

The future of Adult Community Care Commissioning in Southend

The production of an Integrated Health and Social Care Market Position Statement comes from the duty placed upon Local Authorities under the newly introduced Care Act 2014. Through this statement we aim to establish the responsibilities of all parties, and this includes citizens, commissioners of community health and social care services and providers.

Citizens will¹:

- Live in active and supportive communities - keeping friends, family and place;
- Have access to information to make decisions about lives;
- Have greater choice and control;
- Will have access to support to define the outcomes they want to achieve;
- Have the information they need, when they need it;
- Have personalised support;
- Always have dignity and respect;
- Live interdependently to benefit from a better Southend.

Integrated Community Care Commissioners will:

- Be proactive, coproducing solutions to future challenges;
- Be adaptive to the environment, ensuring there are a variety of support options in the community;
- Commission intelligently – basing decisions on evidence (qualitative and quantitative);
- Coproduce service specifications with citizens, professionals and partners to best meet the needs of the individual and the community;
- Actively divert resources to prevent demand escalating to unnecessary, more costly support packages – including emergency admission to hospital;
- Invest to save - encouraging and rewarding innovation to provide greater flexibility for providers to increase the range of care options available;
- Clarify funding streams;
- Only invest in providers who can demonstrate how their services will make a better Southend;
- Facilitate provider events to share learning and improve services;
- Be consistent in our approach with providers from private, public, charity and community sectors; and
- Be clear about the quality expected of services and how failure to deliver will be challenged.

Providers will be able to:

- Promote and manage directly their services on Southend's Health and Well-Being Info Point (SHIP);
- Work with commissioners and citizens to coproduce services which meet growing need in an increasingly challenging financial climate;
- Commit to actively seeking and acting on feedback to improve services;
- Give citizens choice and control over their lives to maximise independent living and reduce escalation of need;
- Recruit and retain skilled staff;
- Promote independence, wellbeing and recovery through innovative solutions which lead to a reduction in care; and

¹ Reference TLAP

- Be entitled to business support.

What is our Market Position Statement (MPS)?

We are committed to stimulating a diverse, active market where quality and positive outcomes are rewarded. This is an important role for everyone and a key part of shaping Southend-on-Sea; namely a place where citizens, their families and carers are included and involved in community, economic and social life regardless of circumstance and quality of health.

We want to build on our current successes in integrated care delivery to ensure that prevention and self-management options support people with care needs. Our goal is to remove barriers to ensure that providers and citizens will receive the same quality of service regardless of service type or funding stream. We will achieve a consistent approach to the market through a shared approach to:

- Purpose and strategy;
- Development of community support networks;
- Needs assessment and market Intelligence;
- Stakeholder engagement programmes;
- Resource allocation and management;
- Workforce development strategy;
- Market management;
- Contracting;
- Meeting individual outcomes that promote independence and recovery; and
- Safeguarding.

The Market Position Statement is the start and not the end point of a process of market facilitation. We will work with providers, adults and their families/carers and operational teams to establish priority market related actions over the next three years – publishing citizen/theme specific chapters as required.

Who is the Market Position Statement For?

The MPS promotes opportunities to:

- Existing providers of adult community care services in Southend-on-Sea;
- Community Care providers and organisations not currently active in Southend-on-Sea;
- Voluntary and Community Organisations as well as people interested in local business development and social enterprises; and
- Private providers.

This document will also be used and regarded by Southend Council, Southend Clinical Commissioning Group (CCG), Southend Public Health, providers of Adult Community Care Services and other key stakeholders as a commitment to:

- Service remodelling;
- Embed and promote well-being;
- Offer equality of care across all health and adult social care in Southend;
- Set quality standards; and
- Establish a basis for all contracting arrangements

Services targeted at children and their families will be explored further within our next Market Position Statement which is intended to be produced by April 2016. Our vision for children's services is currently available in the Children and Young People's Plan.

Why is our Market Position Statement needed?

