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# Market Position Statement 2016/18

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Welcome to Durham County Council’s Market Position Statement

Hello and welcome to Durham County Council’s second Market Position Statement (MPS). This document has been produced with input from a number of internal and external stakeholders including service providers and sets out the direction of travel for Children’s and Adult Social Care, Public Health and Housing during 2016/17 and 2017/18.

Although this timescale may appear restrictive for long term business planning I am confident that the key themes of prevention, personal and community resilience and short term interventions are the bedrock of future service requirements.

There will, however, always be a need for provision of long term care for those people with the most complex of needs but the amount and design of this is expected to change.

I hope that you find this document accessible and useful. We plan to refresh the ‘Planned procurements’ section on page 30 on a quarterly basis to ensure that providers are as up to date as they can be about future developments. Following feedback at the Provider Engagement in January 2016, we have also added contact details of Strategic Managers on page 19. We are always keen to hear your views and suggestions, so if you have any ideas for future service developments or as to how we can improve the MPS, please don’t hesitate to get in touch.

Denise Elliott
Interim Head of Commissioning

Key messages

Services in County Durham in the future should:

- Be preventative so that people can regain independence and move away from support or on to less intensive support.
- Encourage personal and community resilience.
- Offer short term interventions where appropriate.
- Be flexible and person centred and developed with service users and carers.
- Identify and achieve outcomes for service users and carers.
- Be developed in partnership with the Council and other commissioners of services and with other providers to identify best practice.
2. Introduction

About County Durham

County Durham is a socially, economically and physically diverse area, home to over 0.5m people in 12 main towns with over 300 smaller settlements, many of which are former colliery villages. The county plays an important role in the economic success and stability of the North East, with key transport links (A1M) and the East Coast main line railway running through it, providing infrastructure vital to local employment and the regional economy. Around 90% of the population lives in the east of the county, predominantly the former Durham coalfield. The more sparsely populated western Dales form part of the North Pennines Area of Outstanding Natural Beauty.

Our population is changing meaning that County Durham will see significant demographic changes in the future.

By 2030, the number of children and young people aged 0-17 is projected to increase by 4.7% (from 2014), reversing some of the declining trends seen prior to 2011. The number of people aged over 65 is projected to increase from almost one in five people in 2014 (19.6%) to one in four people (25.3%) by 2030. Predictions are for a fairly stable trend for people with learning disabilities with a level of need requiring statutory social care interventions. Whereas the numbers of people with a physical disability aged between 18-64 is expected to increase overall by approximately 500 people by 2020. The number of people with a mental health need is not expected to change significantly.
**What is a Market Position Statement?**

A market is a place (virtual or otherwise) where goods and services can be bought and sold. In this document, the market means individuals and organisations that buy and sell, or may do so in the future, public health, social care and housing services for both adults and children within County Durham. ‘Social care’ is used in its broadest sense and includes activities, groups and services accessed by members of the public as well as those accessed through a statutory assessment of need. Commissioning activity related to Public Health and Housing is also included.

This document does not cover Primary Care although it will seek to encompass in the future the Sustainability and Transformation Plan (STP), that will show how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

This Market Position Statement (MPS) brings together key information about our priorities and upcoming opportunities for the market. More detailed statistical information about all the service user groups that we work with is contained in the Joint Strategic Needs Assessment (JSNA).

**Who is the Market Position Statement for?**

The MPS is for both existing and potential providers with the purpose of helping them to shape their business plans to support the Council’s vision for the future of local public health, social care and housing markets. It will help providers to:

- Identify opportunities that they may tender for
- Develop their services to meet local need and demand

The Council is committed to stimulating a diverse market, where innovation and more effective ways of working are encouraged and poor practice is addressed. The MPS will be a dynamic document that will be reviewed regularly to ensure up and coming policy and financial changes are addressed.

We will therefore continue to involve and engage existing and potential providers and other stakeholders in the future versions of this document to ensure the development of credible, realistic and appropriate services.

This document and the overall mission statement below, was shaped by existing and potential service providers from across the social care market:

> Working together the Council and the market aspire to deliver innovative and quality services that promote independence, choice and control and deliver improved outcomes for service users.

**How to use this document**

This document is an overview giving providers a direction about what we want from the market to help us to meet our local priorities for a range of service user groups. It is part of a suite of documents that provide the key information and statistics on needs, demand and trends for the county. It should therefore be read in conjunction with the Joint Strategic Needs Assessment which contains the detailed demography of County Durham and the Joint Health and Wellbeing Strategy, Children, Young People and Families Plan and Housing Strategy which detail the strategic priorities for the Council and its partners.

Other useful information to assist existing and potential providers in their business planning can be found in the documents listed on page 29 of this statement.
3. National developments and local context

National developments

Care Act 2014
The Care Act 2014 represents the most significant changes to adult social care in recent times, it proposes fundamental reforms in how the law on adult social care will work, placing a stronger emphasis on advice and information, prevention and market shaping. The Act introduces new challenges for commissioners and providers which may also realise opportunities for service development. The Care Act places statutory duties on the local authority to facilitate markets that offer a diverse range of high quality and appropriate care and support services, to enable genuine choice to people in meeting their needs. The Care Act also makes reference to ‘suitability of accommodation’ in meeting the needs of older people and vulnerable people. It also states that housing and housing related support should be considered in assessments and included in information and advice.

Children and Families Act
The Children and Families Act 2014 aims to improve services for children and young people and their families. The Act requires local authorities, clinical commissioning groups and, where relevant, NHS Commissioning Boards to make joint arrangements to plan and commission education, health and social care provision for children and young people with SEN or a disability. Regulations also require local authorities to meet their early years duty by arranging for early years provision from a provider chosen by a parent of the child.

Cities and Local Government
Devolution Act 2016
The North East Combined Authority at its meeting on 6 September 2016 decided not to begin the next stage in the devolution process at that time. However, the devolution agreement reached between the Treasury and the North East Combined Authority (NECA) in October 2015 included terms of reference for a Commission for Health and Social Care Integration to be established jointly by NECA and the NHS looking at how health and social care services are provided regionally and assessed the potential for further integration of health services, including acute and primary care, community services, mental health services, social care and public health, in order to strengthen services, improve outcomes and reduce health inequalities. The Commission, chaired by Duncan Selbie, undertook a call for evidence seeking views on how more joined up working and collaboration could help address health inequalities and enable residents to live more healthy and active lives. The report of the Commission for Health and Social Care Integration: ‘Health and wealth: closing the gap in the North East’, published on 11 October 2016 urges North East local government and NHS services to take a fresh look at how the region’s significant health and wellbeing challenges could be tackled. It calls for better joint working across north east authorities and advises that the key way to improve health in the region is to get people back into work. The report sets out ten far reaching recommendations for health and social care leaders across the NECA area to break the vicious circle of poor health and poverty.

