



Market Shaping Review Market Position Statement Guidance

July 2016



OXFORD
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Working in partnership to support implementation of the Care Act

1 Introduction

This paper has been prepared as part of the Market Shaping Review undertaken by the [Institute of Public Care \(IPC\)](#) at Oxford Brookes University, working in collaboration with the [Care Provider Alliance](#), for the Department of Health ([DH](#)), the Local Government Association ([LGA](#)) and the Association of Directors of Adult Social Services ([ADASS](#)).

The Review aimed to support local authorities to help them discharge their market shaping duties by identifying, analysing and disseminating best practice. During spring 2016 IPC worked with the sector to identify what works best in market shaping, where and why, and then refreshed or supplemented existing tools and guidance. The Review was informed by responses to questionnaires and by a series of interviews with commissioners to obtain case studies, as well as visits to a number of regional forums and three national market shaping workshops. Thank you to all who participated.

Other Market Shaping Review products are listed below:

- [What is market shaping?](#) – an introduction to market shaping, including guidance on who shapes the market and key actions they should be taking
- [Market position statement database](#) – a fully searchable database of all published market position statements in England
- [Market shaping to support individual purchasing of care](#) – a paper to help you think through what market shaping means in terms of people with personal budgets, direct payments, and self-funders who buy their own care and support
- [Place-based market shaping: co-ordinating health and social care](#) – a paper, aimed at health and social care commissioners, that explores the importance of developing a place-based approach to shaping the care market
- [Cross-local authority and regional working on market shaping](#) – a paper that explores when and how to take a regional joint approach to market shaping

This guidance highlights good practice in market position statement (MPS) development and aims to help local authorities understand how to use them to best effect in market shaping. It is for local authority commissioners to help them review the quality of their market position statement(s), how they might be used to foster market shaping activity, and the extent to which this is currently happening.

This guidance offers tools and good practice examples to support the ongoing development of market position statements as a stimulus for market shaping, including a checklist for you to assess the quality of your MPS. It builds on the [Market Shaping Toolkit](#) for both smaller care providers and local authorities, published in 2015, and updates previous MPS guidance produced as part of the [Developing Care Markets for Quality and Choice](#) (DCMQC) support programme.

2 What is a Market Position Statement?

“It is suggested that a local authority can best commence its duties under Sections 5 (market shaping and commissioning) and 48 to 52 (provider failure) of the Care Act by developing with providers and stakeholders a published market position statement.”

Care and Support Statutory [Guidance](#), Section 4.56

A market position statement (MPS) is a document which summarises supply and demand in a local authority area or sub-region, and signals business opportunities within the care market in that area. Whilst it is not a mandatory document, we suggest that a local authority can start to fulfil its Care Act market shaping and provider failure duties by developing with providers and stakeholders a published MPS. An [MPS database](#) of published market position statements is available as part of the Market Shaping Review.

An MPS should give providers a range of information relevant to their business and how it might develop. It should aim to give its readers information they may not already know, but which would be helpful in planning their future businesses, offer a clear picture of what gaps there are in the existing care market and identify what people who need care and support are saying about services.

An MPS should tell providers what commissioners’ plans are. It is intended to be used by providers to inform business choices and plans such as investment in capital or personnel. This information will enable providers to work with commissioners and to plan their business development, understanding the direction the local authority is taking but also why it is going in that direction and based on what evidence.

The substantive characteristics of an MPS are that it:

- contains a picture of current demand and supply, what that might look like in the future and how strategic commissioners will support and intervene in a local or regional market.
- supports its analysis by bringing together material from a range of sources such as JSNAs, surveys, contract monitoring, market reviews and statistics in one place.
- presents the data that the market needs to know and use and helps providers develop effective business plans.
- covers all actual and potential users of services in the local area, not just those that receive local authority funding.
- is the start, not the end point, of a process of market shaping.
- is provided in a straightforward and easy to use format, in a brief document that analyses as well as describes.

3 Developing a Market Position Statement

“A market position statement is a document produced by local authorities, ideally following a co-productive process with providers, people who use services and other partners...”

