



Great Care • Great Quality • Great Value

 **Norfolk** County Council

Care and Support Market Position Statement

2015/16



Introduction

Securing high quality services for people in Norfolk with care and support needs, including many of the most vulnerable in our society, has always been core business for the Council. Over the years we have moved away from directly providing those services so that now we rely upon a market of providers for the vast majority of those services in which we now invest well over £260m a year.

We recognise, therefore, how important it is to engage with and support providers so that the increasing demand for care and support services and changing expectations about choices in the type and quality of services that people in Norfolk want can be satisfied.

We took the step of publishing our first Market Position Statement in November 2011 in order to help providers understand the market itself, to set out commissioning intentions to support business planning and flag upcoming procurement opportunities. Since that time the Care Act has put market development on a statutory footing so that from 1 April 2015 the Council must promote an effective and efficient market in care and support services. We can and will do this in many different ways but at the heart of it all is effective engagement and joint working with providers.

We want to step up our engagement with providers building on our well established locality forums and procurement engagement events so that we can work together wherever possible on new market models that focus on the outcomes that people want and provide opportunities for innovation in service delivery.

We want to empower providers to work directly with service users to personalise services to better achieve the individual wellbeing outcomes that people want and we will develop new approaches to commissioning and contracting to make this happen.

We are ambitious about developing great care, great quality and great value working with the care market now and into the future. We would like to hear from providers who want to work with us on the priorities we describe below.

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Direction of travel and strategic principles

Care and support services are provided through an infrastructure of services provided by diverse organisations, individual people and through resilient communities. It is this whole picture with which we are concerned.

The Care Act 2014 provides the new framework for developing adult social care and support into the future. The promotion of individual wellbeing will be at the heart of everything we do and our focus will be on all adults needing care and support in Norfolk whether or not they receive it through the Council.

This means that we will increasingly focus on the quality and therefore effectiveness of all the services that support the wellbeing outcomes that people want. We will bring this focus to bear throughout the care pathway from maintaining wellbeing right through to specialised end of life care.

Where we are investing public money we are committed to use our resources to best effect and so we will invest smartly at each point in the care pathway to optimise value for money striking the best balance between preventative interventions and care and support provision.

Norfolk County Council invests around **£260m in the care market** every year and we need to ensure that our strategic commissioning covers not only the market of provision for people who have developed care and support needs but also the whole infrastructure that maintains wellbeing.

Great Care, Great Quality, Great Value

This phrase encapsulates our vision for commissioning adult social care in Norfolk.

The vision is to enable people to be well and stay well so that they can live the lives that they want as successful active members of their communities. We know of course that many people will need care and support to maintain their wellbeing.

The provision of high quality services that are good value for money and, most importantly of all, achieve the outcomes that people want is what will drive all our commissioning strategies.





Our approach to social care

With the greater demand for care services, more complex needs and reduced public funding that all areas are facing, we have produced a discussion document 'the new compact for social care'. This sets out our approach to social care with five elements:

1. Stick to 'good care' principles

The quality of care is an essential which cannot be compromised and we will set standards, monitor delivery and drive quality

2. Help people to sort things out for themselves

People need access to good advice and information to make the care arrangements that work for them. We will work to improve transparent information about care and support in Norfolk

3. Support communities to do their bit

Connection and support in local communities is vital. We will support local communities to do this and will ask our care providers how they can better connect with local communities and citizens

4. Fund the essentials

Our support planning will help people to plan to meet their needs using a wide range of formal and informal support. We continue to fund care services for those who are eligible.

5. Combine with the NHS for co-ordinated care

We will continue to build an integrated approach to health and care and to commission services within this framework.

Our good care principles:

- Personalised
- Good quality
- Safe
- Good value
- Formal and informal support measures
- Building on strengths, connections and technology



Health and social care integration

An integrated approach to promoting wellbeing with partners in the health system makes common sense. Many social care needs are linked to health needs with people receiving support from both systems concurrently or consecutively. It is important to ensure that both systems operate well together so that people get the right services at the right time in the most appropriate settings to promote their health and wellbeing. We believe that we can deliver better outcomes and better value when we commission services as part of an integrated network or pathway.



Better Care Fund

The Better Care Fund has been established to support integrated care provision with a particular emphasis on preventing, reducing or delaying the need for care to be provided in hospitals unless that is the appropriate setting.

The same principles apply to residential and nursing care. We will be further developing care and support services delivered in the community and at home.

Better Care Fund performance indicators:

- **Reduced unplanned admissions to acute hospital**
- **Reduced permanent admissions of older people to residential and nursing care**
- **Increased proportion of older people still at home after discharge into reablement and rehabilitation services**
- **Reduced delayed transfers of care from hospital**
- **Increased proportion of people feeling supported to manage their long-term condition**
- **Increased diagnosis of dementia**



Health & Wellbeing Board priorities

The Norfolk Health and Wellbeing Board has overall responsibility for coordinating the strategic response to health and wellbeing in Norfolk. The Board has identified dementia as a key area to be tackled.

Norfolk Public Health published a comprehensive needs assessment in July of this year in a report entitled Living with Dementia in Norfolk which describes the needs of people with dementia and their carers in Norfolk and makes recommendations to further improve services. The national initiative for GPs to increase diagnosis rates for people with dementia calls for us to ensure that effective support can be accessed, once diagnosis has been made. We will use the evidence and insights contained in Living with Dementia in Norfolk to help shape our approach to working with the market to tackle the care and support needs of people with dementia.