Each of these organisations are considering the detail of the report and agreeing their response to the recommendations.

Compact
The Compact is a voluntary agreement that aims to foster strong, effective partnerships between public bodies and voluntary organisations. Its principles apply to all relationships between voluntary organisations and public bodies that are distributing funds on behalf of the government. Many local areas in England, including County Durham, also have a local Compact. Local Compacts cover partnerships between voluntary organisations and local public bodies, such as councils, police and fire services and health commissioners. The Compact is used across England to achieve key outcomes in communities, examples include areas that have used their Compact to develop a framework for measuring social value in commissioning and standardise commissioning practices and better support the involvement of voluntary sector providers.
National Dementia Strategy: Local Delivery and Local Accountability
The National Dementia Strategy and the Prime Minister’s Challenge on Dementia 2020, which sets out a new, long-term strategy focused on boosting research, improving care and raising public awareness about dementia, are reflected in the Dementia Strategy for County Durham and Darlington 2014 – 2017. As part of the Dementia Strategy 2014-17 Dementia Care Advisors have been commissioned to work with colleagues to promote dementia friendly communities to enable more people living with dementia to remain in their own homes as long as possible.

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages
The County Durham Mental Health Implementation Plan is the overarching joint mental health plan which sets out how we intend to meet the objectives within the National Strategy “No Health without Mental Health” locally, to improve the mental wellbeing of people across County Durham. The plan is overseen by County Durham Mental Health Partnership Board and includes mental health and wellbeing for all ages including young person’s resilience strategy, dual needs strategy, dementia work and public mental health strategy. An implementation framework has been developed which sets out how progress will be monitored and makes a series of recommendations to be taken forward by for local and regional organisations including commissioners of mental health services, primary, acute and community health providers, health and wellbeing boards, social services, children’s services, public health services, housing organisations, schools and colleges. This takes into account the Mental Health Taskforce’s Five Year Forward view for Mental Health (February 2016).

Better Care Fund
The Better Care Fund will provide £3.9 billion nationally, allocated to local services to give the elderly and vulnerable an improved health and social system through the deployment of pooled budget arrangements.

This equates to £44,579,000 in County Durham for which local plans have been developed to join up health and care services around the needs of patients, so that people can stay at home more and be in hospital less.

The Better Care Fund is a pre-cursor to more integrated working and jointly commissioned services that are responsive and offer choice and control. Collaborative working with NHS Trusts will be managed through existing partnership agreements.

Local context
Integration & partnership in County Durham
County Durham has a significant track record of partnership working. The Council delivers services jointly with County Durham & Darlington NHS Foundation Trust and other partners and continues to work proactively with key stakeholders to integrate services where it is felt we can streamline services and pathways, improve outcomes and minimise cost. This work will be overseen and driven by the Health and Wellbeing Board, supported by a number of sub-groups including the Community Wellbeing Partnership.

In addition the Council will work with the County Durham Economic Partnership to maximise the benefits of the forthcoming funding through the European Union and identify and encourage opportunities for partnerships, joint working and consortia formation, wherever it will benefit the end user. For example, European funding has recently been obtained to support education, employment and training.

Finance and funding
In 2014/15 the Council spent over £122 million on adult social care and over £6.6 million on children’s social care in both the independent sector and voluntary and community sector. This figure excludes Direct Payments, where the expenditure in this area for 2014/15 was over £9 million for adults and over £600,000 for children. The Council spent £19,819,000 on housing related services in 2014/15.
In 2014/15 the Council spent £25.5m of Public Health Grant on services commissioned from the independent sector and voluntary and community sector with the aim of reducing health inequalities in the population of Durham.

Future commissioning proposals on public health responsibilities are currently undergoing a far reaching review following the £3.137m cut in the 2015-16 Public Health Grant and confirmation in February of further grant reductions in 20016-17 of £1.185m and £1.26m in 2017-18.

During 2016 Central Government plan to consult local authorities on options to fund public health spending from retained business rates receipts.

It is apparent that the financial landscape for local authorities will continue to be extremely challenging until at least 2019/20, resulting in the longest period of austerity in modern times. By 31 March 2016 the Council will have delivered savings of £153 million since 2011. It is currently forecast that additional savings targets to be delivered between 2016/17 and 2019/20 are in the region of £104 million.

The Council’s Commissioning Service have achieved significant savings through service remodelling, negotiation with existing providers, some decommissioning and where appropriate reinvestment in more efficient, remodelled services to better fit to meet future needs. Continued support for a wide range of preventative services and a transformation approach in front line children’s services and adult care are helping to ensure that the Council’s higher cost social care resources are targeted at those most in need.

This approach will need to continue with the Council seeking further opportunities to commission services more efficiently whilst improving quality standards and an increased front line focus on the development of local community resources, alternatives to traditional resources and supporting the growth of the current reablement, rehabilitation and recovery approach.

This MPS sets a clear strategic intention to work closely with the independent sector and voluntary and community sector to creatively address the continued need for preventative and early intervention approaches in a continuing climate of limited financial resources and encouraging and support the attraction of alternative sources of funding.

**Service user contributions to costs of services**

All Councils who have decided to charge for services must follow regulations issued by the Government. Within County Durham, those people who are assessed as being eligible for social care services may be expected to make a financial contribution towards the cost of those services depending on their financial circumstances. The Council has charging policies in place for the following types of services:

- Residential Services for adults*
- Non-residential Services for adults*
- Stair lift maintenance

Please refer to the [Council website](#) for further information.

*Excludes those who are assessed as being in need of intermediate care or reablement services

Not all services are currently chargeable, for example intermediate care, advocacy services and some carer support services. Charging implications for services will be communicated to the people who will access them and the providers that will deliver them.
Transforming adult care
The nature of people’s needs is changing with people living longer and needing support with deteriorating health and wellbeing for longer as they grow older.

The Council has had a long term strategy in place to support people to remain independent for as long as possible and this approach will continue going forward coupled with building resilience. Prevention and early intervention options will be explored in full, including full use of available local community services. There will be increased use of short term placements for some people with robust goal planning and a focus on supporting a pathway approach where people increase their levels of independence with flexible community based crisis support when needed.

