



Adult Social Care

Market Position Statement 2017-18

Introduction

This Market Position Statement (MPS) is aimed at both existing and potential providers of Adult Social Care (ASC) services currently operating or planning to operate in Leicester. The city council is committed to stimulating an active, responsive and quality supply of services to meet the needs of adults with social care needs and their families and carers. This document has been produced to encourage dialogue with current and potential providers of care and support. The aim is to offer service user's real choice and control about how they are supported to meet their aspirations.

Changing demographics, such as an ageing population living for longer with associated comorbidities, had led to an increase in demand for health and social care. This together with raised customer expectations and reductions in the availability of public funding, present significant challenges for both the council as commissioner and for providers. This MPS provides analysis of current and future need and describes our strategic direction for service design and development, taking a whole system approach and allowing for providers to be creative and innovative in their response. It outlines our view about how providers might respond to the changing needs for care and support in the future.

This MPS is a live document which we see as a two way conversation – it is to be updated with responses from providers and partners. We are interested in how you see your role in meeting our overall purpose.

Our purpose

The purpose of adult social care in Leicester is to:

- promote individual wellbeing
- enable self-support and independence
- support and protect vulnerable people

To support this, we will seek to:

- intervene when required, at the least intrusive level necessary
- work co-operatively with people and partner agencies to overcome exclusion and discrimination
- be efficient in how we operate individually and collectively
- communicate effectively.

Strategic priorities

To support our purpose, ASC will commission services that promote independence and well-being by ensuring that the right services and interventions are available at the right time. This will prevent people from requiring statutory support by keeping them well in their homes and communities.

The following strategic priorities underpin the delivery of commissioning high quality services that prevent, postpone or minimise the need for formal care, whilst providing value for money and safeguarding users from abuse.

1. We will work with partners to protect adults who need care and support from harm and abuse.
2. We will embed a strength-based, preventative model of support to promote wellbeing, self-care and independence.
3. We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.
4. We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.
5. We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.
6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services
7. Transforming Care Programme will underpin all of our work with people who have a learning Disability and or Autism. A key focus this year will be to ensure that those who have been in a hospital setting for longer than five years are supported to move into a community setting which meets their personal support needs and emotional aspirations.

Learning disability

1. Market opportunity to support people with learning disabilities to better access community opportunities including offering better crisis resolution and outreach.
2. Supporting people with learning disabilities to meet their aspirations in areas such as employment, independent living and education.
- 3 Transforming Care will change the way services for people with Learning Disabilities and or Autisms are commissioned. The challenge will be to have accommodations and support options available to provide services that will enable people to live sustainable lives in community settings once discharged from hospital.

Residential care

1. Reduce the number of residential care placements.
 - Support up to 50 people per year (over the next 4 years) who currently live in residential care to move into supported living (mental health and learning disability).
 - Opportunity for providers to diversify to develop models of support that respond to the changing demographics, and allow people to stay within their community.
 - Opportunities for providers through better marketing of services to self-funders.

Mental health

1. Opportunity to develop services that allow people to have their needs met in their local area, including peer support.
2. Services developed need to ensure ability to supportt Leicester's diverse community.

Dementia care

1. We require the development of a range of opportunities that support people at all stages of the dementia pathway. This must range from low level supportt to more intense support at times of crisis.

Carers

1. A range of opportunities are required to reflect the differing needs and cultural background of carers. In Leicester we have carers of all ages – from young carers, carers at school, college and university, parent carers, carers in transition, working carers and elderly carers –all of whom need services tailored to their needs. Carers need support at different points in the caring role and we are interested in services that can take a holistic view of carers' supportt needs.

Extra care and supported living

1. Cost effective alternatives to residential care are being sought.
2. Opportunities for the increased use of assistive technology in the provision of extra care and supported living.