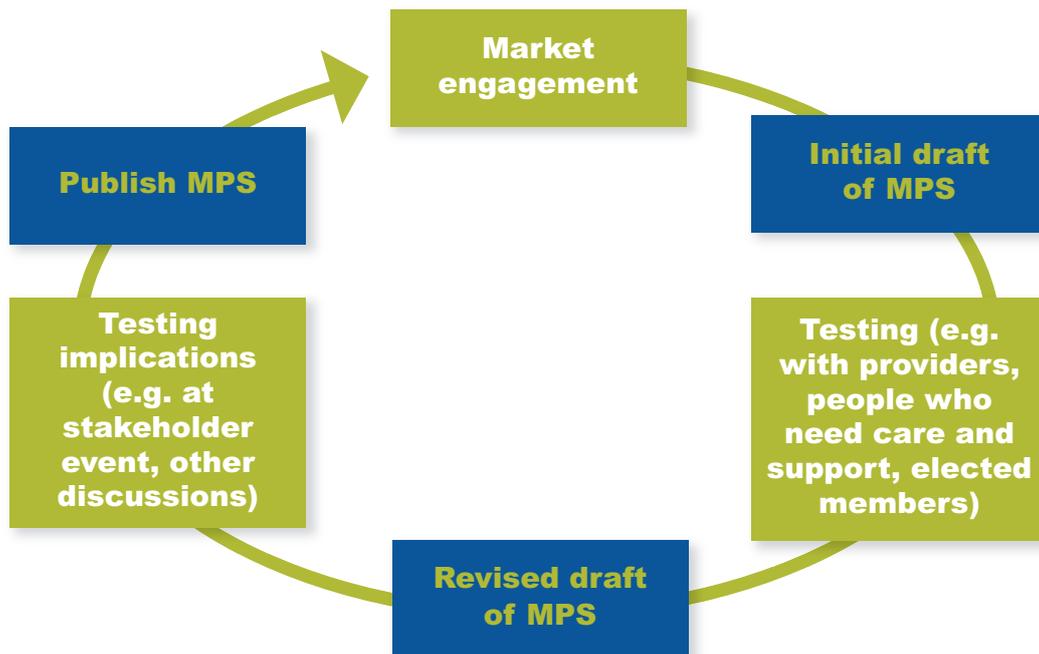
Institute of Public Care (2015) [Market Shaping Toolkit](#)

A market position statement is a document produced by local authorities, ideally following a co-productive process with providers, people who use services and other partners, and aimed at a wide range of care providers, both current and potential, which summarises supply and demand in a local authority area or sub-region and signals business opportunities within the care market in that area. The MPS should be the basis for strategic commissioning and be published, reviewed and updated regularly.

Within most local authorities the development of an MPS will be led by commissioning and / or procurement staff. In some, there may be one or more individuals charged specifically with leading relationships or engagement with the market. Regardless of whether leading the development is an individual or a shared responsibility, it requires resources to pull material together, to consult with providers and people who need care and support and to author a document. In many cases this may be done as a joint exercise with health commissioners or with neighbouring or sub-regional local authorities.

In undertaking these tasks it is important that the authority, and those taking these activities forward, see the development of a MPS as a means to an end rather than as an end in itself. A good MPS should help the authority understand the state of its local care market, clarify its purchasing intentions and processes and act to deliver quality relationships with its providers of care and support. Consequently, plans need to be put in place for how the material the MPS contains will be shared with providers, how their views can be effectively sought and what routine process is needed for reviewing and updating the MPS in future. Thinking about how the MPS can be used with the provider community should be part and parcel of its development. The MPS should therefore be key to effective market engagement.

We suggest engaging stakeholders purposefully at different development stages, rather than presenting a completed MPS. The diagram below suggests a potential approach to the development of an MPS that recognises that market engagement should be ongoing:



Appendix two includes a scenario exercise that can be used in the formation and testing of a market position statement.

4 Analysis of Market Position Statements

The majority of local authorities produced a market position statement during the [Developing Care Markets for Quality and Choice](#) (DCMQC) support programme. A number of local authorities have now renewed their MPS one or two times since.

In spring 2016 IPC reviewed a third of published market position statements in England using a checklist, available in appendix one, that local authorities can use to review their own MPS. This section brings together our analysis of the current position from this activity. It summarises the areas where MPSs are generally strongest, as well as areas where there is more work to do.

