

Milton Keynes Market Position Statement 2015 – 2017



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Executive summary

The Care Act 2014 requires all Local Authorities with Social Service responsibilities to produce a Market Position Statement (MPS), and Milton Keynes Council is pleased to launch its first. This key document describes the current and future anticipated demand for adult social care services and outlines the model of care the Council wishes to secure in light of the Care Act (2014), as well as the changes expected locally through the implementation of the Better Care Fund work.

In line with national demographic expectations, Milton Keynes has an ageing population, with projected increasing levels of disability and frailty. This is a particular issue however in Milton Keynes, as the current age profile shows.

As people live longer, demand for health and social care services is expected to change significantly, as more people are supported to be in control of how their needs will be met. In order to manage demand, and meet changing expectations, the Council and its partners need to understand the local position and robustness of the market, to ensure appropriate supply of a range of services both now and in the coming years.

The MPS describes the care landscape in Milton Keynes, providing a platform for dialogue about the future local market. It is aimed at existing and potential organisations that provide or wish to provide social care services for adults living locally. It will enable organisations of all types to understand the Council's intentions in relation to the care sector, and to respond accordingly with their future business models.

People interested in social enterprise may find out about new opportunities in the market and can inform the Council regarding what help is needed to enter the market and to offer innovative services.

The strategic direction is primarily to delay the need for long term care and support, through a range of early intervention services. This includes re-ablement provision, aiming to improve independence through short-term focused support. Where people do have care needs, the aim is to develop personal services delivered in the community, which will promote quality of life, physical and mental wellbeing and people's independence in their own homes.

The following outcomes are expected from the MPS:

- Provide current and potential organisations in the market with a clear message of the business/market opportunities across Milton Keynes
- Highlight priority development areas
- Create a basis for dialogue with current and future providers of care and support services regarding new models of care
- Expansion of market facilitation
- Attract new, flexible and creative providers
- Improve our understanding of the self-funder market

1. Introduction

Milton Keynes Council “the Council” needs to lead a strategic shift in both culture and resources in the market for adult social care.

The Vision for Milton Keynes, set out in the Council’s Corporate Plan (2012 – 2016) includes, ‘that our residents have access to all the services they need, have the support to access opportunities and enjoy a healthy and good quality of life.’

Reductions in local government funding and the introduction of the Care Act (2014) requires the local care market to undergo changes to support the Council to achieve this vision. Through working together with citizens, the Council plans to change its approach to services. This will be achieved by managing demand for services and shaping supply within the local market.

Managing demand required increased focus on prevention and early intervention alongside support from within local communities. Shaping supply requires services to consider new, more creative ways of working, which support carers, promote re-enablement, incorporate assistive technology solutions such as telecare and telehealth. We will encourage arrangements which allow more individuals to receive a personal budget as either a direct payment or a managed budget, giving people greater choice and control.

The Council is seeking a shift from dependency on services to one of increasing self-care, supporting Milton Keynes citizens in the management their own health and wellbeing. To do this there needs to be a market which offers a variety of care and support options, where people can choose from suppliers in the knowledge that services are safe and of a stated quality and price.

The Milton Keynes Joint Health and Wellbeing Strategy (2015-18) identifies three priority areas for the whole health and social care system to jointly focus on:

- Starting Well: Giving every Child the Best Start in Life
- Living Well: Working with Communities to Live Longer
- Ageing Well: Improving Outcomes for Older People

The Better Care Fund is being implemented from April 2015 to March 2017. The fund reallocates £14.4m of health and social care expenditure in Milton Keynes to drive forward further integration of health and social care services through a significant expansion of care in community settings.

Expanding the local care market is essential to develop the required capacity in community health and social care services and will need engagement from the full range of statutory and voluntary and community organisations.

Integrated community health and social care needs to be configured so that they support people either on:

- a short term basis i.e. to deliver rehabilitation and re-ablement to help people regain confidence and previous levels of functioning or to provide support for physical health at home until re-ablement can begin, or
- on a longer term basis for people with more complex health and social care needs that may require more intensive support over a longer timeframe especially when they have an exacerbation of their condition.

What is the purpose of the Market Position Statement?

Drawing on existing strategies and the Joint Strategic Needs Assessment this MPS is designed to contain information and analysis that will be useful to current and future care organisations and support services in Milton Keynes.

It provides information about the current state of the market and services we are encouraging, based on projections of future demand and the changing landscapes we are operating in. The Council is committed to stimulating a diverse and sustainable market and the MPS has been produced to encourage and inform a dialogue with the current and potential providers of care and support services.

This version of the MPS is intended to provide an overview across all service areas and a springboard into more specific and detailed service commissioning areas, in line with their particular markets.

The proposals in this MPS are consistent with the population needs outlined within the Joint Strategic Needs Assessment and the objectives and deliverables outlined in the following strategies:

- Milton Keynes Joint Health and Wellbeing Strategy 2014 -17
- Milton Keynes Older People's Strategy 2014-17
- Milton Keynes Mental Health Strategy 2014-17
- Milton Keynes Dementia strategy 2014-17
- Milton Keynes Falls Strategy 2014-17
- Milton Keynes Drug and Alcohol Strategy 2014-17
- Milton Keynes Adult Autism Strategy 2014-17

To ensure choice and control the care sector needs to feature a wide range of providers, offering flexible and innovative ways of meeting people's needs. Access to information and advice with advocacy and brokerage, where required, is needed to direct people to appropriate providers. Milton Keynes would like to encourage user and carer led organisations and small social enterprises as well larger private and voluntary organisations.

Care Market Development

We use the term 'care market' to describe the framework in which individuals, local authorities and the NHS buy care and support services and public, voluntary and private sector bodies supply them. The Local Authority and the NHS are key facilitators in the development of the care market locally, and to some extent regionally and nationally.

