporting 5,240 of these people.

Figures 6 and 7



LA financially supported placements as at 31 March	Essex	England
2005/06	5,175	258,795
2006/07	5,140	250,205
2007/08	4,775	239,060
2008/09	5,120	233,855
2009/10	5,160	229,770
2010/11	5,660	223,910
2011/12	5,675	224,450
2012/13	5,230	219,455
2013/14	5,240	221,740
% Change	**1%**	**-14%**

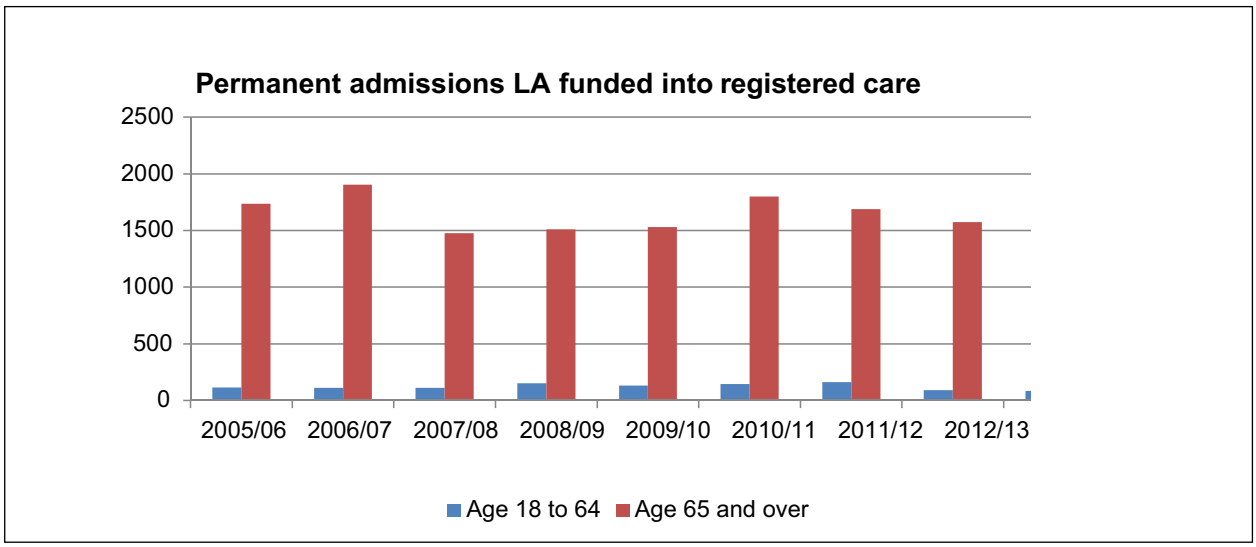
5.3 Admissions

During the year 2013-14 Essex made 2,146 new admissions into permanent residential or nursing care, of these 1,770 were financially supported placements by ECC as shown in the chart below. 54% were admissions from the community whilst 46% were admissions following discharge from hospital, **indicating an area for potential change**. ECC places what we currently consider to be too many people into Residential Care (i.e. compared to a national baseline). However, there has been a notable decrease in nursing home placements with numbers falling by 25% (720 in 2011/12 to 530 in 2014). Circumstances depending, our aim moving forward is to reduce dependence on acute or residential solutions.

Market opportunities

This is a key driver for us for the market moving forward – our aim is to reduce the number of older people and users in general in residential care and promote prevention and independence.

Figure 8



5.4 Community based services

Essex County Council supported 31,200 people with a community based service during the year 2013-14. The number of people supported has decreased by 23%, in with the national decrease of 30% over the same period. The use of preventative and reablement services has helped us to manage our demand for care and support services and this is a policy stance we wish to promote and continue.

Market opportunities

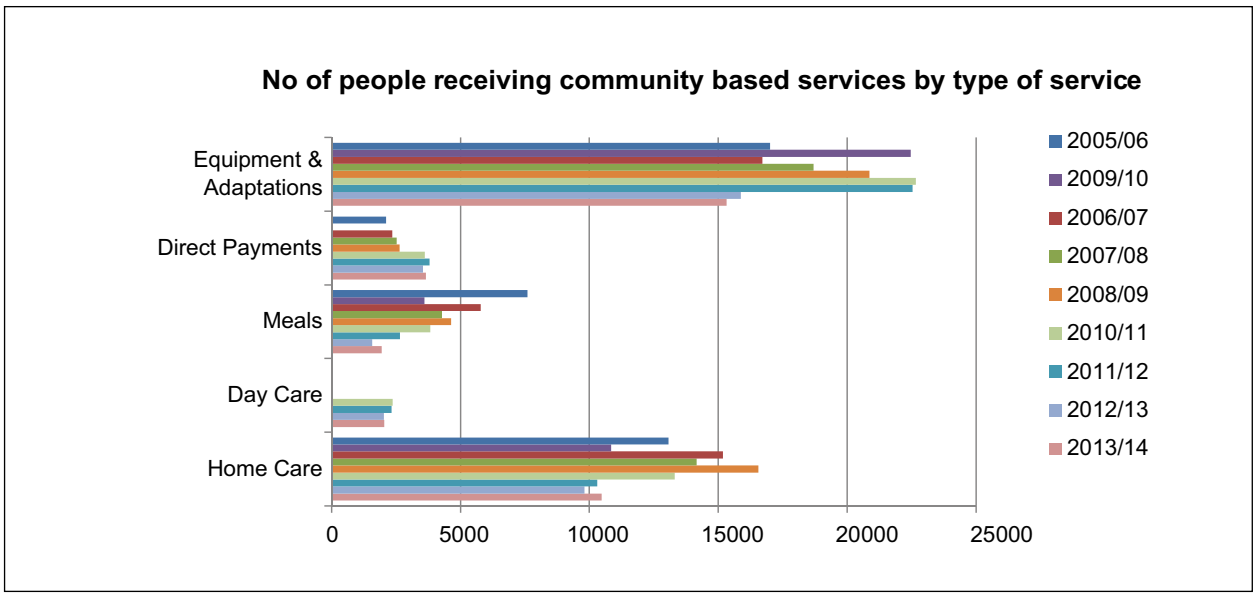
This is the type of service area that we wish to grow and develop moving forward working through and with community and local providers.

Market opportunities

Reablement and community based services are a key part of our priority market activity.

The number of people Essex is supporting with traditional home care services has declined by 20% whilst the number of people supported with a direct payment has increased by 73% over the same time period.

Figure 9



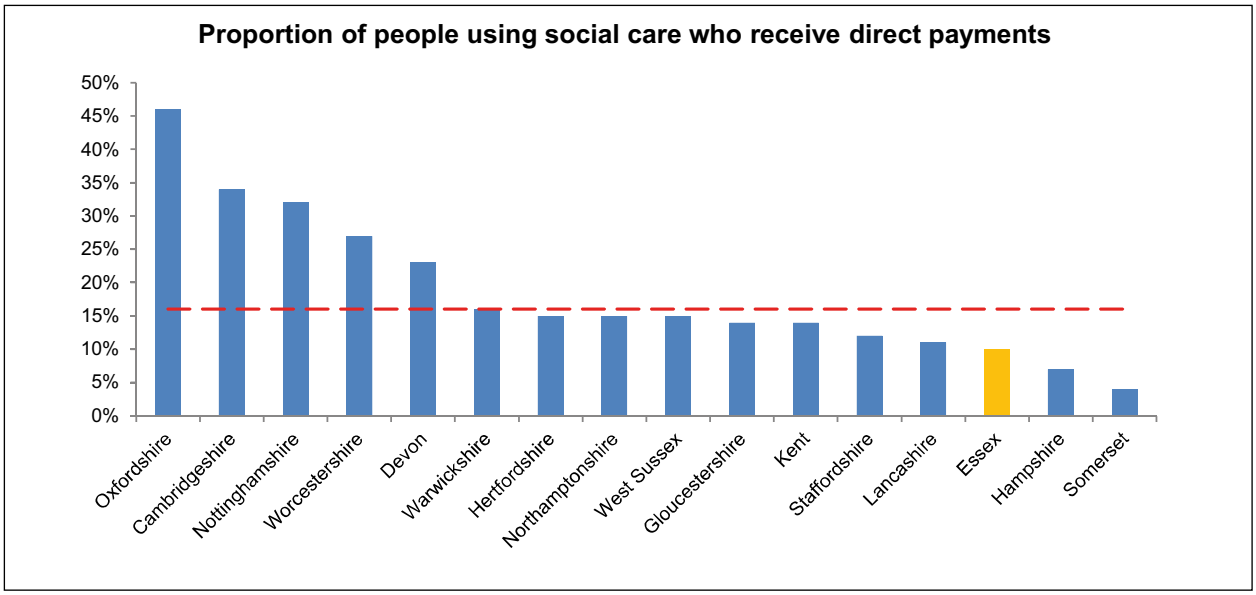
5.5 Direct payments

Whilst the number of people receiving a direct payment has increased, the rate of take up is lower in Essex than across most other authorities. (73% in Essex compared to 319% across England.) There are currently 3,660 service users in Essex receiving a direct payment. This is just 12% of all service users who are eligible for self-directed support which is again lower than the national average. The council is also introducing pre-payment cards which will help to empower customers to make menu driven choices.

Figure 10

Age group	2014	2025	% Increase
0-17	299,600	330,300	10%
18-64	839,700	865,200	3%
65+	286,700	357,400	25%
Total	1,426,000	1,552,900	9%

Figure 11



A recent sample of what people spend their direct payments on suggests that they are not commonly used innovatively to purchase services. Just less than half bought personal care services and a third employed personal assistants to provide support. Very few (6%) used it to purchase enabling or alternative support services. However a quarter did use it to help them access the community and reduce social isolation. Services purchased were regularly used for the dual purpose of providing carers a break.

Market opportunities

We need to see creative offers that share the caring at home challenge and provide menu of choices with 'top up' services.

Feedback from service users in the 2014 POET survey suggests that direct payments have helped to support positive outcomes for service users. The majority (92%) of those surveyed indicated that receiving a personal budget made arranging support 'better' or 'a lot better'. This 92% of respondents also reported an improved relationship with paid carers.

The survey also suggested that direct payments were successful in supporting independence and control with 82% of respondents indicating that Direct Payments benefited their independence and 80% feeling that they had more control over their own life.

Market opportunities

We need the market to gear up for direct payment systems and access through menu driven service offers as the new norm.

5.6 Population growth

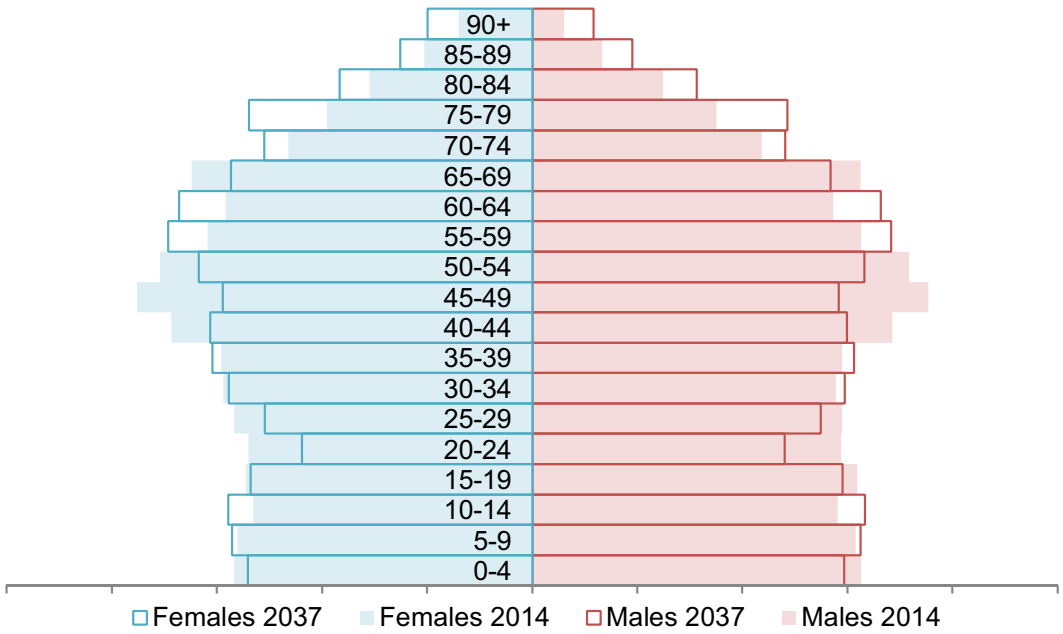
There are currently 1,425,900 people living in Essex, 23% are aged 0-19, 57% are aged 20-64 and 20% are aged 65+. **Essex already has a higher proportion of its population aged 65+ than England (18%).**

There is estimated to be a 9% increase in the number of people living in Essex by 2025. However the number of older people living in Essex is estimated to grow by 25%, from 286,600 people in 2014 to 357,400 people by 2025. **Whilst the number of older people is likely to grow at a faster rate, the number of economically active people is only expected to increase by 3%.**

Therefore the ratio of older people to economically active people is set to rise from 0.35 to 0.43.

Figure 12

Essex population structure 2014 v 2025



6. Supply and demand – ageing well

6.1 Demographic trends

There are currently 286,600 older people living in Essex. 2014 data indicates that 45% of people 65 and over are male and 55% female. **The population aged 65+ is projected to increase 25% to 357,400 by 2024.**

Market opportunities

There is likely to be a particular increase in the older age groups with a 22% increase in people 85-89 and a 33% increase predicted in people aged 90+.

Within Essex certain areas have historically had a large older population, particularly coastal areas which attract retirees. **These include Tendring, Castle Point and Maldon – the districts with the largest proportion of the population over 65. However areas such as Uttlesford, Braintree and Maldon are likely to have the largest increase in older people by 2025 and this represents a growth opportunity for the social care market.**

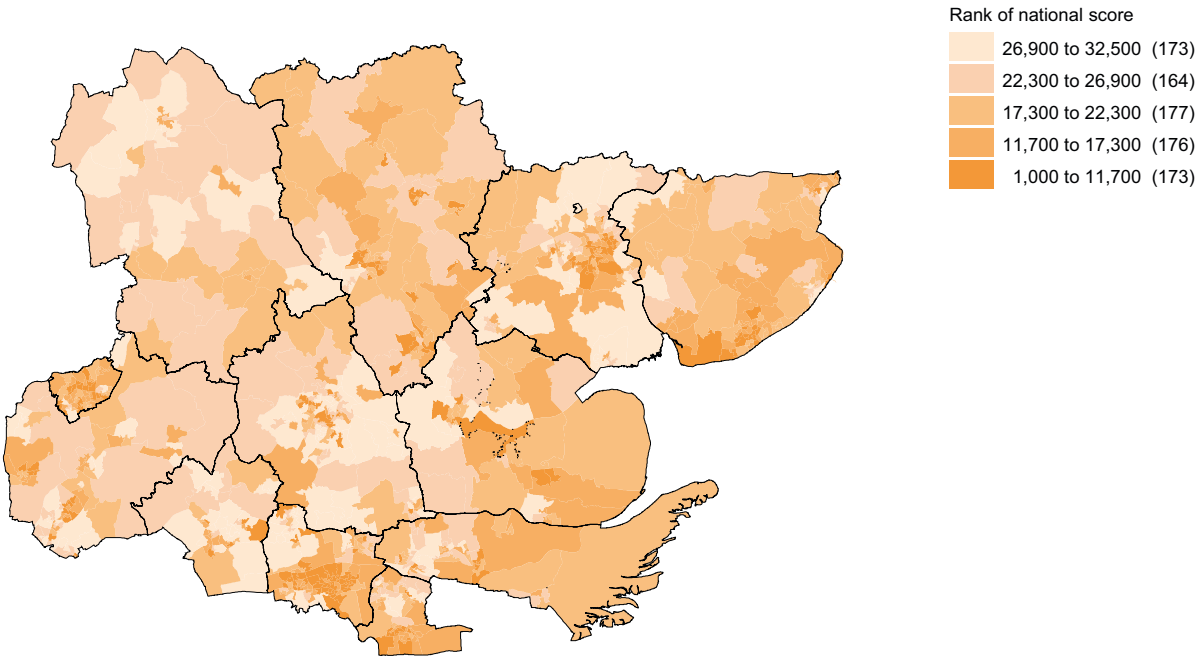
15% of older people in Essex are affected by income deprivation as identified by older people living on pension credit. This is lower than the national average of 18% however variation is widespread across Essex. Harlow and Basildon have higher proportions at 20% and 19% and the relatively more affluent areas of Brentwood and Uttlesford are less affected with 10% and 11% of older people affected by income deprivation respectively.

