

# Market Position Statement

Care and support services for the ageing population

SOUTHAMPTON 2019 – 2022



Southampton City  
Clinical Commissioning Group



SOUTHAMPTON  
CITY COUNCIL

# Contents

Section	Page
1 Welcome from Stephanie Ramsey, Director of Quality and Integration .....	3
2 About this Market Position Statement .....	3
3 About Southampton .....	4
4 Integrated commissioning in Southampton .....	5
5 Our strategic direction and commissioning intentions for the next three years .....	9
6 Further market development and sustainability initiatives .....	16
7 Ways to get in touch .....	17

# 1 Welcome from Stephanie Ramsey, Director of Quality and Integration

**The landscape for health and care services has changed significantly over the last decade. The population is ageing, and older people with care and support needs desire greater choice and control over how those needs are met.**

In Southampton, we are embracing change and opportunities to further improve the quality of care and outcomes for the city's residents. Personalisation, prevention and integration are key adult care priorities, and we are continuously striving to stimulate growth, diversity, and innovation in local care services.

We believe that the right care, and the right environment for care, can enable people to lead happier, healthier and more independent lives. By sharing our vision and publishing this Market Position Statement, we encourage other organisations to work with us to help shape the future of our city.

## 2 About this Market Position Statement

**This Market Position Statement (MPS) provides information, intelligence, and analysis of benefit to current and prospective providers of care and support services for older people, on behalf of Southampton City Council (SCC) and Southampton City Clinical Commissioning Group (SCCCG).**

This MPS focuses predominantly on the needs of the city's older people and, as such, the messages in this MPS are inclusive of people with a range of needs and conditions, including frailty, dementia, challenging behaviour, mental health and learning disabilities. Further publications outlining specific needs of other care groups will be referenced where appropriate.

While we wish to develop and support the market as a whole, the primary aim of this document is to stimulate growth in access to bed-based provision, including significant investment in housing with care, more nursing home provision (particularly complex care) and to confirm access arrangements to

specialist residential and nursing care. Other priorities include wider growth of community-based capacity, especially home care services.

As most care is sourced via the independent sector, we need to build on the successful partnerships we have with current providers and develop new strategic relationships across the wider care market. By publishing our commissioning intentions and associated market opportunities, we aim to encourage a productive dialogue with the market and are seeking to incentivise partners to invest in the city.

### 3 About Southampton

Southampton has gone through major transformation in recent years and has seen significant investment to develop and modernise the city. The PwC report 'Good Growth for Cities 2018' places Southampton in the top three cities in England, having been in the top five for many years, and is one of England's fastest growing cities.

For more information, please see:

[www.investinsouthampton.co.uk/](http://www.investinsouthampton.co.uk/)

[www.pwc.co.uk/government-public-sector/good-growth/assets/pdf/good-growth-for-cities-2018.pdf](http://www.pwc.co.uk/government-public-sector/good-growth/assets/pdf/good-growth-for-cities-2018.pdf)

A large number of businesses operate from the city, including digital, dockyard industry, and commerce. There are two universities which attract a number of young people and academics to the city each year. This brings its own opportunities for careers and development, and makes population demographics younger in comparison to our statistical neighbours. We are a diverse city with almost 78% of people defining themselves as White British, and 22% as Non-White British (the largest groups being White Other at 7.4%, a significant majority coming from Eastern Europe, and Asian/Asian British at 8.4%). Our care services need to reflect this diverse population.

Against this backdrop, however, the city still has residents living in some of the country's most deprived areas. In 2015, Southampton ranked 53rd out of 326 on the deprivation index (with 1st being the most deprived). Deprivation is a factor in increasing demand for Adult Social Care services.

In addition to this, we are grappling with significant health inequalities within the city. We have seen an increase in the number of people with long term conditions (LTCs), the number of people with more than one LTC, and the increasing complexity of these. This presents a significant challenge to the city, as these numbers are predicted to grow.