Market development by the Local Authority needs to be targeted at ensuring sufficient provision to meet gaps in the market, and services that can respond to both long term and re-enablement needs.

Key characteristics of the care market in Milton Keynes

There is capacity in the care market in Milton Keynes for a wider and more diverse range of suppliers that can provide innovative solutions to the challenges facing adult social care.

Domiciliary Care

Milton Keynes Council currently commissions approximately £10m of domiciliary care services per annum, to support people in their own homes. Activity in the market has grown by some 40% since the introduction of a Preferred Provider List (PPL) in 2012. The PPL will be reviewed during 2015 which will make recommendations regarding service redesign. Given the value of services this is likely to require a competitive tender process for a new service design to start in 2016.

Through the Preferred Provider List the number of providers working in Milton Keynes increased from 8 to 15 including small local providers, large national companies and voluntary sector organisations. Even with this growth in the market, demand has outstripped supply and the Council has purchased additional spot provision. As a result there are now 17 independent providers in addition to the Council's own in-house home care service.

Currently the Council's in-house service and independent providers are providing in the region of 9,500 hours of domiciliary care, delivered across 14,000 visits, to 900 service users each week. Independent providers are providing domiciliary care to 650 individual service users per week accounting for 71% of activity.

Spend on domiciliary care for older people and people with a physical disability is increasing as a proportion of adult social care spend, in contrast to residential care which has declined as a proportion since the introduction of the PPL.

- 77% of provision is for those over the age of 65, a section of the population projected to grow locally 60% by 2021
- 92% of service users have some kind of personal care each week.
- 62% receive support for less than 10 hours per week.
- 35% of spend is on care where two carers are needed for each visit

Challenges for Milton Keynes Council are:

- Continue to build capacity to meet projected growth within financial constraints.
- Produce a sustainable model and mix of providers for the future.
- Further integrate health and social care services in which domiciliary care will play an increasingly important role.

Opportunities for providers in Milton Keynes;

- A rapidly growing market (40% growth since 2012)
- Support to develop staff with access to training via Milton Keynes Council.
- Milton Keynes is one of the best connected and fastest growing economies in the UK.

With input from service users, carers, stakeholders and providers, commissioners are currently reviewing the local market to inform a co-produced service model for the future.

Residential and nursing care homes

The Council purchases residential and nursing care on a spot basis from its preferred provider list of care homes operating in Milton Keynes. A preferred provider needs to be registered with the Care Quality Commission (CQC), and have signed a contract with the Council.

In addition the Council has a block contract for 250 residential/nursing beds with Excelcare, which is in place until 2033.

There are currently 48 registered care homes for all client groups in Milton Keynes, predominately older people with some learning disability and physical disability provision. Residential and nursing accommodation has experienced

a reduction in admissions for the last three years which is expected to continue. The drive to reduce and delay entry to residential care is compounded by the focus on prevention, services that support increased independence and people leaving hospital being offered re-ablement prior to entering residential provision.

Self-directed support and Personalised Services

The Council's historic role as the main purchaser of services is changing with increasing emphasis on the purchasing power of individuals whether using their own money as self-funders, or through direct payments to individuals, personal budgets managed by the Council or Individual Service Funds managed by providers.

In the light of personalisation and greater choice and control for people, the Council is increasingly focused on how it enables individuals and their families to self-manage their care. Achieving the right balance between public provision and self-management requires supportive communities and there is an increasing role for partnerships within local communities to meet local need.

The Self Funder Market

Initial analysis estimates that there are around 1,000 self funders in Milton Keynes. In order to develop a greater understanding of this market and the requirement for local services we must form new partnerships with existing and potential providers of a range of care and support services, to collaborate in providing the range of services self-funders wish to use.

The Care Act (2014) requires Local Authorities to target investment to meet the needs of people who do not qualify for funded support, but who may require advice and guidance and signposting to providers who could help meet their needs. For example, people who would benefit from information that is designed to help maintain their independence and sense of wellbeing, such as what other funding they may be entitled to; the existence and contact details of other local organisations that could help them improve their wellbeing; and how to access equipment they may need.

In addition there is the need to provide broader information to people (potentially) eligible for social care services, and those not yet eligible. These both provide clear opportunities for the market.

Milton Keynes Council provided services

The Council provides a range of services, which includes a registered domiciliary care service, day care services, sheltered housing with care/extra care, community alarm and telecare plus a range of intermediate care services.

The Council delivers

- domiciliary care, mainly to individuals with dementia and more complex needs
- day centre provision across three sites to 175 people per week, with specialist provision for people living with dementia
- sheltered housing with care is provided to around 120 people across four sites including two schemes that have been developed to support people with various stages of dementia;
- connections to community alarm and telecare for more than 6,000 people

Intermediate care is provided as an integrated service by the Council and Central and North West London NHS Foundation Trust (CNWL) and delivers a range of community rehabilitation and therapy services. These include home-based care, including physiotherapy, occupational therapy and rehabilitation support as well as short-term residential, intensive rehabilitation and re-ablement with 24-hour support.

The Demand for Care and Support

Demographic Change

Milton Keynes has a younger age profile than England as a whole, and a relatively small older population. This is set to change as the growth in older age groups locally will be most substantial. There are also significant variations geographically with a tendency for older people to be based in the rural areas of the borough.

The higher incidence of many health conditions and disabilities amongst older age groups means that Milton Keynes' ageing population poses a challenge to the health and social care systems in terms of managing demand for services with increasingly tighter resources. Increased life expectancy implies potentially longer periods for individuals where health, social care and support are required.