Dementia (2009)

Many cases of dementia are not recorded by GPs, especially mild dementia and the proportion of hospital admissions for the **over 65s with a comorbidity of dementia is increasing**



13,740
2012



15,730
2017



18,240
2022

Source - POPPI and PANSI 2009



Our approach to quality

Quality care is an essential prerequisite to achieving wellbeing outcomes. We will publish a new quality framework which covers the whole quality pathway from maintaining wellbeing through to end of life care. The quality framework is one of the fundamental building blocks in our approach to care and support services.

The new framework will support high standards throughout the care and support process and ensure that those standards are met through effective monitoring. We will work with all stakeholders to ensure we have a thorough understanding of the quality of care and to take appropriate action where standards are not met.

We will look at how we can help people in Norfolk who are looking for care services to identify good quality care.

We will review our provider assessment system that will drive our quality monitoring programme ensuring a level playing field for providers and targeting support to providers who need it most. We will work with provider partners to develop this system in the year ahead.

The Harwood Care Charter sets out standards for quality care in Norfolk and providers are invited to make a public commitment to the scheme. We plan to building on this and will explore how we might link membership of a quality scheme and performance more generally to payment mechanisms in all future contracts.



Workforce

We recognise that quality care is dependent on the skills and commitment of the people providing the care and are committed to supporting the care workforce. We will set out clearly our expectations in contracts. We will also review and further develop our approach to workforce development.

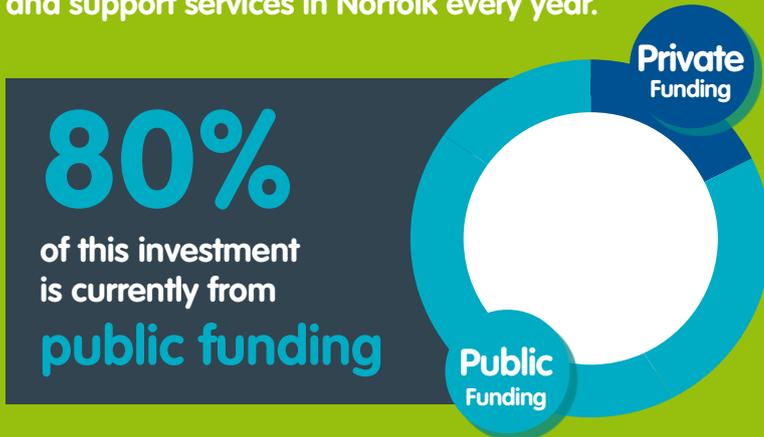




The Care Market in Norfolk

The social care economy is a significant part of the Norfolk economy as a whole and is growing to match increasing demand for services. This is due in particular to the significant increase in the numbers of older people expected over the coming years.

We have estimated from national data that about £840m is directly invested in paying for social care and support services in Norfolk every year.



Norfolk County Council invests almost twice as much public money in the market than all privately purchased care put together.

We estimate people funding their own care buy over £140m worth of care every year and this figure is rising.

Over 94,000 people provide unpaid informal care every year which would cost the taxpayer over £500m to buy.

£500m

This is the minimum value of unpaid care provided in Norfolk

People buying their own care spend over

£142 million



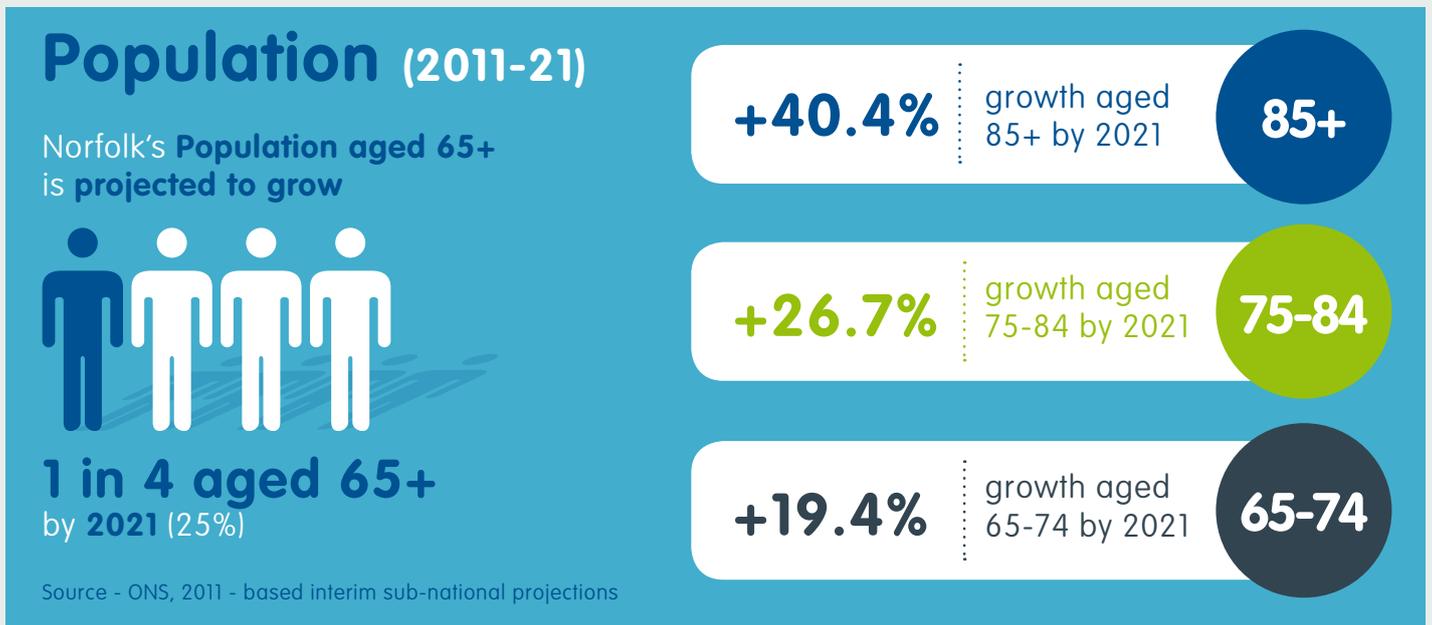
This is the amount of money we estimate goes into the social care and support market in Norfolk in a single year