And despite the number of people of working age, and young people and families making Southampton their home, our population is getting older, a trend easily visible across the whole of the UK. More than 14% of our residents are 65 or over, and this is expected to rise to 22% by 2022.

This expected growth in population will lead to increased demands on services. Helping people to manage their own needs more effectively, including daily living activities, will be key.

Further information may be found at Public Health Southampton:

[www.publichealth.southampton.gov.uk/](http://www.publichealth.southampton.gov.uk/)

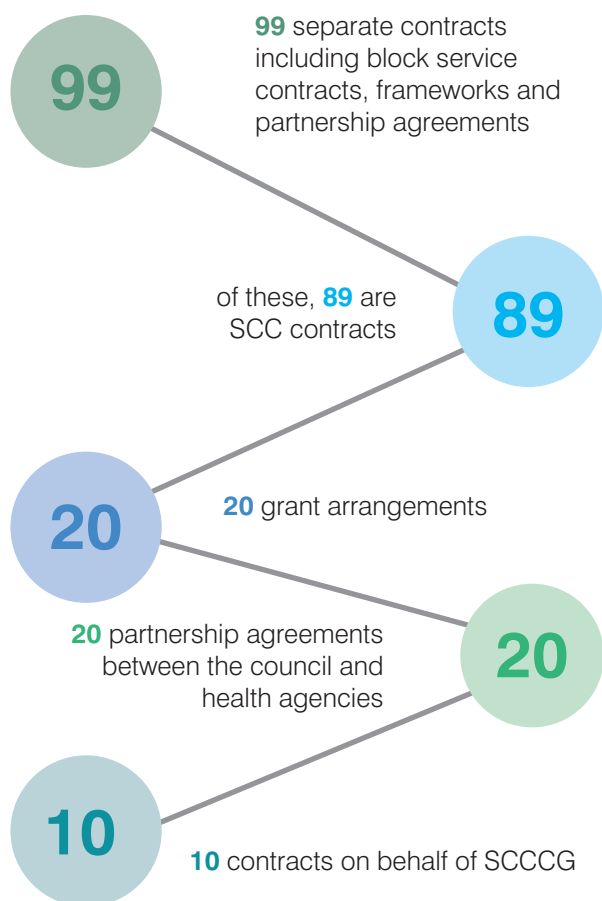
In 2019/20, 38% of the council's budget will be spent on Adult Social Care. This is consistent with the average spend by other unitary councils.

## 4 Integrated commissioning in Southampton

In Southampton, we joined up our commissioning responsibilities and arrangements between Southampton City Council (SCC) and Southampton City Clinical Commissioning Group (SCCCG), by creating the Integrated Commissioning Unit (ICU) in 2014.

These arrangements include a growing number of joint-funded contracts and partnership agreements, and ensure both organisations are best placed to commission a strong and sustainable care system for the city that continuously improves health and care outcomes for the city's residents through provision of efficient and effective high quality care services.