Figure 13

District	2014	% Pop 65+	2025	% Pop 65+	% Increase
Basildon	30,800	17%	37,500	20%	22%
Braintree	28,200	19%	37,700	23%	**34%**
Brentwood	15,300	20%	18,200	22%	19%
Castle Point	21,600	24%	26,500	28%	23%
Chelmsford	31,900	19%	40,100	22%	**26%**
Colchester	31,000	17%	39,200	20%	**26%**
Epping Forest	25,000	20%	30,400	21%	22%
Harlow	13,000	15%	16,100	18%	**24%**
Maldon	14,400	23%	18,900	29%	**31%**
Rochford	18,700	22%	22,900	26%	22%
Tendring	40,600	29%	48,500	32%	19%
Uttlesford	15,700	18%	21,400	22%	**36%**
Essex	**286,600**	**20%**	**357,400**	**23%**	25%

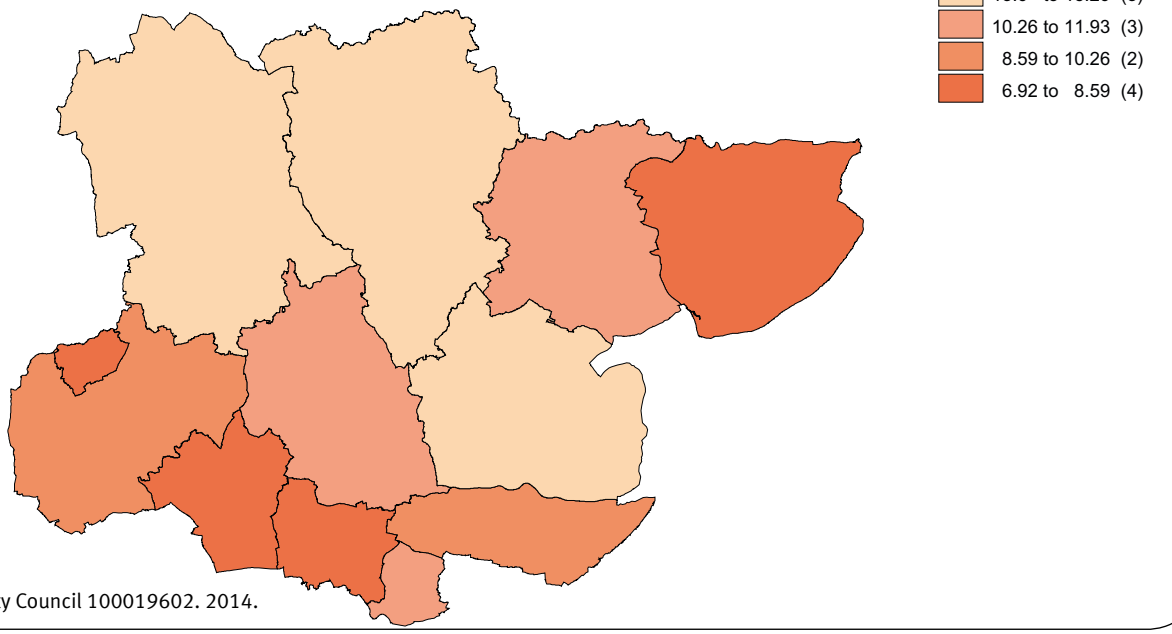
Figures 14 and 15

Income deprivation affecting older people in Essex



Essex County Council 100019602. 2014.

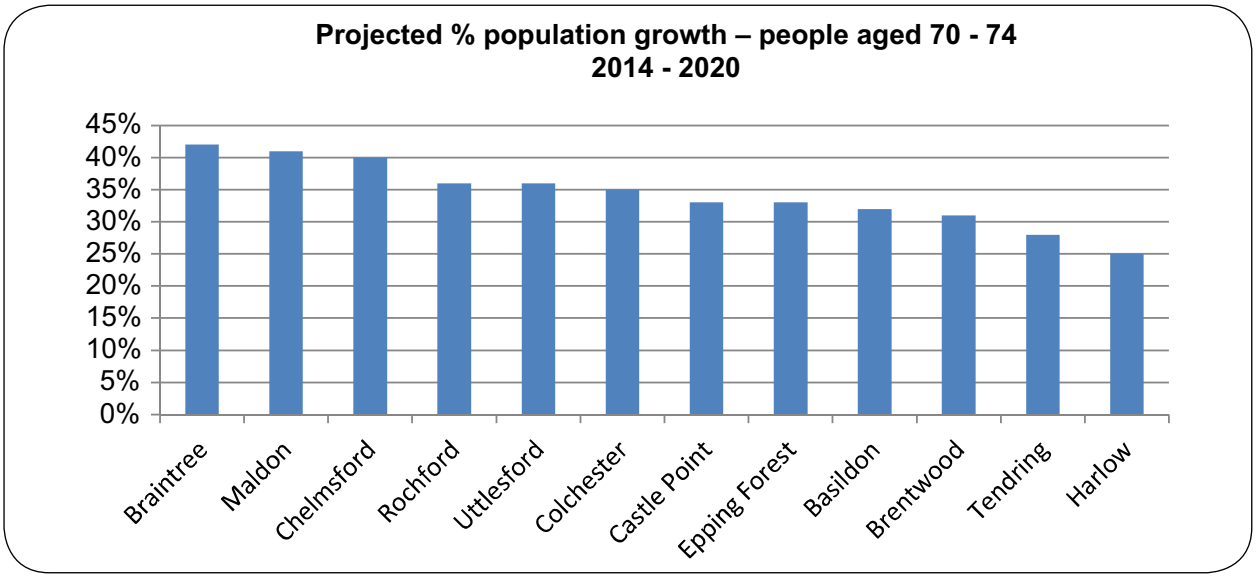
Projected population growth in Essex – people aged 65+, 2014-2019



Essex County Council 100019602. 2014.

Figures 16 and 17

	Projected population change across Essex					
Age group	65-69	70-74	75-79	80-84	85-89	90+
% growth 2014-2019	-11.23	33.70	10.78	11.78	18.52	25.00



6.2 Older people care and support needs

61,325 people (25% of the population) have an illness which limits day to day activities. Older people are likely to have difficulties with personal care tasks such as bathing, showering and washing, taking medicines, dressing and feeding.

95,194 older people (33%) are unable to manage at least one self-caring activity on their own and 115,913 older people (40%) are unable to manage at last one domestic task on their own. Jobs involving household shopping, cleaning windows, dealing with personal affairs and opening screw tops are amongst the most difficult tasks.

Overall there are estimated to be 89,390 older people in Essex with social care needs, 31% of the population.

Market opportunities

Half of older people in Essex are likely to be living with a limiting long term illness and this % is predicted to increase.

However there is a greater concentration of older people with social care needs in the more deprived areas of Harlow, Basildon and Castle Point. This again represents a market growth area as the population grows.

Figure 18

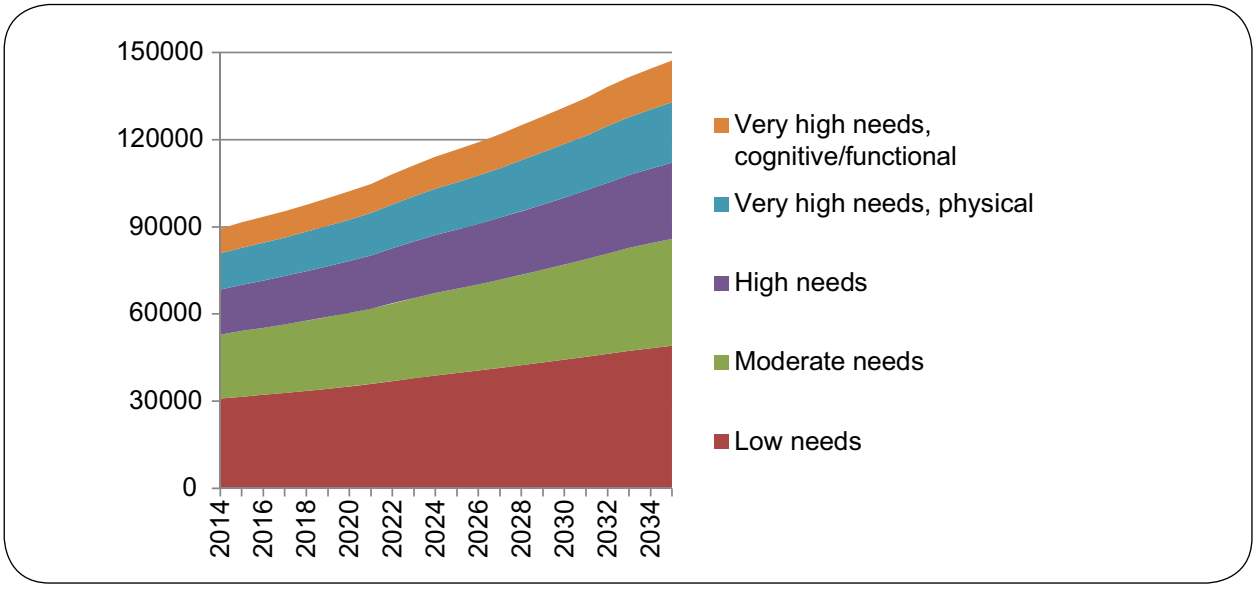


Figure 19

District	People over 65 with care needs	% with care needs
Basildon	11,200	36%
Braintree	8,700	31%
Brentwood	4,190	27%
Castle Point	7,550	34%
Chelmsford	9,250	29%
Colchester	9,420	31%
Epping Forest	7,530	30%
Harlow	5,240	37%
Maldon	4,300	30%
Rochford	5,820	31%
Tendring	12,240	30%
Uttlesford	4,4190	27%
Essex	**89,390**	**31%**

In addition to those with social care needs, many people with complex health conditions require support. In Essex there are currently:

- 19,935 older people estimated to be living with dementia, which is 7% of Essex's population aged 65 and over
- 24,740 people thought to be living with depression of which 7,900 with severe depression. Making up 9% and 3% of Essex's older population respectively
- 14,000 people with a long-standing health condition caused by a heart attack (5%)
- 6,600 people with a long-standing health condition caused by a stroke (2%)
- 4,800 people with a long-standing health condition caused by a bronchitis and emphysema (2%)
- 46,800 people predicted to have a bladder problem at least once a week (16%).

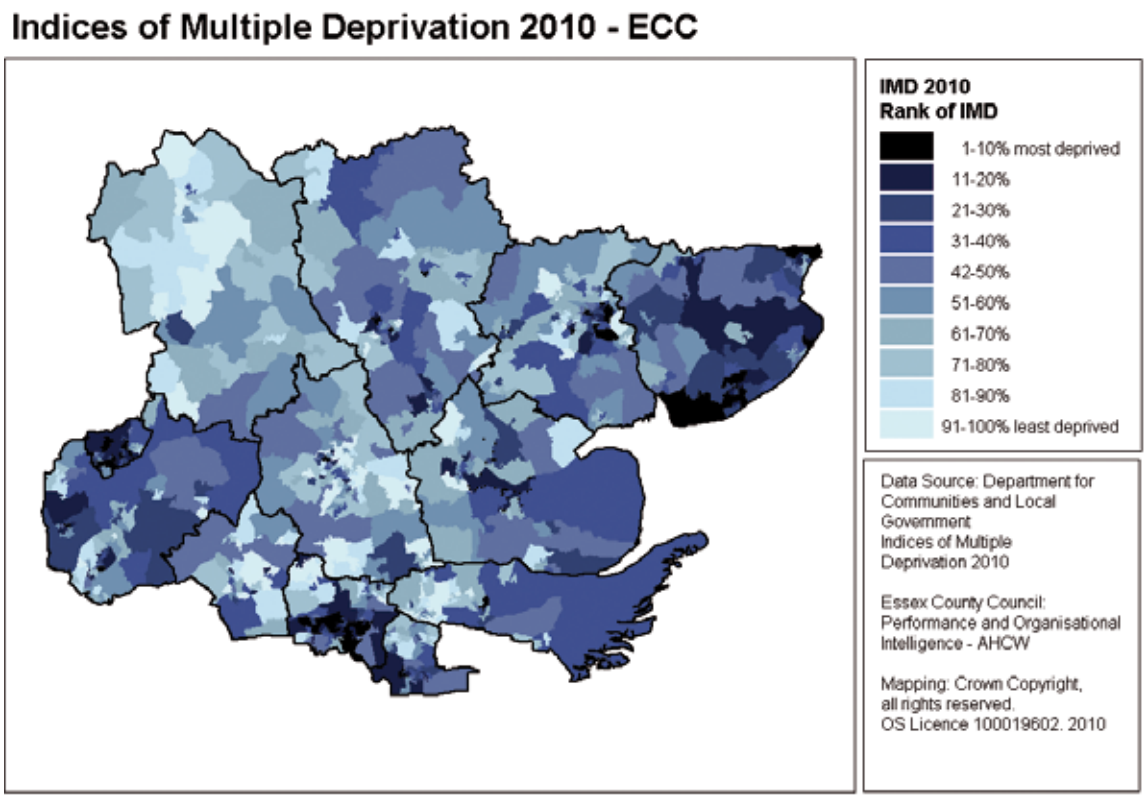
Market opportunities

The needs of people assessed were varied but most wanted to stay in their current accommodation and this again represents a potential growth area for social care market providers.

A combination of the above factors can lead to older people feeling socially isolated and being at risk of accidents around the home, potentially leading to hospital admission. 27% of the older people are predicted to have a fall over a year with 2% of these leading to hospital admissions.

Links to deprivation

Figure 20



Essex is less ethnically diverse than is typical for England, with only around 6% of residents from a non-white background compared to around 19% for England as a whole. Despite lower absolute numbers, some Black and Minority Ethnic communities have a greater prevalence of certain conditions e.g. cardiovascular disease including diabetes and certain communicable diseases. Black populations are also more likely to be admitted to hospital.

Essex has the second largest population of Gypsies and Travellers in Britain, estimated at 18,750 (including those living in houses). Gypsies and Travellers are subject to significant health inequalities including living 10-12 years less than the general population.

Carers often experience poorer health outcomes than non-carers. Poor health can be a direct effect of the caring role – more commonly seen in relation to mental health issues, or because of the delays that are made to seeking healthcare.

At least 3,000 people are thought to be homeless in Essex. Homeless people die much earlier than the general population (at age 40-44 on average), particularly from causes related to alcohol and infectious disease. A survey of homeless people in Essex identified major health problems in the including mental illness (41%) and substance misuse (38%). They report an extremely high prevalence of smoking (74%) and very poor nutrition, with 46% reporting that they usually had 1 meal or less per day.

Market opportunities

One of our calls to the market is to ask for greater awareness of the circumstances surrounding a service user and their carers, regardless of age. Are they homeless? What is their family history? Are they poorly nourished?

Our suppliers need to help us understand our service users and the situations that bring them to the point of needing or accessing care.

6.3 Older people supported by the local authority

In 2013/14 Essex provided community based services for 19,400 people aged 65 and over. In a review carried out recently by the council, over half of people who contacted social care for help and support had multiple reasons for their referral. A third cited health deterioration as a trigger reason for support, followed by falls and carer breakdown. Many of the service users had delayed contacting social care until they reached breaking point.