Physical and sensory disability

1. Increased focus on personalised services that provide early-intervention and prevention.
2. We require services that promote independence and inclusion.
3. Opportunities for the increased use of assistive technology support independence and inclusion.

Commissioning intentions

In order to ensure we are delivering appropriate services to meet individual's needs, the city continues to review, redesign and commission or decommission services where appropriate.

Services to be procured during 2017:

- Independent living support – floating support for vulnerable people
- Independent living support – supported accommodation for people with mental health/learning disabilities
- Jointly commissioned dementia support service
- Jointly commissioned low level mental health recovery and resilience hubs
- Four bespoke services that can meet the high support needs of individuals who will be leaving hospital care setting under the transforming care programme.
- Recovery hub (substance misuse)

Services being reviewed to establish future commissioning decisions:

- Community meals service
- Learning disabilities short breaks
- Direct payments support service
- Community opportunities (day care)
- Pre-payment cards
- Framework agreement for stair lifts, step lifts, vertical through floor lifts, ceiling track hoists, servicing, maintenance, removal, refurbishment, re-siting and storage of existing equipment which is no longer covered by the manufacturer's warranty.

Preventative services including:

- Disabled support services
- Disabled persons user led organisation
- Community support for people with Asperger's syndrome
- Support for people with visual impairment and dual sensory impairment (Deafblind)
- Assessment and equipment services for people with hearing loss
- Support for people with acquired brain injury
- Mental health services – proposal to move to recovery and resilience hubs
- A step down service for those being discharged from a hospital setting, but require some national support to enable the development of skills and identify the right support to access a community based service.

Dementia support

As part of the ongoing commissioning cycle, services will be continually reviewed to establish future commissioning intentions, including:

- Advocacy services
- Residential rehabilitation substance misuse framework
- Delivery of adult social care act functions in HMP Leicester

We will also require the development of 400 new/converted supported living / extra care properties, and services that can support the Transforming Care Programme over the next 4 years.

Market headlines

The market for care and support in Leicester.

1. There will be a rise in demand for care and support services.
2. Services will need to diversify.
3. There will be an increased emphasis on outcome focused services.
4. Numbers of service users using direct payments will rise, meaning that providers will increasingly be marketing their services direct to users.
5. Service users will have more information, advice and guidance about services that are available as the council develops this aspect of its role. This will include a new e-directory of services, which was launched in 2016.
6. The number of council residential and nursing care placements will reduce.
7. The demand for domiciliary care will rise as more people receive this kind of support instead of residential care, and as their needs rise.
8. There will be a greater demand for housing that offers integrated care and support.
9. There will be an increased expectation that providers of care accommodation will be focused on maximizing the health and wellbeing of their clients, with a range of services to support this.
10. Transforming Care Program will mean a potentially small rise in the demand for bespoke supported living settings and support services, which will meet the needs of individuals who have complex needs. This number will be four specific services for 2017/18

Headlines on demand

The market for care and support in Leicester.

1. There will be older people, living longer. The number of people aged between 65-84 is estimated to grow by 10,500 by 2025, and the population of over 85s by 1,600 in the same period.
 - There are fewer older people in central areas, and more older people in the outer wards of the city in the east, south and west.
 - The population of older people will become more ethnically diverse.
 - In the next 15 years, the number of people with dementia or a limiting long term condition is likely to increase by around 50%.
 - There will be significant increases in the number of people who are unable to manage self-care tasks:
 - 2016 – the number of people aged 65 and over unable to manage at least one self-care activity on their own was 13,563.
 - 2030 – the number of people aged 65 and over unable to manage at least one self-care activity on their own is estimated to be 19,339.
2. The numbers of people with mental health problems and the number of people with learning disabilities are projected to grow in the next 10 years.
 - 2016 – 5,389 people aged 18-64 predicted to have a learning disability.
 - 2030 – 5,536 people aged 18-64 predicted to have a learning disability.
 - An estimated 39,770 adults aged 16-64 living in Leicester have mental health problems. This represents 17.9% of adults in this age group. The proportion of people with mental health problems is projected to increase in Leicester by 18% to 46,928 by 2030.
3. There are about 5,225 people aged 65 and over providing unpaid care to a partner, family member or other person.
 - This is projected to rise to about 7,399 by 2030
4. Supporting people of working age to stay in or find employment will be a key objective for care and support services.