### DIAGRAM 1 Integrated commissioning arrangements - at a glance



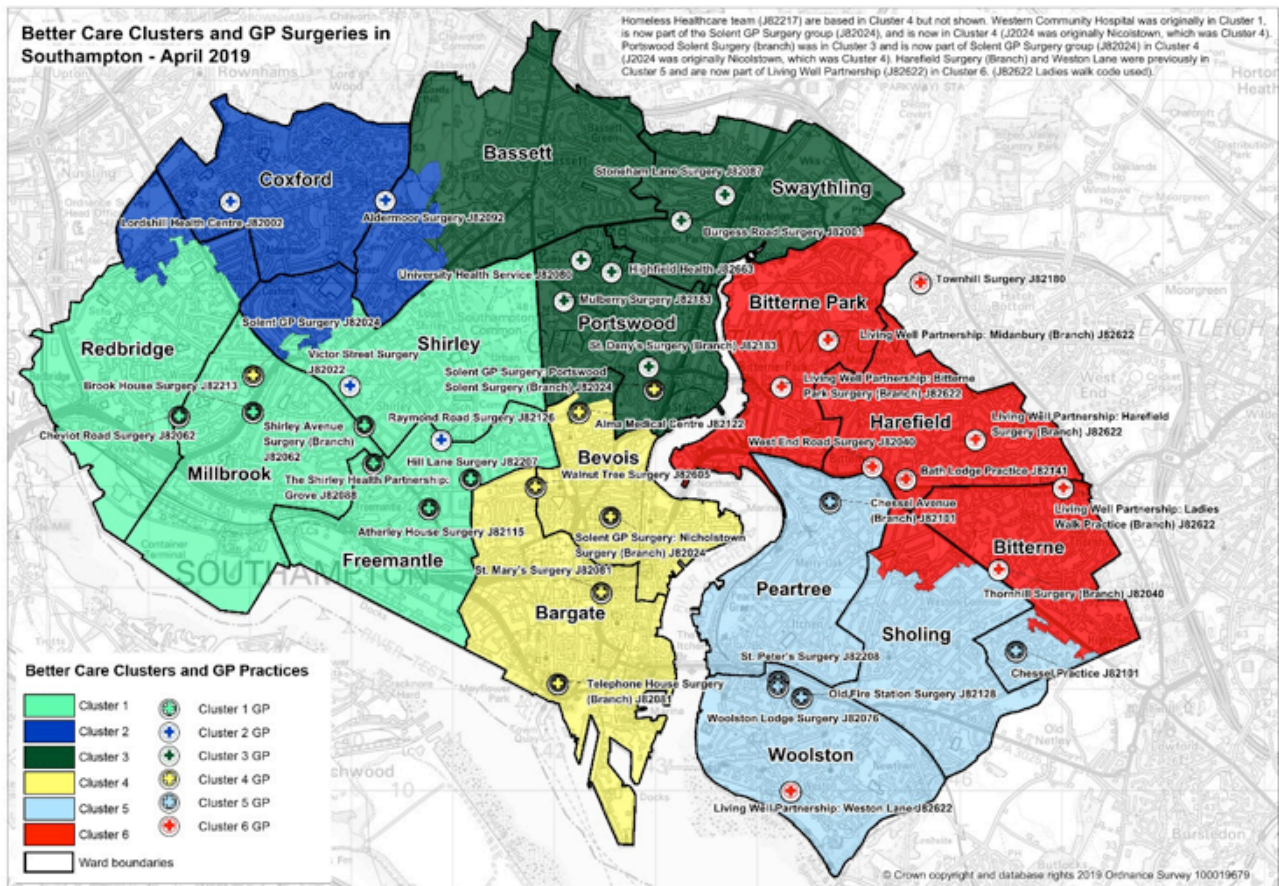
Most notably, both organisations have designed their services to meet the Better Care principles. In short, these seek to change the relationship between people in receipt of services and professionals

supporting them, by empowering individuals to take charge of their care. These are:

- Promote, sustain and maximise independence, and discourage dependence on services
- Promote person centred approaches to care – enabling and empowering the individuals to be experts in their care
- Encourage community based interventions, and divert from institutionalised settings of care. This can relate to providing care and support in the community, as well as encouraging people to be more actively involved in the local community, reducing the feeling of isolation
- Promote the principles of preventative measures and timely interventions
- Promote needs-led, person-centred approach and encourage inclusive commissioning of services
- In addition to these, we are also exploring how technology can support people with sustaining independence and with managing their conditions.

In Southampton, we have been implementing this agenda by promoting localised solutions to care through locality (cluster) working. We are also promoting multi-disciplinary and holistic approaches to care. This is undertaken by encouraging joint working between statutory and non-statutory sectors, health and social care, acute and community sectors, mental health and physical health, with a special focus on people with complex needs.

## DIAGRAM 2 Locality (cluster) map – including local GP surgeries



In addition, much of the ICU's business focuses on improving the standard and safety of care delivered. We also regularly undertake market management initiatives designed to maintain constructive relationships with providers and support them to respond to the changing needs of the city's residents.