54% of the people who reported that they were struggling with personal care also stated that they were either unable to access the bath/shower or unable to access the toilet.

6.4 Current supply

The number of older people receiving traditional services such as day care, meals on wheels and home care has reduced over the last 8 years. This is in line with recent developments and national guidance to promote preventative and personalised services. There has been an increase in the number of people receiving short term reablement services and assistive technology. There has also been an increase in the number of older people receiving support from voluntary neighbourhood and community groups.

Market opportunities

Assistive technology solutions need to be a part of our service offers moving forward.

Figure 21

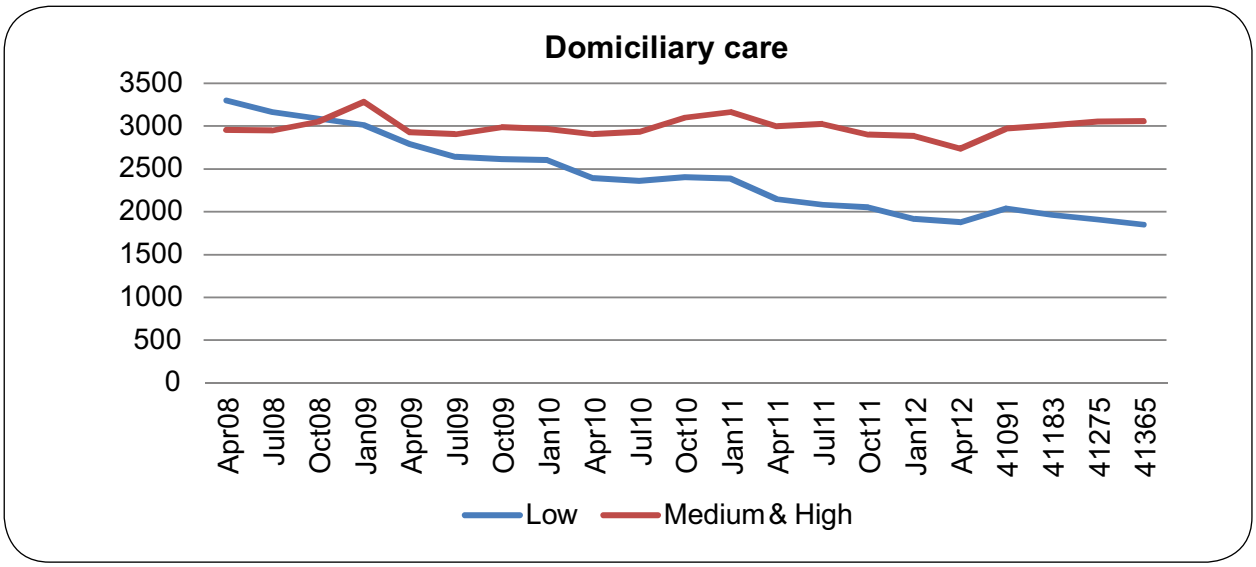
Year	Community based services	Assistive technology	Reablement
2010-11	24,915	4,924	3,006
2011-12	22,575	5,881	3,746
2012-13	23,100	5,727	3,920
2013-14	19,405	6,451	6,687
% change from 2010-2014	-22%	31%	122%

Home care

We commission 57,740 hours of home care services for 4,640 older people in a typical week with an average of 12 hours per person per week. Care at home accounts for the second biggest spend within Essex.

The number of older people receiving low level home care packages has been reducing over the last 5 years, falling 44% over the period. In contrast the total number supported with medium and high level care packages has increased by 3%. This is in part due to the use of reablement and preventative services; however the demand for home care is set to grow as people opt to remain in their own homes rather than accessing traditional services such as residential care. This is a trend expected to increase through personalized budgets.

Figure 22



6.5 Reablement

The council launched a reablement service for people in Essex in 2008. Reablement provides a short term period of intensive support to help people who have returned home after hospital and for people who want to regain their independence in the community.

The introduction of reablement has led to better outcomes for service users and reduced costs to the council. The focus on prevention and rehabilitation has reduced individuals' needs for longer-term and intensive support and helped people to live more independently.

During 2013-14 6,687 people received a reablement service and 70% of people left the services requiring no further care. Satisfaction with the reablement service is high with an average rating of 8.3 out of 10.

6.6 Long term residential and nursing care

The number of care home beds for older people in Essex has increased from 9,846 beds in 2009 to 11,556 beds in 2014. The number of older people financially supported in registered care by ECC has remained static from 2005/06, unlike the national picture which has decreased by 16% over the same period.

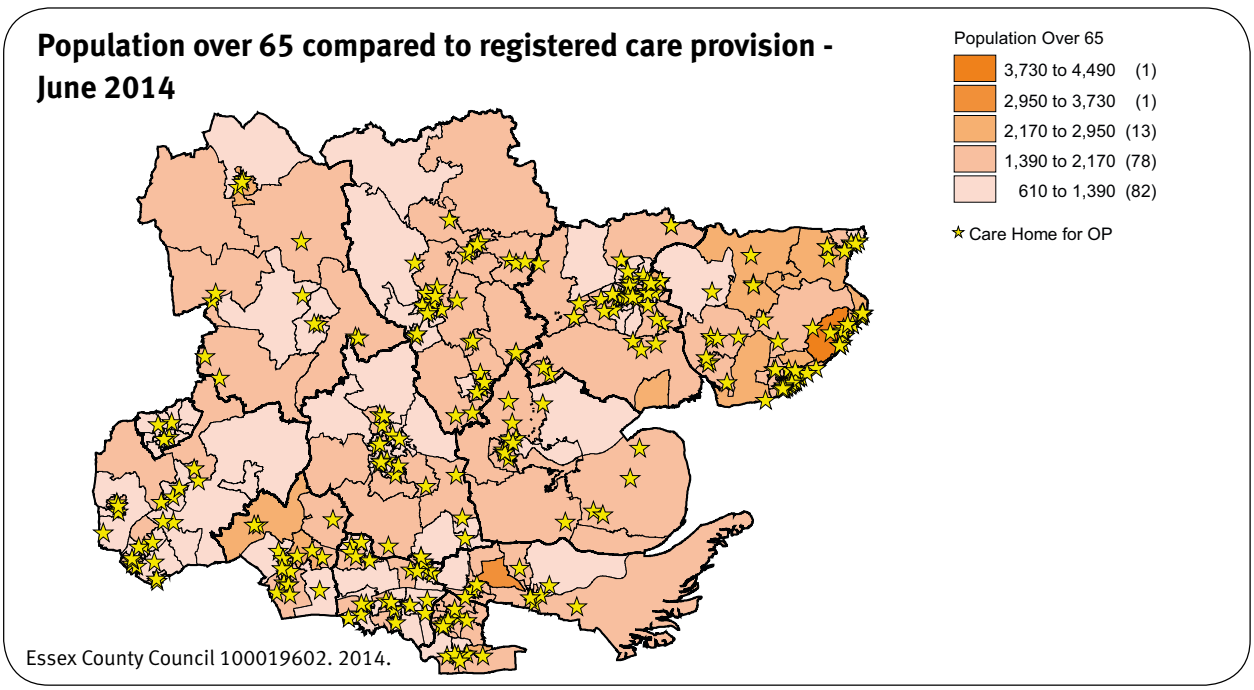
Figure 23

Age 65 and over – LA financially supported in residential or nursing care	Essex	England
2005/06	4,025	200,055
2006/07	4,015	191,505
2007/08	3,650	182,605
2008/09	3,940	177,605
2009/10	3,985	174,570
2010/11	4,420	170,310
2011/12	4,400	170,555
2012/13	3,995	166,805
2013/14	4,020	168,710
% change	**0%**	**-16%**

The map below shows the population over 65 compared to location of registered care homes across the county
(all CQC).

What the map also shows is the areas where there is lower coverage by a residential hub.

Figure 24



Market opportunities

Quality provision lies at the core of our service offer both now and in the future.

The 2014 satisfaction survey of service users in residential and nursing care found that 70% of those surveyed were 'very' or 'extremely satisfied' with the care and support they received. It was clear however that out of 100 surveyed, one year after admission in a residential home, 96 said they would have preferred to have stayed at home and felt pressured by family and practitioners. This we can see is evidence that we are placing too many into residential care and that we need to empower choices for service users moving forward. The findings suggest that for the majority of respondents, being in residential or nursing care does not compromise their dignity. Around 70% of respondents to the residential and nursing care survey felt that their home meets their needs very well, and a further 25% felt it met most of their needs. 71% of those surveyed stated that they do not currently buy any additional care or support privately.

6.7 Extra care and housing

We currently offer 478 units of extra care accommodation through 11 schemes. The volume on offer is low, at 1.5 per 1,000 of the population compared to the national picture of 4.5 per 1,000. Based on the national prevalence rates, More Choice Greater Voice recommends 25 units per 1,000 of the population 75+. Compared to this recommendation Essex currently has a deficit of 2,700 units.

There is also a deficit of sheltered housing, both in the rented and the leasehold market. There are currently 15,960 units of sheltered housing available in Essex, the majority of which is rental. An additional 2,554 units are available for enhanced sheltered housing.

Market opportunities

A three-fold increase is expected in the numbers of older or physically disabled people living in residential settings by 2071 to 1.2m. This is a potential growth area.

We know some of the challenges that lie ahead are about potential gaps in supply for mental health for example and we are already using provision that already exists (for any service user group) to fill some of the gaps, rather than provide more residential care.

Looking forward – the 2016 'Model of Care' revolves around the service user and the drive to maintain as much independence as possible. The model aims to minimise the necessity of social care interventions/ services.

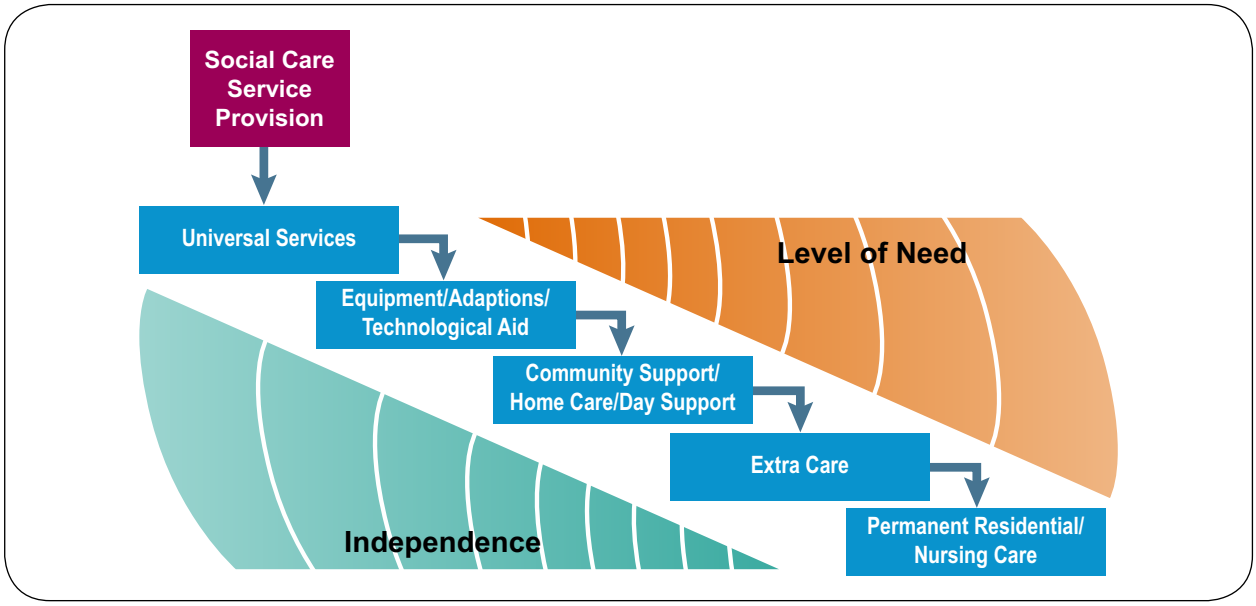
Market opportunities

The contemporary model of care and support is based upon time limited specific interventions to achieve named and agreed outcomes. This is an attempt to maximise independence and reduce the chances of manufacturing dependencies provision and cuts across all service user goups.

However, levels of need dictate the services required, so managing the care needs of service users is prioritised. Services are in place to maximise quality of life whilst ensuring permanent admissions into residential/nursing care are a last option if not completely avoidable.

The diagram (below) sets out a guide to specific interventions that will become necessary as an individuals 'risk to independence' increases. The approach is perhaps more congruent to care's commitment to a social community facing model and is an attempt to encourage increasingly inclusive and accessible locality based with our 5 CCGs.

Figure 25



Market opportunities

The biggest rises over the next 20 years in number of people with dementia are predicted to be in Braintree, Maldon and Uttlesford due to the demographics and socio-economic context including within the local areas.

Figure 26

Specialist services provided	Homes	Beds	%
Caring for children (0 – 18 years)	5	61	0%
Dementia	202	9128	69%
Learning disabilities	202	2224	17%
Mental health conditions	91	2053	16%
Caring for adults over 65 years	279	11556	88%
Caring for people whose rights are restricted under the mental health act	6	63	0%
Substance misuse problems	9	164	1%
Eating disorders	9	123	1%
Physical disabilities	166	5730	43%
Sensory impairments	96	3370	26%
Caring for adults under 65 years	130	2678	20%
Services for everyone	3	242	2%
Total unique	**463**	**13189**	**100%**

* Source: CQC Directory of Providers of Health and Adult Social Care http://www.cqc.org.uk/cqcdata

* The table above adds up to more than the total because a home can provide more than one specialist service

Alzheimer's most common form of dementia – 80,000 people in the UK with the condition set to soar to 1 million by 2012[8]

1 in 3 people over 65 will die with dementia

80% of people of care homes have dementia conditions currently

Male service users tend to access care for dementia later in the condition when the condition has worsened considerably

8 Alzheimer's Society 2014.

The following table refers to the prediction of the number of people living with dementia in Essex.

Figure 27

	2014	2019	2024	2034
Essex	19,700	22,730	26,650	36,160
% change from 2014		15%	35%	84%
Basildon	2,110	2,370	2,740	3,580
% change from 2014		12%	30%	70%
Braintree	1,890	2,260	2,750	3,990
% change from 2014		20%	46%	111%
Brentwood	1,230	1,330	1,480	1,930
% change from 2014		8%	20%	57%
Castle Point	1,410	1,710	1,990	2,690
% change from 2014		21%	41%	91%
Chelmsford	2,120	2,480	2,910	3,920
% change from 2014		17%	37%	85%
Colchester	2,090	2,450	2,920	4,100
% change from 2014		17%	40%	96%
Epping Forest	1,780	2,010	2,290	3,110
% change from 2014		13%	29%	75%
Harlow	980	1,120	1,230	1,550
% change from 2014		14%	26%	58%
Maldon	930	1,090	1,380	1,920
% change from 2014		17%	48%	106%
Rochford	1,260	1,420	1,670	2,200
% change from 2014		13%	33%	75%
Tendring	2,970	3,310	3,850	5,120
% change from 2014		11%	30%	72%
Uttlesford	1,070	1,270	1,560	2,210
% change from 2014		19%	46%	107%

6.8 Adults with learning disabilities

There are estimated to be 27,330 people with a learning disability living in Essex, of which 5,675 are estimated to have a moderate or severe learning disability regardless of age and this MPS reflects some of those needs. This number is estimated to increase 10% over the next decade to 6,254 people by 2025. Due to advances in care an increasing number of young people with severe and complex disabilities, often accompanied by challenging behaviours, survive into adulthood. Many of these individuals have a lifelong need for care and support. Improved healthcare has meant a significant increase in the number of older people with a learning disability. This figure is expected to grow at a higher rate of 18% from 819 to 966 people in 2025.

