



Cabinet
21 July 2014

**Report from the Strategic Director of
Adults**

Wards affected:
ALL

Adult Social Care – Market Development Strategy

1.0 Summary

- 1.1** Brent's first Market Position Statement (MPS) (Appendix 3), published in January 2014 was our first step in ensuring, as a local authority we are fulfilling our new duty under the Care Act 2014 to promote the diversity, quality and sustainability in the local care and support market. This duty includes a requirement to promote the efficient and effective operation of local services, ensure that people wishing to access local services have a variety of high quality services to choose from; with a focus on the importance of fostering continuous improvement in the quality of services and the efficiency and effectiveness with which such services are provided.
- 1.2** When we published the MPS we committed to developing a Market Development Strategy (MDS) which would set out the approach we would be taking to developing the models of accommodation plus we want locally and how we plan to engage with the Market to develop new provision. The MDS therefore sets out how we will deliver on this commitment.
- 1.3** Appendix one to this report, The MDS sets out clearly our approach to market development and how we want to change our approach to engaging with the local marketplace to achieve this; moving from a fragmented, 'ad-hoc' approach to a far more strategic, organised approach which we communicate widely.

2.0 Recommendations

- 2.1** The Cabinet approve the Market Development Strategy (MDS) for publication.
- 2.2** The Cabinet endorses Adult Social Care's new strategic approach to development of the local social care marketplace.

3.0 Detail

Background

- 3.1** Under the new Care Act 2014, local authorities will take on new functions. This is to make sure that people who live in their areas:
 - receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
 - can get the information and advice they need to make good decisions about care and support;
 - Have a range of high-quality care providers to choose from.
- 3.2** The Care Act makes clear that local authorities must arrange services that help prevent or delay people deteriorating such that they would need on-going care and support.
- 3.3** The Care Act also requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities. When buying and arranging services, local authorities must consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services undermine the wellbeing of people receiving those services.
- 3.4** Local authorities are also required to work with local providers, to help each other understand what services are likely to be needed in the future, and what new types of support should be developed locally.
- 3.5** The MPS which was approved by the Executive in January 2014 set out our vision for more flexible services locally to meet rising demand and increasing cost in the context of significantly diminishing financial provision towards a model that encourages flexible, personalised care with strong emphasis on individuals' outcomes and greater co-operation between services. We want to reduce dependency, support people to remain in their homes and in their

communities for longer and help people to help themselves and be more independent.

3.6 We have ambitious plans in Brent for re-balancing our utilisation of accommodation based care options, shifting progressively over the next three years towards increasing the use of supported living and extra care models of care and support, which we refer to as 'Accommodation Plus' as an alternative to care home provision; investment in which is projected to rise by more than half in 2015-16, and a further three-quarters by 2016-17. At the same time, traditional pathways into residential and nursing care will be increasingly diverted into Accommodation Plus services. This plan will enable us to continue to provide high quality services to local people within our reduced budget.

3.7 The MPS was written for current providers of Accommodation based care and support services (ABCSS) who operate locally and for potential providers who we don't currently work locally but who are considering entering the market in Brent in an attempt to grow diversity in available service provision locally.

The key messages we communicated to the market through this MPS were:

- Brent is committed to supporting all local residents to stay at home for as long as possible or as close to home for as long as possible with excellent quality, flexible, personalised care and support.
- Brent's overall use of traditional Care home provision is declining in line with meeting people's needs better at home and using new models of care and support in the community. This has involved the development of more flexible models of ABCSS.
- We aim to continue this direction of travel by supporting the continued development of more flexible models of ABCSS locally.
- We want to continue to work collaboratively with the market to develop new solutions to meet the needs of Brent residents and we are actively encouraging providers to approach us with proposals for how together we can do things differently.

3.8 When we published the MPS we committed to developing a Market Development Strategy (MDS) which would set out the approach we would be taking to developing the models of Accommodation Plus we want locally and how we plan to engage with the Market to develop new provision. The MDS therefore sets out how we will deliver on this commitment.