Table One: Annual growth and percentage increase of population aged 65 and over based on 2014 population

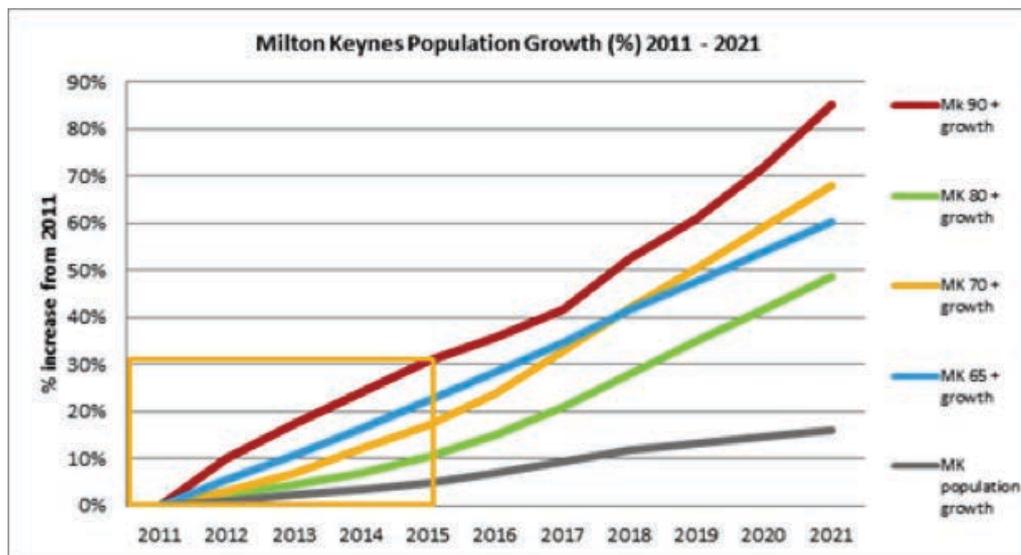
	2014	2015 + % increase	2020 + % increase	2025 + % increase	2030 + % increase
People aged 65-69	11,400	12,100 (6%)Y	12,600 (10.5%)	13,900 (22%)	15,700 (38%)
People aged 70-74	7,500	7,900 (5%)Y	11,300 (51%)	11,800 (57%)	13,100 (75%)
People aged 75-79	5,600	5,800 (4%)	7,200 (29%)	10,300 (84%)	10,800 (93%)
People aged 80-84	3,900	4,000 (3%)	4,900 (26%)	6,200 (59%)	8,900 (128%)
People aged 85-89	2,400	2,500 (4%)	3,000 (25%)	3,900 (63%)	4,900 (104%)
People aged 90 and over	1,500	1,600 (7%)	2,000 (33%)	2,700 (80%)	3,700 (147%)
TOTAL	32,300	33,900 (5%)	41,000 (27%)	48,000 (51%)	57,000 (77%)

Source: Projecting Older People Population Information (POPPI) November 2014

The 2030 column in table one demonstrates the expected increases in the over 65 population in Milton Keynes. From 2014 to 2030 Milton Keynes can expect to have over a 75% increase in the total population of people over 65, with almost 100% growth in those aged 75 – 79 and over 100% growth across all other age ranges.

Five key health and disability factors that are particularly likely to provide sound indicators of demand for health and social care in people over 65 are identified by the National Adult Social Care Intelligence Service (NASCIS). Table two sets out the forecast changes in Milton Keynes for each of the factors from 2014 until 2030.

The sharp percentage increase for older age groups is illustrated in the graph below:



Housing Needs

The significant reforms in health and social care are underpinned by the principles of older people remaining independent in their own home for as long as possible, avoiding hospital admissions and ultimately residential/nursing provision. The provision of care at home relies on availability of suitable housing.

The Milton Keynes Strategic Housing Market Assessment (SHMA 2009) provided a profile of households with supported housing and health needs, based on a sample survey. The profile found that there were 2,500 or 2.7% of households:

- That had at least one member of their household with a health problem, and
- Had health problems affected their housing requirements; and
- Whose homes were not currently adequately adjusted to meet their health problems.

The problems these households identified were with bathing and showering, climbing stairs and general mobility. All of these are considered to be natural consequences of the health problems linked to mobility and old age.

To support increasing numbers of older people to remain in their own homes despite individuals' changing needs requires further investment in equipment and adaptations. Community equipment schemes have received additional funding from the Better Care Fund from 2015-16 onwards in recognition of the crucial role played in facilitating discharge from hospital and maintaining independence.

In 'Laying the Foundations – A Housing Strategy for England' (HM Government 2011), local authorities are encouraged to make provision for a wide range of housing types across all tenures, including accessible and adaptable general needs retirement housing, and specialised housing options including sheltered and Extra Care Housing.

The sheltered housing stock in Milton Keynes totals 2707 units, including the Council's sheltered housing, registered social landlords, private sector, plus housing with care facilities and extra care villages.

For the Council, a key policy issue in this area is whether the projected population growth in older people translates into a requirement for new provision of specialist accommodation. Indeed the increase of care at home and support services may reduce the requirement for specialist accommodation over time.

The Council actively encourages developers to build all new homes to the 'Lifetime Homes' standard so that they can be readily adapted to meet the needs of those with disabilities and the elderly as well as assisting independent living at home.

An update of the 'Strategic Housing Market Assessment (2013)' further projected the future possible requirements for specialist and supported housing by 2021 including:

- 108 -127 specialist units for learning disabilities
- 14 -16 specialist units for mental health
- 11 -14 specialist units for physical disabilities

The Council is also currently exploring whether a further housing with care facility for people with dementia is required in future.

Carers

Carers play a vital role in Milton Keynes, supporting people of all ages, who provides unpaid support to family or friends, who could not manage without this help. This can be caring for a relative, partner or friend who is ill, frail, physically disabled or has a mental health or substance misuse problem.

In the 2011 census, 21,797 people in Milton Keynes acknowledged themselves as carers. Of these, 64% (14,018) provided between 1 and 19 hours unpaid care a week, 14% (2,991) provided between 20 and 49 hours a week and the remaining 22% (4,788) provided more than 50 hours a week unpaid care. Using data from the 2011 census, we can estimate that there will be 23,870 carers in 2016 and 28,160 by 2026.