The Care Act 2014ⁱ represents the largest reform to adult social care for over sixty years and introduces the 'Well-Being Principle', which underpins the ethos of the Care Act. The Act places new duties on the Local Authority and on providers to ensure that the needs of individuals are met. In doing so, additional emphasis is placed on:

- Everyone involved in supporting adults who need services to prevent/postpone the need for care and support;
- Putting people in control of their lives so they can pursue opportunities to realise their potential;
- Ensuring everyone across England is assessed and supported in a consistent way;
- Providing Carers with the same legal rights as those they care for;
- Local Authorities to ensure the availability of timely, accurate Information, Advice and Guidance services for the whole population;
- The role and provision of local advocacy services;
- The Duty to integrate care and support with health, while referencing the significant role that housing and local community has to play in a person's wellbeing; and
- The Local Authority has a statutory function to manage market failure to protect the provision of care services adults receive.

The NHS has introduced their strategic vision - The Five Year Forward Viewⁱⁱ which considers the role of health providers alongside social care and places a strong emphasis on:

- Prevention: supporting the population to remain healthier for longer - where support is required, the preferred option is to deliver it within the community wherever possible and reduce the pressure on acute services;
- Personalisation: supporting people to make more decisions over managing their own care – ensuring they are treated with dignity and respect;
- System change: the systems that deliver social care and health are changing and integrating due to a number of factors, including demographic shifts and technological advances. This is an opportunity to improve existing systems;
- Service standardisation: the need to prioritise improvements in areas which perform worse than in neighbouring regional and national counterparts; and
- Working with partners: there is a realisation that the future health and social care system will not be able to meet all the demands without working collaboratively with other organisations, including the third sector and the community. This is an opportunity to share knowledge, skills and experience as well as resources.

We are keen to promote the benefits of working in Southend and will reduce the administrative burden often associated with the public sector so that providers can rightly focus on delivery. Registering with the following websites will ensure that providers are kept abreast of opportunities to tender and given a platform to do so in line with amendments to the UK Contract Regulations (Feb 2015).

- Crown Contracts Finder website (we must legally publish all opportunities >£25k); and
- Our E-Procurement website where we now need to host all our tender opportunities and will utilise the quick quote element in the near future. Over the next two years the E-

Draft Integrated Southend Market Position Statement

2015

Procurement tool will be developed as a resource to support contract review meetings and performance management.

We will also draw on the expertise available across our organisations to provide a range of business support services. Through <http://www.businesssouthend.co.uk/> you will be able to access a range of support services tailored to assist with the start-up of local businesses as well as growth and funding opportunities. We are keen to develop relationships with the private sector to explore local learning opportunities and collaborative arrangements - nationally *Shopping for Shared Value* and *Social Impact bonds* are two examples of innovation where the private sector can work alongside local community care services.

Financial Expenditureⁱⁱⁱ

The table below shows expenditure for 2013-14, 2014-15 and planned expenditure for 2015-16.

	2013-14	2014-15	2015-16
	Actual	Actual	Budget
Service			
Drug & Alcohol Action Team	172,617	156,863	169,300
Older People	19,561,152	18,630,360	17,383,884
Learning Difficulties	14,358,513	14,202,245	14,945,131
Physical or Sensory Impairment	4,125,662	4,634,731	4,033,755
Mental Health Needs	4,079,313	4,318,110	2,933,119
Other Community Services	473,560	380,202	344,694
Service, Strategy & Regulation	485,008	120,305	220,267
	43,255,826	42,442,816	40,030,150

Social Performance in 2014-15

Our performance and the outcomes we achieve for our residents is measured and reported through a variety of local and national frameworks. With our health partners, Southend-on-Sea Borough Council (including the Public Health function of the council) is working to achieve the outcomes of the following national outcomes frameworks:

- The Adult Social Care Framework
- The Public Health Framework
- The NHS Outcome Framework

These outcomes frameworks offer a way of comparing the performance of health and local authorities in different locations across the United Kingdom.