When these avenues have been exhausted, adult care will support with services that promote recovery, rehabilitation and independence for those meeting eligibility criteria. This may include increased use of transitional or short term placements for some to enable them to reach maximum independence and supporting those with long-term needs to help themselves wherever possible.

Transforming children’s services
Significant reforms are taking place in terms of Children’s Social Care in County Durham. Following the Munro review of child protection, the development of a single front door, “First Contact” to ensure that referrers and families are able to quickly access the right level of service, is now in place.

10 new multi-skilled social work led teams are now in place across County Durham and are co-located with the One Point Service. The Families First service is made up of social workers, family support workers and specialist lead professionals who are co-located with One Point Service staff within the local One Point Hubs. Families First provide support to children, young people and families where there are concerns for the safety and wellbeing of children and young people or where families need intensive support for a range of complex needs. This may include parental mental health, parental substance misuse, domestic abuse and parenting issues. For a family, this means that a worker will have more time to build strong relationships with them to ensure that children, young people and families get the support that they need.

The unprecedented financial challenges putting increasing and sustained pressure on finite social care services mean a new approach to practice with more effective early intervention coupled with achieving efficiency savings is required.

As part of this approach close alliances are being build with the Voluntary and Community Sector in County Durham so that the best use can be made of existing and available community resources to help families access support close to home where they need it most. We envisage fundamental changes in the relationships between the statutory services and Voluntary & Community partners to deliver better services to children, young people and their families, building upon existing networks and relationships that have been built up across the County. The purpose of the Alliance is to contribute positively to the development of the new children’s and young people’s social care reforms in County Durham by enhancing the resources available to families in County Durham. The Alliance will identify existing resources and services that may contribute towards improving the lives of children, young people and their families, and support the development of the partnership working to bring these alongside statutory services.

Our approach is focussed on early help – prior to families needing statutory social work involvement and interventions – ensuring prevention and support is in place for families as soon as possible. All services learn from the feedback families provide and focus on getting it right first time.

Key to this way forward is the Council’s Early Help and Neglect Strategy (2015) focusing on identifying risks and the impact of neglect on outcomes for children. The intention of early help is to prevent escalation of problems therefore reducing the need for access to higher cost, more intensive statutory services.
Transforming Public Health
The implementation of the Health and Social Care Act 2012 transferred a number of former Primary Care Trust (PCT) Public Health responsibilities to the Council from 1 April 2013 together with a ring-fenced public health grant to enable the Council to deliver the new statutory duties.

The rationale for transferring Public Health functions to the Council was clearly described in Department of Health reports and the impetus was to transform the way public health works and to have a local focus on people and place.

Since 2013, the Public Health Team has undertaken significant reviews, for example Drug & Alcohol Services, Sexual Health, Wellbeing, Services for 0 – 19 year olds, Smoking Services, Health Checks and Workplace Health.

In light of reductions to the Public Health budget significant re-prioritisation decisions will be made in the very near future.

Public Health’s general direction of travel is to work much more smartly across the system in the hope of pooling budgets and working with other service areas across the Council and Clinical Commissioning Groups in the future.

Housing Strategy
The overall Housing Strategy for County Durham is currently being refreshed. The overall structure of the strategy has been agreed and the action plan and delivery partnerships are being reviewed. The strategy will be delivered in partnership and the aims and objectives are;

Aims
• Altogether Better Delivery and Standards
• Altogether Better Housing Support

Objectives
1. Delivery of more homes
2. Improvement of housing stock and the wider environment in the social and private rented sector
3. To provide advice, assistance and support for older and vulnerable people
4. To improve access to housing

A number of issues have been aligned to each of the objectives and action plans are in development.
4. Quality

Key messages:

• Keeping children, young people and vulnerable adults safe from harm underpins all of our commissioning activity

• During 2016/17 we will be developing a more proportionate approach to monitoring contract compliance and quality, across all commissioned activity, based on risk

• Best value principles will continue to be important in our future commissioning of services, as we require effective but efficient services

• Promoting equality and diversity in the services we commission to ensure people are treated fairly and with respect.

• We will maximise all opportunities to secure improved outcomes for service user through our commissioning activity

• We will maximise opportunities for service users / carers to be involved in the development and co-production of services that they access

• Providers need to be able to respond to the increasing Direct Payments / self-funders market, offering flexible service provision and clear pricing structures

Market opportunities

The following suggestions are ways providers can improve the quality of the services they deliver:

• **Work with stakeholders** - Involve relevant Council staff, service users and their carers/family in the design and development of any services, their feedback is key to improving the quality of services. Consider how feedback can be applied practically to develop new/improve existing services. Apply the learning from feedback surveys and complaints to develop new/improve existing services.

• **Monitor and review performance** – Tracking performance and auditing of key areas of service delivery ensures areas for improvement can be identified to improve quality, identifying best practice and benchmarking with others ensures learning can be applied leading to service improvement. Clear standards, consistency and compliance to service delivery expectations ensure quality assurance. A cycle of plan-do-check-act ensures improvement is monitored and can be demonstrated.

• **Review marketing tools used** – Providers can promote their service in the most effective places (e.g. Locate which is County Durham’s eMarketplace). Consider whether information provided to people regarding services is accessible and easy to understand.
Improving outcomes for people –
As part of the increased focus on quality for service users, there is a new emphasis by commissioners in ensuring good quality outcomes for people. We will be looking for providers who can deliver flexible person centred services and from a broader point of view we will expect good providers to recognise that the people using their services and their carers are experts in their own lives and are therefore essential partners in the design and development of services.

Focus on workforce development –
 Appropriately trained, qualified and competent staff who are well supervised and managed improves the quality of the service delivered. Tyne and Wear Care Alliance can support providers in the independent sector with training [www.twca.org.uk](http://www.twca.org.uk) and Voluntary Organisations’ Network North East (VONNE) advertises training for VCS organisations [www.vonne.org.uk](http://www.vonne.org.uk).

Quality assurance
The Safeguarding Practice Development team, Commissioners, Infection Prevention and Control (IPC) nurses and Care Quality Commission (CQC) work closely together, having regular information sharing meetings to discuss the quality of locally registered services, agree ways to improve this where required and plan how to respond to developing problems.

The Council’s Commissioning services monitor contracted providers to assess the quality of service provision using relevant evidence based measures and to ensure contractual compliance.