The demand upon carers is projected to increase further, due to the rise in life expectancy and the increase in people living with a severe disability or long term condition, especially dementia.

In terms of carers themselves, the population over 65 is set to rise in the next 10-15 years and therefore there will be many more very elderly carers in their eighties and nineties supporting their elderly partners. It is also expected that there will be an increase in young people undertaking a caring role.

Recent changes in support for carers in MK

There have already been many positive developments in carer support in recent years.

In April 2014, following a competitive tender process, the Council contracted with voluntary sector provider, Carers MK to provide a wider ranging and more personalised local carers' support service. Key changes included:-

- The introduction of two levels of support
 - Universal Support - advice and information service for all carers
 - Enhanced support - for carers needing a more intensive one-to-one support service, accessible through a carer's assessment.
- A programme of work with GP surgeries to identify carers and improve the surgeries' response to their needs
- A programme of work with schools to identify young carers and to equip staff to understand and support young carers

- An increase in support groups and drop-ins to support carers in many different situations and geographic areas
- A befriending scheme to offer time-limited support to enable carers to establish social and community support networks.

Carers MK developments planned for 2015/16 to include:-

- Establishing a 'hospital lounge' where a carers support worker based at the hospital can offer support at a critical time for people, often after a medical emergency or diagnosis and on the discharge of the cared for person from hospital.
- Improved support and a more up-to-date focused offer for young carers and young adult carers.

Other third sector agencies offer support for carers, in particular Willen Hospice & Age UK

Legislation

The Care Act 2014 and Children and Families Act 2014 introduce new rights for carers and new duties for local authorities to provide support for carers.

Local authorities will have a duty to assess a carer's need for support based on the appearance of need, as well as in response to requests for an assessment. A local authority will have to meet a carer's need for support where this meets the national eligibility criteria. In addition, there is a duty for councils to provide advice and information as part of the assessment procedure.

The impact of this is expected to lead to an increase in demand for carers assessments. The Care Act provides the opportunity for councils to delegate a part of their assessment function whilst the duty to meet carers' eligible needs will present an opportunity to further personalise support for carers.

Priorities for 2014-17

The Milton Keynes Carers Strategy 2014-17 outlines key priorities:-

- Identification of carers
- Information at the right time
- Support for carers to maintain or improve their wellbeing
- Personalised support and a life outside caring
- Communication and respect
- Develop innovative services for the future
- The need to develop a more responsive support service for carers of people receiving end of life support.
- The need to look at the hospital admission and discharge procedures from a carers' perspective and look at ways to improve the outcomes for carers and the cared for person.
- The need to ensure carers from seldom heard from groups are identified and supported appropriately

Key Messages for the Care and Support of People with Physical Disabilities and Sensory Impairments

Physical Disabilities and Sensory Impairments

Physical Disability describes any impairment which limits the physical function of limbs or fine or gross motor ability as a physical disability. The number of service users with physical disabilities during 2013/14 (636) is 18% of the number of predicted to have a serious physical disability (3,582). Applying this to the 2030 population Milton Keynes can reasonably expect to see growth to around 760 service users. As such there is a need to ensure sufficient capacity in the market to support those with physical disabilities.

Table 2: People aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2030: Milton Keynes

	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a moderate physical disability	12,322	12,428	13,114	13,692	14,112
People aged 18-64 predicted to have a serious physical disability	3,582	3,622	3,878	4,809	4,220

Source: *Projecting Adults Needs and Service Information (PANSI) November 2014*

Sensory Disability describes any impairment of one of the senses. The term is used primarily to refer to vision and hearing impairment, but other combinations of senses can be impaired. Some local people with profound deafness see themselves as part of a distinct cultural group with their own language – British Sign Language (BSL). A sensory services strategy group will be established to bring together key partners to develop a co-ordinated plan for the development of sensory services in Milton Keynes. This area is likely to see market development in future years.

Table 3: People 18-64 predicted to have a moderate or severe visual or hearing impairment, projected to 2030: Milton Keynes

	2014	2015	2020	2025	2030
Total population aged 18-64 predicted to have a moderate or severe visual impairment	105	106	109	113	116
Total population aged 18-64 predicted to have a moderate or severe hearing impairment	5,993	6,097	6,552	6,920	7,163
Total population aged 18-64 predicted to have a profound hearing impairment	51	52	57	61	63

Source: *Projecting Adults Needs and Service Information (PANSI) November 2014*

Market Opportunities

Market opportunities for people with physical disabilities and sensory impairments include;

- Services which support the participation of people with disabilities in the design and delivery of plans and services.
- The development of personalised services for individuals with physical disabilities and very specialist needs who wish to utilise direct payments effectively and the personal assistant market.
- Future developments may arise, resulting from the establishment of a sensory service strategy group.

Key Messages for the Care and Support of People with Learning Disabilities and Autism

Learning Disabilities and Autism

There has been a move away from block contracts for services for people with learning disability and autism as service users have taken up direct payments or personal budgets. This has provided an opportunity to widen choices in services available to people with learning disabilities. Service specifications and contract monitoring have also become more outcomes focused, enabling people with learning disabilities and their families to state their aspirations and to work towards achieving them.

The overall number of adults aged 18-64 predicted to have a learning disability is forecast to increase between 2014 and 2030 from 4607 to 5544. The number of people with a moderate or severe learning disability, who are likely to be eligible for adult social care services, is forecast to increase over the period same from 1,263 to 1,589.

In March 2014 the actual number of people known to the Joint Learning Disability Service was 763 (including those who are known to health services in Milton Keynes but funded by a different local authority).