3.9 Market development is the process by which we, as commissioners ensure there is diverse, fit for purpose and affordable provision available locally to meet the needs of local people and deliver effective outcomes both now and in the future.

3.10 Further to developing our market intelligence, which sets out our evidence of future supply and demand locally, we must facilitate the market through

‘intervention’ and ‘structuring’ activity; what we mean by this is the need to intervene in the market by working with the providers to support the delivery of models of provision we want through practical activity i.e. support to remodel current services to meet need and/or to develop new provision. Providing input, advice, guidance and practical support along the way to facilitate this change. We have a number of examples of where we have worked with providers to achieve this in the past. But this MDS is about setting out a much more strategic and ‘organised’ approach to how we do this.

3.11 Although we recognise there is a need to continually develop and grow our market intelligence as part of the commissioning cycle, since we undertook significant market analysis to develop our first MPS in January 2014 we haven’t waited to start working with the market until the publication of this MDS; we have already started to undertake work to intervene and structure the market locally in Brent.

3.12 Since we published the MPS in February 2014, we haven’t waited to publish the MDP to start working with the market; we have already started to undertake work to intervene and structure the market locally in Brent. For example:

- we are working with one housing developer who is currently in the process of developing 40 units of Accommodation Plus capacity, which will include shared facilities for tenants, carers, and visitors including a hairdressers’, carer’s restroom, an activity room, buggy store, and laundry. This Development is due to complete in 2015.
- Another housing developer who is in the process of developing a further 99 units of Accommodation Plus capacity are being developed by a Housing Association in Brent, which is due to complete in 2015.

Together, these two initiatives will enable 139 local older people to be supported to live more independently than they would otherwise be able to within a care home. We have also undertaken a number of initiatives with providers locally on an individual basis to develop Accommodation Plus models of provision through the remodelling of current provision for supported living, deregistration of regulated services and working with providers to develop new provision. However, our approach to this in the past has been on a more fragmented and opportunistic basis i.e. it has relied on us being approached by providers and developers, sometimes later on in the planning process than is ideal. The publication of our MDS marks a change in the way we will work to intervene and structure the market; a far more strategic, planned approach that will move us forward at greater pace.

3.13 In addition to this activity the most significant example so far of work we have done to begin to intervene and structure the market locally has been through the work we have done as part of Phase One the New Independent Living Accommodation project (NAIL).

3.14 The NAIL project was established to begin to realise the vision within our MPS and to build on the work we have already done to intervene and structure the marketplace locally. The project was set up as an initial work stream to start to identify potential new sites and opportunities to remodel current sites for Accommodation plus provision for the further 200 units of Accommodation Plus capacity needed in Brent. As set out in the MPS we envisage this capacity being split across groups as per the table below:

Client Group	Accommodation Plus Capacity Units Needed
Learning Disabilities	62
Older People	93
Mental Health	22
Physical disability	22
Total	200

3.15 The NAIL project is set out in two phases: Phase One (January to June 2014) to start to develop the local market and begin to facilitate and determine the financial viability of the concept; and Phase two (July 2014 – March 2017), which will be the period through which we continue to facilitate the market; this will also be the phase in which the new accommodation is delivered and the market has been structured to ensure other care and support services are in place to make sure this new Accommodation Plus model of provision is fully supported and realised in Brent.

Phase One has now been completed. The aim of which was to:

- Identify suitable sites and engage with potential investors and developers
- Explore opportunities to remodel existing sites or properties to 'Accommodation Plus' options with local providers and businesses
- Develop a business case exploring further potential accommodation options and costs of development.

3.16 A further aim of Phase One of the projects was to identify opportunities for the next 'tranche' of sites for delivery in the years after 2016/17 and beyond further to the 200 new units we identified were necessary in the MPS.