Learning disability

Where are we now?

The majority of people with a learning disability and/ or autism that are in receipt of services and support from social care are people with complex health and social care needs who are likely to require substantial support in their daily lives. However, despite their complexities, people with learning disabilities, including those with profound and multiple disabilities (PMLD) and those that may display behaviours that challenge, can form relationships, live independently, make choices and enjoy activities in the community with the right support. This is particularly important when working with young people with disabilities, in preparing them for adulthood. Their aspirations and expectations to live normal lives must be an integral part of the person-centred planning during their teenage years, in preparation for the significant changes as they move into their adult lives.

Transforming Care – there are also a small number of people with a learning disability and/or autism, who require additional help and support as a result of behaviours that challenge or because they also have mental ill health. This can normally be provided in the community but occasionally may require a hospital admission for specialist input. The aim of the transforming care programme is to ensure that people are discharged back into the community at the earliest opportunity with the appropriate accommodation, help and support.

Where are we going?

We want to ensure that services are person-centred and co-produced with a focus on supporting people to aim for and achieve their aspirations in terms of health, education, employment, where they live and a good social life. To achieve this, commissioners and partners need to

- encourage the development of innovative models of service delivery that better meet the needs of people with learning disabilities and their families, including ways of providing family carers with a break from caring.

- encourage a focus on ‘stepping down’ and ‘moving on’ from acute support and increase capacity to meet the needs of those with complex needs in the community.
- Encourage more providers to offer a wider range of personalised services that can be commissioned via personal budgets and direct payments.
- increase the number of personal assistants.
- understand and increase the capacity and range of options to support people at home and in the community.
- increase the use of assistive technology to support people to live as independently as possible.
- develop opportunities for people to access universal services, for example, leisure, health, housing, employment etc.
- develop a step down step up setting that will reduce the reliance on hospital settings to provide a hospital admission prevention service.

Residential and nursing care

Where are we now?

Historically there has been, and continues to be, an over reliance in Leicester on residential care, especially for those people with a learning disability or mental health problem. This is generally more expensive than supporting people to live in the community, but more importantly often prevents people from reaching their full potential and can result in people becoming isolated from their families and community.

Where are we going?

Residential and nursing care will continue to be an appropriate solution for some due to their complex or specialist needs. The aspiration is to have a range of services which offer people choice and control by increasing the opportunities for all vulnerable adults to live independently within the many communities in Leicester. This will promote independence and improve the quality of life and outcomes for all. Changing demand and commissioning arrangements will see a shift towards a more diverse market place with opportunities for providers to offer more creative, non-traditional service models. The integration agenda challenges providers to look at ways in which they can meet both health and social care needs. Newly commissioned services will be outcome focused and support individuals to maximise their independence and minimise reliance on statutory services.

In future, providers will need to be able to respond to trends such as:

- Increases in the number of people with dementia.
- The need for specialisation, such as step-down and step up support.
- The need for a continuum of care with mixed provision (for example combining housing with care).
- Making the most of technological advances (better use of assistive technology).

Although the number of placements that the city commissions is due to reduce as people want to remain at home for as long as is safely possible, there is a need for more specialist care such as dementia care and care for people with complex physical needs.

What does this mean?

We will contract with a range of care home providers to deliver good quality care and support for people with high levels of need.

Providers need to better market their services to self-funders.

Mental health

Where are we now?