In 2011, an undercover investigation by the BBC's Panorama programme revealed abuse by staff of patients with learning disabilities at Winterbourne View Hospital near Bristol. As a result 11 staff were convicted, the hospital closed and the government undertook an urgent review of hospital placements for people with learning disability and autism. The Review tasked NHS and social care commissioners to support everyone inappropriately placed in hospital to move to community based support as quickly as possible. To enable this every area is required to have a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour. Increasing numbers of people with learning disabilities and complex needs will be returned to community based settings in 2015 - 2016, preferably in Milton Keynes. There is a need for appropriate accommodation, whether residential or supported living on the one hand, and on the other effective qualified and experienced support workers in the community.

Autism is a lifelong developmental disability that affects how a person communicates and relates to other people. It also affects how people make sense of the world around them. Whilst people with a learning disability and autistic symptoms are diagnosed by the Joint Learning Disability Service, autism diagnosis for people who do not have a learning disability will begin in 2017. There is need for services after diagnosis in the community, whether this is support and information, support to engage in social activities, employment support.

Table 4: Milton Keynes Autism Spectrum Disorders 2014-30

	2014	2015	2020	2025	2030
aged 18-24	187	187	183	193	227
aged 25-34	392	390	379	376	366
aged 35-44	396	404	425	433	434
aged 45-54	355	359	374	383	402
aged 55-64	275	283	313	338	350
Total population of people aged 18-64 predicted to have an autism spectrum condition.	1,605	1,622	1,674	1,723	1,777

Source: *Projecting Adults Needs and Service Information (PANSI) September 2014*

The Autism Strategy (2014-2016) identifies the following strategic priorities.

1. Diagnosis and assessment
2. Training, information and awareness
3. Life transitions (Education, Employment, Adults Services and Health)
4. Understanding local needs
5. Explore and identify resources and support for those not eligible for social care service

Market Opportunities

Market opportunities for people with learning disabilities and autism include;

- Post diagnosis support for people with autism who do not have a learning disability including information, advice and opportunities for regular social engagement.
- The development of social enterprises that deliver products and services with a community / social purpose and offer employment opportunities for adults with learning disabilities.
- Ongoing leisure opportunities to support increased numbers of people with learning disabilities accessing personal budgets to integrate into mainstream society.
- The further expansion of the Supported Living Approved Provider List to deliver high quality residential care for people with the highest support needs.

Supported living and residential care placements for people who have severe autism but who don't have a learning disability.

Key Messages for the Care and Support of People with Mental Health Needs

Mental Health Needs

Mental ill health represents up to 23% of ill health in the UK and is the largest single cause of disability. At some point in their life, at least one in four people will experience a mental health problem whilst almost half of all adults will experience at least one episode of depression. Tackling mental illness and promoting mental wellbeing is essential not only for individuals and their families but to society as a whole.

Table 5 below shows that the total number of people in Milton Keynes with a common mental health problem will increase moderately by approximately 10% over the next 16 years. The rise of those with borderline and antisocial personality disorder is also moderate, with growth expected to be approximately 10% in both categories. For those with serious mental illness, including schizophrenia, bi-polar and other psychoses growth is in the region of 10% and this is replicated in the figures for growth in those with two or more psychiatric disorders.

Table 5 : People aged 18-64 predicted to have a mental health problem in Milton Keynes

People predicted to have mental health needs	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder (e.g. anxiety and depression)	26,088	26,299	27,136	27,948	28,732
People aged 18-64 predicted to have a borderline personality disorder	730	736	759	782	803
People aged 18-64 predicted to have an antisocial personality disorder	562	568	586	603	622
People aged 18-64 predicted to have a serious mental illness	648	654	674	695	714

Source: *Projecting Adults Needs and Service Information (PANSI) November 2014*

The Mental Health Strategy 2014-17 aims to deliver good mental health and wellbeing to the Milton Keynes population through ensuring:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Market Opportunities

Market opportunities for people with mental health needs include:

- Recovery and rehabilitation based services, which actively involve service users and carers and offers both preventative and step down services providing clear information and advice on services, incorporating both community support and employment support services.
- Alternative housing options to meet the needs of those with medium term and long term mental health issues, enabling independent living and providing alternatives to admission for acute care, including 24/7 intensive supported housing and crisis provision.
- Community services that deliver support to people with complex needs (personality disorder / chaotic lifestyles often combined with substance misuse and offending behaviour) including support with associated problematic social issues which impact on engagement and positive health outcomes.
- Wider opportunities for organisations to raise awareness of stigma and discrimination locally through developing tailored campaigns and activities. Plus opportunities to develop and deliver training across the wider workforce to understand mental health and the principles of recovery.
- Further widening of the market including the development of person-centred packages of care, including the use of direct payments and personal budgets to more effectively meet individual needs and deliver agreed outcomes.

Key Messages for the Care and Support of People with Substance Misuse Needs

Substance Misuse

Drug and alcohol misuse impacts on the health and welfare of individuals, their families and communities with links to crime, domestic abuse, child abuse and neglect, family breakdown, physical and mental health problems and homelessness.

Table 6 shows an expected 10% increase in people predicted to have alcohol dependence in Milton Keynes from 9,661 today to 10,679 in 2030. During 2012/13, 268 adults received structured treatment for primary alcohol use in Milton Keynes.

A 9% increase in people with drug dependence in Milton Keynes is also predicted, from 5,481 currently to 6054 in 2030. In 2012/13, 512 adults received structured treatment for a drug problem in Milton Keynes.

Table 6: People aged 18-64 predicted to have a drug or alcohol problem including those with a drug problem in effective treatment, projected to 2030.