The forthcoming strategic plan, *Transforming health and care outcomes for the people of Southampton*, details how key partners in the city will work together over the next five years to further improve the quality, efficiency, and effectiveness of the local health and care system. Key elements of the plan are detailed in the infographic below:

## DIAGRAM 4 Transforming health and care outcomes for the people of Southampton

Our five year strategic framework (2019-2023)



## DIAGRAM 3 Our commissioning principles



### OUTCOMES DRIVEN

Improving outcomes for the local population will be at the heart of the commissioning process with commissioners taking shared responsibility for outcomes on a city wide basis.



### EVIDENCE BASED

Commissioning should seek to meet needs in an evidence based way and contribute to the development of the local evidence base for effective practice.



### INTEGRATION

The commissioning process will integrate services around the needs of individuals and families, recognise local diversity and support greater personalisation and choice so that people are empowered to take responsibility, shape their own lives and the services they use.



### ENGAGEMENT

Residents will be active participants in the commissioning process including planning, design, monitoring and evaluation.



### PREVENTION & TACKLING HEALTH INEQUALITIES

There will be an increasing focus on prevention and earlier intervention and on tackling long-standing inequalities in outcomes.



### QUALITY & VALUE FOR MONEY

Resource allocation and commissioning decisions will be transparent, contestable and locally accountable and driven by the goal to achieve optimum quality, value for money and outcomes. The importance of investment in the local community will be prioritised.



### FAIRNESS

The commissioning process will ensure that the same approach (e.g. service specification and performance monitoring) is applied to all commissioned activity to ensure fairness and that no delivery vehicle is given or gains an unfair advantage.



### PARTNERSHIP WORKING

Commissioning arrangements will be sufficiently flexible to support a variety of different partnership approaches, e.g. with education, housing, other Local Authorities, the voluntary sector or other health partners, depending on the best way of delivering the required outcomes.

Southampton City Council and Southampton City CCG have also recently taken their integrated commissioning arrangements a step further through the formation of a Joint Commissioning Board, which steers the business of the ICU and makes delegated decisions on behalf of both organisations.

Southampton published its first Market Position Statement in 2015 (for 2015-2018). In 2018, the ICU published a Market Position Statement for Learning Disability services. A future Statement will focus on Mental Health services.



## 5 Our strategic direction and commissioning intentions for the next three years

This section details the status of current commissioning arrangements for older people's care and support services. It outlines our intentions for the future of these services, and details potential opportunities for the care market.

In line with the needs-led commissioning principles, it is likely that the services described in this document will be supporting a broad range of individuals. Needs mostly relate to ageing and frailty but also include people with additional needs e.g. mental health, disabilities, and those who would benefit from such services. It underpins the objectives to help people to age well.

For ease of reference, we have applied a tiered approach to outlining the provision, grouped by the complexity of need and support required.

### 5.1 Universal Offer

There is growing evidence of the positive impact of community approaches on the wellbeing of individuals. By contrast, there is a negative impact that social isolation and loneliness has on health and social care need.

Southampton has a thriving voluntary and community sector. We would like to build on this to achieve an increase in volume and breadth of activity available, in order to encourage broader involvement and inclusivity.

The development of the community and voluntary sector is one of the priorities within the Southampton Better Care plan and a key building block to achieving the vision for individuals and families to be at the centre of their care and support; for provision of the right care and support, in the right place, at the right time; to intervene earlier and build resilience in order to secure better outcomes by providing more coordinated, proactive services; to focus on prevention and early

intervention. We are planning for more people to be supported in this less formal way, regardless of their level of need.

We currently operate the Southampton Information Directory (SID), which collates information about local organisations and activities. The directory provides an opportunity for services and groups to share their provision with other services and the residents of Southampton. If you are an organisation providing care in the city or a group providing activities, please make sure that your information is available on the website.

If you would like to view or upload information to SID please go to:

<https://sid.southampton.gov.uk/kb5/southampton/directory/home.page>.

We will also be looking how best to ensure access to high quality, up-to-date information about the city's care and support services is maintained in the long term.