Support available to date has often been disjointed and inadequate. Research shows that access to services and outcomes of care for people with mental ill health requires improvement in general, particularly for certain communities e.g. black and minority ethnic (BME), LGBT and new communities. This is because cultural and social factors can play a key role in how and when people access mental health crisis support services. Key challenges include improving the availability of specialist mental health services and psychological therapies, and to give mental health care parity with other health and social care services. People should have timely access to the right treatment, be treated with respect, and have their views and preferences valued.

Where are we going?

We aim to have an increased focus of mental health awareness and ensure that we reach the diverse communities in Leicester, providing culturally appropriate help and support to improve the ways in which people from all communities' access mental health services.

Poor physical health increases the risk of mental ill health, so our goal is to achieve parity of esteem between mental and physical health across the life course. This will mean improvements in the NHS locally, helping people to contribute to their local communities, to have a decent home, a job, and good relationships.

To achieve better outcomes for those with mental ill health and their families and carers we will work in partnership to achieve:

- Alignment of services across the city to decrease the mismatch between service need and location, and reduce the long wait for some services.
- Build capacity within communities, primary care and the voluntary sector to emphasise and support the expansion and enhancement of self-care, preventative and early intervention support for people with mental health needs and their carers, in order to address the underlying causes and reduce crises.

- Reduction in the use of residential care and increase life opportunities through the use of personal budgets and direct payments.
- People with mental ill health including drug and alcohol needs can live in their local area, even if they have complex needs, by expanding the range of care such as crisis resolution and outreach.
- People with mental ill health to be as independent as possible by ensuring that appropriate support and opportunities are available in community settings, unless their condition dictates hospital admission, and ensure that carers get the right level of support and breaks.

What does this mean?

This is an opportunity for providers to develop services that match need across the city, allowing people to have their needs met in their local area.

Provider organisations need to reach the diverse communities in Leicester and provide services to meet those needs.

Dementia care

Where are we now?

There are approximately 2,700 people with dementia in Leicester. The risks of developing dementia increases with age, so most people with dementia are aged 65 and over – dementia affects 7.6% of the population in this age group. There are about 70 younger people with dementia. Each year there are about 800 new people who receive a diagnosis of dementia in Leicester. There will be around 3,700 people with dementia in Leicester by 2030.

There is a clear need to improve rates of early diagnosis and then to offer people community based support following diagnosis. Leicester has a good rate of diagnosis (about 88% of the expected prevalence) so people living with dementia and their carers are able to be signposted to locally based support in a more timely way. Better rates of early diagnosis and improvements in dementia care can only be achieved by developments across the whole of the dementia care pathway, including commissioned memory assessment services, general hospital liaison care, and care and support for people living in the community.

Where are we going?

In 2017/18 we would like to see the development of additional community services which can offer support to people with dementia and their carers in local areas. We are particularly interested in seeing the development of a range of local services that can support people from black and ethnic minority communities who develop dementia. Our experience shows that these groups are much less likely to seek support from statutory services. The kinds of support that people find most valuable are information, advice, befriending, opportunities to socialise and support for carers. We are also working towards Leicester become a dementia friendly city and for communities to become dementia

friendly too. To attain better outcomes for those with dementia and their families and carers we will work in partnership to achieve:

- Greater awareness of dementia amongst the general population and universal services.
- Early diagnosis and access to care and support services.
- Improved experience of hospital care and the management of physical health needs of people living with dementia.
Improved quality of care in residential/care homes.
- Personalisation to enable those with dementia to have choice and control to live well with dementia in the community.
- Community opportunities to meet the needs of those with dementia.
- Domiciliary support that offers appropriate care to people living with dementia.

Read our Dementia Action Plan.

<https://www.leicester.gov.uk/media/180962/2016-lcc-dementia-action-plan.pdf>

What does this mean?

There is a mismatch between where the services are needed and the current location of services. This offers opportunities for providers to operate services that people can access in their local area.

There are also opportunities through expansion of the range of care to offer better crisis resolution and outreach.