The Adult Social Care Outcomes Framework (ASCOF) seeks to achieve the following:

1. Enhancing the quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care and support

4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

In 2015 we carried out a self-assessment of our adult social care services along with our regional colleagues. This was as part of our sector led improvement agenda through which we aim to reflect on and improve our performance by talking to and benchmarking ourselves against other Local Authorities. Our self-assessment demonstrated that we are performing well in the areas of supporting people with disabilities; we have a higher level of people with disabilities living at home or with their family and higher levels of people with a disability in paid employment relative to our comparators and national figures. Southend is also very strong at preventing any delays in the care transfer process, moving people from hospital to other care services, this ensures “bed blocking” in our hospital is minimised. Our self-assessment also points to some areas for us to focus on. This includes ensuring that carers and service users are able to access information about support and services in an easy and straight forward manner and that people who use our services are satisfied with what they receive.

ASCOF Outturns Source: ASCOF 2014/15, HSCIC

The Adult Social Care Outcomes Framework (ASCOF) is a set of measures that benchmark the performance of adult social care services.

In 2014/15 we supported 5514 adults of which 4408 were supported through community based services. This reflects our focus on preventing, reducing and delaying the need for social care, ensuring more people receive support earlier to prevent their care needs becoming more serious. It also reflects our development of innovative community based services to reduce the reliance on residential based services.

We continue to see an increase in the proportion of people in Southend choosing to receive direct payments up from 14.6% in 13/14 to 24.0% in 2014/15. This is what is expected as we continue to promote personal choice as a means of people gaining real control over their lives and being able to decide how their needs are met and by whom. Results from 2014-15 tell us that when compared to 2013-14 the proportion of people who use services who have control over their daily lives has improved from 73.8% to 76.6%.

Our out turned performance in 2014/15 further shows that Southend’s Proportion of adults with learning disabilities in paid employment is 7.1% against a national figure of 6% and in addition our performance on this measure is in line with our Eastern Region peers. The 2014/15 performance for the Proportion of adults with learning disabilities who live in their own home or with their family (%) was 81.4% significantly above the national benchmark of 73.3%, the Eastern Region out turned below this benchmark. Southend’s delayed transfers of care from hospital which are attributable to adult social care per 100,000 population was just 1 against a national benchmark of 3.7 demonstrating that this is a real strength for Southend, the Eastern region outturns at a similar level to the national figure.

Draft Integrated Southend Market Position Statement

2015

In the self assessment we acknowledged that we could focus more on ensuring that we improve the proportion of people who use services and carers who find it easy to find information about support. In 2014/15 we out turned 65.3% which is slightly above our Eastern Region peers and only fractionally below the national figure of 65.5%

	2011-12	2012-13	2013-14	2014-15
NUMBER OF SERVICE USERS HELPED	5740	5640	5514	5674
OF WHICH;				
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (18-64)	1210	1231	1282	1066
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (65+)	3363	3255	3126	3524
NUMBER OF PEOPLE IN RESIDENTIAL CARE (18-64)	159	135	148	156
NUMBER OF PEOPLE IN RESIDENTIAL CARE (65+)	986	1003	939	921
NUMBER OF PEOPLE IN NURSING CARE (18-64)	1	0	8	1
NUMBER OF PEOPLE IN NURSING CARE (65+)	27	16	11	6
NUMBER OF PEOPLE ASSESSED (18-64)	393	493	542	-
NUMBER OF PEOPLE ASSESSED (65+)	1710	1813	1714	-
TOTAL ASSESSMENTS	2103	2306	2256	-
New client assessments (18-64)				290
New client Assessments (65+)				1646
Total new clients assessed				1936
TOTAL CARERS SUPPORTED WITH SERVICES and ADVICE	959	1005	1094	1248
NUMBER OF SERVICE USERS RECEIVING DIRECT PAYMENTS	517	587	712	695
NUMBER OF CARERS RECEIVING DIRECT PAYMENTS	119	90	83	23
PERCENTAGE OF CLIENTS AND CARERS RECEIVING DIRECT PAYMENTS	11.30%	13.08%	16.15%	21.20%
NUMBER OF CLIENTS REVIEWED	4762	4688	4536	3913
PERCENTAGE OF CLIENTS REVIEWED	82.96%	83.12%	82.26%	78.49%

Please note that in 2014-15 the Adult Social Care Framework of performance changed. 2014-15 data is generally not comparable with historical year's data.