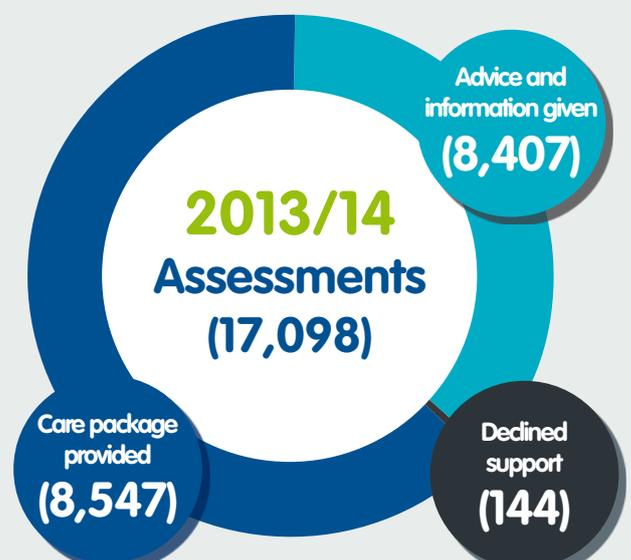
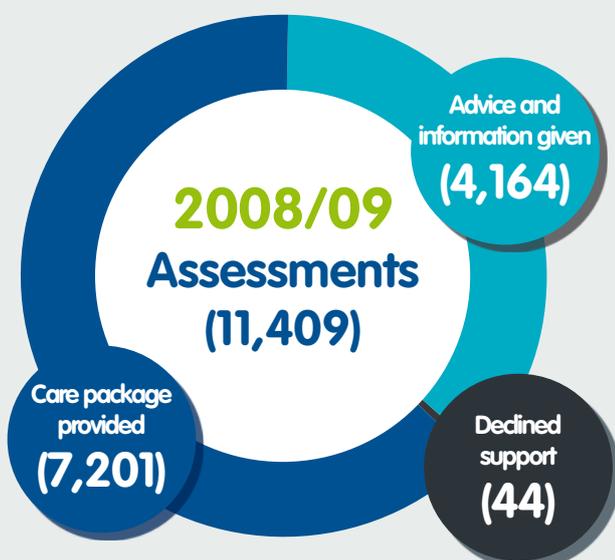
This is the amount that the Council invests in the social care market in a single year

£ Demand in the market

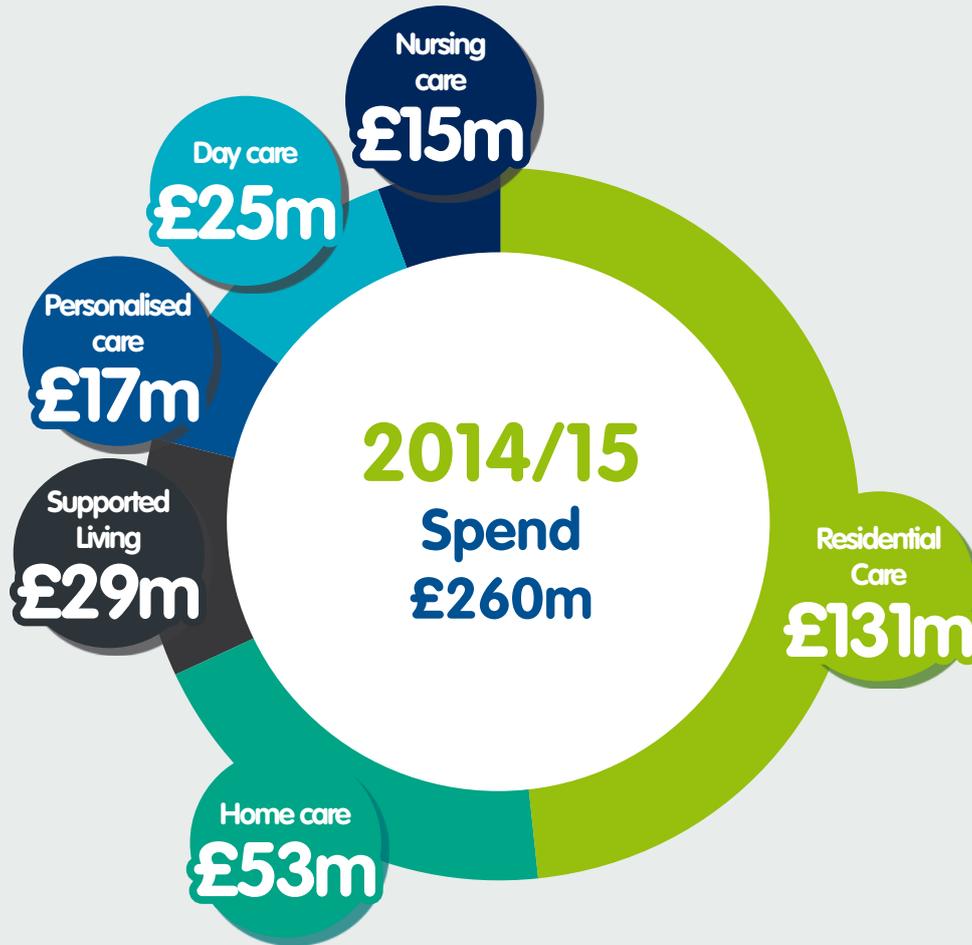
Population projections indicate the anticipated growth in the proportion and number of older people in Norfolk over coming years. In terms of service use, the need for care services increases significantly over the age of 85.