### Market opportunities:

We are currently procuring a Community Solutions service comprised of an Integrated Community Development and Community Navigation service. The service will pull together the resources and coordinate various community development activities, including navigation, community development, and voluntary services support, including support to develop services and helping smaller groups to apply for funding. Estimated service value is approximately £0.45m per year, with a contract term of three years with a possible one year extension.

The council runs open, competitive grant schemes throughout the year, as and when funding becomes available. Our grant schemes mainly offer short-term funding for community projects or pilots. Schemes which are open for applications are advertised on our website:

[www.southampton.gov.uk/people-places/grants-funding/](http://www.southampton.gov.uk/people-places/grants-funding/)

We do not accept applications for grants outside of our advertised grant schemes.

We also produce monthly funding bulletins and newsletters, which provide information on other funders as well as advertising our own grants. You can sign up to receive the newsletter via our website:

[www.southampton.gov.uk/people-places/grants-funding/funding-newsletters.aspx](http://www.southampton.gov.uk/people-places/grants-funding/funding-newsletters.aspx)

## 5.2 Support at Home and in Communities

We believe that providing the right care, at the right time is critical to the success of our commissioning vision, based on supporting people to stay independent and part of their communities.

Our most recent procurement for Home Care, built around the principles of the Better Care Agenda, embedded these principles within its service structure. Divided into lots, (Adults and Older People, People with Learning Disability, CHC funded care and Children's), the framework requires the provider market to develop flexible and personalised ways of engaging with individuals receiving support. It seeks creative solutions to meeting their needs. This prioritises holistic and outcome-focused interventions based on success of the relationship between the care provider and the individual. It encourages strengths-based approaches to care, engaging with

and encouraging the use of supportive social networks, and providing the right information for clients and for those who care for them. These are aligned to localised multi-disciplinary teams, with a lead provider for each area, to promote further integration.

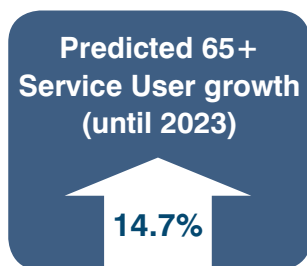
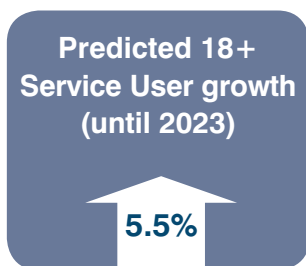
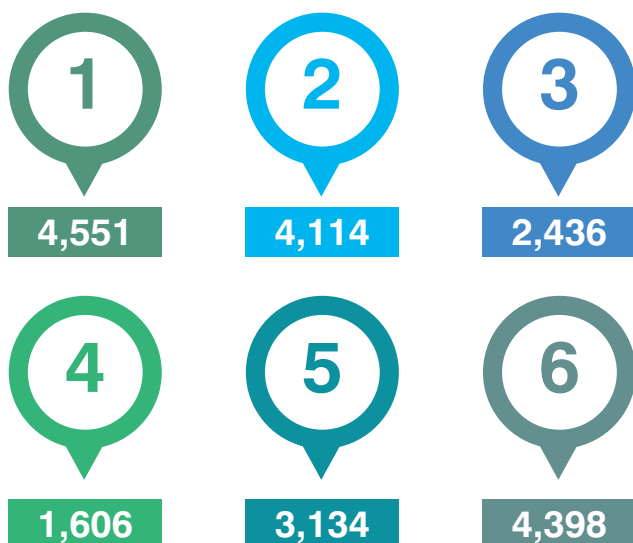
Lead providers for clusters that have housing with care schemes will be also responsible for providing care in these settings, have the opportunity to influence development of the operating model for these schemes, and develop essential partnerships with the community and local organisations in the area.

In addition, the ICU will support providers and promote workforce development that encourages capacity building in the market. We envisage that the need for home care will continue to grow, but as more community-based support is available, home care will focus more on people with higher level needs.