The Community Care Market in Southend

Community Care describes the services and support which help people to continue to live as independently as possible in their own home.

In this document the term 'market' is used to refer to those people who are Southend residents who need short or long-term support in the community. There will be occasions where we explore joint commissioning opportunities with neighbouring Local Authorities and Clinical Commissioning Groups in order to achieve economies of scale and improved quality – where this is the case we will always prioritise the offer which is best for residents of Southend.

In the future Southend's commissioners welcome the opportunity to work with providers to better understand what *'their'* market is. In many respects Southend is unique because our Community Care provider's business is dependent on several routes – in the case of permanent residential care we recognise that almost half of the placements are made direct by self funders and other Local Authorities – which underlines the importance of us working to understand the market from a providers perspective to ensure we continue to meet the needs of Southend's communities. We need to better understand the market for self funded services, the likely impact of the £72,000 cap from 2020 and the citizens right to subsidise their package (topping it up with their own resources if they choose to buy extra services beyond their assessed need).

Throughout this MPS we highlight the importance of personalised support which put the citizen at the heart of not only the care but also its development. We will encourage providers to develop preventative community focussed services rather than intense institutional ones which come with a premium cost. In a world where there is not a one size fits all approach to service provision, we will look at the person beyond the condition and work with them, their families, carers, peers, operational staff and providers to offer the right services at the right time for the right cost – our commitment to effective stakeholder engagement and co-production will shape future services and our commitment to advocacy will help citizens to pick the services which are right for them. We will make sure everyone with an assessed level of need has a personal budget with the opportunity to receive Direct Payments.

In Southend there are currently 97 permanent residential homes with a capacity of 2096 beds. In 2014 payments to permanent residential homes represented 44% of the total spend for Older People Services, 35% of the total spend for Learning Disability services, 11% of the total spend for Physical and Sensory Impairment Services and 38% of the total spend for Mental Health Services. **This represents £15,627,000 expenditure in 2014/15.**

We expect there to be an increase in community care provision and recommend existing residential and nursing care providers to consider preventative, high quality care which reduces dependency and maximises interdependency. We would also recommend considering the role of assistive technology as we look to support people to live in their own home.

The 2011 Census reports that there were 17,628 unpaid carers in Southend. Carers are vital to the wellbeing and independence of thousands of people and a key component of our Prevention agenda. Many Southend carers provide more than 50 hours of unpaid support per week; the demands of which can have a negative impact on their quality of life. It has been calculated that the Social Return on Investment for carers services is almost £4 for every £1 spent (NHS England, 2014. P.34.)^{iv}.

Greater emphasis will be placed on the support available to carers, regardless of whether those they care for are supported by social care. We will prioritise:

- use assistive technology to support the carer as well as the vulnerable adult;
- extending our tailored training packages to support carers;

- better identification of unpaid carers so that we can support them in their caring role as well as signposting them direct to support services; and
- expecting providers to engage with carers as partners to develop support packages.

Encouraging and Supporting 'Outstanding' Community Care Services

Increasing service demand, greater numbers of self-funders, an increase in Direct Payments and restrictions in local government expenditure will mean significant change to the health and social care market in the coming years - which means we need to change the way we interpret and address the challenges we face. For Southend Council alone, this means making a saving in excess of £33 million over the next 3 years- which is approximately £42,000 per working day.