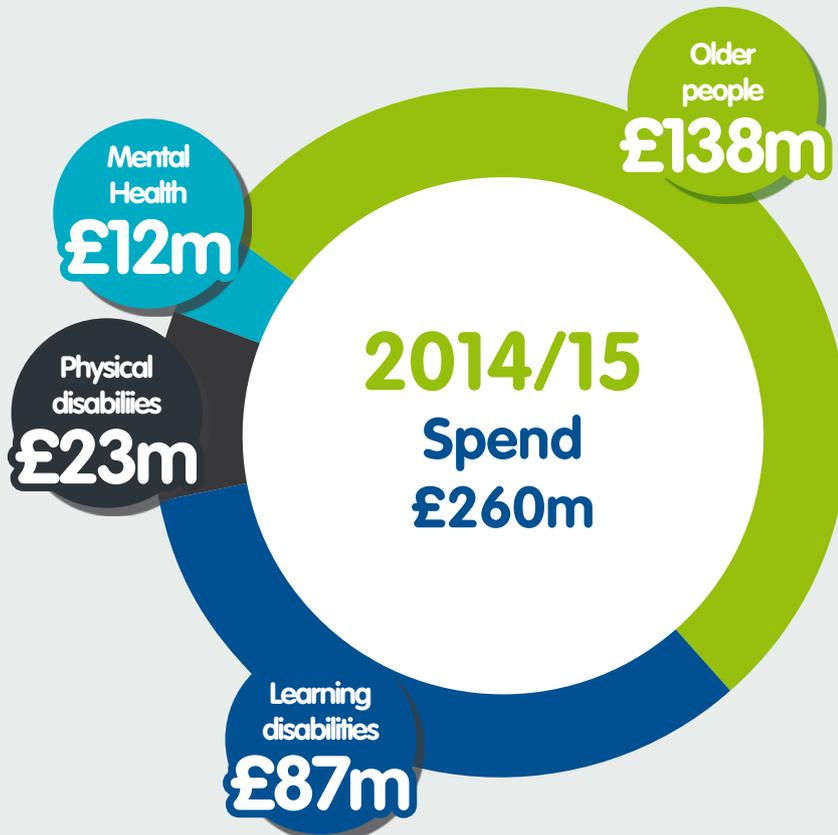
- In 2013/14 over 71,000 people contacted the Council's social care services. This number represents a continued increase in contacts – we believe this is driven by an increased demand for services, a greater awareness of the support on offer, and improved access to the Council's "front door" by telephone and the internet
- Of the 71,000 people contacting Adult Social Care services nearly 29,000 had their needs met, usually through information and advice, at the first contact
- The number of people going forward to community care assessment has increased by 50% since 2008, whereas people receiving funded support with care following assessment has only increased by 20%. Twice as many people as before are now being given advice and information on other organisations to approach for help instead



£ The Council investment in the market by service type:



£ Council investment in the market by service user group:



Developing our commissioning strategies

The financial situation and the changing needs mean that we must rethink the way we commission and deliver services making it more important than ever that we invest our resources in what works best for people.

Engagement with service users

We will work with service users to shape our commissioning strategies. We will keep developing our focus on what people tell us is working well for them and will invest in sustaining this. Just as importantly we need to know what is not working well so that we can direct our investment towards addressing any gaps in provision. Our engagement with people who use services is a vital part of planning services for the future.

We expect care providers to engage with their customers – to ensure services are meeting their expectations and also to understand the needs of future and potential customers.

The increasing use of personal budgets and direct payments means that we anticipate increasing numbers of people will be making their own arrangements for care and support – as those funding their own care do. It is vital that commissioners and providers of services understand what services people are looking for as they exercise their choice and control.

We recognise the emphasis in the Care Act on individual wellbeing and so we will increasingly invest in models of care that can flex to meet individual needs leveraging local resources and moving away from traditional less flexible services

Engagement with providers

All of this will require more effective engagement with providers. We need an increasingly open dialogue so that working together we can be as confident as possible about the best way forward. We will develop this engagement by:

- Working through our locality and specialist provider forums
- Supporting opportunities to bring together providers and customers
- Holding consumer forums aimed at current and future customers of care and support services
- Continuing to work with the market at strategic level through Norfolk Independent Care and Norfolk Care Link
- Continuing to work with key partners representing the interests of care consumers
- Publishing 'White Papers' to stimulate debate about new ways of working in the market

Key service area commissioning intentions

Key Contacts

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Joint Commissioner for Adults with a Learning Disability