Physical and sensory disability

Where are we now?

Physical or sensory disability of varying levels of severity present different issues in terms of the services required. Physical disability can leave people feeling isolated, disempowered and depressed. The loss or impairment of vision and hearing can substantially reduce the quality of life. Many people with physical disabilities are reliant on carers.

4,000 people aged 18-64 are thought to have a serious physical disability in Leicester; 234 of whom are in receipt of social care through self-directed support or direct payments, with 86 in residential care. It is estimated that there are 19,412 working age people in Leicester with a moderate physical disability. Other more specific numbers: 2,233 registered with visual impairment; 120 deaf-blind people; 1,000 people with head injuries; 6 cases annually of people diagnosed with motor-neuron disease.

Data from the service users who responded to the adult social care user survey shows overall that people with physical disability, frailty and sensory impairments in Leicester were less satisfied with their care and support than the average for England. In addition, Leicester service users were more likely to feel isolated and less likely to feel control over their daily lives to feel safe.

Where are we going?

A significant and increasing number of people in Leicester have a physical and or sensory disability which requires continuing effort to enhance their inclusion, participation and independence, promoting dignity, self-respect and individuality.

Assistive technology can help people carry out day to day tasks or manage risks more easily. It can help people safely remain more independent in their own homes for longer.

What does this mean?

1. We need an increased focus on personalised services that provide early- intervention and prevention.
2. We require services that promote independence and inclusion.
3. There are opportunities for the increased use of assistive technology to support independence and inclusion.

Community day opportunities

Where are we now?

Community opportunities are a range of activities for disabled and older people to support them to socialise, learn new skills and play an active part in the community, whilst at the same time providing vital breaks for carers. Community opportunities are offered in a variety of ways that meet people's needs and aspirations, for example day services, group or one to one activities, social groups, and learning and volunteering opportunities.

The council's enablement team has helped more people to experience community based activities, for example attending a gym, volunteering on an allotment, and learning daily living skills. This has helped them to move away from traditional day services and to maximise the use of their personal budgets by accessing both chargeable and free activities that are widely available in the community.

In June 2016, the council provided 652 packages of community opportunities services to 481 people. Adult social care funds a range of activities, largely in the voluntary and community sector, that support disabled and older people to learn new skills, play an active role in the community and to maintain their independence and wellbeing, whilst allowing family carers to have a break from their caring role. In 2015-16, there was a 30% decrease in the number of people accessing these services where the council had arranged the support. A contributing factor is that more of our customers are choosing to arrange their own care and support through the use of direct payments.

Where are we going?

Commissioning is currently carrying out a review of the community opportunities contract as this framework contract is due to be procured in June 2017. The numbers of people using the service is falling.

Carers

Where are we now?

In Leicester there are currently an estimated 30,000 carers. Responding to the needs of people who care is a major challenge.

Carers often experience high rates of depression and stress and they can become isolated. Many carers themselves are older people who may be at risk of having care and support needs themselves.

Evidence indicates that carers have higher levels of stress and anxiety and poorer physical health than the population generally. Providing support and reducing the risks to the health and wellbeing of carers are significant challenges for health and social care services. Carers play a critical role in supporting people with needs and helping them to remain independent. Nearly 20% of carers are themselves aged over 65 years.

Voluntary sector services have provided services to over 1,670 carers on the council's behalf during 2015-16. These services consisted of a variety of preventative support, training, carers breaks, advice and advocacy including drop-in sessions and peer group support. In the past year the numbers of carer's assessments has fallen but in the same period the number of joint assessments has risen by 110% from 740 to 1711.

Where are we going?

The Care Act gives carers the right to their own assessment and the government is currently consulting on the new National Carer's Strategy. A range of opportunities is required to reflect the differing needs and cultural background of carers. In Leicester we have carers of all ages, including young carers, carers at school, college and university, parent carers, carers in transition, working carers, mutual carers and elderly carers all of whom need services tailored to their needs. Raise awareness of how technology that can support them in their caring role.