This challenge is reflective of the current national economic climate and we understand the impact that it is having on our private, voluntary and independent adult social care providers who are also experiencing a similar reduction in financial resources. This understandably leads to a review of business priorities and service scope against a backdrop of the more challenging quality standards driven by the Care Act; reinforced through Care Quality Commission Inspections and supported by the introduction of a new induction framework. Significant issues in recruiting and retaining the adult social care Workforce puts existing Care Providers in an increasingly challenging position. Southend Borough Council and Southend Clinical Commissioning Group need to work with all providers, including those from the voluntary and third sectors, to jointly explore realistic, sustainable business models which deliver high quality services that support both the current market conditions and economic climate – recognising how the cost of our service provision differs to local, regional and national comparators. As the Integrated Commissioning Team identifies efficiencies in service provision we will work with providers to explore the full costs of all provision and review our payment structure accordingly. Rollout of the 'Making Every Contact Count' (MECC) programme highlights our shared responsibility to support adults with care needs.

For providers we acknowledge that staff pay has been highlighted as a factor which affects care quality. We are considering our policy on minimum hourly rates, as well as exploring other ways we are able to incentivise the workforce; promoting the career potential health and social care professions offer. It is important that providers become familiar with the integrated Procurement Framework as this sets out how providers will be appointed and costs agreed. Our new easy to use e-procurement system will support bidders through the tendering process, reducing bureaucracy and cutting administrative requirements placed on your organisation.

Our commissioning focus will turn to whether we feel services can achieve positive outcomes rather than individual outputs. We believe this shift will encourage creativity, innovation and commitment from providers who will be able make the most of their sector experience to offer better services within the financial constraints. Providers should be able to evidence how their service makes a difference to individuals ' and communities' health and quality of life as well as how they are providing cost savings and benefits.

Southend Borough Council and its partners are committed to and are aware of the value, need and benefit of independent advocacy for the most vulnerable in our community and wish to commission services which support and enable people to be in control of their lives.

The different types of advocacy and client groups means there is potential for advocacy itself to become complicated; therefore, we want to commission a clear, straightforward pathway of advocacy services which are easy for people to access.

We will place greater emphasis on the impact of social value when considering tenders and expect all service providers to sign up to the Public Health Responsibility Deal. As part of the commissioning process we will consider the social value of providers to the local community before offering a contract.

Southend-on-Sea has changed significantly during the last decade and will continue to do so. Major public sector regeneration, airport expansion, new hotel investment, improved road and rail provision and thriving, diverse business sectors have contributed to new opportunities for those who live, work and visit the area. Southend-on-Sea now boasts a story of renewal and positive energy that makes it an attractive investment – for businesses and residents. With Southend attracting more residents, there will also be more demand for health and social care services and greater competition among employers.

We will ensure that everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives through both its Fulfilling Lives and its Better Care Fund Programmes.

Key considerations for providers of any service include:

- How it complements existing provision;
- Early diagnosis of conditions to allow for more effective planning of treatment and appropriate support for the person and their family;
- All providers should maximise use of latest technology;
- Easy access to Information, Advice and Guidance and support for pre and post diagnosis;
- Effective data sharing; and
- Enhanced home support.

Our commitment to creating a better Southend is clear through our determination to secure funding to lead transformational programmes. Through Southend's Big Lottery Funded Programme: Fulfilling Lives, a £40million ten year initiative to provide services which improve the life chances of children aged 0-three years old across Six wards: Kursaal, Milton, Victoria, Westborough, Shoebury, and West Shoebury will undoubtedly present opportunities for local providers. Southend's Better Care Fund (BCF) Plan describes how schemes will reduce demand on acute services by adopting a system wide view which understands the impact on all key constituents. Providers should also be aware of our BCF schemes which focus predominantly on long-term conditions and older people services. They are:

1) Redesign Social Services through Independent living

To invest in services which support independent living and reduce the reliance on all forms of institutional care. The scheme aims to reduce permanent admissions to residential care and reduce or delay reliance on longer term social care. The success of the scheme is linked to the range of local providers to offer reablement, home care, non-statutory advice and support and care home placements.