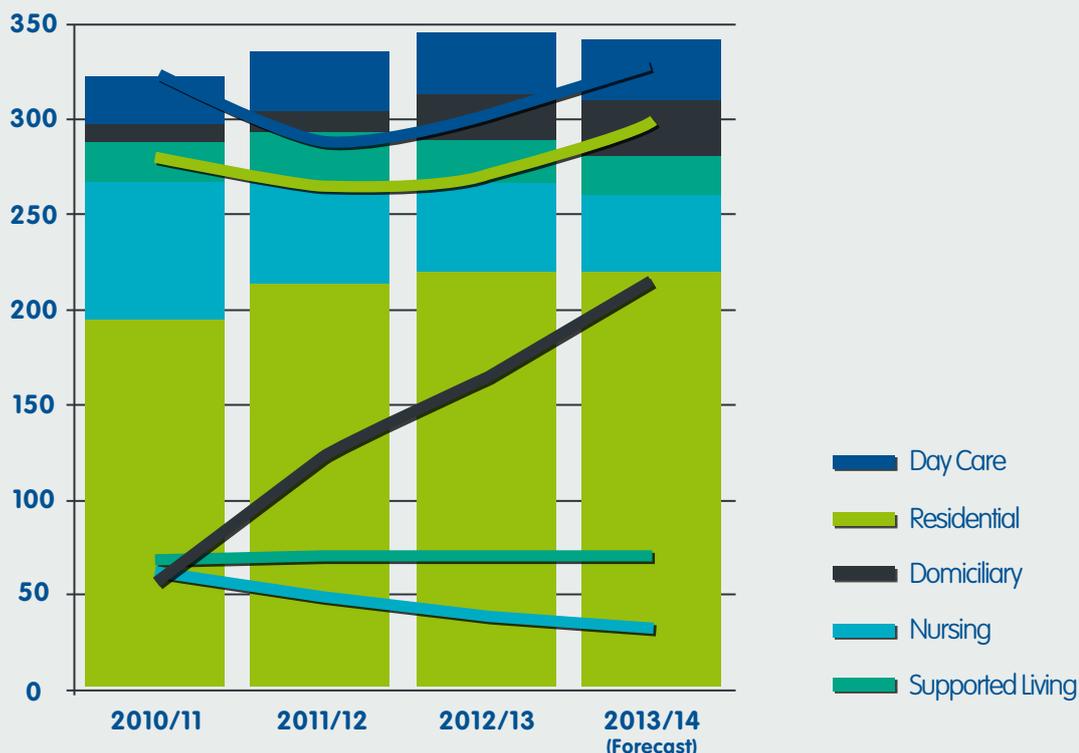
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Mental health services

Almost 60% of the Council's investment in mental health services in 13/14 was in residential settings. Wherever possible and appropriate we want to be able to invest in support in communities, however, the trend shows a steady rise in residential care spend.

In mental health services, when we commission residential care it will focus on recovery and will be commissioned to deliver specific outcomes. This recovery focus is reflected in our payment bandings





Use of mental health purchase of care budget 2013/14

There are a number of short term 24/7 supported living schemes and care homes that focus on rehabilitation and these tend to be well used. There is no 24/7 supported living in the Southern locality. Moving on into independent housing has become more difficult with the pressures on social housing.

We want to work with providers to develop recovery based accommodation and support services. We have re-commissioned our county wide housing related mental health community support service county wide and floating support remains a key element of our accommodation strategy.

A number of mainly third sector mental health providers have developed personalised support services, which individuals purchase with their personal budgets or which are commissioned for people needing support with daily living and with social inclusion.

There are very few traditional day services catering solely for people with functional mental health need due to a major shift to community based individual opportunities in recent years. However centres, including care farms, which offer practical opportunities such as horticulture or working with animals, offer places to people with mental health needs.



Mental health commissioning intentions

There are recognised gaps in the mental health market and we will encourage providers to develop services that meet people's needs and help them to be as independent as possible in their communities. Peer support is highly valued by service users in mental health and how to extend this will be central to future service development

The work on supported housing will include:

- Work to identify in more detail the gaps in service and where services need to be developed. For example we know that we lack long term supported 24/7 accommodation in Great Yarmouth and Kings Lynn but need to assess demand in market towns and also look at the models of support
- Looking at innovation – what will support moves out of care homes/maintain people in the community
- Revising supported living standards and specifications and creating a clear accreditation scheme for providers around supported living
- Looking at shared training and development needs to develop a workforce capable of supporting people with complex needs in the community
- The Drugs and Alcohol Action Team is looking at what it is commissioning for people who wish to stop using drugs and/ or alcohol and where there is overlap in the client group or a shared issues the potential for joint commissioning is being developed.



Learning Disabilities

We have published Norfolk Winterbourne Concordat Joint Strategic Plan to “meet the needs of people with a learning disability who have mental conditions or behaviours described as challenging”. This plan was approved by the Norfolk Health and Well Being Board in July 2014.

We are reviewing our approach to supported living and will be working with service users, families and providers to develop services for the future.

We are developing a new commissioning strategy for adults with learning disabilities which will cover the period 2015-2020.



Residential and Nursing Care

We will commission a whole market analysis of the residential and nursing care market including provision for people with mental health issues and learning disabilities so that we can gain a full understanding of the dynamics in these markets.

Current NCC investment in this market is more than

£130m

We will as a consequence develop new contracting opportunities based on a wider range of contracting options to support a sustainable market of provision.

We will publish a ‘White Paper’ aimed at providers of residential and nursing care to stimulate debate about new ways of commissioning care in these markets so that we can be confident that any new arrangements secure good value for money quality services that are sustainable



Home Care

The new model is in response to what both service users and providers have told us and will provide opportunities for many more providers to move away from spot contract arrangements on to the new outcome based contracts which will:

- Replace traditional block contracts based on time and task with new contracts based on outcomes providing much more flexibility for providers to meet individual needs
- Ensure local home care services are connected to communities and to their integrated health and care services
- Support guaranteed hours contracts and conditions of service that are fully HMRC compliant
- We will also address the need to ensure a greater level of resilience in this market and we will develop the Council’s own social enterprise, Independence Matters, as a new provider both to meet demand at local level and to step in in the event of quality problems or provider failure

Current NCC investment in this market is more than

£50m

a year

In early 2015 we plan to go to the market with a new model of home care for the East and West of the county with the remaining block contracts being replaced in 2016.