Essex County Council currently supports 4,180 people with a learning disability, assessing an additional 262 new service users for support services each year. The number of service users with a learning disability supported by Essex has increased by 10% over the last 8 years in line with national increase. Whilst half of the new demand are transitions cases aged 18-24, an additional 22% of the demand is from people aged 45+, indicating transitions out of the family home for people who may have been living with older parents.

According to PANSI there are estimated to be 8,745 adults living in Essex with Autistic Spectrum Disorders. People with an autistic spectrum condition have problems in particular with social interaction and social communication; they have practical cognitive disabilities and patterns of behaviour which make it difficult for them to function within the normal framework of society.

548 adults are estimated to have Downs Syndrome of which there are estimated to be 52 who also have dementia. This is a chromosomal disorder associated with a major risk of heart malformations, a lesser risk of under-development of the small intestines, and a minor but still significant risk of acute leukaemia.

211 adults with learning disabilities living in Essex are estimated to display challenging behaviours. Most of the challenging behaviours of people known to learning disabilities services involve physical aggression and the destruction of property, self-harm, fire-setting, and sexually inappropriate behaviour. People with challenging behaviour can usually be supported successfully in community-based settings provided appropriate support is available.

6.9 Adults with a physical disability

National statistics show that disabled people are comparatively more deprived than non-disabled people across a number of criteria, including income, employment and general health. There are estimated to

be 41,900 adults with a moderate or serious physical disability living in Essex with personal care needs, of which 7,600 are estimated to have a serious disability. This number is estimated to increase by 10% over the next 10 years to 8,400 people by 2025.

Figure 28 – Essex

Age group	2014	2015	2020	2025	% growth to 2025
18-24	469	468	448	458	-2%
25-34	744	757	797	782	5%
35-44	1,138	1,136	1,178	1,307	15%
45-54	2,345	2,373	2,334	2,204	-6%
55-84	2,910	2,938	3,318	3,652	25%
Grand total	**7,606**	**7,672**	**8,075**	**8,403**	**10%**

Essex County Council (ECC) currently supports 3,460 people with a physical or sensory impairment, assessing an additional 1,840 new service users for support services each year. Over two thirds of the demand is from people aged 45-64 compared to 5% from those aged 18-24. 72% are people with a physical disability at an appreciable level, 14% severe and 3% mild.

Figure 29

Client category	Service users	%
Adult physical disability - appreciable (2)	2,495	72%
Adult physical disability - severe (1)	495	14%
Adult physical disability - mild (3)	98	3%
Adult frailty	78	2%
Sensory impairment	219	6%
Adult temporary illness	78	2%
Total	**3,463**	**100%**

6.10 People with visual impairments

As of June 2014 there are 3,587 adults registered as blind and 3,830 registered as partially sighted living in Essex. The volume of those registered has not changed significantly over the last 8 years however Essex does have a lower than average rate of registrations compared to other areas.

Based information from POPPI and PANSI from the RNIB there is estimated to be 25,703 people living in Essex with a moderate or severe visual impairment. Of these people 550 are estimated to be aged

18-64 and the remaining aged 65+. The number of people with a visual impairment is expected to increase by 4% over the next two years and increase by 14% by the year 2020.

6.11 People with hearing impairments

As of June 2014 there are 1,029 adults registered as deaf and 1,006 registered as hard of hearing living in Essex. There has been a 25% increase in those registered as deaf but a 13% decrease in those registered as hard of hearing and Essex has a significantly lower rate of those registered as hard of hearing compared to others.

Based on information from POPPI and PANSI there are estimated to be 182,275 people in Essex with a moderate, severe or profound hearing impairment. Of these people 35,150 are estimated to be aged 18-64. 3,546 people are estimated to have a profound hearing impairment, 310 of whom are aged 18-64.

Market opportunities

The number of people estimated to have a profound hearing impairment is expected to increase by 6% over the next 2 years and by 17% by 2020 and this most definitely presents a market opportunity.

6.12 Adults with mental health needs

There are estimated to be 135,650 adults aged 18-64 suffering with a common mental health disorder. Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder. The report found that 19.7% of women and 12.5% of men surveyed met the diagnostic criteria for at least one CMD.

3,370 people are estimated to have a psychotic disorder. Psychoses are disorders that produce disturbances in thinking and perception severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis, such as bipolar disorder. The overall prevalence of psychotic disorder was found to be 0.4% (0.3% of men, 0.5% of women). In both men and women the highest prevalence was observed in those aged 35 to 44 years (0.7% and 1.1% respectively). The age standardised prevalence of psychotic disorder was significantly higher among black men (3.1%) than men from other ethnic groups (0.2% of white men, no cases observed among men in the South Asian or other ethnic group).

There was no significant variation by ethnicity among women.

60,497 people in Essex are estimated to have two or more psychiatric disorders.

Psychiatric comorbidity – or meeting the diagnostic criteria for two or more psychiatric disorders – is known to be associated with increased severity of symptoms, longer duration, greater functional disability and increased use of health services.

Disorders included the most common mental disorders (namely anxiety and depressive disorders) as well as: psychotic disorder; antisocial and borderline personality disorders; eating disorder; post traumatic stress disorder (PTSD); attention deficit hyperactivity disorder (ADHD); alcohol and drug dependency; and problem behaviours such as problem gambling and suicide attempts.

Just under a quarter of adults (23.0%) met the criteria or screened positive for at least one of the psychiatric conditions under study. Of those with at least one condition: 68.7% met the criteria for only one condition, 19.1% met the criteria for two conditions and 12.2% met the criteria for three or more conditions. Numbers of identified conditions were not significantly different for men and women.

Figure 30 – The next table sourced from PANSI shows the estimated future projections for those suffering from mental health conditions.

	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	135,649	136,053	138,100	139,697	140,791
People aged 18-64 predicted to have a borderline personality disorder	3,758	3,809	3,866	3,911	3,940
People aged 18-64 predicted to have an antisocial personality disorder	2,907	2,917	2,963	2,958	3,027
People aged 18-64 predicted to have a psychotic disorder	3,372	3,382	3,432	3,472	3,499
People aged 18-64 predicted to have two or more psychiatric disorders	60,497	60,683	61,603	62,316	62,829

Market opportunities

Independent sector capacity has increased over the past few years however demand still outstrips supply as there are few new entrants due to high set up costs. We need to see more supply in this area and this is a potential growth market.

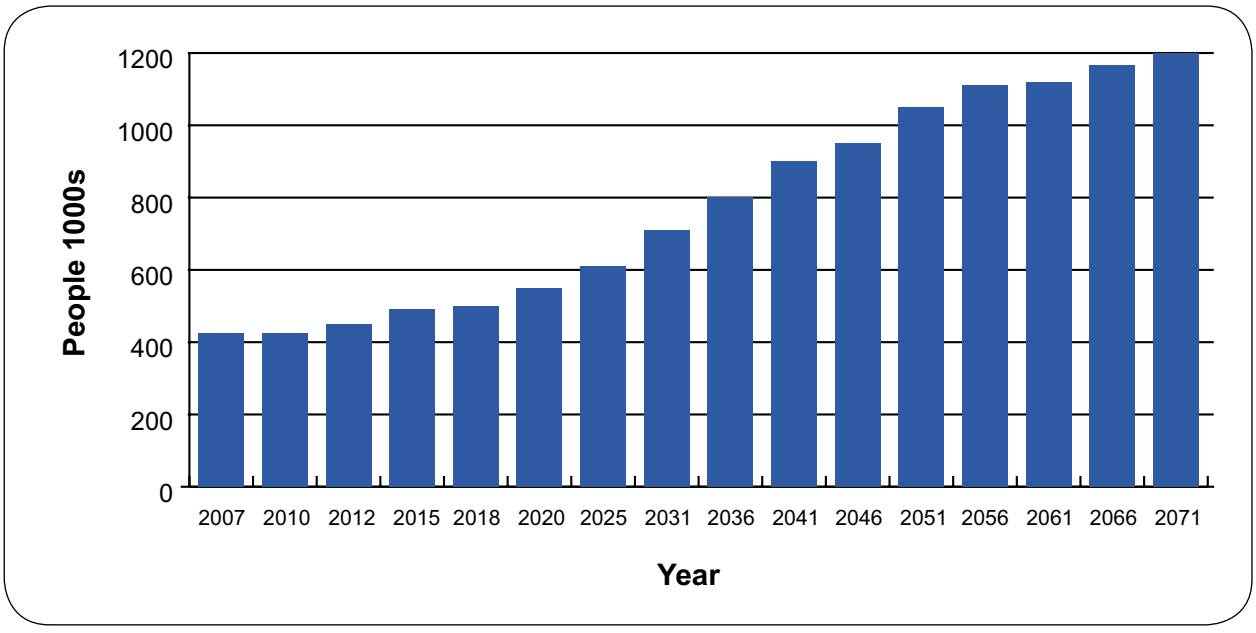
The demand growth has been driven by a number of factors including:

- Capacity shortages within the NHS combined with increasing levels of NHS outsourcing
- Increased awareness and demand for mental health services
- Funding – increasing levels of expenditure on psychiatric care.

Low fee rates in general are being paid by local authorities and this has been sited as a barrier to development of more capacity in the complex care need home sector. How can we improve the situation in Essex in a creative and sustainable way for our service users?

A three-fold increase is expected in the numbers of older or physically disabled people living in residential settings by 2071 to 1.2m.

Figure 31 – Approximation



We know already that we have some shortage in options for mental health provision for adults in parts of Essex particularly West, North and Mid areas.

6.13 Carers

With increasing demand for health and social care services, the care and support provided by family and informal carers becomes ever more important. The Care Act places a strong focus on supporting carers, giving them **parity of esteem** with other social care users, including new rights for assessment and support.

In response to this and the feedback from our carers and service providers, the council and NHS partners are working together to develop a new model of support with the dual aims of:

- Supporting the carer to maintain their own independence, by focusing on their health, wellbeing and life chances
- Improving outcomes and increasing independence for service users, by working with, supporting and involving carers as expert partners in care.

The model, which applies to carers of all ages, will operate at four levels:

- Community based and community led activities which support those people who take on a caring role, whether or not they define themselves as carers, helping them to find solutions to issues and support from within their communities and natural networks
- A locality level 'first-stop' model, co-ordinating support for carers in each CCG area, which will:
    - Identify and respond to carers, undertake assessments, offer low level cash payments; provide, co-ordinate or facilitate access to a range information, advice, and support services; and
    - be shaped and developed with carers, providers and health and social care professionals, and procured through open tender for implementation across the county from April 2017.
- Social care assessment and support in relation to:
    - Joint assessments of the carer and service user
    - Complex and high level carer needs and high level direct payments.
- Professional awareness and engagement supporting:
    - Recognition and involvement as a partner in care from primary, acute, and social care professionals
    - And ensuring that carers' role, contribution and support needs are factored into mainstream service commissioning.

We are therefore looking to work with the market to develop approaches that align to this model, including:

- services that increase the level of outreach, finding more carers earlier
- more community based and led solutions that enable carers to help themselves and each other
- solutions that help carers navigate the

system and get the information and advice they need at key stages of being a carer

- mainstream services that identify and work with carers as expert partners in care.

We will commission services that are flexible and responsive, and that will deliver improved outcomes for both the carer and the person they care for, recognising their different issues, conditions and life circumstances.

Spend on carers in Essex across local government and health is currently less than £3m, yet the value of care provided by unpaid carers in Essex has been estimated by the University of Leeds in valuing carers – Calculating the value of unpaid care to be £1,760m in terms of the cost of replacement care (based on 2001 census figures of 128,903 carers).

Figure 33

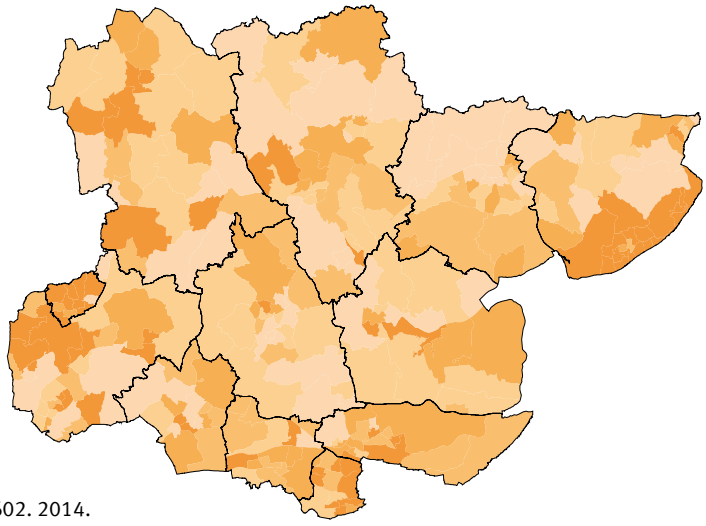
Person cared for client group	No of carers assessed	%
Learning Disabilities	1,005	9%
Physical Disabilities	1,240	11%
Mental Health Needs	2,065	19%
Older Person	6,690	61%
Total	**11,000**	**100%**

Market opportunities

The dignity of people receiving care and support of their carers is an important part of how we expect our services to be delivered on behalf of Essex County Council. Carers need thought and creative solutions being added to service offers moving forward, so that solutions are rounded and well thought through as a package.

Figure 32 – National Carers Research

Unpaid carers per 1,000 of the population by ward - 2011 Census



Essex County Council 100019602. 2014.

Part 2 – Supply and demand

7. Supply and demand

7.1 Supply and demand – in more detail ageing well – older people

As referred to previously, the council spends approx £488m per year on social care services (ASC) covering residential care, alternative accommodation, and home care. The customer needs vary and can be frail older people, adults with learning disabilities, those with mental health problems, and those with physical and sensory impairment.

There is a drive to improve customer satisfaction (choice and control) and to manage demand by introducing self-directed support and developing progressive, enabling services.

Demographic growth and inflation threatens both supply and budgets. The markets have been managed using price down, competitive methods, with restricted uplift over the last few years. There is a need to innovate the markets to be both enabling and to operate differently in order to take cost out of the supply chains.

Collaboration with health and the third sector, to engage social capital, will as mentioned previously, be driven by the Care Act.

The ambitions and drives for ASC, designed to improve the quality of life for those requiring social care, are:

- Maintaining quality whilst securing best value for adult services
- Preparing the ground to facilitate integration of social care with health
- Develop and maintain market flexibility that can accommodate our volume fluctuations
- Develop personalisation and self-directed support
- Facilitate the continued move from institutional support to support delivered at home.

7.2 Current supply

7.2.1 Registered care

- There are 12,889 care beds within Essex (excluding Southend and Thurrock) – 9.0 per 1,000 of the population (and pricing is very variable)
- ECC are currently buying 5,541 beds within Essex /43% of the care market
- ECC are also buying 783 beds from out of county homes
- Total ECC placements = 6324 (however c. 900 are self funders)

- 47% of ASC gross spend is on registered are compared to 43% in England.

Essex is supporting an above average rate of service users in registered care compared to other councils.

Since 2007, there has been a 10% increase in the number of people supported in registered care compared to an 8% decrease nationally.