As at May 2016, we found 162 published market position statements from 122 local authorities or sub-regional groups of authorities (such as the West London Alliance MPS: Meeting the future care needs of our community through changing services). Most local authorities have produced just one MPS but others have two or more, such as Walsall's MPS for the care and well-being of adults with complex conditions and their MPS for the care and well-being of people with mental health conditions (both 2013/14). Birmingham, Camden, Hertfordshire, and Newcastle upon Tyne all had five or more published market position statements.

There is huge variety in the scope of published market position statements in terms of market segmentation e.g. by client group or service, time period covered e.g. between one and five years, and level of detail. An [MPS database](#) of published market position statements is available as part of the Market Shaping Review.

4.1 What market position statements generally do well

Our analysis found that market position statements tended to be strongest in the following areas:

- Information about current population and future demand for care and support
- Outline of numbers of people supported and spend by the local authority
- Describing desired services or models of care

4.2 Where to focus more attention

There are some key areas for improvement in the future development of most market position statements. This will bring challenges, as in some cases the baseline data is not there, or only partially so. However, the work involved in filling these gaps presents opportunities for discussion with providers, people who use services, carers and other stakeholders.

Intelligence about self-funders – what they purchase and what providers focus predominantly in that market

Knowing more about self-funders is key to understanding future demand, but one of the most challenging areas. Although it is very difficult to assess self-funder numbers accurately, especially in relation to unregulated services, there is an [IPC self-funder toolkit](#) available which offers suggested approaches. Our earlier paper on people who pay for their own care brings together qualitative and quantitative market analysis¹. People who fund their own care are not a homogenous group, and it is imperative that local authorities, and all stakeholders in the care market, have a better understanding of who they are, what they currently purchase and what they would like to purchase. This is fundamental, not only in terms of understanding current care and support choices; but also to be better able to understand future demand and plan accordingly.



Equally, there is a need to understand the supply side much better. As more people are likely to engage directly with providers to purchase their own care, it is imperative for local authorities to have a clearer picture of what providers are offering now, and how they plan to develop. There is otherwise a risk that local authorities will be by-passed, and therefore have a much less influential role in shaping the market. See the paper 'Market shaping to support individual purchasing of care' for more detail.

¹ http://ipc.brookes.ac.uk/publications/publication_646.html

Analysis of the local care and support workforce

There is very little detail in market position statements about workforce numbers, segmented by service type, or much indication about recruitment, development and training. An indication of skills gaps can help providers with their own recruitment strategies. An indication of what support might be available in relation to training and development may be an incentive to providers. There are large numbers of people in the social care workforce and their contribution to local economies should not be underestimated. A greater focus on workforce in an MPS may act as a stimulus to engaging learning and skills, economic development, planning and regeneration colleagues in broader market shaping activity.



Intelligence about the quality of the local market

While a lot of market position statements describe monitoring and performance arrangements and CQC reporting requirements, in general they are very light on information about the results of this activity. Understanding quality does not necessarily come solely from CQC reports and compliance with outcome frameworks and monitoring and review systems. Qualitative information is likely to be in existence as part of ongoing engagement between commissioners, providers and people using services, and all local authorities have consultation processes in place. Local authorities have a statutory responsibility to carry out individual reviews for people using services and intelligence can be gleaned from these. This is not about creating additional requirements to collect more data: it is about making the most of existing intelligence. The aim is to build a more rounded picture and common understanding of what good quality services look like. This should be articulated in the MPS. Quality should be driven by good commissioning practice and better market shaping.

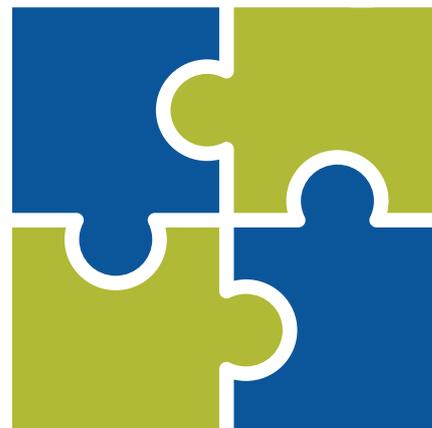


We further investigated what should be emphasised and included in an MPS in a series of consultation events. This was done partly through scenario based discussions, where participants were asked to consider what an MPS should include from a provider perspective. The scenarios are included in appendix two. Across the discussions, it was clear that there are a number of areas where there remains a lack of clarity in MPSs in general. So, more attention also needs to be focused on:

Stronger emphasis on the whole system

For good reasons the starting point for most MPSs is adult social care, and in many cases, this is segmented to client groups. Clearly, there are many different components to the process of enabling the best outcomes for people, and in particular, to supporting independence. MPSs are generally less good at making reference to the wider system, which, at very least, should

include the transition from children's to adults' service, and the interface with health. However, there should be greater emphasis on the contribution of a wider system to the care market – and this includes leisure services, housing, transport, community safety. As well as helping to stimulate innovation by potential providers, it underlines the need for wider consideration of the need to meet demand in the care market, for instance by planners. The 'What is market shaping?' paper covers this in more detail.



Risk and uncertainty

In a tight financial climate, where the responsibilities for shaping the market ultimately rest with local authorities, it is understandable that there is a reluctance on the part of local authorities to make clear statements about the need for risk to be shared between different stakeholders; and to be open about areas where there is insufficient knowledge, and where there are uncertainties in the market. However, the MPS is intended to be the stimulus for ongoing dialogue, and a tool for building better market intelligence. This has to be underpinned by clear and honest statements about gaps in knowledge, and about how risk will be shared.



5 What Does a Good Market Position Statement Look Like?

Market position statements are produced in many different formats, cover different segments of the market, and are refreshed at varying intervals. There cannot and should not be a one-size-fits-all template for an MPS. What is important is that your MPS should reflect what works best for the local market, and that it builds on the strengths identified above, as well as addresses the weaker areas highlighted.

Local authorities produce material which might not be titled as an MPS, but contain the desired information. This might be an accommodation strategy for residential care and extra care housing, for instance. So, while from the perspective of a provider or other stakeholder, it might be simplest if every authority had an easily accessible MPS, there may be another document that performs the same function. The key point is that it should be easily accessible, linked to other strategies where necessary, and that it should be used as a tool for ongoing market shaping activity.

There are a series of core questions that a good MPS should address and it should be clear, concise, and outward facing. The summary below sets out fundamental questions that an MPS should address, explains why they are important, and offers examples of good practice; informed by discussions and meetings with local authority market shaping leads from across England. It follows the pattern of the checklist, which is included in appendix one, covering:

1. Demand
2. Current market overview
3. What the local authority is doing
4. Format

Local authorities should ask themselves, in the production of a market position statement, whether the scope reflects the whole market that the provider operates in within that locality. In some cases, it may make sense to produce a joint market position statement with health colleagues, for example when looking at nursing home provision or reablement / intermediate care. See Place-based market shaping: Co-ordinating health and social care for further detail.



5.1 Demand

1. The MPS analyses the current population, unmet demand and projections of future demand for care and support services

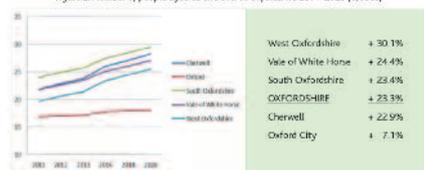
The purpose is to offer analysis and insight into the core demand issues for the market. MPS authors should be very selective in the use of data, and ensure that it tells a story. This is about giving clear signals to the market about where activity needs to be focussed. This may include:

- Those currently receiving services, numbers and volume of services used
- Identifying unmet demand
- Projecting future demand, based on population projections, trends over time and policy changes

Over the next ten years:

- The number of older people living in Oxfordshire will rise by 23%.
- The number of people over 85 will rise by nearly 40%.
- People with disabilities will live for longer, often with more complex needs.
- It is estimated that the gender balance of older people is forecast to remain constant with 55% of over 65's being female.
- The number of people with dementia is forecast to increase by 26% from 2012 to 2020, from 7,800 to 10,000.
- People over 90 with dementia is forecast to rise by 48% in the same period - from 1,736 to 2,565.
- As the population changes in size and need so the demand for social care increases.