You can read our carer's action plan here.

<https://www.leicester.gov.uk/media/181638/carers-strategy-action-plan-2016.pdf>

What does this mean?

Carers need support at different points in their caring roles and we are interested in services that can take a holistic view of carer's support requirements.

Extra care and supported living

Where are we now?

Both extra care and supported living, offer a cost effective alternative to residential care that enables people to either continue living in their local communities or offers the opportunity to live independently for the first time. A framework contract for supported living is currently in place and provides support to people who live independently in these schemes. Supported living or extra care can foster social inclusion and integration within the schemes and wider community. It also provides good quality accommodation that is accessible to those with reduced and limited mobility and is able to meet changing needs. It is known that having good quality accommodation improves a person's sense of well-being. Finally it offers a cost effective alternative to residential care.

Where are we going?

Although the council has set out a range of actions to improve the pathway to and through independent living, and has set some key performance targets, these developments are currently on hold pending the outcome of the government's proposals to change the amount of rent payable to vulnerable people via the Local Housing Allowance. An announcement on the funding arrangements are expected in the autumn at which time the council will publish more information on the implications for delivering the following targets:

- 400 new/converted supported living/extra care properties to be created over the next 4 years.
- Opportunity to further develop cost effective alternatives within the community that will meet the most the needs of the most vulnerable and allow for their greater independence.
- We are also currently looking at pilot schemes where providers of residential homes convert those homes into supported living accommodation.

Click for link to read our extra care strategy. <https://www.leicester.gov.uk/media/89036/independent-living-and-extra-care-commissioning-strategy.pdf>

What does this mean?

Cost effective alternatives to residential care are being sought.

There are opportunities for the increased use of assistive technology in the provision of extra care and supported living.

Finance

Paying for care and support

Personal budgets – Where individuals, including carers, have eligible needs that cannot be met in any other way, a personal budget will be provided. Our assessment will give an indication of the resources available through a personal budget and any contribution that the individual will be required to make. We will offer a choice of how a personal budget is taken – as a direct payment, as a managed budget or as a mixture of these. Support will be available for people who wish to have a direct payment and where they are unable to manage this safely for themselves.

Direct payment – Individuals who choose to take their personal budget as a direct payment will then buy their services direct from providers.

Pre-paid cards – A pilot scheme to test the effectiveness of pre-paid cards was carried out and is being reviewed to assess its success.

Managed service – A managed service is where the local authority continues to buy the services on behalf of the individual.

Direct payment support services – The council has also commissioned services that can support people who are taking their personal budget as a direct payment.

Self-funding – People who fund their own care and support will also be able to make choices from a diverse range of good quality services.

As a result, the range of services that need to be available will need to be much more diverse as more people will choose to take their personal budgets as a direct payment, deciding how to spend it to best meet their individual needs.

Where are we going?

The context of spend for adult social care needs to be understood within the wider financial position of the council. The council has identified £85m spending reductions since 2011-12 and the current estimate is that it will need to find a further £65m (on a £300m budget) by 2017-18, excluding growth pressures. The £65m savings will be determined through a series of reviews and a public consultation exercise. At present the impact on ASC is not known, but as the council's major spend area (£90m net) it is likely to be substantial. In addition ASC will have significant growth pressures emanating mainly from demographic growth and Care Act pressures. This is expected to be £8m by 2017-18. This unprecedented reduction in resources will mean a fundamental review of ASC service provision. Residential care is the biggest cost within the Adult Social Care budget

A key approach has been to seek to reduce spending on residential care because we know that the majority of people who need care want to be able to stay in their own homes and receive support there.