	2014	2015	2020	2025	2030
Total population aged 18-64 predicted to have alcohol dependence	9,661	9,756	10,068	10,363	10,679
Total population aged 18-64 predicted to be dependent on drugs	5,481	5,533	5,710	5,878	6,054

Source: *Projecting Adults Needs and Service Information (PANSI) November 2014*

The Drug and Alcohol Strategy 2014-17, aims to deliver good health and wellbeing to the Milton Keynes population through:

- Reducing demand
- Restricting supply and improving community safety
- Building recovery

The strategy aims to:

- Deliver high quality drug and alcohol treatment and support to help people achieve meaningful and sustained recovery.
- Ensure there are strong dual diagnosis pathways between drug and alcohol and mental health services and that those individuals with a dual diagnosis have access to the support they need
- Improve access to inpatient detoxification and residential rehabilitation for service users assessed as requiring this level of treatment
- Ensure adequate, integrated recovery support is available for people re-entering the community from hospital, residential detoxification/rehabilitation and prison settings.

Market Opportunities

A contract for a comprehensive drug and alcohol services was awarded in April 2015 but additional market opportunities for people with substance misuse needs include:

- Ensure adequate, integrated recovery support is available for people in the community to follow on from treatment in hospital, residential detoxification/rehabilitation and prison settings.
- Improving our understanding of the needs of different groups within our community including, for example, the young, black and minority ethnic (BME) groups, those with a learning disability, those with mental ill health and older people, and ensure appropriate responses to their specific needs
- Development of community services that will deliver an effective and holistic service to people with complex needs (including those with substance misuse needs), and promote continued support.
- Exploration of options for commissioning a 'risky behaviours' early intervention programme pilot, to systematically identify children who may be at risk of drug or alcohol misuse, poor sexual health, teenage pregnancy or abusive relationships and deliver targeted programmes of education and support.

Key Messages for the Care and Support of Older People

Care related characteristics of the 65 and over population of Milton Keynes and market opportunities

The ageing population in Milton Keynes poses major challenges to the health and social care sector, in particular how to continue to allocate resources to meet needs. Nearly two-thirds of Adult Social Services users are aged 65 or over; a majority of these need help or support in their own home, and nearly half of these become eligible for help after a spell of ill health.

The table below shows actual service usage for the last 4 years. Significantly the number of people with physical disability in receipt of services has increased considerably as has the number of people with dementia.

Table 7: Number of clients receiving services provided or commissioned for the 65+ age group.

	2010/11	2011/12	2012/13	2013/14
Physical Disability	2304	2313	2214	2216
Mental Health	482	819	638	613
Of which dementia	267	411	409	515
Learning Disability	19	26	27	29
Substance Misuse	0	1	1	1
Other Vulnerable	1	3	1	6

Source: Health and Social Care Information Centre November 2014

People with long term conditions are intensive users of health and social care services, including community, hospital and acute care services. Increasingly the Milton Keynes population is living with one or more long term conditions. As the local population ages, the number of people with long-term conditions is growing.

Table Ten - People aged 65 and over with a limiting long-term illness, by age, projected to 2020: Milton Keynes

	2014	2016	2018	2020
People aged 65-74 with a limiting long-term illness	7,661	8,424	9,065	9,547
People aged 75-84 with a limiting long-term illness	5,278	5,608	6,048	6,708
People aged 85 and over with a limiting long-term illness	2,365	2,661	2,897	3,134
Total people with a limiting long-term illness	15,305	16,692	18,010	19,388

Source: POPPI

Whilst hospital based care is appropriate for specific periods of treatment - locally it is being redefined. To keep people out of hospital or if they are admitted enabling them to be discharged home in a timely way presents a challenge for services. The Better Care Fund brings with it a shift in activity from acute hospital care to primary and community based services.

The focus for those with complex needs requires an increasingly professional domiciliary care workforce, competent in responding to specialist needs. Expansion of preventative services which support older people to regain independence following events such as falls or hospital admissions, will need to improve independence, prolonging people's ability to live at home, and remove or reducing the need for commissioned care hours.

Market Opportunities

Market opportunities for older people include services which;

- Support people in their own homes and communities, delivered on a 7 day a week basis that can deliver fast response times for those with urgent needs.
- Provide acute care in the community for frail older people and those with complex health and social care needs to reduce emergency admission to hospital or long term care.
- Support people with rehabilitation potential who require intensive support following hospital discharge including domiciliary support, therapy, social care and nursing interventions.
- Offer nurse-led support for care homes minimising conveyances to secondary care.
- Further develop person-centred services that utilise direct payments and personal budgets.
- Support people to pro-actively manage their health, including services such as telehealth, telecare and community equipment.
- Enable older people to actively engaged in their communities and maintain their physical and mental wellbeing.
- Residential providers may wish to consider developing specialisms, or look to diversify their portfolio of services. This could include outreach services to their local community to open up activities and excursions; offer bathing facilities and personal care services, or perhaps even meals

Dementia

The national and local drive to identify and increase the numbers of people with dementia has been gathering pace. The forecast number of cases in Milton Keynes based on the dementia prevalence calculator is 2059. As of March 2014 there were 1,419 people on the dementia register locally which equates to a 67% diagnosis rate. An increasing number of younger people with dementia diagnosis locally are expected.

The Milton Keynes Dementia Strategy (2014-17) identifies seven key priorities including;

- Increasing early diagnosis
- Increasing support to carers of people with dementia
- Improving community support services for people with dementia, to enable people to live at home for as long as possible
- Improving the experience of hospital care for people with dementia and their carers
- Improving the quality of care in residential care homes for people with dementia
- Providing a workforce fit to deliver services to people living with dementia and their carers

Market Opportunities

Market opportunities for people with dementia include;

- The development of comprehensive post-diagnosis support services providing both one-to-one and group services for the individual with dementia and their carers
- A range of approaches that enables people to remain independent at home – for example housing with care, specialist domiciliary care provision and assistive technology for people with dementia.
- Local services for people whose needs cannot be met through mainstream nursing provision, often because their behaviour is challenging and difficult to manage.
- The development of day opportunities for younger people with dementia.
- Further implementation of the Dementia Friends campaign.

Falls Prevention

The consequences of falls have a significant impact on both NHS and social care services. Falling can precipitate loss of confidence, the need for regular social care support at home, or even admission to a care home.