We will continue to have in place and further develop effective processes for ensuring the quality of services that are not registered with CQC. We will ensure that Locate continues to indicate where a service is CQC registered or accredited with the Council to help service users make informed choices when they are choosing a care home or other service, funding their own care or are in receipt of Direct Payments.

Locate currently has a link to places or services that have been assessed for disability access by Disabled Go.

Ideas for staff training
In County Durham, we have identified the following areas of training for relevant providers:

- Make sure staff are trained in the procedures for recognising and reporting a safeguarding concern
- **PREVENT e-learning training** to address counter terrorism
- Take up training opportunities provided by carers service providers
- Ensuring staff are properly trained to put them in the best position to identify children, young people and families who need additional support
- Training for supported living, residential & nursing care staff to recognise the signs and symptoms of early onset dementia in people with learning disabilities
- Training for a range of front line services to educate and help develop skills for anyone with autism
Wellbeing/building stronger communities
There are several, often competing and contested definitions of wellbeing. Wellbeing is taken within this document to refer to:

- enabling people to achieve optimal functioning;
- reaching and realising full abilities;
- making a purposeful contribution;
- Creating and maintaining good relationships and connections with others and having good social support.

We recognise that people’s lifestyles and the conditions in which they live and work act together to influence their health and wellbeing.

Poor socio-economic circumstances can affect health and wellbeing throughout life, resulting in health inequalities.

We are therefore entering into a ‘strengths based’ approach that acknowledges and builds upon the strengths, skills and capacities of people to live healthy lives alongside the assets within the local community (Liverpool PHO 2010).

Prevention
The term “prevention” means different things to different people. However, for the purpose of this document prevention is defined as those services and support that contribute towards preventing or delaying the need for care and support and also reducing the need for care and support. Preventative work varies depending on the level of support, as detailed in the following table.

<table>
<thead>
<tr>
<th>Levels of support to consider</th>
<th>Durham County Council’s role</th>
<th>What can providers do?</th>
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<tbody>
<tr>
<td><strong>Universal Access:</strong> Members of the public who need information, advice and signposting to local community services. They are usually able to find their way through the system with minimal support, so long as it is made accessible to them.</td>
<td>• Ensuring information and advice services are easy to find and there are widely promoted key points of access to more detailed information</td>
<td>• Register on Locate</td>
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<tr>
<td><strong>This is also known as Primary Prevention</strong></td>
<td></td>
<td>• Identify current services that provide information and advice to general public</td>
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<td></td>
<td>• Promote the main points of access to help people find the information they need at any given time</td>
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<tr>
<td>Levels of support to consider</td>
<td>Durham County Council’s role</td>
<td>What can providers do?</td>
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<td>• Identifying gaps in information and advice available locally and working with the market to address the gaps</td>
<td>• Help identify gaps in current universal services available to the general public or access problems</td>
</tr>
<tr>
<td></td>
<td>• Help identify gaps in current universal services available to the general public or access problems</td>
<td>• Network with other local providers in your area. Share information about what you do and facilitate promotion of other providers services as well as your own</td>
</tr>
<tr>
<td></td>
<td>• Network with other local providers in your area. Share information about what you do and facilitate promotion of other providers services as well as your own</td>
<td>• Work alongside the Council to maintain and develop appropriate initiatives and services that are accessible to the public</td>
</tr>
<tr>
<td></td>
<td>• Work alongside the Council to maintain and develop appropriate initiatives and services that are accessible to the public</td>
<td>• Work jointly with other organisations to ensure efficient use of resources, network and ensure complementary rather than duplication of resources</td>
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**Targeted support:**
People who have a need for support in one or more areas of their life. These people do not meet statutory eligibility criteria.

Reasons for support will be varied but may include, for example, diagnosis of illness, deterioration in health and wellbeing, moving home, change of circumstances, socially isolated, lacking confidence or motivation, mobility difficulties, risk of falling, feeling vulnerable within community, difficulty in coping, don’t know how or where they can get help.

This is also known as Secondary Prevention

<p>|                               | • Active signposting and referrals to services and interventions that are designed to support the individual’s identified needs | • Develop local knowledge of local community services providing targeted information, advice or interventions to people who need some support in or more area of their life |
|                               | • These may include intermediate care, home improvement agency, short term outreach or floating support, short term accommodation based support, health promotion services and community health teams | • Direct people to targeted information and advice specific to their needs |
|                               | • Working with the market to ensure appropriate and accessible provision of early intervention services | • Work alongside the Council to maintain and develop appropriate targeted initiatives and services |
|                               | • Work jointly with other organisations to ensure efficient use of resources, network and ensure complementary rather than duplication of resources | • Work jointly with other organisations to ensure efficient use of resources, network and ensure complementary rather than duplication of resources |</p>
<table>
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<th>What can providers do?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligible for Statutory Care and Support:</strong> People who have an assessed need for statutory social care support in one or more area of their life. These people often also have universal or targeted needs in other areas of their life.</td>
<td>Social worker support to help people find appropriate types of support to fulfil their assessed needs</td>
<td>Embrace the development of universal and targeted information, advice and interventions to help individuals retain their independence for as long as possible</td>
</tr>
<tr>
<td>The Council determines whether an adult has statutory social care needs by undertaking an assessment. To be eligible for statutory social care support they must have needs that arise from or are related to a physical or mental impairment or illness. As a result of their needs they must be unable to achieve two or more specified outcomes and as a consequence there is or is likely to be a significant impact on their wellbeing.</td>
<td>The range of services accessed are varied and may include Direct Payments, Virtual Budgets, personal care at home, housing support, supported accommodation, residential care</td>
<td>Register on the NEPO Portal (see ‘Get Involved’) and take advantage of supplier training events to understand how the Council buys services</td>
</tr>
<tr>
<td><strong>This is also known as Tertiary Prevention</strong></td>
<td>Signposting and referrals to universal and targeted services</td>
<td>Take part in provider events about specific commissions and opportunities to work together jointly to resolve specific commissioning issues</td>
</tr>
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**Social value**

The Council are fully committed to the pursuit of the economic, social benefits and the environmental wellbeing of County Durham and have fully embraced the duties set out in the Public Services (Social Value) Act 2012. Indeed we have applied the duties wider than the legal requirements set out in the Act and also consider opportunities for social value via the specification, specific clauses or evaluation criteria for all commissioning and procurement opportunities including goods and works above a spend threshold of £50,000.