Click here for more information on the budget and the local account.
<https://www.leicester.gov.uk/media/180107/adult-social-care-local-account-2015-2016.pdf>

Quality in the market

The aim of adult social care is ‘to ensure the safety and wellbeing of the most vulnerable people in our city. ‘This means making sure that publically funded care and support is provided only when it is needed and making sure that it is cost effective. People receiving services say that there are a number of things that are very important to them:

- 1 That people are at the centre [of their care] rather than fitting them into services.
- 1 That people who use services and their carers are treated as individuals.
- 1 That individuals have choice and control over the services that they receive.
- 1 Listening to users of the services and acting upon what they say.
- 1 A positive approach, which highlights what people using the services can do and might be able to do with appropriate support, not what they can’t do.

To make sure that this happens the council has worked with our care providers (residential care, domiciliary care and supported living providers) to develop a set of standards to show that people are receiving high quality care. These standards form a Quality Assurance Framework (QAF) and look at the following areas:

1. Personalised care, treatment and support
2. Voice choice and control
3. Safeguarding and safety
4. Staffing & employment
5. Business management
6. Quality management

The city council’s contracts and assurance service works with the providers on an annual basis to look at how well people are being helped and to form an opinion as to how providers were doing. We then rate the provider as being:

- 1 **Excellent.** This means that the provider has shown that they are delivering high quality services to people and the provider is striving to be a leader in their field.
- 1 **Good.** The provider can show that the services they offer are good.
- 1 **Compliant.** The provider meets and is able to show us that they meet the minimum standard required.
- 1 **Non-compliant.** The provider does not meet the minimum standards expected and that they have to make changes.

At the end of the first year of the QAF, 88% of providers were rated as excellent, good or compliant, with 12% non-compliant. The contracts and assurance service will continue to work with those providers who are not compliant with the standards.

The QAF process is designed to promote continuous improvement in provider services. With each provider the Local Authority makes recommendations about activities that can be undertaken that will not only improve outcomes for individuals but also to raise the rating that the provider can achieve.

Co-production with the market

A focus group was held for providers to get their feedback on the proposed new format of the MPS. The group discussed the streamlining of the MPS and the option of publishing it online with links to all supporting documentation such as action plans, development strategies and all statistical data. When asked for feedback on the format of the MPS the focus group felt that the new format provided the level of detail they required, was easy to navigate and easy to update. Providers preferred this to more lengthy versions and said by giving them the option to select what supporting documentation they needed this saved them time as they had didn't need this to wade through masses of tables and data that was not relevant to their service users.

Although the providers agreed that the format gave them the level of detail needed, they specifically requested more detail on the commissioning intentions i.e. they wanted the service, client group and procurement date added to enable them to plan their budgets. They also requested that the projections included dementia, mental health and carers. In response to this the Commissioning Intentions page was updated with the information requested to give greater clarity and the Headlines on demand page was updated to include the client groups requested.

Overall the suggestions from providers were for minor amendments and inclusions which have been made where possible. The consensus was that providers were supportive of the new format as it was easier to access the information they specifically required.

High demand complex care provision will be designed using co production models to ensure that any service providing support, to a person who requires an accelerated discharge from a hospital setting, is designed using experts by experience of supporting that individual. These experts will be family, friends, professional, and service providers.

Next step

High quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers (the Care Act). In the current climate where Leicester has a growing ageing population and reducing budgets, requiring a more diverse range of services, an on-going dialogue with the provider market is essential in supporting us to develop different models of delivery. We have published our Market Position Statement so that the council, stakeholders and providers can work together on developing services that enable people to retain and regain their independence. Our intention is that the information contained within the MPS will allow organisations that deliver care and support services in Leicester to make better, longer term planning decisions and increase innovations in the market. The city wants to work together with providers, to ensure that the services it commissions meet the needs of the citizens, and service providers are aware of the current and future plans for social care and health. The MPS is part of that dialogue. Give us your feedback by completing our [online form](#).

This document will be reviewed at a minimum in a year's time, if there is a significant change in legislation which affects the market or if and when the market shifts.