Figure 2: Number of people aged 65 and over in Oxfordshire 2011-2020 (0,000s)



[Sources: Calculations based on the ONS 2010-based Subnational Population Projections and the 2010-based Projections - Principal Projection for England]

For example, Oxfordshire's 2014 Home Support Services MPS segments the ten year projection figures for the older population and offers some observations from its analysis which give useful pointers to providers about future demand. [View this MPS](#)

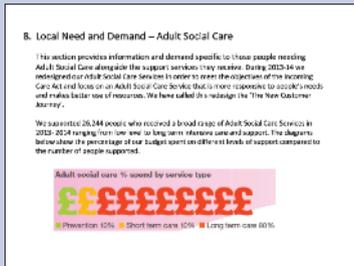
We also know that

- The number of older people receiving home care arranged by the council rose by 6.6% in 2011/12 and by a further 12% in 2012/13.
- Those supported by a direct payment rose by 13.7% and 4.6% in the same periods.
- The average support package size for all people living at home is currently ten hours per week.
- Since 2001 there has been an increase in the proportion of unpaid carers in Oxfordshire from 8.4% in 2001 to 9.4% in 2011.
- Many people will get their care needs met by family and friends. The people they are supporting may or may not buy additional care.
- In Oxfordshire an estimated 11,000 people are currently providing informal care of more than 50 hours per week.

2. The MPS shows the number of people supported by the local authority and spend by the local authority (or with partner commissioning agencies)

This is helpful in promoting an understanding of how demand is currently met, and what may need to change. It should include trends over time. This can be the starting point for an ongoing dialogue about the impact of the expenditure. This may include:

- A presentation and analysis of numbers of people and the proportion of the population supported
- How much is spent overall
- The amount committed to direct payments
- Overview of public sector spend across health and social care, what and who it is spent on

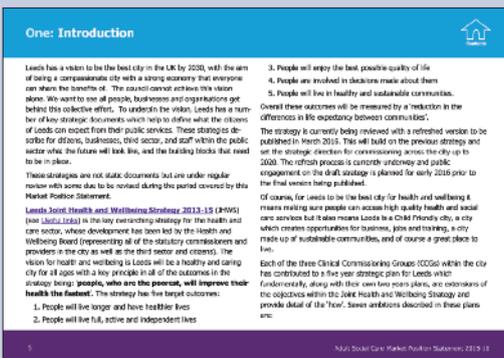


For example, Dudley's 2015 MPS gives a clear illustration of the relationship between its expenditure on service type, and the proportion of people supported by those service types. [View this MPS.](#)

3. The understanding of demand has been informed by current and potential people who use services, their families and carers

Current and future demand for services can be influenced by generational differences in expectations for the future. The MPS should be co-produced with the population to reflect:

- Views of working age people now
- Views of people who are retired
- View of people accessing services now
- Hardest to reach groups



For example, Leeds MPS 2015 – 2018 outlines the authority's approach to commissioning with an emphasis of working with people who use services. [View this MPS.](#)

One: Introduction continued

1. Securing additional years of life for the local population with treatable conditions
2. Improving the health related quality of life of people with one or more long term conditions
3. Reducing the amount of time people spend in hospital, through better and more integrated care in the community, outside of hospital
4. Increasing the proportion of older people living independently at home following discharge from hospital
5. Increasing the number of people having a positive experience of hospital care
6. Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

One day in the UK, in the new age of the Nation for Leeds, 2015, the 2015 (see Leeds 1843). This means Leeds will be fair, open and welcoming. Leeds' economy will be prosperous and sustainable, and all Leeds' communities will be successful.

City Priority Plan 2015-16 (see Leeds 1843) - This is the city-wide partnership plan which identifies the key outcomes and objectives to be delivered by the Council and its partners over the next four years. The plan is a small set of outcomes and priorities which are the most important areas for the city to make progress in by 2020 - they are our "must do's". Both strategic partners own the relevant priorities in the plan and they are responsible for working together to deliver them.

Best Council Plan (see Leeds 1843) - The plan sets out what the Council will do to help improve the lives of local people and how we will measure progress in delivering better outcomes across Leeds. It explains Leeds City Council's objectives for 2015-16, the values which underpin everything we do and the longer-term challenges and opportunities we face over the period 2015-20. The Best Council Plan is used by the Council to inform our resource allocation and how we plan and deliver services. The six objectives for 2015/16 remain as:

1. Supporting communities and tackling poverty
2. Promoting sustainable and inclusive economic growth
3. Building a clean, smart city
4. Delivering the better lives programme in social care
5. Dealing effectively with the city's waste
6. Becoming a more efficient and enterprising council.