The Corporate Procurement team has won the Social Value Leadership Award in recognition of the council’s drive to ensure local businesses benefit from its spending, keeping money in the local economy and helping the county’s businesses grow.
Self-funders
We anticipate that there may be an increase in the numbers of self-funders in the future and also an increase in self-funders who become known to the Council as a result of the Care Act 2014. The Council has a duty to support those people who choose to fund some or all of their care and support and who need non-residential services. The Council has the discretion to decide whether or not to arrange care for self-funders who need residential care. We will continue to develop information and improve support and advice on the options available to self-funders, exploring whether brokerage services would be beneficial in County Durham. The Council will extend Locate to provide the opportunity for interested parties to both search for and purchase services online.

Carer support
The introduction of the Care Act 2014 will see an increase in the number of carers asking for support as carers now have a right to an assessment in their own right even if the person they care for does not have eligible needs. The Council will continue to offer support to adult carers based on the priorities identified in the Carer’s Strategy: Second National Action Plan 2014/16:

(i) Identification and recognition
(ii) Realising and releasing potential
(iii) A life alongside caring
(iv) Supporting carers to stay healthy

Similarly the Children and Families Act 2014 has clarified the law relating to young carers’ ensuring the right to an assessment of needs for support will be extended to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.

Voluntary and Community Sector (VCS)
In the longer term it is expected that the Council will seek to signpost an increased number of people to services in the community and an assessment will be made about the scope and ability of small and medium VCS providers to meet this requirement. The role of the VCS in combating social isolation is increasingly important and VCS providers across the county will be encouraged to work responsively in their local communities.

My needs
A new feature “My needs” has now been added to Locate. Visitors to Locate can click on the “My needs” option to complete a few simple questions which may help them to identify their care and support needs and the services that could support them in meeting those needs.

Person Centred Approach
We want all our services to treat each person according to their individual care and support needs and preferences. It is important that providers adapt their service offer to deliver flexible options and tailored support, particularly as more and more people will be making their own choices in purchasing care with their Personal Budgets and Direct Payments or as self-funders.

Commissioning models
The Council is open and keen to consider different commissioning models. For example Social Impact Bonds which involve an investor arranging capital for providers to develop services, Alliance Contracting with a group of providers or Outcome Based Commissioning that is linked to improved outcomes for service users.

Transport
A review of transport provision commissioned/procured through Durham County Council will be undertaken and will include internal processes and procedures in relation to commissioning arrangements, potential partnership arrangements e.g. with Clinical Commissioning Groups, booking arrangements, procurement, contract management and internal staffing arrangements.
6. Working with Durham County Council

Corporate procurement
The Council’s Corporate Procurement Service provides a range of opportunities and support to external organisations who are interested in working with the Council:

• **Supplier training** - covering the NEPO portal, public procurement law and how to complete a Pre-Qualification Questionnaire and sustainable procurement. The training also provides a focus on procuring specialist professional services to the council through the NEPRO portal. Anyone from your organisation can benefit from these free sessions which are advertised on the NEPO portal.

• **Market Engagement Days** - run for large procurements when needed, providing information on the procurement, how the process will run and tips for completing the Pre-Qualification Questionnaire.

• **Attending Provider Forums** - for information on how to engage with the Council’s procurement processes targeted at specific groups of organisations.

For information on up and coming supplier training, market engagement days or to book a place on a course, contact Corporate Procurement at corporate.procurement@durham.gov.uk or telephone 03000 265 428
Commissioning Service

The Council’s Commissioning Service also engages with the market through:

- **Market Consultation Events or Workshops** - enabling the market to feed into design of a new service or the redesign of an existing one.

- **Market Consultation through the NEPO portal** - enables the Council to understand the market’s ‘appetite’ for a potential commission and undertake research about potential costs, how much we can buy for the funding we have available and service model options.

- **Market Position Statement Events** - to shape the MPS, to work jointly together to identify solutions to priorities and help monitor progress in achieving priorities for children and adults in County Durham.

Lead Strategic Managers and their areas of responsibility are shown below:

**Neil Jarvis**
Interim Strategic Commissioning Manager, Older People / Physical Disability and Sensory Impairment Services

**David Shipman**
Strategic Commissioning Manager, Learning Disability and Mental Health Services

**Mark Smith**
Strategic Commissioning Manager, Children and Young People’s Services and Public Health

Housing Services

DCC Housing engages with the market through a number of partnerships and consultation events. This is both in terms of delivering the housing strategy and to develop new initiatives. Housing works in partnership with a number of stakeholders including, housing providers, the police, health, the voluntary sector and many other DCC services.

The main strategic partnership is the County Durham Housing Forum who meet quarterly to debate and respond to current policy, analyse trends and data, set direction and ensure delivery of the housing strategy. A number of partnerships meet to consider specific issues such as, homelessness, poverty, health, energy efficiency and various other topics linked to helping people gain access to housing and to live independently.

Lead Strategic Manager for Housing, Regeneration and Economic Development is Lynn Hall.

Strategic Commissioning Managers can be contacted at ahs.commissioning@durham.gov.uk or by telephone on 03000 266 837.

Lynn can be contacted at lynn.hall@durham.gov.uk or by telephone on 03000 265 728.
The Council commissions a range of social care services for children and young people, but this MPS seeks to highlight those services that are subject to a strategic review and/or tendering during 2016/17 and 2017/18.

**Residential schools**
The Council currently has a number of children and young people placed within the independent sector provision for day education and residential placements. The 12 local authorities across the North East and Clinical Commissioning Group partners have joined together to form the NE12+ consortium. This consortium commissions placements in Department for Education registered, non-maintained and independent special schools and colleges; residential and/or day placements for children and young people 0–25 years to achieve the best outcomes for children and young people.

**Alternative Education Provision**
Ofsted defines ‘alternative provision as something in which a young person participates as part of their regular timetable, away from the site of the school or the pupil referral unit where they are enrolled, and not led by school staff.’ (Alternative provision, Ofsted, 2014). The purpose of these placements is to help these young people achieve all that they are capable in their studies and prepare them to be effective members of society.

We are currently working with secondary schools to review the County Durham Alternative Education Directory. The online Directory is managed by Durham County Council and lists providers from whom schools can purchase alternative education placements.

Alternative education placements are used for pupils who are at risk of exclusion or to re-engage excluded pupils in their education.
Transitions
The Local Authority and its partners in the NHS are required to ensure that effective arrangements are made for the transition between children’s and adult’s services at the age of 18. This has been reinforced by changes in legislation such as the Children and Families Act 2014 and the Care Act 2014. Families have told us that this period of transition is often a very challenging and negative experience.