2) End of Life, Palliative Care and Community Services

To redesign and remodel existing services to increase the number of people supported to remain in their home and community setting to achieve their preferred place of care. This will promote

choice and control during the final stages of their lives and ensure that the appropriate services are available to people to avoid any unnecessary admissions for hospital care.

3) Prevention including Intermediate Care, Primary Care, Reablement and transforming the Emergency Pathway

The Community Recovery and Independence pathway includes a range of services traditionally referred to as intermediate care, reablement and rehabilitation. Rather than commissioning separate services to provide reactive, short-term interventions to realise independence, this model represents a **single** pathway across health and social care and may include, but is not exclusive to:-

- Crisis and rapid response
- Hospital supported discharge
- Community rehabilitation and reablement
- Bed based rehabilitation
- Domiciliary care
- Falls prevention services
- Voluntary sector provision (including universal provision to sign posted services)

4) Integrated Care through the Community Hub

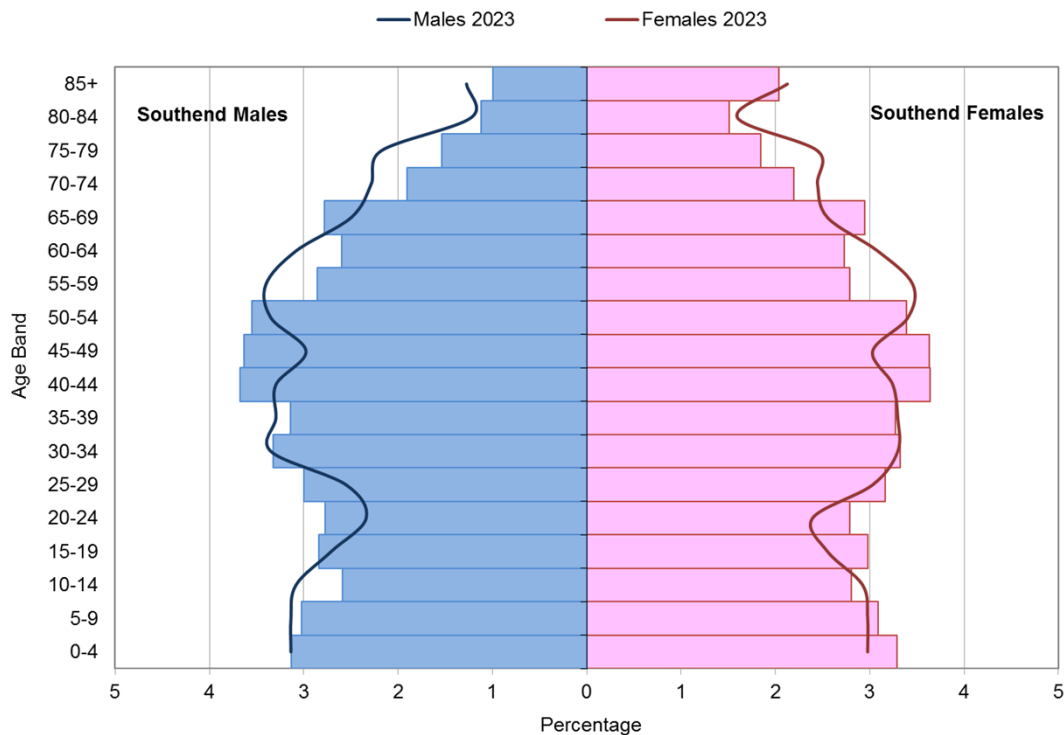
The strategic objective of this scheme is to reduce hospital admissions and support social services. The Community Hub will act as an 'early adopter', and a catalyst for improvement that will deliver seven-day services across the whole system. This will ensure better outcomes and improved patient experience. Services will be monitored and evaluated to understand impact and effectiveness which may lead to further project design, or full roll-out to other GP practices.

It is imperative that commissioners work with providers to consider the opportunities for local community care provision as details of the programmes are agreed.