In addition to the above strategies and plans there have recently been two new pieces of legislation, the Children and Families Act (2014) (see Leeds 1843) and the Care Act (2014) (see Leeds 1843), that impact on the way in which the Council plans and provides information and care and support for children with a disability or

For example, York's 2014 MPS highlights that findings of a review of commissioned services for carers and identifies gaps in services. [View this MPS.](#)

5.2 Current market overview

4. The MPS what services are available locally, where they are and who provides them

This provides a useful baseline picture of where supply matches demand, and helps to identify where there are gaps. This is helpful in giving a clear indication of potential business opportunities. It may also be useful in stimulating the involvement of planning functions in considering where there are development opportunities. This may include:

- Current geographical distribution of services
- Gaps in coverage
- Types and size of providers operating in the area
- Level of provision and how it has changed over time in terms of what is funded
- Comparison against demand
- Spend and unit costs / average spend per person
- Size of contracts awarded

Care Homes

9%

Key findings:

- There are 10 care homes in Birmingham, with a total of 1,000 beds.
- 9% of care homes are in the city.
- There are 10 care homes in Birmingham, with a total of 1,000 beds.

For example, Birmingham's Older Adults MPS gives a clear summary of the distribution of care homes and beds in the city, and links this to its intention to ensure a better match between available provision and where people want to live. [View this MPS.](#)

5. **The MPS sets out the state of the local care market, identifying whether it is growing, contracting or stable**

A statement about the state of the market - perhaps seen in conjunction with a summary of the views of people who use services about quality - gives an indication about areas that need stronger focus. It is also an important component in the process of understanding risk and mitigation. This may include

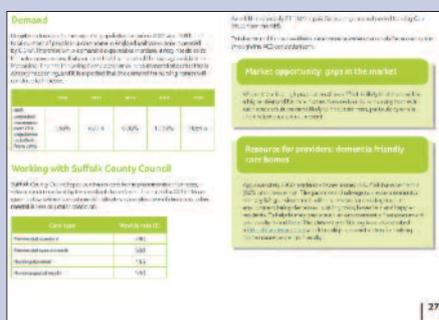
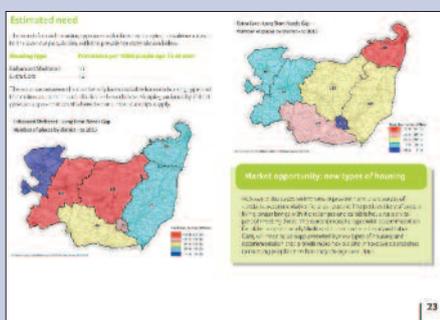
- Trends within the local care market
- Intelligence behind the trends seen
- An assessment of the stability of the market
- Known future developments that will affect the size and structure of the market
- Any relevant geographical variations
- Strengths and weaknesses within the provider sector



6. The MPS sets out where there may be a shortfall of supply

There should be information about where there may currently be a shortfall of supply, and any identified shortfall in the future. It is important for providers to have a clear statement about under-supply to help focus investment decisions. This could relate to discussion about preferred models of care, covered further in point 10. This may include:

- Any areas of undersupply by geographical coverage
- Undersupply linked to types of provision for different segments of the market



For example, Suffolk's MPS sets out opportunities in the market to respond to gaps in provision in specialist housing for older people. [View this MPS.](#)

THE TOP SUPPLY ISSUES

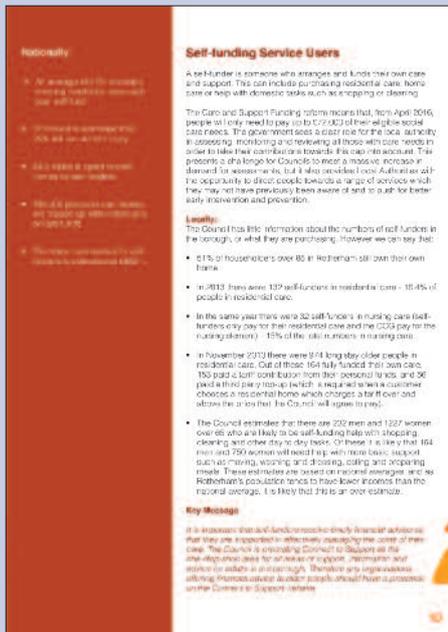
1. There is an **oversupply of residential care homes** with fewer people needing that model of provision – this includes services for people with dementia
2. Providers continue to look to build large new care homes despite the continuing reductions in placements and oversupply
3. The rural west and north of the County present substantial challenges to providers supporting people in their own homes because of geography and access issues especially in inclement weather
4. Commissioned Home Care is provided by contracted preferred providers with no expectation to expand the market during the life of the contract
5. There is an acknowledgement that Northumberland's Home Care providers rates are higher than other neighbouring Local Authority areas
6. There is a need to improve **progression pathways** through highly staffed services, and to proactively plan for people's support needs reducing as they enable their move towards greater independence.
7. The best providers are able to **adapt the support** they offer as people's needs change, to accompany them on a journey changing plans to keep pace as people develop new skills and their independence grows.
8. There is a need to increase the use of **assistive technology** to support people to live safely in ordinary settings.
9. There are too few examples of social enterprises or micro businesses