Figure 34

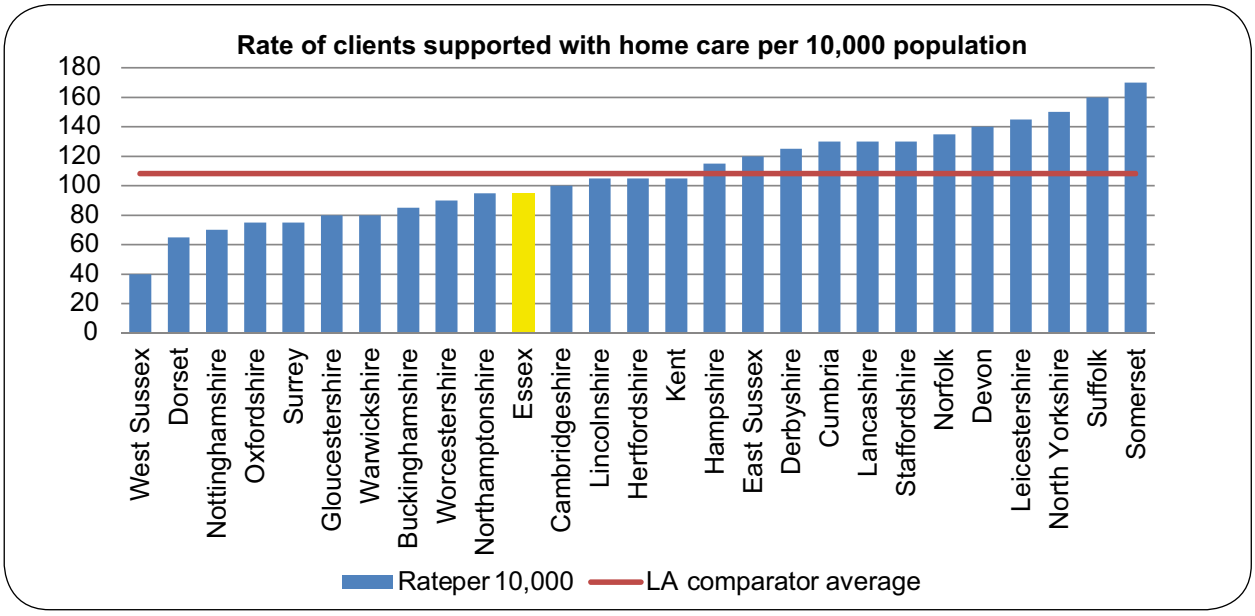
Beds in use – LA supported	Essex (620)	England total
2007/08	4775	239,060
2008/09	5120	233,855
2009/10	5160	229,770
2010/11	5660	223,910
2011/12	5675	224,450
2012/13	5230	219,455
% change since 2005/06	**10%**	**-8%**

7.2.2 Home care

- The council is commissioning home care for 6,800 noting that of those service users 4,600 are older people
- 84% of home care hours are for personal care and 16% are for night sleeping or 24 hour live in support
- 25% of ASC gross spend is on home care compared to 17% in England.

For older people and indeed other service users, we know that we need to reshape what is currently a residential service offer so that we are far less reliant on residential services. This will be a service change that will be a shift of around 30% of our service offer. We want to move away from residential and towards a wider, preventative set of services to help people manage their own health conditions and circumstances.

Figure 35



Essex is supporting a lower rate of service users with home care at 95 per 10,000 compared to an England rate of 115.

Since 2007, Essex has seen a 37% decrease in the number of service users supported with home care compared to a 23% decrease nationally.

Figure 36

	Essex (620)	England Total
2007/08	10,045	364,480
2008/09	9,455	357,545
2009/10	6,335	337,125
2010/11	7,525	322,660
2011/12	6,825	298,390
2012/13	6,325	282,275
Since 2007/08	**-37%**	**-23%**

Day care

- Essex County Council (ECC) is supporting 1,495 service users with day care services – 62% of these service users are also receiving other care services from us – personalised budgets will help us check for service duplication
- ECC purchase 4,132 sessions of day care per week – an average of 2.76 sessions per service user
- ECC is supporting a lower rate of service users with day care compared to national and regional averages
- 4% of ASC gross spend is on day care compared to 7% in England.

Figure 37

What follows is the spend data for the defined areas.

Adults	Gross invoice spend
	Adults £m
Residential care	193
Nursing care	19
Domiciliary care	99
Day care	10
Housing related support	22
Cash payments to individuals	48
Other care related costs	49
TOTAL Adult social care gross expenditure	**£440**

Source: 2013-14 IFS Ledger

** Equipment, transport, meals, employment and inclusion, third sector support, respite, reablement, adult placement scheme.*

7.3 Expressed demand

For older people 2.6% 2014-15; 2.4% 2015-16; 2.1% 2016-17 has been applied for demographic growth. The demographic assumptions relating to older people that inform the medium term resource strategy come from Planning4Care – a predictive model based on "PSSRU"/Wanless methodology applied to local Essex data.

For older physical impairment 5% has been applied for demographic growth for 2014-17. The demographic assumptions relating to adults with physical impairments come from a combination of local trends, and predictions from the national PANSI model developed by the Institute of Public Care.

7.4 Future commissioning intentions – living well

This section has some references to adults under 65 and all ages to provide granular detail for the market and helping to settle scene as this service user group will age over the next 10 years. By 2017 there will have been significant progress made towards adults with disabilities having the same opportunities and outcomes in life as their non-disabled peers through the achievement of the following commissioned outcomes.

Our aim is to set the scene for a revised service to adults with disabilities in Essex resulting in:

- A reduction of 249 people living in residential care to 1,043 by March 2017 from 1,292 projected in March 2014, contributing £18.2m to the overall project benefits. Other examples include:
- A reduction of 61 people using traditional day services to 848 by March 2017 from 909 projected in March 2014 contributing £1m to the overall project benefits
- Evidencing that 701 people have

Market opportunities

These are all opportunities for the market and we wish to see market offers in all these areas.

increased their independence as seen in reduced community support packages, contributing £3.64m to the overall project benefits

- Equality in the offer to people with sensory impairments
- A joint health and social care pathway for people with learning disabilities whose behaviour challenges
- A sustainable and cost effective range of social care services.

An increase in adults with disabilities living in safe and stable homes.

- An increase of 156 people with their own tenancies or own homes
- An increase of 84 people in Shared Lives schemes
- 13 people identified under the Winterbourne View programme moving from secure hospitals into community settings
- A fully developed and utilised housing and accommodation market, which ensure appropriate options for people with disabilities
- An increase in the number of older family carers better able to continue in this role.

An increase of adults with disabilities in employment.

- An increase in the number of people with learning disabilities known to social care in paid employment from 10% to 15%.

Promoting independence/intermediate care pathways benefit.

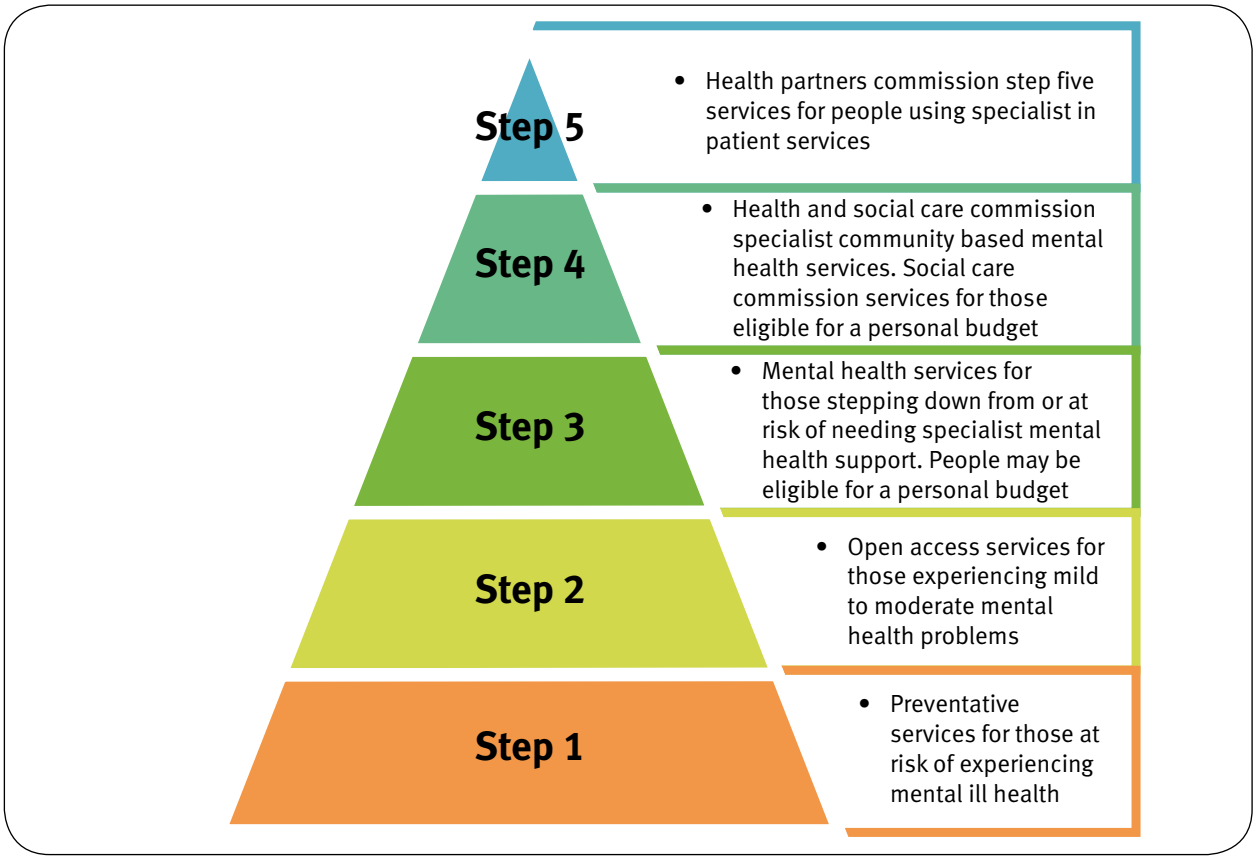
- To have the Home from Hospital Service consistently rolled out across Essex, relieving inappropriate referrals on the domiciliary reablement service and providing a timely and appropriate response to hospital discharges
- Domiciliary reablement – to scale up the current reablement service, providing a single point of access into reablement and home care services This service will be offered to all clients with an assessed health and/or social care need and an integrated home support service will be commissioned as one of the care pathway support options that will be made available. This will commence in west Essex, before rolling out during 2014-15
- To scale up reablement service integrated with home care support services under consideration with CCGs.

So in the future, ECC with partners and working with the market - has a role as a strategic commissioner and it will be less about simply buying services and more about:

- **Ensuring that people have robust assessments of their eligible care needs**
- **Sharing reliable information about need with the market**
- **Supporting approaches that encourage early intervention and prevention**
- **Encouraging the development of services that promote recovery and self-management, including for people with complex needs**
- **Working with the market to improve quality**
- **Stimulating the market to address needs that are not already being met.**

To achieve this vision we will be working with health commissioners and other organisations to support the development of a stepped care approach to mental health services that enable people to have a home, enjoy work and have an active social life.

Figure 38



Market opportunities

This can only be achieved by having a market that supports self-care and self-management, whilst being able to provide more intensive support when needed.

The steps in the stepped care approach are explained in figure 39.

7.5 Living well – working age adults (WAA)

WAA (18+) are referred to in this MPS not only because they are a key service user group for us, but contextually – over 10 years they will of course age and become the older service users referred to in the population projections earlier.

7.5.1 Client focus group

- 18+ adults defined as having challenging behaviour
- 18+ adults defined as having a learning disability
- 18+ adults defined as having a physical or sensory impairment (as their primary category of need)
- Service users with Essex residency only.

The Working Age Adults service is facing increasing cost pressures in terms of rising demand related to demographic changes, increasing inflation, and decreased funding from central Government. It is also clear that the current pattern of expenditure is not delivering the best outcomes for individuals, for ECC or for our partners. The current budget stands at £190.8m and the demographic and inflationary pressures are estimated to be as much as £54m (£35.3m demographics and £18.7m inflation) by 2017 if nothing in the system changes.

As part of an internal ECC review that also involved our partners, there is evidence, supported also by some of the early results of the **enablement pilot**, of a variety of issues that affect the current system, including those of under-capacity, ineffective high-cost services and a reliance on institutional care. This, with under-utilisation of assistive and new technologies, out-dated contracts and costing structures, leads to over-reliance/ dependence upon services. Currently short breaks taken in the service are coming out as more expensive than the cost of an equivalent in a Shared Lives placement, and the predicted property costs amount to £900,000 over the next 5 years.

Market opportunities

What is now required is a whole system approach to change that results in a remodelled support pathway that reduces demand on, and costs to, the council and NHS through the implementation of a very challenging enablement and progression model of support.

There is much we can share and learn with the market as we move forward.

Over the last 3 years, a number of initiatives have been implemented to realise efficiencies within the service. Most of these have been focused on reviewing individuals to ensure that they are receiving a service that meets their eligible needs in the most efficient way within the current system.

It is not possible to deliver this scale of charge within any single year of operation and therefore the programme needs to take place over a 3 year period and will require some additional internal investment in order to realise the anticipated benefits and work with the market to share.

The purpose of the service review programme for WAA is to help people move away from a destiny of high, life-long, dependency on costly institutional services to the accessing of everyday life activities, and through the implementation of an enablement model, to attain the skills necessary to lead as independent a life as is possible.

7.6 Current supply

Residential care volumes across Essex are illustrated in the chart below:

Figure 39

	LEARNING DISABILITIES			PHYSICAL/SENSORY IMPAIRMENTS		
District	Residential	Nursing	Total	Residential	Nursing	Total
Braintree	287	2	289	152	176	328
Chelmsford	47	0	47	28	434	462
Maldon	28	54	82	15	54	69
Colchester	381	54	435	195	382	577
Tendring	496	0	496	307	366	662
Basildon	107	8	115	30	0	30
Brentwood	22	38	60	0	243	243
Castle Point	26	0	26	0	133	141
Rochford	43	10	53	15	0	15
Epping	62	90	152	40	462	510
Harlow	124	0	124	71	117	188
Uttlesford	35	0	35	125	60	185
Total	**1667**	**254**	**1913**	**994**	**2416**	**3410**

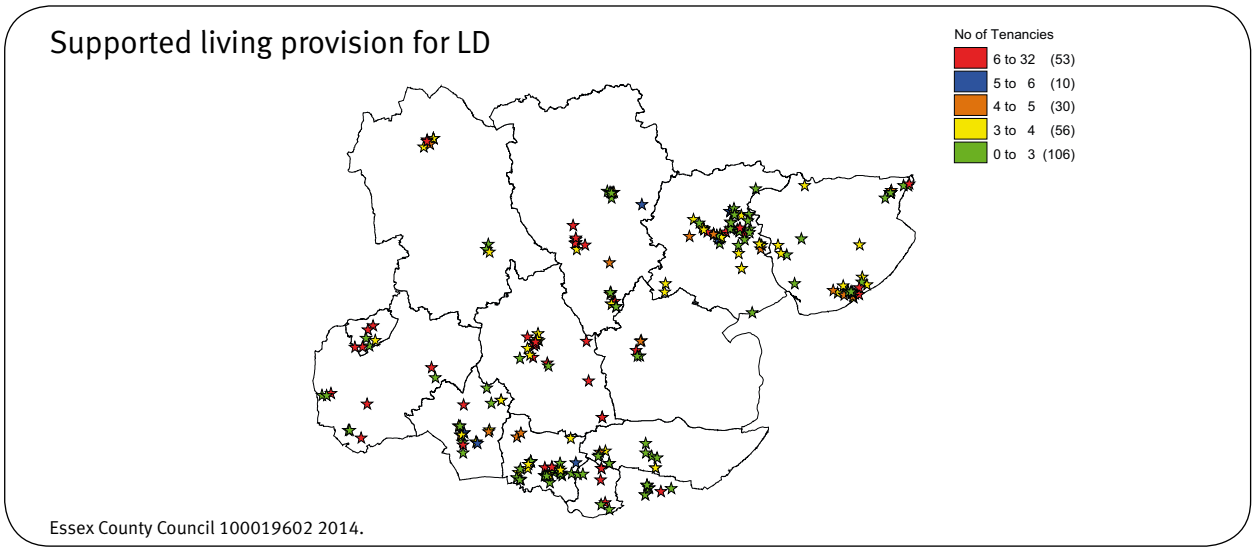
Supported living accommodation volumes and requirements are demonstrated in the chart below.