Housing with Care and Supported Housing

Good quality housing is a key enabler of wellbeing and, working with colleagues in housing authorities and providers. The difficulty in securing housing is an area which impacts on individuals with care and support needs. We will develop our approach to housing with care and supported housing as part of a broader strategy to provide alternatives to residential care. We will be engaging with providers of housing and care to deliver new services. We have revised our approach to housing with care and will be inviting providers of housing and care to work with us on developing services.

Current NCC investment in this market is more than

£29m

We will develop a work programme around accommodation with service users, carers, mental health staff and providers. The work programme will link with work on supported accommodation around other client groups, in particular for people with learning disabilities.



Information and Advice Services

The Care Act requires the Council to secure the provision of information and advice services to enable people who wish to access the care market can do so in an informed manner. A significant amount of development has taken place in recent years to improve the provision of information, advice and advocacy services in Norfolk, however, we recognise the need to do more.

Current NCC investment in information and advice services is about

£2m a year

We will review all care related information and advice services provided by the Council and commissioned in the market and work with providers to develop an effective network of services to support consumer choice.



Fostering the Workforce

We recognise the critical importance of securing a high quality workforce and are already encouraging providers to adopt the principles of the Ethical Care Charter and in particular to focus on the training and retention of staff.

We will continue to work with provider groups, Norfolk and Suffolk Care Support and Skills for Care to develop support for the care workforce.

Locality commissioning

We recognise the importance of a local approach to developing a network of integrated health, care and support services across the areas of Norfolk. With the five Clinical Commissioning Groups (CCGs), who are responsible for commissioning health services, we have a joint approach to commissioning in each area.

Locality commissioners want to engage with providers to build an integrated network of services designed to meet local need.

Norwich locality commissioning with Norwich CCG includes part of Broadland

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Social care provision in Norwich is diverse. There is a broad range of types of provider and the range of voluntary sector provision in Norwich is particularly strong. Integrated planning for health and social care is being developed around four clusters of GP practices, each having a patient population of approximately 50,000. Supporting self-care is a principle which we seek to embed in our services.

Key priorities in Norwich

The particular focus is caring for people to live independently in the community, minimising the use of acute care wherever possible and in accordance with their expressed needs. The major commissioning priorities are:

Dementia Care

Already there is a need for more support for people with dementia with higher, more complex needs and this is set to rise. Beds are required - often at short notice - where GPs request relatively low level medical or nursing intervention as an alternative to hospital admission.

Both permanent and temporary respite beds are needed. This need will be partially alleviated by the Norsecare Bowthorpe development due to open early in 2016.

There is also a need to provide carers of people with dementia with more support, particularly respite care and a range of different respite options, to give carers a break from their caring role and enable the person with dementia to remain living at home longer.

Residential Care Beds

A high number of people are admitted to residential care on a temporary basis, but who nevertheless become permanent residents. A priority is to enable people to resume independent living after temporary residential care and we would like to explore innovative ways with service providers to ensure this can occur wherever possible.

We are reviewing intermediate health care beds in Norwich, including looking at alternatives such as 'virtual ward' support at home, and this work will be aligned with further understanding of the need for residential care beds

Rapid Response

We are undertaking work to establish the type of short-term support that people may need to help them remain at home. This may result in commissioning some additional nursing and social care support which can respond flexibly at short notice.

There is a particular need for new services that would contribute to the need for reducing acute admissions by supporting people in a more effective way in a non-medical environment.

Support at Home

There is a need in the future for domiciliary care services to be more flexible, responsive and able to provide intensive periods of care at home in order to avoid greater numbers of hospital and residential care admissions and this includes for some people with a continuing health care designation.

The new model of care for support at home will be retendered for Norwich to be in place in November 2016

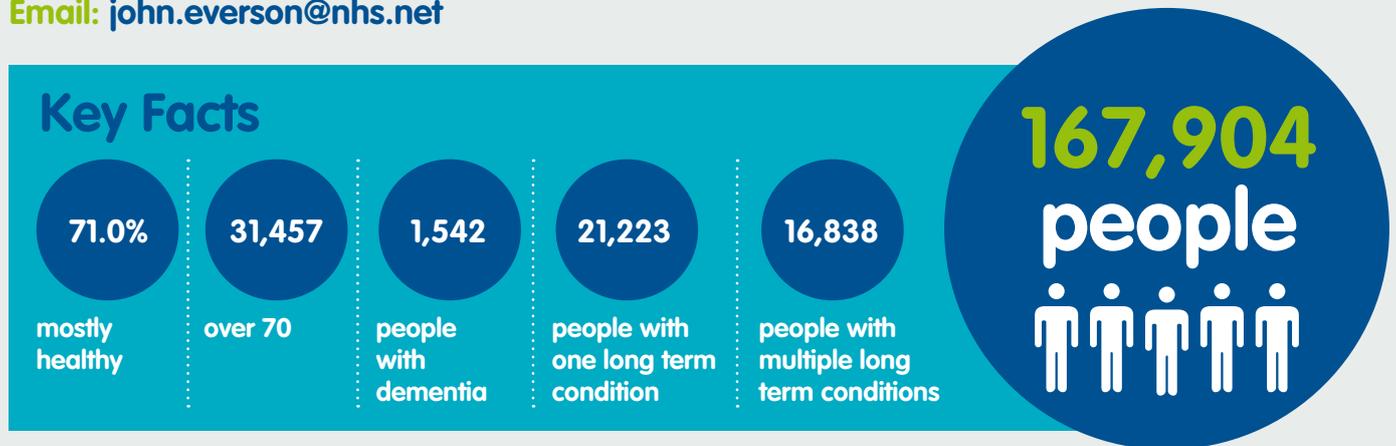
Providing Care for People with Challenging Behaviour

It can often be difficult to find care solutions for people whose behaviour is challenging. It can be directly related to a health condition such as acquired brain injury, dementia or other mental illness or with lifestyle and behaviour. We will be looking to the market to develop a response to this need.