Population headlines

The Joint Strategic Needs Assessment provides in depth analysis of Southend's communities. The illustration below provides a helpful summary of the breakdown of the population in Southend.

Southend-on-Sea Population Pyramid Mid-year Estimate 2014



Source: [ONS Population Estimate Analysis Tool, Mid-2014](#)

It is our intention to produce a series of focussed sub chapters to the Market Position Statement which align with the chapters of the Joint Strategic Needs Assessment. These will offer providers greater direction for service related decisions.

The proportion of people aged 65 and over currently living in Southend-on-Sea is higher than the average for England (18.7% compared to 17.3% respectively). *There are significant implications for health and social care services, associated with managing issues arising from an increasing ageing population.* Southend-on-Sea has the 6th highest level of older people living in poverty in the East of England, and disadvantage in older people is significantly higher than the England average. Life expectancy is 10.1 years lower for men and 9.7 years lower for women in the most deprived areas of Southend-on-Sea compared to the least deprived.

Much can be gained from focussing on community based factors which impact on the ageing process such as nutrition, lifestyle and the environmental factors such as poverty, housing, transport and employment, often referred to as the wider determinants of health^v – all of which contribute to health inequalities which separate our communities^{vi}. Therefore the health of Southend’s older people is a good indication of the quality of life and services in the borough. This is emphasised within the Corporate Plan^{vii} and the local Health and Well-being strategy^{viii}. We recognise that one of the roles of commissioners is to support existing community assets and their future development.

Complex and wide ranging issues affect this group of people, the following list highlights the scope for preventative services.

- quality of housing and fuel poverty that impacts on health and well-being. For example studies show people living in cold homes are at greater risk from heart disease, stroke, have reduced resistance to respiratory infections and are susceptible to poor mental health.

Locally a number of initiatives are in place to address these issues. The Council has been working with the voluntary sector and local housing charities to implement a 'Warm and Well' project. Local action on fuel poverty is believed to have contributed to the downward trend and reduction in excess winter deaths evidenced in Southend-on-Sea from 2007 to 2013.

- There are recognised benefits associated with being physically active, however, fewer than 20% of men and women aged 65-74 achieve the recommended levels of 30 minutes of physical activity five times per week.
- Diet also affects key aspects of health in old age. The proportion of people who are overweight or obese tends to increase with age. Being obese is not the only issue for older people. Research suggests 1 in 10 of people aged over 65 are malnourished or at risk of malnutrition.
- Falls and fall-related injuries are a common and serious problem for older people. It is estimated that 9,185 local people aged 65 years and over will have experienced a fall in the last 12 months. Of these falls, 2.8% will have been an injurious fall resulting in a fracture or soft tissue damage that requires treatment. There were 224 hip fractures in people aged 65 and over in Southend-on-Sea during 2012/13. The local falls prevention programme includes a Community Falls Service, a Postural Stability Instructor Programme, reablement services and a Fracture Liaison Service.
- Flu vaccination is a safe and effective way to protect older people and reduce avoidable illness, hospitalisation and excess seasonal deaths. Only 66% of people aged 65 and over living in Southend-on-Sea received flu vaccine in 2013, which is below the England average (73.2%) and below the World Health Organisation target of 75% for vulnerable groups.
- The prioritisation of the management of long term conditions, such as coronary heart disease, chronic obstructive pulmonary disease and diabetes is a major issue for Southend-on-Sea. Long term conditions are more prevalent in older people. Most long term conditions are multifactorial, however, there is a strong link between unhealthy lifestyle behaviours and some of the most prevalent and disabling long term conditions.

Dementia is one of the major health and social care issues of our time. Currently around 815,827 people in the UK have dementia and this number is set to increase by 40% in the next 12 years. It is more common in people aged over 65 and prevalence roughly doubles from this age onwards. In Southend currently less than half (40.78%) of the estimated number of people with dementia have received a formal diagnosis. We anticipate an increase in the **number of people diagnosed with Dementia from 2504 people in 2014 to 3867 by 2030.**

We expect to see an increase in the number of people diagnosed with a mental health disorder increase by 1362 from 25,881 in 2014 to 27,243.