Figure 40

	SUPPLY						DEMAND					DIFFERENCE	
	Total no. of units			Voids			Accommodation required						
District	Shared	Self contained	Total	Shared	Self contained	Total	Shared	Self contained	Both	Not specified	Total	Diff shared	Diff s/c
Braintree	54	62	116	8	0	8	1	6	1	0	8	7	-8
Chelmsford	45	91	136	4	1	5	7	9	2	0	18	-3	-8
Maldon	6	8	14	0	0	0	0	1	1	0	2	0	-5
Colchester	163	55	218	22	0	22	16	14	0	0	30	6	-14
Tendring	111	11	122	16	0	18	12	6	0	0	18	4	-8
Basildon	55	29	84	3	1	4	4	4	4	0	12	-1	-3
Brentwood	62	11	73	2	0	2	0	1	0	0	1	2	-5
Castle Point	7	26	33	0	0	0	4	3	0	0	7	-4	-3
Rochford	14	5	19	1	0	1	6	3	0	1	10	-5	-3
Epping	14	35	49	0	1	1	3	4	1	0	8	-3	-3
Harlow	10	22	32	0	2	2	5	4	1	0	10	-5	-2
Uttlesford	18	9	27	0	0	0	0	2	0	0	2	0	-2
Other	n/a	n/a	n/a	n/a	n/a	n/a	8	3	0	1	12		
Total	**559**	**364**	**923**	**56**	**5**	**61**	**66**	**60**	**10**	**2**	**138**		

The below map demonstrates current supported living provision by district.

Figure 41



The below chart demonstrates how much Essex County Council currently spends on working age adults.

Figure 42

Type service user	Residential care		Supported living		HSS		Direct payments		TOTAL users
	No. users	Spend £	No. users	Spend £	No. users	Spend £	No users	Spend £	
LD	1004	73.2m	420	23.9m	1000	29.3m	867	19.9m	2454
PSI	228	10.8m	13	300k	800	9.8m	1136	17.5m	1041
TOTAL	1232	83.4m	433	24.2m	1830	39.1m	2003	37.4m	5498

7.7 Expressed demand

Increased demand is being driven not just by demographic growth but also by a number of other factors.

Increasing numbers: The number of adults with learning disabilities receiving on-going social care services (more than 4 hours a week) has increased by an average of 2.8% per annum; and the number of adults with physical impairments has increased by an average of 2.6% per annum since 2011. A key factor within this has been the increased life expectancy of adults with learning disabilities e.g. the life expectancy of a person with Down Syndrome has almost doubled since the 1980's.

Increased complexity of need: The number of children with profound and multiple disabilities surviving into adulthood is increasing. There has also been an increase in the prevalence of people with very complex behaviours. As a result the numbers of disabled people receiving intensive services (28 hours +) has increased by an average of 5.2% per annum.

Changing expectations: Disabled people's expectations about their care and support has changed significantly. Large institutional models of care are no longer acceptable and disabled people have campaigned for personalised support that enables the same opportunities as their non-disabled peers. Family carers also have greater rights and expectations for an improved balance between their caring responsibilities and their family/work life.

Market opportunities

There is an estimated supported living accommodation requirement of approximately 250 new additional units required by 2017.

Table below details known developments/ activities, as of June 2014 – note these are not guaranteed but at initial proposal stage.

Figure 43

Activity	By 2017
New build developments via £6m grant project	94
Privately funded new build developments	49
Re-modelling of existing Private Rented Housing	15
Additional Private Rented Housing via Housing Brokerage team	135
MySafeHome Scheme	10
Shared Lives Scheme	15
TOTAL	**318**

As mentioned, we are currently working on analysing the supply gaps as evidenced above for a range of services.

We know already for example, that we currently have a shortage of places for adults with mental health needs in north east Essex and limited vacancies in mid Essex.

This statement encourages the market to look forward and to appreciate with us, that we need to have services available across all parts of Essex that are accessible and also use the current service centres as hubs from which community focused work can be extended (we call this the hub and spokes model).

7.8 Future commissioning intentions

New Dynamic Purchasing (DPS)

Some providers of WAA residential care will be registering and enrolling onto the new pilot system called DPS. All suppliers and appropriate ECC staff will be trained on the system in the autumn 2014. Over coming months, we will be trialling a range of solutions for more interactive purchasing and DPS is a current pilot.

Redesign of internal referral system

To instigate a redesign of the internal referral system for placements into residential care and supported living, this will ensure that residential care is used only as a last resort and that nomination rights and voids are managed more effectively. This redesign will also ensure that ECC's internal processes align with the dynamic purchasing system.

Care placement cost negotiations

The council is always attentive to their re-negotiation of current residential care placement costs, to ensure ECC and care service users are receiving value for money. Cost drivers and expected rates against each driver have been identified within a VFM assessment tool. When a provider requests a change in price, the 'value for money' assessment is conducted, where the results determine the activity, as follows;

- good value, nothing to change
- good value, but re-set the fees so

each service user is paying the correct amount for their correct support (core+xcs)

- fair value however service is too much, inefficient or unnecessary – we then need a time line to change
- poor value and the provider gives a saving to achieve good value
- poor value and the provider offers a saving, however it's still not good value
- provider refuses to make change and we then negotiate.

7.9 Additional shared lives

We will also investigate alternative sources of shared lives provision and undertake market research to identify providers in other local authorities and providers of children's fostering services. For example we will use this information to inform a new procurement in 2016 for Shared Lives Services and undertake market analysis and market shaping to encourage new and alternative providers to enter the market.

7.10 Working age adults

There is a great deal of work underway as detailed focus on the changing needs of working age adults (WAA) some of which is referred to previously. Our aim is to create the foundations for an individual's needs to be considered much more as a whole and complete set of interlinked services and circumstances. More detail can be found in the commissioning strategy that refers to WAA.

All of these trends and services will feature in market discussions for service choices.

As mentioned in the introduction, in April 2013 ECC took responsibility for public health from the NHS.

At the same time, clinical commissioning groups, as mentioned previously, were introduced, giving greater responsibility to GP's for commissioning health services.

Within ECC as market context, Transformation 2 is underway and will bring some children related services together under one directorate (PEOPLE). This link will provide greater opportunities for collaborative working in particular through the Lifelong disabilities project and improving transitions. In addition ECC has shifted the focus from individuals to families by working with families with complex needs as part of the Families Solutions Service.

There is a strong desire for multi-agency working, in particular with neighbouring authorities, particularly the unitary authorities of Thurrock and Southend, with a view to increasing value for money and improving service user choice. This is already recognised in the whole Essex Community Budgets programme which involves public sector partners working together, delivering services that improve the lives of Essex residents.

The learning from the Community Budget work is informing the wider commissioning of the County including that in Schools Children and Families – the key complimentary themes are:

Strengthening communities – enhancing community resilience, redefining the relationship between citizens and the public services and reducing service demand;

Early intervention and prevention – tackling social problems before they become intractable and costly, and

Integration – using resources held by different partners to meet shared objectives and drive new behaviours.

7.11 Current supply spend

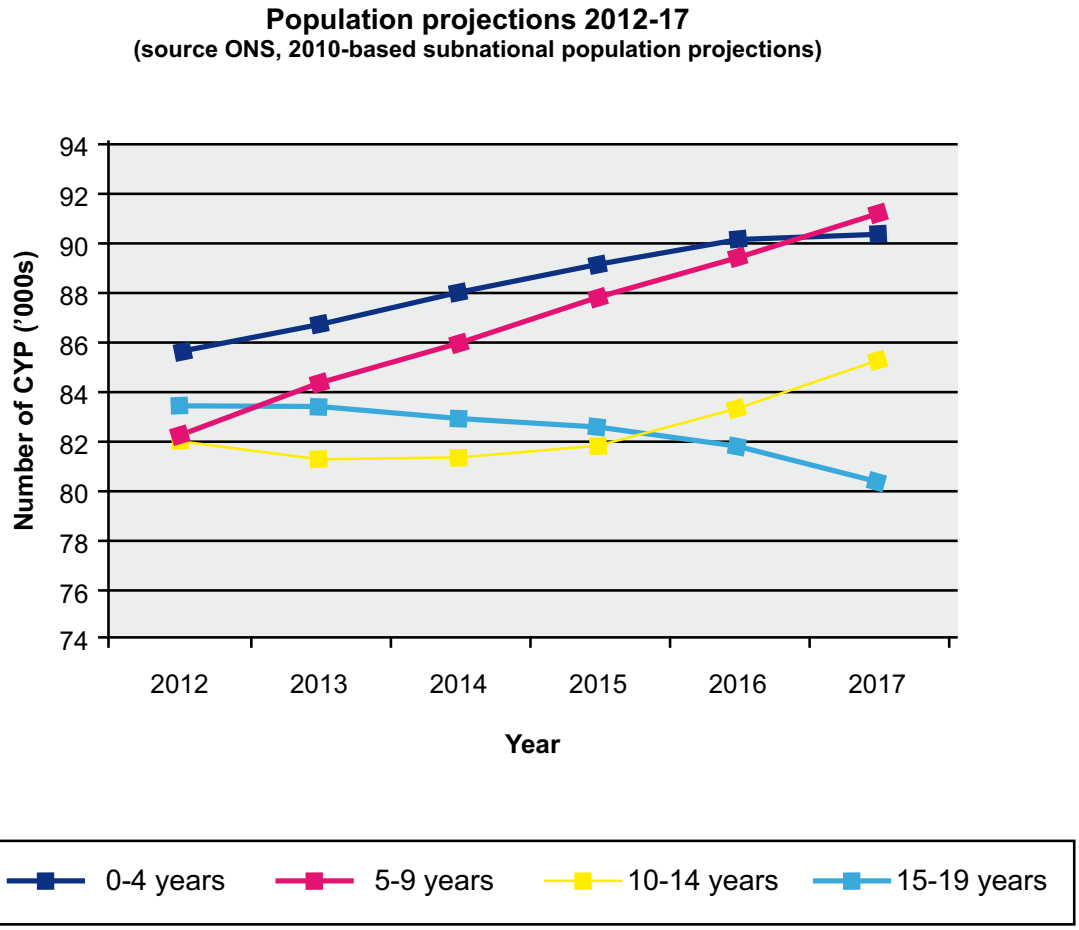
Contract	Annual value
Children's centres	£12m
Aiming High for Disabled children – Short breaks and support	£3.7m
Family innovation fund	£1.3m
Early years quality and sufficiency	£1.2m
High level family support	£662k
Supervised contact	£491k

7.12 Expressed demand

There are 328,200 young people aged 19 or under in Essex (ONS 2011 census estimates). It is likely that Essex will see some marked changes in the population of children and young people over the next five years. Number of 5-9 year olds going from the smallest group in 2012 to by far the largest group in 2017. In addition most areas will see a fall in the number of 15-19 year olds.

Essex total child population growth will be especially pronounced around the following areas: Braintree, Chelmsford (Mid), Colchester (North East), Basildon (South) and Harlow, Epping and Uttlesford (West).

Figure 44



7.13 Future commissioning intentions

On review of the observations made for each key section within this section the following key market: procurement activity has been highlighted at the council to effectively match market activity and make the procurement process as effective as possible for example:

- Transition team from a tactical and reactive procurement model (traditional procurement) to a strategic and proactive procurement model (progressive procurement)
- Develop procurement category strategies on circa 80% of schools, children and families (SCF) external spend (fostering, SEN education and residential, children centres and post 16) to generate a pipeline of quantitative and qualitative ideas

- Undertake a review of the expiring contracts to create short term savings to be delivered in 2014/15
- Develop and align contract forward plan and procurement category strategy output with commissioning strategy and resource accordingly to deliver each procurement project/ initiative
- Understand/cross reference data - locate off contract spend to identify potential savings opportunities and update Ariba contracts register to improve visibility of spend and to inform the forward plan
- Develop an SCF supply chain management and contract management strategy and process paper to deliver qualitative and quantitative benefits to sourced contracts
- Key Performance Indicators (KPIs) within contracts linked more to corporate outcomes
- Respond to the impacts of the Care Act and strategic policies that are linked.

Market opportunities

We want to work with the market in the future to group and combine this sort of contract activity, so we source more strategic and streamlined, grouped contracts to help focus on needs and outcomes.

8. Conclusion and next steps

Our joint strategic challenge is the rise and complexity of the demand ahead, combined with budget restraints and changes in the way users may access the core of the service offer. This requires new models and ideas on delivery aswell as the best that the market has to offer.

There are some gaps already in the current supply of some service offers in parts of Essex already. We need to work with the market to make some tactical shifts to the way we currently procure services - not only to close the any gaps that we have now – but look to the future for new ideas and collaborations.

At the council we have reformed our commissioning capacity and focussed our commercial function to look more keenly to outcomes and to support the activity of the market as a whole.

In order to further develop new delivery approaches, we will explore routes to lever external finance in addition to available core funding such as intermediary models and brokerage solutions. We will go to the market to find commissioning solutions and we will not be prescriptive about the approach providers take in delivering the desired outcomes, as long as they can show quality and demonstrate value for money.

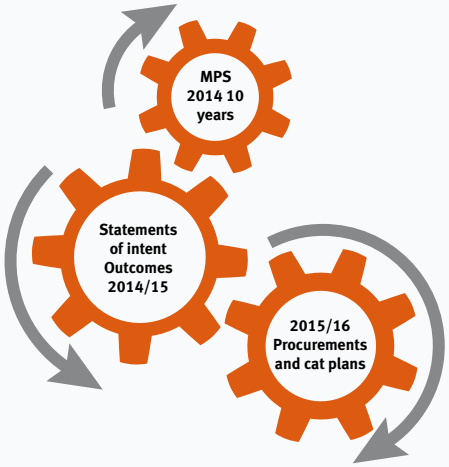
We will be looking at commissioning high-quality; innovative solutions for service users that are promote independence, prevention, early intervention and self-sufficiency as part of their suite of outcomes.

Our key market messages are that we recognise the challenges ahead as set out in this MPS and we will work hard together in partnership to respond to the complex needs of our service users.

We are ambitious for our residents and service users and we want to hear from competitive and creative providers that will work in collaboration.

The next steps are for us to invite a dialogue with partners and providers about the challenges ahead and invite views about how we facilitate the best the market has to offer.

Tactical shifts and lead in during 2015



Included here are some suggestions taken from our peer top performing commissioning councils for discussion over the coming months. It is hoped this will initiate a partnership approach to stimulating the market where promoting independence and choice is a reality. The list is not exhaustive; rather it is indicative of the ideas in the sector.

8.1 Co-production

Co-production aims to democratise the production of health and social care by enabling citizens to be full partners in the process of devising service specifications to best meet their outcomes and demonstrate value for money.

In future, service providers will be encouraged to consider how they might build co-production into their business models. This is a form of customer led commissioning.

8.2 Extra care housing

Commissioners are already working with partners including districts and boroughs in Essex to explore options for partnerships with property developers in order to stimulate initiatives where opportunities arise. This approach needs to grow significantly in the coming years. Housing and place issues in general will form a key focus of more integrated social care solutions planning moving forward.

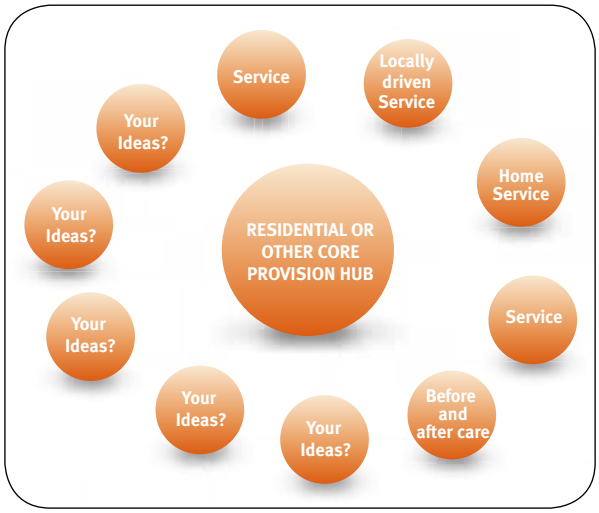
8.3 Development of brokerage

"Brokerage" models are emerging in the sector in different forms. This is partly in response to the new demands of personalised budgeting and account management that follows. One example is a third party (i.e not the council and not the individual, but a partners collective) banking model where the cash budgets for users are held in a safe reserve that is managed by banking infrastructure that is commissioned, assured and quality controlled by the council or indeed Health and may be linked to carers. Access to such a banking portal is direct by users and may take many forms including online banking and credit management. The use of third party models can be used as investment vehicles.