Northern locality commissioning with North Norfolk CCG includes part of Broadland

Key Contact - John Everson Head of Integrated Commissioning

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North Norfolk has one of the oldest populations in England (around a third of the population is over the age of 65). Integrated services are being designed around four clusters of GP practices and a key underpinning is improved access and experience to wider community, self-care & self-management based support.

Key priorities for North Norfolk

The ability for providers in North Norfolk to develop, shape and bid for services that meet our local needs and priorities is essential and we will be offering opportunities in the following priority areas:

- Flexible support services for people with complex physical disabilities both at home and in residential settings
- Responsive and flexible end of life and palliative care services
- Flexible dementia respite opportunities
- Day opportunities that meet the varied and diverse needs of people in North Norfolk and reduce the impact of rural isolation
- Improved community transport solutions
- Residential care providers who are able to use the skills and expertise of their staff to in-reach into local communities and support people with complex needs
- Housing related support for older people that is based around their own homes
- Improved housing options for people with complex physical disabilities
- Services that can provide a rapid response approach to people in crisis, but who do not need medical interventions
- Support at home that seeks to enable and reable people to remain independent for longer
- Self-care and self-management support (including assistive technology) incorporated into services to support people with long term conditions

South Norfolk locality commissioning with South Norfolk CCG includes part of Breckland

Key Contact - Rob Cooper, Head of Integrated Commissioning

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In South Norfolk, we want to develop a range of preventative community based services around GP localities to enable acute admissions to be avoided. We will focus on the following workstreams in developing local integrated care services:

- ✓ Integrated Primary Care Teams
- ✓ Supporting Independence, Wellbeing and Self-care
- ✓ Integrated Care for People with Dementia
- ✓ Integrated Falls Provision
- ✓ Intermediate and Urgent Care
- ✓ Supporting Good Mental Health
- ✓ Supporting Good End of Life Care

Over 1500 people are living in South Norfolk with dementia. We already have a number of schemes responding to the challenge including::

- Admiral Nurse service for people with dementia and their family carers available to patients registered with Mid Norfolk GP practices: service runs until March 2015
- Development of a dementia-friendly short term care environment in St Nicholas House in Dereham to allow reablement/rehabilitation and decision making for people with dementia and their families
- Dementia friendly community- very well established in Wymondham and started in Diss
- There is a lower emphasis currently on support for self-help, wellbeing and prevention weakening the potential for people to manage their health need and long term conditions
- Development of an advice and support pilot project that will work with GP practices across South Norfolk to deliver advice, support and handover to over sources of support for vulnerable older people
- A community geriatrician in mid Norfolk that offers support to primary care and to frail, older people living in their own homes or in residential care

We will increase the number of step up beds to reduce the numbers of preventable acute hospital admissions complimented by wider access to community based rehabilitation and reablement.

We will support flexible and very responsive services to support people in their own homes including Night Owls, Care at Home, dementia home support and night sitting, together with effective models of home support which can be 'switched on' at short notice

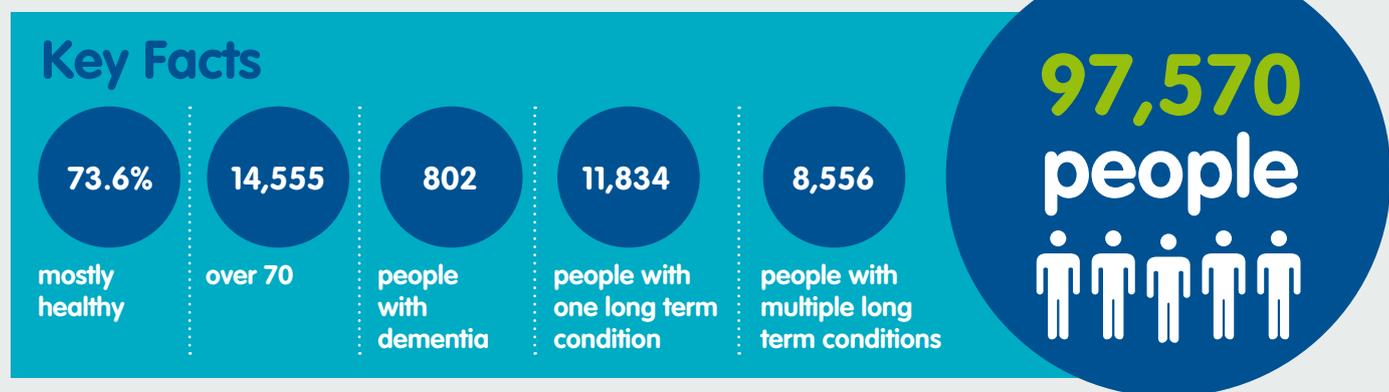
We will extend nursing and therapy support for residential care homes and increase availability of community diagnostic services and community treatment.

We want to shift the emphasis to interventions and support to more preventive intervention with wellbeing services, low level support, housing, advice, befriending, community equipment and assistive technology all focussed on integrated delivery to meet individual needs.

Great Yarmouth locality commissioning with Great Yarmouth and Waveney CCG

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Norfolk County Council together with partner organisations have come together to develop an Integrated Care Organisation covering the Great Yarmouth and Waveney area. This works across the county boundaries so there may be opportunities for providers to engage in cross border initiatives.

During the next year work will be undertaken with Suffolk County Council and the CCG to look at the whole picture across the CCG area

Integrated Care System

The development of the Integrated Care System is a radical, ambitious and transformational approach towards integration, working across two county councils and two district councils.