A programme of work has been agreed by relevant Senior Management for the development of separate 0-13 and 14-25 integrated teams. These teams will aim to address the current complexities that arise when a young person approaches 18 and may require services and support as a young adult. The teams will ensure that when a young person turns 14 the planning for their education, health and care needs into adulthood can begin. This will also ensure timely assessments of young people’s needs and that parent carers’ assessments are undertaken at the time when they most benefit young people and their carers, leading the way to a much smoother transition into adulthood.

We commission a number of services which support transitions including short breaks and supported living. We need to ensure that these services are effectively supporting children and young people with Special Educational Needs and Disabilities (SEND) to be as independent as possible. Working with our families, we want to transform how we deliver transitions and review all current services which support transition into adulthood up to age 25 to ensure that they meet need.

Community preventative mental health services for all ages
See page 24 for details.

Short Breaks Service for disabled children
We commission a range of short breaks which support independence and build capacity and skills so that children and young people with SEND can access mainstream services where possible. Over the last year we have undertaken an extensive review and re-commissioned these services to ensure improved choice, accessibility, affordability and independence.

Over the next year we need to focus on the outcomes that these breaks deliver and utilise data intelligently to inform any gaps in the commissioning of services. We also need to ensure that all our short breaks have a focus on independence, giving young people with SEND more control over their lives, and that they are of high quality.

We need to understand:

• How communities can be supported to ensure access for children and young with SEND to universal services/activities.

• The needs of those children and young people who could access universal services with support and develop mechanisms to facilitate integration.

• The needs of those children and young people at early identification to ensure services are available and appropriately targeted to prevent their needs from escalating.
The Council currently commissions a menu of short break services to support a broad spectrum of need:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Criteria for access</th>
<th>Areas of Short breaks currently commissioned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialist</strong></td>
<td>Breaks for children and young people with severe disabilities and/or complex needs.</td>
<td>Statutory social care assessment required.</td>
<td>Direct Payments to directly commission short breaks, outreach day support, overnight breaks in residential settings, activity residential breaks, welfare benefits advice, specialist hospice care.</td>
</tr>
<tr>
<td><strong>Targeted</strong></td>
<td>Aimed at specific groups of disabled children and young people and their families who may require additional support to access short breaks.</td>
<td>Young people/families must meet the criteria set by the service in order to access the short break.</td>
<td>After school clubs within special schools, school holidays clubs within special schools, county-wide carers support, activity based short breaks for children and young people open to the Sensory Support Service.</td>
</tr>
<tr>
<td><strong>Universal</strong></td>
<td>Open to all children and young people with a wide range of disabilities. Creates the same opportunities for disabled children to access universal activities/services as other children and young people.</td>
<td>No eligibility criteria – open to all disabled children and their families. No assessment required.</td>
<td>Activities and trips for all of the family, youth clubs and community groups, out of school activities including sporting activities, arts and drama, holiday clubs and play schemes.</td>
</tr>
</tbody>
</table>
The Council commissions a range of social care services for adults, but this MPS seeks to highlight those services that are subject to a strategic review and/or tendering during 2016/17 and 2017/18.

The work of DCC Commissioning in relation to adult care and support services will focus on a number of key areas outlined below. This work will be carried out in partnership with other agencies including North of England Commissioning Support (NECS), the Clinical Commissioning Groups and Public Health. Housing providers, encompassing the statutory housing provider, registered social landlords and private landlords, will also play a significant role. Such partnerships and a more integrated approach to service development and service delivery reflect the requirements of the new statutory framework provided by the Care Act 2014.

**Information/advice/signposting**
Key to these approaches is the provision of improved information and advice for service users and the general public. Locate is County Durham’s directory for care and support products and services, listing everything from leisure and community activities to products and services to help people live as independently as possible.

In the future a key extra facility on Locate, will be the ability to order and pay for goods and services directly with suppliers, through a secure electronic purchasing system (eMarketplace).

**Prevention**
We will be working to review a wide range of preventative services, ie those which prevent, reduce or delay the need for statutory care and support services. This will be achieved mainly through remodelling and realignment of current services, though there may be some tendering opportunities in 2016/17 and 2017/18.

### Reablement Service
During 2016 there will be a review of the current Reablement Service mixed provision model with a procurement process expected to be undertaken during 2017/18.

### Day Care Services
A new Provider Panel for Day Care Services was commissioned in 2016. This will extend the current provision to include mental health and outreach services. The Council will be looking for the service to provide individualised packages of care in the community where possible.
Carers’ Services
Services for carers will be tendered for in 2017 to be in place by 1 April 2018. This will include services for adult and parent carers and young carers.

Maximising independence, community involvement and reducing social isolation
Continuing to offer and support individualised options via Direct Payments, individual and Virtual Budgets, we will work with health to combine Personal Health and Personal Care budget options. The emphasis will be on individualised and flexible services and we will look to increase opportunities in the community, reducing the reliance on statutory social care services. Through increased partnership working with the Public Health Wellbeing for Life and Social Prescribing Services and greater emphasis on targeted, short-term interventions we will encourage the building of links between providers to create options and “Pathways” for people to get on with their own lives. The Council also intends to pilot Individual Service Funds where a provider manages a Personal Budget on behalf of a service user to ensure an individualised service.

Intermediate Care Plus Beds (IC+)
IC+ is defined as a range of integrated services to promote faster recovery from illness, prevent unnecessary admissions to hospital and/or long term care, facilitate timely discharge and maximise opportunities for independent living.

IC+ beds are part of the wider IC+ model and are commissioned by Durham County Council in partnership with North Durham CCG and DDES CCG.

A reprocurement process has been undertaken with the new contract beginning on 1 September 2016.

Healthwatch County Durham (HWCD)
HWCD is the local, independent consumer champion for health and social care, providing a focus for the voices of citizens and ensuring that local people and communities have a stronger influence and challenge on how health and social care services are commissioned and provided in County Durham.

Local authorities have had a statutory responsibility to commission local Healthwatch since 1 April 2013.

Following respecification of the service a procurement process has been undertaken with the new contract beginning on 1 July 2016.

Community preventative mental health services for all ages
The Council is carrying out a review of the current community mental health, public mental health and preventative services commissioned. The review will inform the shape of the Council’s future service provision in line with national and local strategy to support the wider mental health, mental wellbeing and recovery agenda and take into account the financial situation that the Council is facing in the next financial year and beyond.