For example, Northumberland's Older People's MPS offers a very clear summary of the supply issues. [View this MPS.](#)

7. The MPS provides intelligence about what is purchased by self-funders

Market shaping is about the total population, not just people funded by the local authority. There is usually a need to have a much better understanding of this, so that future demand can be better anticipated. A clear statement about the current level of understanding of the self-funding population establishes a baseline, and also acts as a stimulus for further market dialogue. This may include:

- Size and location of current self-funding population
- Intelligence about what self-funders are purchasing
- Any known gaps
- How self-funders access information and guidance about care and support services



For example, Rotherham’s MPS has a good summary of the current known self-funding population, what it purchases, and the imperative to build a more complete picture to meet future demand, and to help shape service provision, as well as links to the council’s one stop shop information and advice portal Connect to Support. [View this MPS.](#)

8. The MPS analyses the local care and support workforce

An overview of the composition of the local workforce, numbers involved, and the areas where there are vacancies and recruitment challenges is important to providers and commissioners alike. It can help target workforce development and training activity that addresses skills shortages. The sheer numbers of people that make up the care workforce are often underestimated, and a clear illustration in the MPS can make a strong statement about the significance to the local economy. This may include:

- Workforce vacancies by job role and sector, and turnover
- Profile of workforce by age and gender
- Rates of pay, types of contract (full time, part time, zero hours)
- Particular areas of identified shortage or ease of recruitment/retention
- Geographical differences
- Signposting to what the local authority is doing to lead the alleviation of any challenges

Poole Well-being also has a website as well as Twitter and Facebook accounts which we also use to pass on relevant information. They recognise that there is a need to use various media to try and get information out but also that for many people access to a computer is not a reality.

Current and Future Levels of Resourcing

Financial

Local authority budgets are subject to significant challenges and were reduced by about 25% between 2011 and 2014 following the Comprehensive Spending Review. Further reductions have been anticipated in 2015 as the result of a further round of spending cuts. The challenge is heightened by legislative reform set out in the Care Act and policy drivers about health and care integration encapsulated in the Better Care Fund.

The Better Care Fund creates a local single pooled budget to incentivise the NHS and Local Government to work more closely together around

For example, Dorset County Council will need to achieve £16m savings in Adult and Community Services in the coming three years, in addition to managing down the adult social care on-going demand pressures of approximately £3m per annum. The Borough of Poole have a wider savings target of £8.8m to be achieved over the next two years.

It is clear that resources continue to reduce across all agencies whilst responsibilities increase. Transformational change is therefore the only option to manage this challenge.

Adult continuing healthcare continues to be a financial risk to the CCG with a significant risk year on year, in expenditure. The organisations eligible numbers and care costs more than a significant outlier compared to the national average. Dorset CCG has committed to manage the on-going demand for the service by taking steps to support public demand and market management. The CCG will undertake this jointly with Council partners.