Alongside the home care services, we are currently working on remodelling day care provision. In future these will offer more bespoke and personalised support to local customers via a development of Living Well Hubs, based around cluster areas. Its aim is to develop the community presence of day activity provision, link it with local activities, agencies and volunteers, and promote and provide healthy living activities to help people maintain their physical and mental wellbeing. This provision will develop its community based role further to support older people in Southampton over the next few years.

## DIAGRAM 5 Home Care demand – 6 cluster areas

Number of hours delivered per cluster per week (April 2019):



### Market opportunities:

The current framework went live in April 2019 and will run for the period of four years with a possible two further year's extension. The framework will reopen annually to enable new providers to join. Logging on to the procurement portal will ensure that any interested providers are forewarned of the opening and able to apply. We strongly encourage all interested providers to sign up, as we may not be able to source care from providers outside of the framework.

<https://supplysouthampton.esourcingportal.com/>

We are particularly looking for home care providers who are able to support people

with low level health needs, e.g. requiring enteral feeding or collar care, in the same way that a family member might support them. Jointly with the Urgent Response Team, we are working to develop a “bridging” service. We are actively seeking home care agencies willing to receive training to manage the activity in the long term, and develop bespoke services for people in need.

Throughout this period, SCC and SCCCG will also continue to promote personalised care by strengthening systems that enable residents to access personal budgets and direct payments.

The council is also continuing to fund training to care staff through its quality assurance programme.

## 5.3 Housing with Care

Individual wellbeing is promoted and protected when people with care and support needs are able to live independently, remain part of their community, and make choices about how their needs are met. As the individual's need for care increases or becomes more complex, remaining in one's own home can become more challenging, but many residents are expressing a preference to avoid and/or delay admission to a care home, so a more diverse range of bed-based care solutions is required.

In line with our commitment to support community based solutions to care, we are keen to invest in housing with care (or 'extra care' housing) and in the coming years we will be seeking to expand the local number of housing with care units significantly. We define housing with care as high quality, lifetime standard housing suitable for people with needs, be it mobility, cognition, or health, and with the right level of 24 hour care on

site to meet their care requirements. We are modelling these services to offer a genuine alternative to residential care and to expand people's choice of options for care in later life. This is particularly relevant to people with complex needs, dementia, and physical needs, but reflects other care groups too, including people with mental health needs and learning disability, and anyone who would benefit from the housing with care environment.

We currently have circa 170 housing with care units available across the city, and plan to grow the provision by between 400 and 500 by 2027.

Requirements for housing with care will be similar to those in the community. We envisage our schemes will be working with individuals ranging from very independent to those with more complex needs over longer periods of time. In 2020, we will have developed Potter's Court – a new housing with care scheme offering 84 units of accommodation. The scheme will be the first in the city which is not age-restricted, to cater to the needs of a wide range of individuals. As the care will be sourced from the home care framework, we will be working with providers to develop skills and expertise to support the increasing demand and complexity.

'Connectivity' is a key principle underpinning the way we are commissioning community development initiatives, day opportunities and other supportive interventions alongside housing with care. We are considering, for instance, how future schemes may include co-location of GP practices with other local businesses on site, and we would like housing with care to act as 'community hubs' that directly contribute to the wellbeing of the area around it, regardless of needs or age.

We would also like to improve pathways between housing with care, nursing care and acute care, to enable prompt discharges from hospital, assessments and access to accommodation. Our delayed transfers of care (DToC) do not currently benchmark well nationally, and we wish to improve this by investing in appropriate community provision, including tester flats and step-down provision.

Housing with care needs to be able to accommodate people with needs regardless of tenure, and as such we will be looking for appropriate delivery mechanisms to enable this. We are particularly interested in the affordability of provision, and will actively prioritise and promote schemes that offer good value for money.

Housing with care is a key component of the city's strategy for community regeneration, and growth of such schemes will make a significant contribution to the council's commitment to deliver 1000 homes in the next five years.

#### **Market opportunities:**

We would like to grow our housing with care supply in the coming years, and would like to speak to organisations wishing to develop this type of housing in the city.