Fractures of the hip require major surgery and inpatient care in acute and often rehabilitation settings, on-going recuperation and support at home from NHS community health and social care teams. In addition, hip fractures are the event that prompts entry to a care home in up to 10% of cases. Indeed, fractures of any kind frequently require a care package for older people to support them in their home.

There are a disproportionately high number of reported injuries from falls within Milton Keynes, given its population size and demographics. Older people are at the greatest risk of falling and of suffering a permanent injury as a result of a fall which can greatly affect their lives. Milton Keynes is expected to have a significant rise in the number of older people over coming years.

Reducing the incidence of, and injuries sustained from, falls prevention in Milton Keynes has been identified as a key priority by the Health and Wellbeing Board. The key strategic priorities for Milton Keynes Falls Prevention Strategy include:

- Reduce injury rates from falls, amongst older people - particularly for females aged over 80.
- Reduce the number of deaths as a result of a fall.

With strong evidence that physical activity is important in preserving adequate to good skeletal health and in preventing fractures. Exercise, even at advanced ages and in people of varying physical activities, can improve balance, strength and other risk factors for falls and injury.

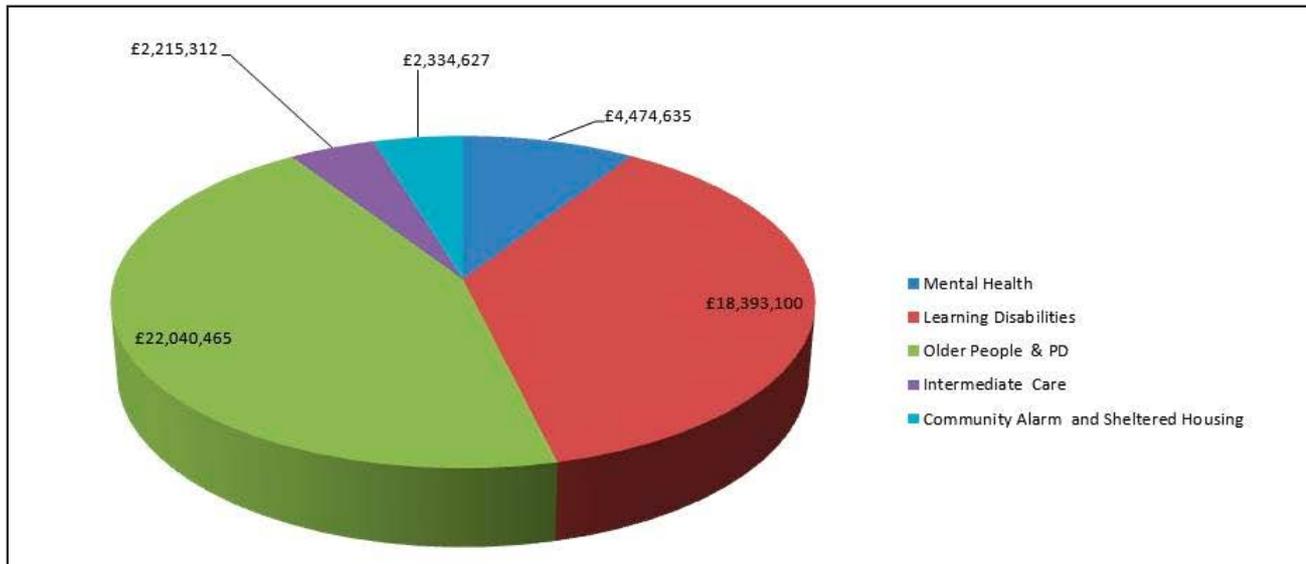
Market Opportunities

- The growth opportunity here is centred on a community based falls prevention pathway. Providing a single point of access where all referrals are received, triaged and assessed and appropriately transferred to the relevant services and to act as the central hub for all falls information management system.
- A variety of exercise programmes are required to be delivered in the community in targeted locations which encourage attendees to develop independent maintenance exercise groups.

Key Financial Challenges

Between 2010 and 2016 core government funding allocated to Milton Keynes Council will have reduced significantly. This includes a £10 million reduction in 2014/15, and a £15 million reduction in 2015/16.

Allocation of Adult Social Care investment between service user groups during 2013 / 14:



The government has confirmed that the initial four year deficit reduction plan would continue after 2016 for a further three years to 2018, and that the scale of reductions in government spending would be similar to those experienced since 2010. Furthermore, these challenges will be compounded by significant reductions to NHS budgets locally. Previously the NHS has been relatively protected from the scale of cutbacks faced in local government.

The local authority "offer" will need to significantly reduce as budget cutbacks increasingly impact on frontline services.

For providers the impacts are likely to be experienced in the following ways:

- Changes to Adult Social Care and individual purchasing activity at the level of individual support packages;
- Medium to long term commissioning, decommissioning and re-commissioning of services to ensure change takes place in order to deliver with reduced resources;
- A need for providers to create efficiencies through service delivery, or work differently to deliver services.

To meet the financial challenges of the next five years the Council has proposed a strategic shift in the focus of the organisation from a model based largely on cost reduction and service redesign, through to a strengthened focus on a more entrepreneurial/commercial approach.

The shift in focus for the commissioning and provision of care requires new information and intelligence systems as the Council becomes more of a community enabler, rather than a commissioner or provider of services.

Maximising the specific funding allocations for the Better Care Fund, which have been confirmed for Milton Keynes and set an additional £0.8m (on top of existing allocation of £3.2m) for NHS transfer for social care in 2014/15 and an allocation of £14.4m for the Milton Keynes pool in 2015/16.