3.17 The focus of Phase One of the NAIL project was specifically around the delivery of the accommodation itself. This was a conscious decision made by the council because delivering this number of units of accommodation to this deadline was the biggest challenge and therefore the biggest risk. However, it is important to note that there are three clear elements to achieve the successful delivery of this project through Phase Two and the wider objectives set out in the MPS. We have to:

- deliver the accommodation

- ensure that the accommodation meets the needs of the population we support and that the care and support commissioned to deliver services in the accommodation enhances the focus on independence, choice, control and quality of life
- Identify and appropriately 'match' individuals to the right accommodation option for them at the right time. That best meets their care and support needs.

3.18 Some of the sites identified as part of Phase One of the NAIL project are already coming to fruition, indeed reports are being presented to Cabinet in July regarding two sites identified, namely; 1 Clement Close and 1-5 Peel Road, to seek approval to agree to the use of these sites to develop supported living accommodation for people with learning disabilities.

3.19 To deliver the additional numbers in the timescale while ensuring earlier involvement in location and design, one of the outcomes of Phase One of the NAIL project was clear: - that we have to deliver through a range of mechanisms:

Deliver sites in at least 3 different ways:

- Development and delivery of new sites, which is currently the focus for the delivery of the majority of new units.
- Remodelling of residential/nursing homes (working in partnership with existing care home providers)
- Remodelling of sheltered housing (working in partnership with local housing associations), and

However, as set out in the MPS we want providers and developers who are keen to work with the council to approach us with their ideas and proposals, who are keen to work in partnership with us to deliver the vision in Brent of more Accommodation Plus provision. It is not a case of the council approaching providers to stipulate they must develop new sites or remodel their current provision.

3.20 Another critical element to delivering the vision of our MPS is to not only engage with the market around the actual accommodation but to fully engage with all types of providers in the local market who we will also need to work with us to deliver this new model, including the full range of care and support providers who deliver services currently as well as new market entrants, community and voluntary sector providers and crucially customers, carers in shaping the models of accommodation, care and support we want to commission locally.

3.21 **Our approach to engagement with the market and what we need to achieve**

3.21.1 The importance of mature and constructive partnership working in the social care market to ensure sufficient capacity and diversity of services is critical

in ensuring an innovative and flexible approach to delivery demanded in the era of personalisation, and the financial risk-sharing that entails. This is a new approach that supports the need for us to take a more strategic approach to market development, rather than the approach we have historically taken; a more fragmented, 'piecemeal' approach.

3.21.2 As commissioners locally we need to develop our market development role, to inform all parts of the market about what is happening and what may be needed in the future. We need to be a real resource for providers and customers (whether discussing local authority funded provision or not), offering information and intelligence about the whole market and what our vision is regarding the models of provision we want in Brent (MPS).

3.21.3 Providers should feel able, albeit in confidence, to discuss their long term business plans and where appropriate and welcomed, discuss whether support to strategic business planning is needed.

3.21.4 There is a need to identify where there are barriers to market entry and work with providers and/or developers on how these might be overcome. There is also a need to ensure that procurement arrangements do not hinder the development of creative solutions.

3.21.5 With this in mind we will be engaging in a way that embodies a new approach of co-production and partnership working that will mean that commissioning decisions we make and arrangements we put in place are:

- Open - decisions are visible and open to fair challenge.
- Inclusive - designed to ensure diversity and choice and facilitate smaller providers to take part in any new forms of contractual relationships.
- Flexible- terms and conditions whether individual, framework or block contracts are not simply given but are open to discussion with a great emphasis on co-production.

3.22 Engagement plan - Developing a Brent Market Engagement Network (BMEN)

3.22.1 Setting out how we want to develop the market in Brent and what we need to achieve to realise our vision in the MPS is not enough and we must also be clear about how we plan to engage with the market to do this. We want to do this by developing a well planned, effective and established Brent Market Engagement Network (BMEN).

3.22.2 Through the BMEN we want to:

- Promote a greater understanding of the Health and Social care market locally and identify any gaps in provision.
- Provide the ability to escalate strategic operational issues from providers
- Encourage and value research, development and innovation.
- Support mutual improvements in business efficiency.
- Support the development of high quality provision.
- Help sustain, manage and develop the market.