We would like to expand on the tenure mix of housing with care available in the city.

To progress with developments, we have identified a number of land options available, including prime city centre locations.

We will also support housing with care developments under s.106 quota. We will be able to support developments endorsed by the ICU throughout the planning stages.

We will be reviewing our scheme based activity coordination and support offer across

all housing with care schemes. We invite all providers seeking to promote positive solutions to the activity offer and community engagement in supported housing schemes to work with us.

In addition to specialist housing for older people, we will be also supportive of smaller specialist housing developments to accommodate people with a range of needs, including mental health, physical disabilities, learning disabilities, autism and challenging behaviour. For further information, see: [www.southampton.gov.uk/images/ld-market-position-statement\\_tcm63-405646.pdf](http://www.southampton.gov.uk/images/ld-market-position-statement_tcm63-405646.pdf).

## 5.4 Specialist Bed Based Provision (Residential and Nursing)

People with care and support needs are increasingly choosing to stay in their own homes for longer, seeking to avoid and/or delay placement in a care home. The city's supply of housing with care is also growing, giving people with care and support needs a more diverse range of community based support options to choose from. As a result, overall local demand for care home placements has reduced and is projected to further decline.

The exception to this is residential and nursing care suitable for people with cognitive impairments and/ or challenging behaviour, for which commissioners are actively developing and seeking further options for expanding the local supply.

### 5.4.1 Significant demand for complex and nursing care

We have a growing demand for nursing care. At any one time we have between 290 – 300 individuals in local authority funded nursing care. Of those, about 40% placements are outside of the city. Our preference would

be to increase the supply of nursing care available within the city boundary.

We are also seeking to increase access to complex care within the city; this includes patients needing tracheostomy care and ventilation, as well as other needs. We will be looking to secure a number of nursing placements for people with a wide range of needs, predominantly focused around ageing, but which could also include challenging behaviour, dementia, issues relating to mental health, and learning disabilities. We would encourage providers to make reasonable adjustments to cater to the needs of these client groups.

In the coming months, and years, we will be seeking to source more nursing capacity to sit within the community/hospital system pathways. This is to meet rising demand for complex care in a way that ensures people are supported in the most appropriate, and least restrictive way. Our main driver for these will be the appropriateness, sustainability and the affordability of placements.

In line with our vision for community based support and independence, we wish to explore any models of care which can support individuals' reablement and reintegration into the broader community, after a residential or nursing home stay. We believe that the right planning and timely interventions can support individuals currently living in residential and nursing homes to successfully relocate to housing with care (and other step down provision), to enable more independent and personalised lifestyles and outcomes. This work will also aim to inform people and families of their best choices to keep themselves independent and safe for as long as possible, reducing the likelihood of reliance on the council for funding.

We are rolling out Discharge to Assess (D2A) for people with more complex needs discharged from hospital. Recognising this group of patients will have needs which often go beyond what can be safely managed in their own homes, we are keen to work with local nursing home providers who are able to work with us flexibly to support people for an interim period of time (up to 6 weeks) whilst their needs are fully assessed. We envisage around 2-3 patients a week leaving hospital on the complex D2A pathway.

We are currently working with the care home market to improve hospital discharge, noting that weekend discharge is a particular issue. We are exploring the potential for trusted assessment for care home placements for people leaving hospital and would be keen to hear views from care home providers about how we could improve the quality and responsiveness of discharge from hospital to care home. This is particularly relevant to people with dementia and/or challenging needs seeking to access residential care provision.

In the coming months we will be scoping the ongoing need for the equipment provision which meets the changing needs of our clients. We are keen to learn about similar successful initiatives in other areas of the country.

#### 5.4.2 Quality assurance in local services

The ICU is host to the Quality Assurance team, working directly with all care homes in Southampton to support and develop their quality, safeguarding and care standards. The team has an excellent track record in identifying and improving issues, working collaboratively with homes on managing these, and improving CQC ratings accordingly. The vast majority of our homes have at least a 'Good' rating, and this has

been a steadily increasing trend in the recent years.