A co-production approach, involving a wide range of organisations, service providers, people that use mental health services and carers, will be used to develop options for the provision of community preventative mental health services for all ages.

Recommissioning will be undertaken in 2017/18 in a phased approach, following agreement of the service provision and model for delivery.
Responding to the Winterbourne View /Transforming Care agenda

We are currently working with Health colleagues in NHS England, NECS and the CCGs to identify how services for people with complex and challenging needs can be provided in the community in ways which prevents or delays hospital admission or readmission. For some people this will require the development of new, integrated services involving health and social care input, as the needs of some people go well beyond that which a social care provider can meet on their own. Following on from the Winterbourne View Enquiry, Care and Treatment Reviews have been carried out for around 35 people currently in hospital, secure settings or assessment and treatment units. The information from those reviews will inform future tendering and procurement activity.

A significant number of the individuals have learning disability, challenging behaviour, autism or forensic needs so a number of specialist providers will be required in 2016/17 and onwards.

Alongside those service developments and key to their success will be the shift of resources from within hospital to community settings, in order to strengthen support services in the local community.

Specialist Residential Care

As part of the ongoing work to provide improved quality and person centred opportunities, a review of specialised adult residential care will be carried out during 2016 and 2017.

Supported Housing

The Council recognises the role played by good quality housing and support services in promoting independence and wellbeing. We are committed to improving access and availability of suitable accommodation and services to support recovery for people with a range of needs including learning disabilities, mental health problems and autism to enable them to live as independently as possible in the community.

Wherever possible people should be able to choose where and who they live with, and support services should be outcome focused, with a view to reducing levels of support over time and helping individuals to move on towards more fully independent living. Where accommodation-based services offer more intensive levels of support, our preferred model is one in which individual service users have their own flat within a core and cluster model. Accommodation and support services should be provided by separate organisations, and we would prefer that landlords are HCA Registered Providers.

In-house services

The Council continues to review its range of in-house (County Durham Care & Support) services to ensure that they are as efficient and effective as possible and fit with the Council’s strategic aims.

There will also be a soft market consultation exercise undertaken during January 2017 relating to a number of services currently provided by the Council’s Care Connect Service, including CCTV, Community alarms, Telecare, 24 hour monitoring and response and equipment installation and maintenance.
The Council commissions a range of Public Health Services, but this MPS seeks to highlight those services that are subject to a strategic review and/or tendering during 2016/17 and 2017/18.

Regional Tobacco and Alcohol Programmes
Durham County Council is the lead commissioning organisation on behalf of 11 North East local authorities for the commissioning of the regional tobacco control and alcohol de-normalisation programme.

The contract ends in March 2017 therefore a review of this programme and the reprocurement have both taken place and the new contract commences April 2017.

NHS Health Checks
A review of ‘check4Life’ programme and market testing have been undertaken. Following review, market testing will be undertaken in order to agree the service design and provision required in 2017/18.

A new contract for 2017/18 is currently under negotiation with GP Federations. Following this work, a community contract for Health Checks will be produced for April 2017.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a health check to assess their risk of developing cardiovascular disease (CVD), and to offer them advice and support to help them manage that risk and to stay well for longer.

Wellbeing for Life
The Wellbeing for Life Service delivered by a consortium has been in place in County Durham since April 2015. The review of Wellbeing for Life has been undertaken in addition to an evaluation to inform Public Health planning and decision making. The service will be re-procured during 2017/18.

Domestic Abuse Service
Public Health currently commissions the specialist domestic abuse service across County Durham. The service currently provides outreach support for victims and children, provision for perpetrators in the form of a perpetrator intervention and targeted prevention work.

As well as the base contract, four pilot interventions are being conducted which have been evaluated by Durham University.

The outcome of the subsequent review during 2016 was to re-procure the Domestic Abuse Service, which has now been completed and contracts commenced September 2016.
Integrated Sexual Health Service
The Integrated Sexual Health Service in County Durham incorporates genito-urinary medicine services, contraception and sexual health, HIV prevention, treatment and care and Chlamydia screening.

The service review commenced in September 2016 with re-procurement March-September 2017 and the new service in place by October 2017.

Drug and Alcohol Integrated Service
The Drug and Alcohol Service offer preventative services, support, treatment and recovery across the lifecourse including:

• Preventative intervention using staff trained in delivery of harm reduction interventions and Experts by Experience.

• Specialist recovery – irrespective of setting eg criminal justice, hospital through Recovery Team and Recovery Centres.

• Recovery rehabilitation – enhanced capacity through a Recovery Academy and Recovery Centres.

• Recovery support – peer support, social networks and employment/volunteering opportunities through recovery hubs and an ambassador and apprenticeship programmes.

The service is currently being reviewed with procurement to commence in April 2017 and the new contract in place for October 2017.

Community preventative mental health services for all ages
See page 24 for details.
The Council commissions a range of contracts to assist clients with their housing situation and as the Housing Strategy and work with partners develops, a number of other priorities will emerge.

**Housing Temporary Accommodation and Support (HTASS)**
The local authority has a statutory responsibility as part of the Homelessness Act 2002 to provide temporary accommodation to clients claiming to be homeless and who are in priority need inline with legislation.

HTASS is jointly funded by Durham County Council (DCC) Regeneration and Local Service (REAL), Adult and Health Services and Children and Young People’s Services.

HTASS provides a flexible and holistic response to the needs of a variety of clients for appropriate emergency accommodation. The service ensures that statutory obligations for the Local Authority are met, whilst also supporting children’s services to deliver outcomes for looked after children and those young people leaving care through the provision of ring fenced ‘crash pads’. Moreover HTASS supports the DCC Leaving Care Strategy and the Government’s ‘Transitions to Adulthood Guidance 2010’.

The existing contract will expire in May 2017 and an options appraisal will be carried out to identify future requirements and other models of delivery.

**Older people**
Due to the demographics of County Durham, older people are a particular client group which have been highlighted in the Housing Strategy. Joint working to address the housing needs of older people will be required to assist them to stay at home and live independently. This will involve working with health and housing providers.

**Changes to welfare – Housing Benefit Proposals**
In light of the current economic climate and changes in relation to welfare, DCC Housing Solutions, housing providers and private landlords have seen an increase in the number of people falling into financial difficulty. This is a broad area covering, employment, mental health, debt etc. A lot of work is ongoing to address some of the issues but this continues to be a priority in the coming years.