Over the next few years there will be an increase in the number of **people living with a Learning Disability in Southend, from 3159 in 2014 to 3330 in 2030.** There will also be more people with complex health needs surviving into adulthood and, significantly, we will have more people coming through transition to adult services which presents an opportunity to explore a pilot for integrated personal budgets (health and personal budgets) as the successor to Education, Health and Care budgets (EHC) which are used to purchase Children's services Plans.

The Joint Strategic Needs Assessment 2015 will offer further insight into demand for all citizen specific groups including those people on the Spectrum of Autism and those with physical and sensory impairments.

Next Steps:

Southend Council's current procurement plan is available at ****hyperlink to be confirmed and added prior to final publication****

Southend Clinical Commissioning Group's procurement plan is available at **** hyperlink to be confirmed and added prior to final publication****

Our aim is to avoid unnecessary care or treatment, but if support is required, to place the person at the centre so they remain in control of their lives and maintain their social networks. This principle underpins our commitment to remodel services in Southend.

The Transforming Care programme will make sure that we provide accessible community support which is not restricted by labels or conditions. We will continue to grow and learn from our successful dementia action alliance programme to build a more resourceful and resilient community.

By April 2016 we will pilot a Mental Health Recovery College in Southend. This will challenge historical models of delivery and reposition provision across the community.

We will continue to meet our statutory requirements while redesigning adult social services around strengths already present in the community. Wherever possible we will work with adults to create support networks around their lives and close to their home. Our sheltered housing review is integral to this approach as is our ongoing review of the reablement service.

The voluntary and community sector will play a strong part in maintaining people's independence. Our remodelled advocacy service will be procured by October 2016.

A new carers strategy will be coproduced with the community so that we better recognize, support and recruit carers. Carers are one of our greatest assets and the remodelled carers services will reflect this with new contracts by October 2016.

We will improve our networking capacity to ensure that we listen to and work with front line services and adults. A communication and consultation plan will be published so that we capture invaluable qualitative feedback as we look to learn more about life in Southend. Experience will be considered as we commission and case studies will form part of contract reviews.

We will publish a suite of focussed documents to support providers to identify development opportunities. All JSNA chapters will be used within focussed market position statement chapters. These will be refreshed annually to align community development, providers and commissioners. JSNA chapters are available at **** hyperlink to be confirmed and added prior to final publication****.

In 2016 we will remodel our community catering offer to ensure that nutritional needs of adults are met across Southend in a way that best fits with their lifestyle.

We will explore the potential use of health technology such as blood pressure monitors / virtual consultations to monitor and deliver timely interventions for patients with long-term conditions. Southend will have a Community Geriatrician to complement the skill sets of existing GP practices and offer a targeted health service for those who are frail and require complex care. This will increase older people access to primary care and reduce unnecessary admissions to hospital.

We will also commission a dedicated GP service for residents of our older people's care and nursing homes. The service will provide more proactive support to care home residents and will develop strong working relationships with care home staff to provide a more responsive service.

Our integrated commissioning team is keen to develop a proactive commissioning model; coproducing solutions to future challenges.

For more information please contact a member of the integrated commissioning team on:

***** "hyperlink to be confirmed and added prior to final publication"*****

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

ⁱⁱ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

ⁱⁱⁱ Local Account

^{iv} NHS England, 2014. Commissioning for Carers: Principles and resources to support effective commissioning for adult and young carers. London: NHS England. P.34.

^v http://www.who.int/social_determinants/en/

^{vi} http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/HealthInequalitiesOverview.aspx

^{vii} http://www.southend.gov.uk/info/200403/information_centre/453/about_southend-on-sea_borough_council/2

^{viii} http://www.southend.gov.uk/info/200403/information_centre/453/about_southend-on-sea_borough_council/2