The plan is for it to encompass the activities of all of the local organisations responsible for health, social care and district council services and make it easier for providers to identify opportunities across the whole system.

We will work with commissioning partners to maximise opportunities and explore different procurement avenues including competitive dialogue with providers

Better Care Fund (BCF)

The high level BCF schemes for Great Yarmouth are:

- Supporting independence by provision of community based support interventions
- Integrated community health and social care teams including out of hospital teams and integrated community palliative care
- Urgent care programme, including out of hospital teams
- Support for people with dementia and older people with functional mental health problems living in the community

Home Support service

We will be commissioning a new home care service in Great Yarmouth by the end of 2015. This will require providers who wish to tender for the new contracts to redesign their service delivery offer in order to be able to meet the requirement of the re-modelled service.

Day Care / Activities

There is a range of day care provision in Great Yarmouth area, some run by voluntary organisations and others by Independence Matters. The centres include provision for: people with an acquired head injury; older people with a physical frailty; adults with a physical disability; people with dementia; people with mental health problems and people with a learning disability. 40% of people who would otherwise receive traditional home care are now taking their personal budget as a direct payment and asking providers for a wider range of community based activities and support.

The introduction of Personal Budgets has enabled more people wanting a day time service / activity to choose a wider range of community based activities and it is anticipated that this is a trend that will continue

Care Homes

The care home market in Great Yarmouth has seen a change in the last 12 months from a position of over-supply to one where it can at times be difficult to find an appropriate placement. It has yet to be seen if this is a temporary change or part of a longer term trend. To ensure there are services for those eligible for continuing healthcare, we are considering integrating commissioning and contract development with Suffolk County Council and the CCG.

West locality commissioning with West Norfolk CCG includes part of Breckland and King's Lynn

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Within the overall county of Norfolk, this area is relatively geographically remote from the main commercial and population base around Norwich. This results in many of the service providers being exclusive to this area and some recruitment challenges.

The current position in respect to the range of levels of need is as follows:

- General support to maintain independence: a good range of services, mostly in the voluntary sector
- Structured out-of-home support and day opportunities: some excellent services but the supply limited because of the geography of the area
- Home-based support to assist with personal care tasks: generally an adequate supply, but some difficulties in meeting particularly complex needs and providing a service in the more remote parts of the area especially where two carers are required
- Support for carers/respite services: most needs are being met, but there is a general lack of options in terms of place and type of need
- Residential care and housing with care: a fine balance between supply and demand with difficulties meeting particularly complex needs e.g. bariatric, dementia

West Norfolk has a well established integrated care organisation approach and we are clustering services around GP surgery populations in order to develop a “virtual team” approach to service delivery. Key commissioning intentions include:

Intermediate care

We will be developing a more systematic approach to the procurement of “intermediate care” across community health and social care.

Reablement

The West Norfolk Reablement Partnership is a virtual team that can provide a wider range of services. The ambition is an integrated service with a reablement offer on a number of levels – the individual, the individual's home environment and the individual's social network. We are exploring the possibility of procuring a discrete service to tackle the social isolation element of the redesigned service. The future requirement for the broad range of community services to be able to respond to weekend discharges from the local acute hospital.

Prevention

The information and advice service, LILY (Living Independently in Later Years), is available online and via telephone and aimed specifically at providing information to older people.

We will now focus on making LILY more visible, accessible and able to provide proactive support to older people by facilitating better and more efficient links between available support and services in the voluntary sector and local communities and the individual.

Dementia

The recently published Statement of Strategic direction for improving services for people with dementia and their carers in West Norfolk sets the way forward for implementing the National Dementia Strategy.

This will involve the procurement of a range of new/redesigned services across health and social care aimed at providing range of support to people living with dementia and their carers.

Homecare

A new county-wide model for home care (domiciliary care) will be procured in West Norfolk in the autumn of 2015. This will be based on the achievement of specified outcomes for the person receiving the service and, in addition to the current "core" service, will include elements of enablement and wellbeing.

This will require providers who wish to tender for the new contracts to redesign their service delivery offer in order to be able to meet the requirement of the re-modelled service.

We want to explore with willing providers the possibility of a single provider taking responsibility for co-ordinating, on behalf of the individual and perhaps through an Individual Service Fund, a full range of services to meet a particular set of needs.



Unplanned / emergency needs

We want to develop and strengthen local capacity to respond to people's unplanned/emergency needs and so will be working over the next year to commission more services so people can have access to a wider range of options when in crisis.

We want care homes to develop outreach support services into local communities

The local care home sector provides an essential element in range of services for older people who are physically frail or living with dementia and we believe that the sector has the potential to provide a wider range of support services through reaching out into their local communities.

Future Aspirations and Next Steps

We expect the provision of care and support to continue to undergo significant transformation: needs are becoming more complex, the population is growing, people have different expectations about how services should work – and of course resources are under pressure. We are moving away from a “one size fits all” approach to service delivery. People are increasingly looking for a more bespoke service to meet their care needs. This requires service providers to be flexible and be willing where necessary to develop partnerships with other providers.

The Council recognises that meeting these challenges requires a collective response and we will continue to work closely with partners to develop the solutions the market needs. We intend to stimulate debate about new models of care and new ways of working in the market and with communities through a series of 'White Papers' that will set out the key issues and challenges facing us all and innovative options for securing the services people will need into the future.

Our next Market Position Statement is part of this process and will reflect these debates and set out a three year rolling market development strategy.

We are ambitious and confident that, working together, we can secure Great Care, Great Quality and Great Value for the people of Norfolk.