In addition – within the social care sector generally, there is a need to make available a range of skilled brokers that can potentially commission services on a third party basis almost as advocates – effectively on behalf of service users assisting with cash budgets, or advise on how best to commission services for cash from the local community to achieve earlier, less costly interventions. This may be achieved by using an increased range of social and community capital – including third sector, which will make it possible to extend the use and effectiveness of scarce reducing public funds. This will make it possible to release resources in the form of a community dividend that can be shared by the local authority, local communities and local people.

8.4 Partnerships and hubs and spokes

The changing role of the council means that there will be a new emphasis on alternative delivery mechanisms and local out-reach services from a core hub , which will soften the boundaries between all the statutory agencies. Social Enterprises, Social Impact Bonds and co-operatives, community interest companies (CiCs) will be even more encouraged moving forward, where appropriate, which will build on the combined attributes of community action, private enterprise and the vision and values of the statutory sector. Thus, collaboration will be encouraged when business opportunities arise and when service offers arise that suit.



8.5 Shaping futures

Get more involved

This MPS has been circulated to partners and providers that we are aware of that are either working in Essex, or considering working in Essex, or importantly that we would like to attract to Essex.

Market position statement meetings will be available throughout the autumn/ winter 2014 and will be posted on Ariba and set out in the provider newsletter. We will also use the provider meetings that are already in the diary to have an ongoing conversation about these issues.

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 and will be a core part of the upcoming meetings:

- How we can work with providers to share the benefits of people achieving greater independence and reducing their reliance on social care services in general?
- Where is our best practice and innovation that we can share and promote?
- How can we best incentivise providers to proactively embed assistive technology as part of their service offer?
- 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?

- We are considering a range of potential approaches to reward providers who help us achieve the outcomes described in this statement – a risks and rewards basis?
- Which approaches do you feel would be the most effective in rewarding providers who help us achieve these outcomes?

What do we expect of our market suppliers?

We would like to work with you as providers to continue to develop and deliver services which meet the needs, expectations and aspirations of people in Essex – whether their care is funded by the council or by themselves. We expect you to be thinking about the changing demographic picture and what the national and local directives mean to you as providers and the services and support you offer.

As we continue to focus on the personalisation of services with clearly defined person centred outcomes, the increasing need to offer more choice and flexibility in the delivery of support and care will need to be a major consideration for all providers. We know that some people will continue to wish to receive care in the traditional way but many will want something different.

As we redesign services fit for the future we expect that you as providers will co-produce with people who use your services and their carers – to involve them at every stage of service design and delivery.

We will expect that the support that people buy from you will respond to their individual needs and will be cultural sensitive.

What should providers expect from us?

We will commission services relevant to local populations taking into account the views of local people and both existing and potential service users. In designing services we will use a co-productive approach to ensure that people are involved at every stage of commissioning.

We will work in partnership with providers and their representative organisations to ensure that between us we develop cost effective high quality services that the people in Essex wish to buy and use.

Our approach to commissioning will be one of openness and transparency.

We recognise that providers would like more detailed information about volumes and values of purchasing described at a more local level. This is a high priority for building on this MPS. We hope to provide this information in later versions of the Market Position Statement in a statistically relevant and reliable way.

In addition we will commit to developing market forums, open to all providers. These will enable local commissioning needs to be discussed and the opportunities of service development explored in a non-commercial setting.

This document, and key information and support for providers, can be found at www.essex.gov.uk

Dates for meetings will be posted and please feel free to email information or your feedback to commercial.team@essex.gov.uk. Please enter MPS feedback – market development in the subject heading to enable us to pick up your response quickly.

8.6 Further contact details

Training – For information about the training available through the Essex Provider Consortia please contact the Provider Support Programme Team via email at provider.supportprogramme@essex.gov.uk

Quality Improvement Team – The Quality Improvement Team can be contacted via email at quality.improvement@essex.gov.uk

My Home Life Essex – The website can be accessed at www.mhlec.org

8.7 References and definitions

Joint strategic needs assessments already completed at county, district council and individual CCG level; all of which are available at:

http//www.essexinsight.org.uk/grouppage.aspx?grounpid19

Expenditure relates to net total expenditure – Source Essex Budget 2013/14 Baseline.

The term cash payments refers to people receiving their personal budget via a direct payment (i.e. via monies paid into an allocated bank account, monies paid to an agreed representative, or monies allocated to a pre-payment card).

Estimates of the self-funder market are based on estimates from the Institute of Public Care in their paper "People who pay for care: quantitative and qualitative analysis of self-funders in the social care market".

http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/Localmilestones/People_who_pay_for_care_-_report_12_1_11_final.pdf

The term complex needs is used in Valuing People Now to capture a range of multiple and additional needs that people with learning disabilities may have. This includes people with profound and multiple learning disabilities (PMLD) or people with challenging behaviour. People with profound and multiple learning disabilities (PMLD) have more than one disability, the most significant of which is a profound learning disability.

NDTI Housing and Social Inclusion Project:

http://www.ndti.org.uk/major-projects/housing-and-social¬inclusion-project/

Essex uses the following definition of challenging behaviour: "...behaviour(s) of such intensity, frequency or duration that the safety of the person or others [is] likely to be placed in serious jeopardy, or behaviour which is likely to seriously delay access to and use of ordinary community facilities."

Home Truths 2010: England

http://www.housing.org.uk/publications/find_a_publication/general/home_truths_2010_-_england.aspx

More Choice, Greater Voice: A toolkit for producing a strategy for accommodation with care for older people – CSIP/CLG February 2008.

Within the context of this document 'extra care' is defined as:

- accommodation available to people aged 55+ years who have an assessed need for support which cannot be met in their current accommodation
- affordable accommodation to rent (or buy)
- self contained one or two bedroom apartments which are wheelchair accessible and have level access shower rooms
- communal facilities, again wheelchair accessible, which are secure by design, including the garden area
- hard-wired to support a range of assistive technology equipment as and when required by individual residents
- on site care presence 24/7 to deliver planned support out of hours and respond to care emergencies at all times.

Vision for Essex 2013 – 2017: Where innovation brings prosperity. Essex County Council, 2013/14.

Outcome strategy 7: People in Essex can live independently and exercise choice and control over their own lives. Essex County Council, 2014.

'Who will care?' Five high-impact solutions to prevent a future crisis in Health and Social Care in Essex. Independent commission led by Sir Thomas Hughes-Hallett with Dr Paul Probert, Essex Partnership Board.

8.8 Key additional sources

Adult Social Care survey – https://nascis.hscic.gov.uk/Tools/Olap/Ues/Default.aspx

ASC-CAR (Adult Social care Combined Activity Returns data) – https://nascis.hscic.gov.uk/Tools/Olap/Asccar/Asccar.aspx

IDAOPI (Income Deprivation Affecting Older People Index) – www.data4nr.net/resources/older-people/1446/

ONS Census data – www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html

Older People's Health Atlas (Available from WMPHO) – www.wmpho.org.uk/olderpeopleatlas/

PANSI (Projecting Adult Needs and Service Information) – www.pansi.org.uk/

Planning4Care – www.planning4care.org.uk/home/

POPPI (Projecting Older People Population Information) – www.poppi.org.uk/

PSS-EX1 (Personal Social Services Expenditure Data) – https://nascis.hscic.gov.uk/Tools/Olap/Pssex1/Expenses.aspx

RAP (Referrals, Assessments and Packages of Care) – https://nascis.hscic.gov.uk/Tools/Olap/Rap/Rap.aspx

Survey of Adult Carers in England – https://nascis.hscic.gov.uk/Tools/Olap/Ues/CarersSurveyData.aspx

http://www.essex.gov.uk/Business-Partners/Supplying-Council/Pages/default.aspx

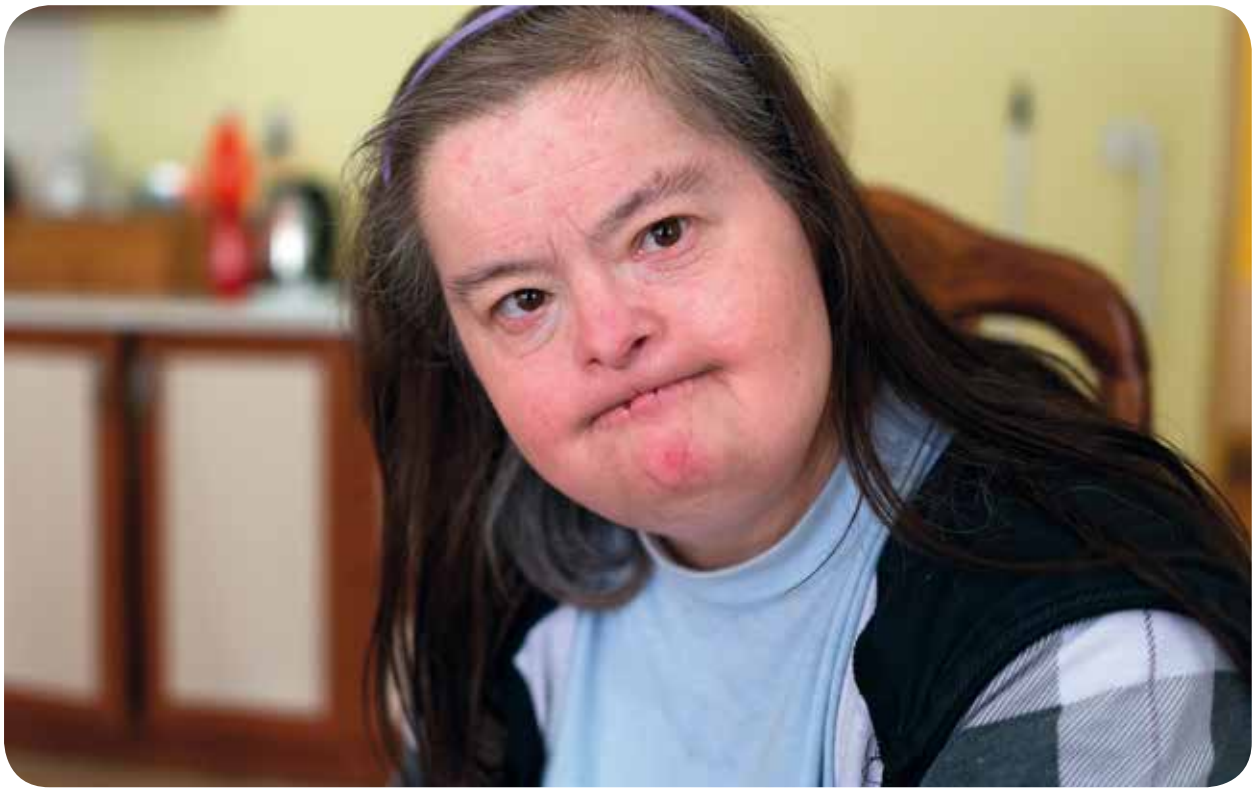
We also collect information about local demand for specialist housing and registered care from a number of sources and these have been used for this MPS. These include:

- population models including Planning4Care, POPPI, and PANSI
- the Housing registers held by the District and Borough Councils
- data collected by operational social care staff and recorded as part of the assessment and review process
- community groups such as the local action groups that have a broad knowledge of accommodation need in their area
- joint referral meetings (JRM) – Cases of social care users with identified housing needs are presented on a monthly basis, alongside known vacancies in specialist housing schemes
- a housing broker for example – works with the commissioning team within the council to coordinate information about demand and supply
- information from registered care providers about people who are ready to move on from registered care.

These sources give us a high level indication of accommodation needs within Essex, and of the immediate needs of a small group of service users that are known to us. We do have a deficit of information about longer term needs – and the housing needs of the wider population of vulnerable and older people. In particular the type of accommodation that people will need, and when they will need this accommodation. We would welcome views from the market about how we can work with providers to develop this intelligence further.

Market opportunities

We need to know more about the accommodation needs of vulnerable adults and older people to help us plan better for the future. We would welcome your views on how we can improve this.



9. Glancing back 2013/14

Our market context is constantly changing. For instance – supporting parents, carers and families to create safe and stable homes.

In 2013/14 saw:

41 more children adopted from care than in 2012/13 (provisional).

Essex's continued work with families most in need of our support, to ensure only those children and young people who need to be in care are in our care has been noted by Ofsted in their recent inspection as good quality and effective, reducing the number of children looked after whilst still keeping them safe.

Provisional 2013/14 data shows 21.3% (112) children left care for the security of adoption compared to 11.7% (73) during 2012/13. Of the 112 children adopted, 11 were over the age of five at the time of placement and 19 were from minority ethnic backgrounds. Essex prides itself in having a child-centred approach to adoption; pursuing adoptive care where this is identified as appropriate regardless of the complexity of the child's needs, and Essex remains committed to securing adoptive placements for older children and for sibling groups.

Protecting Essex residents from harm and injury

In 2013/14 saw:

Essex County Council has become the first social care organisation to receive funding from the Health Foundation.

Essex Children's Services judged as 'Good' in the latest Ofsted Inspection, published March 2014.

An Essex County Council led scheme to improve resident safety across Essex care homes and prevent unnecessary hospital admissions is among ten new projects selected for the £4 million Health Foundation quality improvement programme 'Closing the Gap in Patient Safety'. The two year project will see Essex County Council working with UCLPartners Academic Health Science Partnership, and other key partners to address safety issues using the NHS safety thermometer. By working together, it will be possible to implement improvements in healthcare at a greater scale and pace. A pilot will take place across north and west Essex and then learning will be shared across the rest of the county.

- **Encouraging healthy and active lifestyles and tackling the wider causes of ill health**
- **Childhood obesity in Essex remains below England average**
- **5% increase in the proportion of adults exercising between 2005 and 2013 (Active People Survey respondents)**
- **Helping Essex residents to live full and independent lives.**

In 2013/14 saw:

2,201 (72%) more people leaving reablement with a positive outcome, compared to 2012/13.

We have a range of ways to help people to maintain their independence and remain in their home for as long as possible, as part of our approach to providing personalised services. The reablement service is a programme of short-term care to help people regain independence lost due to an event such as a fall resulting in hospital admission. In 2013/14 80% of people left reablement with a positive outcome, compared with 81% in 2012/13. However, this maintenance of levels is viewed as a success given the increased volumes of people passing through reablement compared to 2012/13. 2013/14 saw 2,095 more people leaving reablement as self-caring, and 106 more people leaving reablement with domiciliary care packages. These represent increases of 85% and 18% respectively and have been achieved through close partnership working with our reablement provider and with colleagues in the health service where reablement is seen as key in both preventing hospital admission and achieving timely discharge if there has been an inpatient stay.

Looking back on last year at a glance:

839,674 are adults aged 18-64

296,683 are children and young people

One County

1,406,500

million people residing in Essex
(Mid 2012 Estimate)

of these: children and (June 2014)

17,566
were adults aged 65+

Setting the scene [9]

32,246 people receiving a social care service from us at the end of March 2014.