In addition, the up and coming changes to limit housing benefit in the social sector could seriously impact on social housing schemes, particularly supported/sheltered and extra care schemes. These schemes enable independent living for people with a wide variety of care and support needs. The proposals will limit the ability of Registered Housing Providers to develop new supported housing which will impact and place pressure on the Health Service.
11. Sources of information

National information

• Care Act 2014
• Children and Families Act 2014
• Care Quality Commission
• Department of Health
• NHS 5 Year Forward Plan
• No Health without Mental Health
• Mental Health 5 Year Forward View
• Office for National Statistics (ONS)
• Projecting Adult Needs and Service Information (PANSI)
• Projecting Older People Population Information (POPPI)
• Recognised, Valued and Supported: next steps for the carers strategy
• Social Care Institute for Excellence (SCIE)
• Working with troubled families: a guide to evidence and good practice
• Special Educational Needs and Disability Reforms

Local information

• Locate
• Children, Young People & Families Plan
• Corporate Strategy for Commissioning and Procurement
• Council Plan 2015/18
• County Durham Alcohol Harm Reduction Strategy 2012/15
• County Durham COMPACT
• County Durham Joint Strategic Needs Assessment (JSNA)
• County Durham Joint Health and Wellbeing Strategy
• Early Help and Neglect Strategy
• Care Leavers Strategy
• Sufficiency Strategy for Looked After Children and Care Leavers
• Safe Durham Partnership Plan
• Stronger Families Webpage
• Mental Health Implementation Plan
• Housing Strategy
## 12. Planned procurements for 2016/17 and 2017/18

Although the following procurements are planned to start during 2016/17 and 2017/18, the Council reserves the right not to tender for such services or change the tender start date if required.

<table>
<thead>
<tr>
<th>Service</th>
<th>Anticipated Procurement Initiation Date</th>
<th>Anticipated Contract Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE12+ For placements in Department for Education registered, non-maintained and independent special schools and colleges for Children and Young People 0-25 years; day, boarding and residential placements.</td>
<td>April 2016</td>
<td>February 2017</td>
</tr>
<tr>
<td>Alternative Education Provision</td>
<td>July 2016</td>
<td>October 2016</td>
</tr>
<tr>
<td>Appleton Lodge Extra Care (Dementia) – Care and Support provision</td>
<td>Autumn 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td>Appleton Lodge Extra Care (Dementia) – Provision of Activities</td>
<td>Autumn 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td>Regional Tobacco and Alcohol Programme</td>
<td>October 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td>Post Adoption Support Service</td>
<td>November 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td>Volunteer Driver Service**</td>
<td>November 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td>One Point Activity Provider Panel</td>
<td>January 2017</td>
<td>June 2017</td>
</tr>
<tr>
<td>Children’s Regulation 44 Visits</td>
<td>January 2017</td>
<td>April 2017</td>
</tr>
<tr>
<td>Transport for adult social care (taxi and minibus)*</td>
<td>March 2017</td>
<td>September 2017</td>
</tr>
<tr>
<td>Home to school transport*</td>
<td>March 2017</td>
<td>September 2017</td>
</tr>
<tr>
<td>A number of possible procurements to provide services for people with Learning Disabilities, Autism or Challenging Behaviour, in line with the transforming care agenda.</td>
<td>During 2016/17 and 2017/18</td>
<td>During 2016/17 and 2017/18</td>
</tr>
<tr>
<td>Health Checks</td>
<td>Late 2016/17</td>
<td>Early 2017/18</td>
</tr>
<tr>
<td>Meadowfield Mental Health Recovery Service</td>
<td>Late 2016/17</td>
<td>During 2017/18</td>
</tr>
<tr>
<td>Integrated Sexual Health Service</td>
<td>March / April 2017</td>
<td>October 2017</td>
</tr>
<tr>
<td>Children’s Advocacy</td>
<td>April 2017</td>
<td>October 2017</td>
</tr>
<tr>
<td>Drug and Alcohol Recovery Service</td>
<td>April 2017</td>
<td>October 2017</td>
</tr>
<tr>
<td>Wellbeing for Life</td>
<td>May 2017</td>
<td>November 2017</td>
</tr>
<tr>
<td>The North Eastern, Spennymoor (Learning Disability / Mental Health Supported Housing)</td>
<td>Autumn 2017</td>
<td>Early 2018</td>
</tr>
<tr>
<td>Carers Services for adults and young carers</td>
<td>December 2017</td>
<td>April 2018</td>
</tr>
<tr>
<td>Reablement Services</td>
<td>During 2017/18</td>
<td>During 2017/18</td>
</tr>
<tr>
<td>Supported Housing Services</td>
<td>During 2017/18</td>
<td>During 2017/18</td>
</tr>
<tr>
<td>Mental Health Community Prevention Services</td>
<td>During 2017/18 (phased approach)</td>
<td>During 2017/18</td>
</tr>
</tbody>
</table>

*Procurements that will be led by Regeneration and Economic Development (RED) but are linked to the Education element of Children and Young People’s Services.

** Covers a range of requirements across the Council
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS</td>
<td>Adult and Health Services</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<tr>
<td>CVD</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>CYPS</td>
<td>Children and Young People's Services</td>
</tr>
<tr>
<td>DCC</td>
<td>Durham County Council</td>
</tr>
<tr>
<td>DDES</td>
<td>Durham Dales, Easington and Sedgefield</td>
</tr>
<tr>
<td>HCA</td>
<td>Homes and Communities Agency</td>
</tr>
<tr>
<td>HTASS</td>
<td>Housing Temporary Accommodation and Support</td>
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<tr>
<td>HWCD</td>
<td>Healthwatch County Durham</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
</tr>
<tr>
<td>MPS</td>
<td>Market Position Statement</td>
</tr>
<tr>
<td>NECS</td>
<td>North of England Commissioning Support</td>
</tr>
<tr>
<td>NEPO</td>
<td>North East Procurement Organisation</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>PANSI</td>
<td>Projecting Adult Needs and Service Information</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>POPPI</td>
<td>Projecting Older People Population Information</td>
</tr>
<tr>
<td>REAL</td>
<td>Regeneration and Local Services</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
</tr>
<tr>
<td>SEND</td>
<td>Special Educational Needs and Disabilities</td>
</tr>
<tr>
<td>VCS</td>
<td>Voluntary and Community Sector</td>
</tr>
<tr>
<td>VONNE</td>
<td>Voluntary Organisations’ Network North East</td>
</tr>
</tbody>
</table>
Market Position Statement
2016/18

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