Market Facilitation

A new approach to commissioning is required that focuses on enterprise, co-production and building the capacity of communities. This new approach emphasises:

- Maximising independence, health and wellbeing and a focus on prevention
- ‘Co-production’ of services, for example with local communities, neighbourhood and parishes. Where individuals influence the support and services they receive, or where groups of people get together to influence the way that services are designed, commissioned and delivered
- Stimulation of the health and social care market so that people have a wealth of different care options provided by groups and organisations who know their local communities well
- Ensuring that a diverse range of options are available to everyone including those who pay for their own care

Work has been underway for some time to further develop integrated services to better meet the needs of older people and those with long term conditions and/or physical disabilities. As part of this process, a number of workshops and engagement events have been held with service providers and members of the public to discuss expansion of integrated services.

With the forthcoming implementation of the Care Act, the need for creativity and innovation in how we deliver personalised care and support services will be even greater, and we would welcome the opportunity to have discussions with providers regarding how we might achieve this.

Activities to ensure Milton Keynes develops the capacity of the market to deliver the services planned include;

- The development of the Market Position Statement and subsequent versions
- The development and delivery of a market engagement plan
- A recognition that the Council needs to develop a greater understanding of Providers, including their concerns and their potential for development. The Council will lead discussions with all major providers and deliver a series of events and open forums about the future strategic direction based on this document
- The development of better analysis of information about people who fund their own care and well-being, conducting a market review of consumers’ priorities, including those who self-fund their care and support services
- The use of pilot projects to test out initiatives and innovative service developments
- We will continue these conversations through the provider forums and Partnership Boards, and welcome feedback from providers to inform future work.

Adult Social Care would seek to work in partnership with a wide range of providers to influence the development of the market

Workforce and the Council’s Leadership Role

Building a skilled, talented, responsive adult social care workforce must be a key priority for Milton Keynes moving forward. The changes in care and support and increased personalisation required by the Care Act 2014 will have significant workforce implications for service providers.

Our future workforce development offer will need to have a greater focus on:

- Supporting people to self-care
- Supporting staff to embed the principles of self direction, choice and empowerment for the service users in the way they provide care

- Supporting carers
- Training volunteers
- Identifying existing skills in local communities

New skills based around co-production, promoting independence and supporting people to use assistive technology will also be required.

Our perception of who is included in the term “workforce” will need to change to reflect communities, volunteers and families if we are going to be able to meet the demand for support created by an ageing population and an increase in life expectancy for those people with complex needs. The Council already offers a wide ranging programme of learning and development to care providers operating in Milton Keynes but we will need to consider how this can be tailored to support the workforce of the future. The traditional offer of training provided in a classroom setting between 9.00am and 5.00pm is not accessible for many families and volunteers. E Learning would not necessarily be a preferred way of learning for an elderly parent who cares at home for a child with learning difficulties. Workforce development will need to be flexible and responsive and provided through a wide variety of different methods in future to ensure equality of access for all.

Strong effective leadership will be required at all levels to bring about the cultural and organisational changes required. The Council, as a partner in the ADASS Adult Social Care Regional Workforce Development group, is committed to developing a regional leadership qualities framework, identifying what good leadership should look like for managers at different levels in an organisation.

Considerable work has taken place over the past 18 months to ensure that the workforce implications detailed in all key commissioning strategies are woven into the adult social care workforce development programme. Large programmes of training, linked to national competencies for care and the QCF framework, have been made available or are currently under development on areas such as end of life care, mental capacity act, falls prevention, autism and dementia. These programmes of training are developed in conjunction with local and national experts in the relevant fields who are actively involved in evaluating the success of the training in improving standards of care.

Partnerships with Health and Education will be crucial in offering learning opportunities within the adult social care sector. Milton Keynes has a very successful scheme in place with local schools that offer health and social care qualifications as part of their curriculum. By working with these schools the Council is able to arrange work experience opportunities for young people, giving them a rounded view of both the immense job satisfaction that can come with the work but also an idea of the challenges they might face. Following the work experience, signposting takes place to Apprenticeship and employment opportunities in the Borough and the young people are able to access mentor support from the Councils learning and development team. We are also piloting a scheme with Milton Keynes College to strengthen links with the local domiciliary care providers which would see long term placement opportunities for health and social care students in these agencies. The primary aim of both of these schemes is to promote careers in adult social care so that we can compete with the more traditional routes of nursing and childcare once they`ve completed their qualification.

In Milton Keynes we want to ensure that everyone providing care and support to vulnerable people is able to respond appropriately and provide the quality of care we would all wish for our own families.

Final Conclusion

This MPS is for advisory purposes only and you are encouraged to contact Joint Commissioning if you need further information / clarification on any aspect of this document.. All current or potential providers are strongly encouraged to consult with Commissioners before developing plans for new services or implementing significant changes to existing services.

This MPS sets out a clear direction of travel that can only be achieved by working in partnership. The Council would welcome dialogue about how we can best work together and offer support to focus on outcomes. This MPS is the start of a process. It is intended to serve as an introduction to the many discussions that need to be had between the council and providers but also as a starting point for providers to think about their current business models and how they may need to change for the future.

We welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently.

We welcome your feedback on the Market Position Statement.

- Have you found the Market Position Statement helpful?
- Which areas were useful?
- Which areas would you like to see more information?
- How can we keep you updated?

If you have any feedback or for further information about the Market Position Statement please email:
Joint.CommissioningUnit@Milton-keynes.gov.uk

ⁱ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

ⁱⁱ <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

ⁱⁱⁱ <http://www.milton-keynes.gov.uk/your-council-and-elections/council-information-and-accounts/strategies-plans-and-policies/corporate-plan-2012-16>

^{iv} <http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/consultations-strategies-and-action-plans>

^v <http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/consultations-strategies-and-action-plans>

^{vi} <http://www.milton-keynes.gov.uk/consultations/Consultation/114>

^{vii} <http://www.mkiobservatory.org.uk/document.aspx?id=10414&siteID=1026>

^{viii} No Health without Mental Health, Department of Health 2011

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

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