Of these:
6,241 were children and young people
8,439 were adults aged 18-64
17,566 were adults aged 65+

899 Social care staff working to support our most vulnerable children and adults (Key roles as at 10 June)

9 Essex County Council Annual Report 2013/2014.

Appendix 1
Projected demand – additional detail

Essex Older People Strategy 2014-19 (extracted)

Our goals for older people both now and in the future include:

Goal 1: Healthy living and well-being

- Empowered and confident residents
- Supporting residents to live to their optimal level of health and independence

Goal 2: Proactive care and prevention

- Safe and comfortable homes and neighbourhoods
- Fulfilling lives and active citizens

Goal 3: Living with long term conditions and frailty

- High quality health and social care services
- Integrated care and support for older people and their families

Goal 4: End of life care

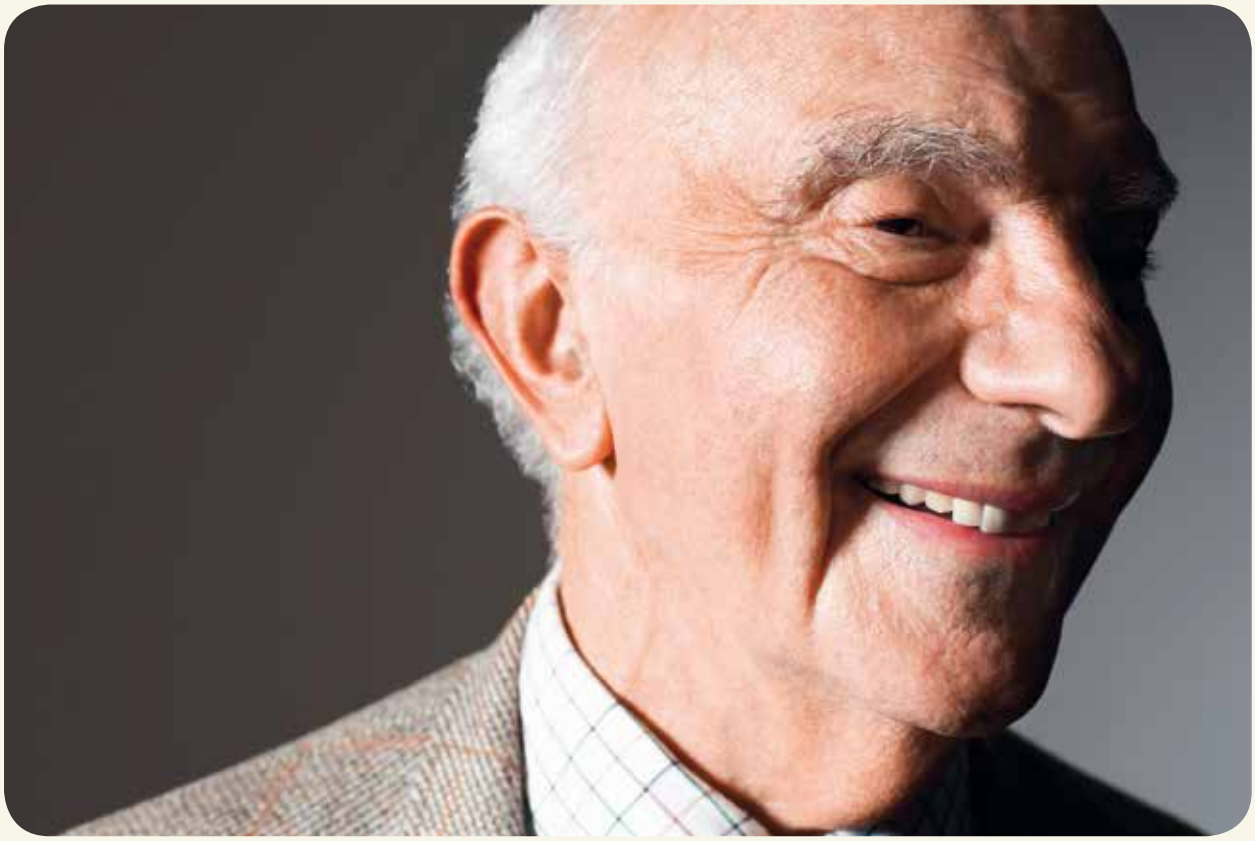
- Choice, control and support towards end of life

Our direction of travel: key messages

- We see the Essex health and social care system operating significantly differently in the future. In five years' time the system will work in a more proactive way with older people. We will be identifying all people over the age of 75 and co-producing a holistic care plan which identifies preventative and enabling services which keep them well and active in the community for as long as possible. By taking this early intervention approach we anticipate a protracted delay in time before older people require more intensive health and social care interventions.
- This means the role of social care and community health care will shift from just supporting people when they deteriorate or at times of crisis. The role of integrated social and health care services will be much more preventative, confidence building, informative, enabling and educative.
- Those eligible for personal care budgets will have access to a more varied, vibrant market of providers able and willing to deliver care tailored to individual needs. We expect greater numbers of older people with direct payments, accessing personal assistants and developing bespoke packages of health and social care that suit their individual needs. This means the council may not block purchase high volumes of standard care as it once did, and instead see growth in **micro-commissioning**. In the future we might commission support time, where the individual defines how that time is to be used and may flex week to week.
- Through our early interventions programmes we will screen and offer older people a range of preventative services as a core offer. This package includes pathways to long term condition self-management

courses, falls assessment, assistive technologies and reablement.

- Local communities will be supported to galvanise and offer local and innovative solutions to reduce isolation of older people.
- We want Essex communities to be dementia friendly and feel safer for all older people.
- We want older people in Essex to access high quality care in care homes. We want to encourage involvement of families and friends in the monitoring of care homes. In five years' time we will have developed monitoring mechanisms which involve families and an 'independent third eye' e.g. peer spot checkers, VSC volunteers etc.
- We want to review our accommodation strategy for older people. Where possible move away from building high volume institutions and instead towards local provision e.g. smaller units of extra care in local neighbourhoods.



Our detailed vision of the lives and well-being of older people living in Essex in 2019

By 2019 we envisage Essex as a place where older people and their carers live healthier longer lives while experiencing a personal sense of well-being and feeling in control. Older people feel informed, empowered and confident. People are able to lead life to their optimal level of health and independence.

Older people live in homes and neighbourhoods that are safe and comfortable and which enable them to lead fulfilling lives. They are actively participating and contributing as citizens, good neighbours, family members, volunteers and workers.

Older people living in Essex have access to high quality health and social care, rated as some of the best in the country, from a consistent workforce who treat them with dignity and respect. Older people receive multi agency, integrated support that works well, and they know who to contact when they need support.

At the right time they are involved in planning their end of life and are provided with this care in a place of their choice.

The increase in care service use over the next 5 years represents an increase of 12%and a total volume of 1,242 service users.

Profile of 2014 adult social care service users

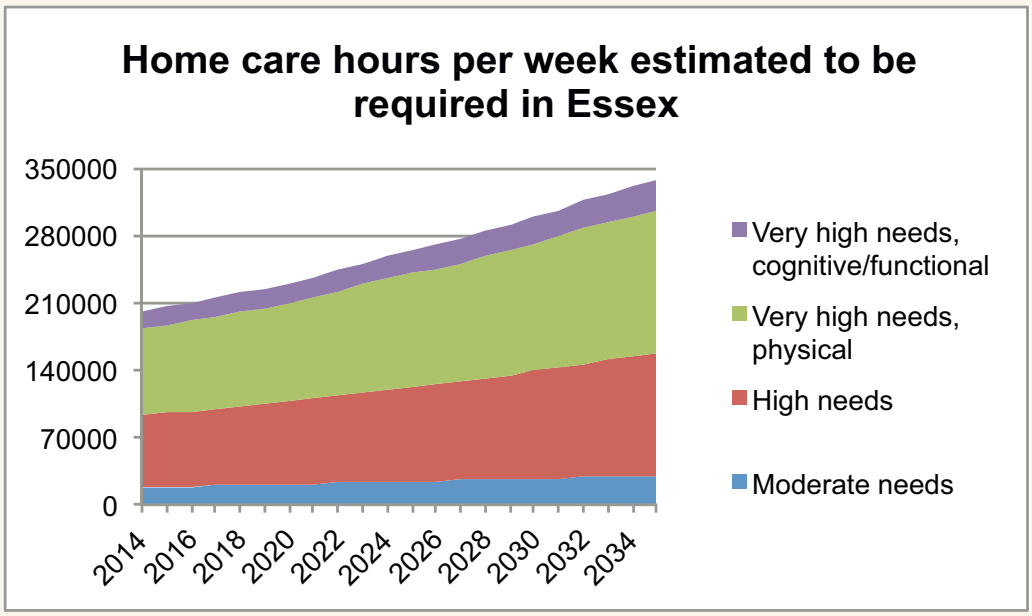
Shows the basic demographic make-up of 2014 service users. Females make up 70.8% of current service users (residential care + home care/cash payments + day care). Over 85's make up 51.6% of current older people ASC service use. There is great variation in volumes of social care use per district, with a range of 1,018 between the lowest (Maldon) and the highest (Tendring) volume.

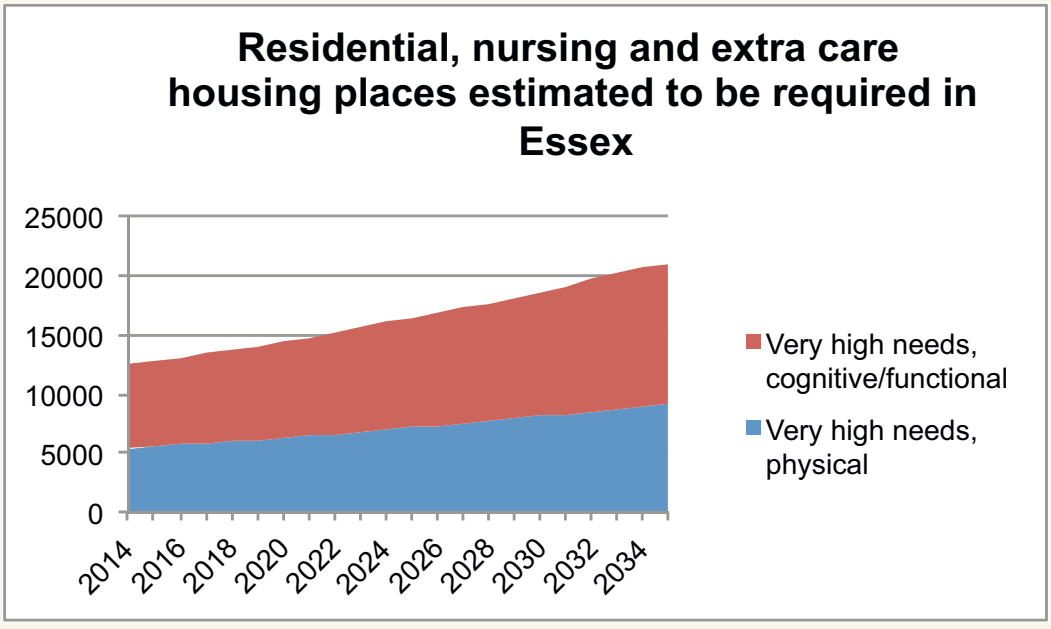
Anticipated impact of increased intervention/preventative services on adult social care forecasts

Original forecasts took current patterns of reablement, meals on wheels and assistive technology into consideration. However, with the implementation of residential reablement and a committed increase in domiciliary reablement places, this is expected to have an effect on total volume of service take-up.

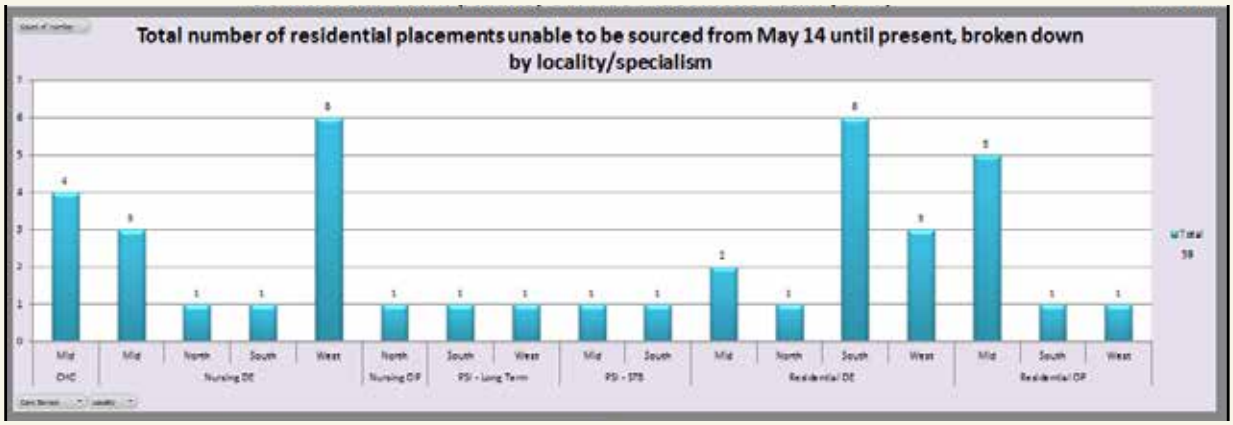
This should result in approximately 2,400 fewer service users by 2019.

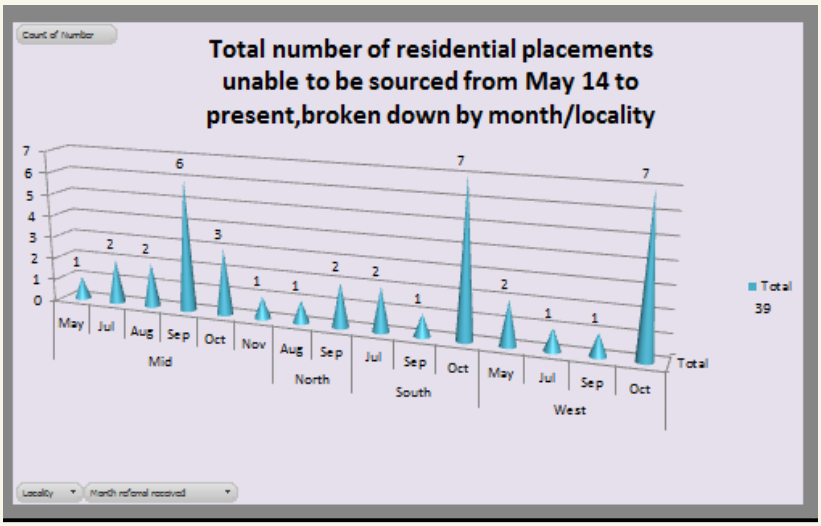
Appendix 2
Planning 4 Care

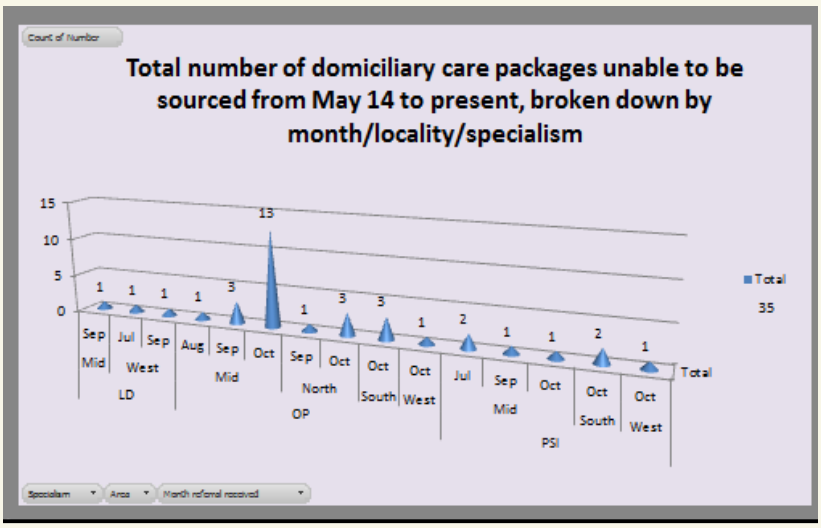




Appendix 3
Locality current detail







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Essex County Council, Commercial/Market Development
You can contact us in the following ways:

By email:
commercial.team@essex.gov.uk
please refer to MPS Market Development in your email title

Visit our website:
essex.gov.uk

By telephone:
0845 743 0430

By post:
Essex County Council, Market Development, Commercial STC
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