3.22.3 The BMEN will work in a way that encourages:

- Engagement in discussion in a respectful and constructive manner, debating but accepting different perspectives
- A positive attitude and ‘can do’ approach to the work of the BMEN
- A solution focussed approach to problem solving and conflict resolution
- Engagement in an open and transparent manner, which highlights any relevant conflicts of interest as they may arise.

3.22.4 We plan on developing and implementing a number of different mechanisms to develop an effective BMEN with the market in delivering our MDS including the following mechanisms:

Type of engagement	Provider Events/summits	Regular forums for different provider markets with opportunities to come together	Provider ‘Drop-in’ sessions/advice surgeries	Direct engagement with providers and developers as part of delivery of phase two of the NAIL project and beyond
Purpose and desired outcome	Large-scale events to engage with the market place on a wide scale to share the council’s strategic commissioning intentions and direction of travel and to start high level discussions about new models of provision and to gauge feedback from the marketplace on our plans	Smaller scale meetings to engage with specific sectors within the wider market place on a regular basis to discuss the council’s strategic commissioning intentions and direction of travel and how they impact on specific sectors of the market around new models of provision	Regular monthly ‘drop-in’ sessions for providers from all sectors of the marketplace to have an opportunity to meet with commissioners on a more informal basis to discuss ideas and gain clarity on any issues specific to their organisation and to seek advise and support around developing these and to ensure this fits with the councils direction of travel (please note these sessions are not an opportunity to be used as an opportunity to discuss any on-going contractual or operational issues – these will be disused and	Meetings and working groups with various different developers and providers as and when required to facilitate the development and realisation of new models of accommodation plus models of provision. This level of engagement will be required, not just the accommodation but with other providers with we will be working with to model and deliver the care and support services required in the

			addressed via the normal processes in place. A number of slots will be made available and will be on a 'first come, first serve' basis	community to support the accommodating plus model of provision.
Frequency	Adhoc	Bi-monthly	Monthly	As required
Dates already planned	31st July 2014 11 th Sept 2014 Further dates to be determined	TBD	From August 2014 onwards	As required

3.23 In terms of direct engagement we want to develop a clearly defined process for providers and developers to approach the council outlining their proposals for possible new sites and opportunities to remodel existing provision. The process we currently have in place for this is somewhat 'ad-hoc' and relies predominantly on email approaches to individual council officers. This is not entirely effective as these communications may not be directed to the right person/team and therefore may not be acted on as swiftly as required and doesn't allow us, as commissioners to build a comprehensive picture of the scale and types of providers who are approaching us in a proactive way who are keen to work in partnership with us.

4.0 Financial Implications

- 4.1 There are no direct financial implications in the publication of this strategy
- 4.2 There will be financial implications in relation to the development of individual sites and the procurement of the care and support services. These implications will be fully set out and explored on an individual site basis when approval to proceed is being sought from the Cabinet (as per reports for the Clement Close and Peel road sites).

5.0 Legal Implications

- 5.1 There are no direct legal implications in the publication of this strategy.
- 5.2 There will be legal implications and considerations in relation to the development of individual sites and the procurement of the care and support services. These implications will be fully set out and explored on an individual site basis when approval to proceed is being sought from the Cabinet (as per reports for the Clement Close and Peel road sites).
- 5.3 The Care Act 2014 received Royal Assent on 14 May 2014. The Care Act is expected to be brought into force after October 2014. On 6 June 2014 the Department of Health launched a consultation on draft secondary legislation and statutory guidance that will accompany the Care Act. The MPS and the

MDS will therefore need to be reviewed to ensure that they are consistent with secondary legislation and statutory guidance once this is published in its final form.

6.0 Diversity Implications

6.1 Please see appendix 2 Equality Analysis report. This has identified the following positive impacts:

- people with learning disabilities are able to lead full and independent life in the community
- People will be able to access the community and take part in more activities in their local community to meet their individual needs

7.0 Staffing Implications

7.1 There are no direct implications for Council staff arising from this report.

Background Papers

Appendix one – Draft Brent Market Development
Appendix two – Equality Impact Analysis
Appendix three – Brent Market Position Statement

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