### DIAGRAM 6 Residential and nursing homes in Southampton - CQC inspection results (October 2018)

Good	33	87%
Requires Improvement	3	8%
Not Yet Inspected	2	5%
<b>Total</b>	<b>38</b>	<b>100%</b>

In addition we run a number of initiatives seeking to boost the overall quality of homes by educating, supporting and up skilling providers in a number of areas, sharing best practice and providing training in relevant areas. Recent training initiatives include hydration training, wounds training, NEWS (National Early Warning Signs), management and training support programmes for nursing home managers, and others.

We run the Enhanced Health in Care Homes (EHCH) initiative. This is designed to reduce unnecessary hospital conveyance and admission from care homes by ensuring that all residents receive a proactive comprehensive assessment of need, and proactive care following an incident or concern. Empowering care home staff and their leadership teams through dedicated training and guidance will result in enhanced quality of the service and regulatory compliance.

In the coming years we will be reviewing a number of Quality and Safeguarding processes, and moving to digitally-driven solutions to monitoring the quality of the

services. We will encourage providers to consider how technology can support day to day business operations. We will encourage the use of a digital self-assessment portal, secure information sharing and email, and connected workplaces (e.g. access to Wi-Fi for visiting professionals).

Southampton City Council has recently become the first council to sign the Residential Care Charter and the ICU will be working with care homes to support the implementation of the charter. We have plans to address future staff shortages within the care sector, and we will be placing significant importance on the development and upskilling of the city's care workforce.

#### **Market opportunities:**

We are seeking providers willing to invest in and develop nursing home capacity within the city, particularly for people with more complex needs e.g. dementia, physical disability or mental health. We would like to create partnership opportunities and access arrangements with the right number of partners to meet the growing demand. We have identified potential sites suitable for re-development. We would welcome prospective providers to speak to us.

#### **In addition:**

We will continue to build on our current access arrangements to sustainable and affordable nursing provision and will seek active engagement from the market in shaping these proposals. This includes further progression on hub services for people in the community, to enable appropriate access to support.

We will be particularly keen to discuss any service provision which can cater to the needs of people with dementia and physical disabilities, as well as mental health needs and learning disabilities for an ageing population.

We are keen to work with current homes which seek to upgrade and specialise in nursing provision and we can support with either applying for or accessing funding.

We will be keen to scope out and develop provision offering a step-down and reablement service for people currently staying in residential and nursing facilities, to successfully support moves into housing based models of care.

We are keen to hear from providers wishing to support with the development of D2A pathways, or participate in the development of the trusted assessor scheme.

**At the time of writing, the sector is facing a number of uncertainties which have significant implications, such as Brexit, delayed publication of the Social Care Green Paper (and long term funding arrangements), and challenges for the image of the sector as a whole. We will be seeking to support the market to respond effectively to these challenges through partnership working, planning and risk sharing, whenever appropriate.**

We are currently undertaking research designed to better understand the costs of care, issues affecting sustainability of the local care market and potential future pressures including inflation and National Minimum Wage. We will be seeking to engage with providers to get their views on this.

We have had relatively low take up of direct payments and personal health budgets. Recent service re-design and procurement will have a positive impact on our performance in this regard, however, we would welcome further discussion with providers on how to improve our results in these areas.

Over the coming years, we will be seeking to develop a more robust picture of the local self-funding market, to ensure compliance with duties under the Care Act, and to better understand how changes to this segment of the market may be affecting the local supply of publicly-funded care.

Over the period of 2019 – 2022 we will be mapping out and planning our market position and publication timetable in relation to other commissioned services and client groups.



## 7 Ways to get in touch

We hope that the following outline has provided some clarity on our strategic direction. We are always keen to hear from people and organisations who wish to work with us, or find out more about the City.

If you would like to speak to us about this document or discuss joint working opportunities, please contact us at [market.development@southampton.gov.uk](mailto:market.development@southampton.gov.uk).

We look forward to hearing from you.