Workforce

The size and breakdown of the social care workforce across Dorset, Poole and Bournemouth as reported at 2014 is shown below:

	Registered manager	Social Worker	Senior Care Worker	Care Worker	Other job role	Totals
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	Registered manager	Social Worker	Senior Care Worker	Care Worker	Other job role	Totals
Total Number of Staff Employed	214	338	919	5,845	4,012	11,328
Permanent Staff (%)	214	310	900	5,743	3,941	11,117
Permanent Staff (%)	100.0%	91.7%	98.9%	98.3%	98.2%	98.1%
Temporary Staff (%)	0	28	10	94	20	152
Temporary Staff (%)	0.0%	8.3%	1.1%	1.4%	1.7%	1.7%
Apprentice (directly employed by respondent)	0	0	0	18	1	19
Apprentice (directly employed by respondent) (%)	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%
Vacancies	2	21	28	226	78	355
Vacancy Rate	0.9%	5.8%	3.0%	3.7%	1.9%	3.0%
Employed Staff Started	32	52	178	2,154	805	3,221
Employed Staff Started (%)	15.0%	15.4%	19.4%	36.9%	20.1%	28.4%
Employed Staff Left	24	44	141	1,742	640	2,591
Turnover Rate	11.2%	13.0%	15.3%	29.8%	16.0%	22.9%

Whilst staff turnover and vacancy rates are marginally lower than regional stats (Southwest region turnover rate 25.2%) and nationally (23.4%), they are still significant to cause a problem for recruitment, particularly in relation to Care Workers. With such a high number of non-declared reasons (43%) for staff turnover it is hard to draw a conclusion, other than pay is not necessarily the main driver and that there may be some movement of people around the same sector.

At the same time, the age profile of the workforce significant challenges in recruiting younger people into the care and health sector. We are currently working with the local University and care providers to address this issue, which will help to improve the workforce situation.

The challenges for workforce commissioning for the future will require solutions that will include different delivery models and thinking more

The Centre for Workforce Intelligence has a 50% less growth rate in the working age workforce, with a 7 year projected decline in working age population.

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For example, the MPS for Adults' Social Care across Bournemouth, Poole and Dorset has a clear summary of workforce numbers, broken down into job role, as well as an indication of what the local authority intends to do to address areas where there are recruitment challenges. [View this MPS.](#)

5.3 What the local authority is doing

10.

The MPS describes what services or models of care commissioners would like to see in their local area in the future

To ensure a mature dialogue about how to shape the market, it is important for providers to understand the intended outcome of market activities. It will be useful for providers to have a clear picture of the standards and features of services that are expected by the local authority. This helps focus business planning, recruitment and workforce development. This may include:

- Evidence base on the kinds of services the local authority feels needs to be available
- How these services interact in a care pathway
- Principles underlying the delivery of care

Figure 1: The vision for reformed care and support

4. Local Policy Context
The Council has a £15.8m saving to make in 2014/15, with savings from Adult Services totalling £1.5m.

This is against a backdrop of previous Council savings of £54.08m in 2013/14 (£4.9m for Adult Services), £11.62m in 2012/13 (£5.26m for Adult Services) and £14.28m in 2011/12 (£4.94m for Adult Services).

As part of Blackpool Council's commitment to improve health and social care locally, there are a number of strategic priorities in place for us to achieve including:

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

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In addition, there is a joint commissioning strategy between Blackpool Council and Health which identifies a number of adult commissioning priorities as detailed below:

Priority 1: To reduce inappropriate/unscheduled admissions into hospital and support needs discharge

- By developing, co-ordinating and strengthening prevention and early intervention services

Priority 2: To increase people's opportunities to enter into and sustain meaningful activity, including employment and volunteering

- By ensuring that opportunities are developed locally with existing and future commissioned services

Priority 3: To increase people's ability to make informed choices about their care and support provision through co-ordinated advice and information

- By streamlining the provision of information and advice by service providers in Blackpool

Priority 4: To support carers to sustain their caring role whilst maintaining their own health and well-being

- By delivering the actions in the 2010-2015 Adult Carers Joint Commissioning Strategy

Priority 5: To maintain independence, choice and control through the provision of high quality community health and social care services

- By establishing mechanisms for engaging with people who struggle their own care

For example, Blackpool's MPS for Care at Home Services sets out clearly how a new system should be structured to prevent crisis. [View this MPS.](#)

Section 6: What makes a good home?

6.1 Research, Policy and Practice

6.1.1 The principles of voice, choice and control

My Home is the promoting quality of life in care homes is a report which condenses a three year study of care homes to identify best practice based on the principles of voice, choice and control. The report matters much of what we have found locally and states that relationship-centred care is key to improving care and support in nursing and residential homes. The report suggests that the three main components of maintaining identity, shared decision making and creating community are key actions that are needed to improve quality in care homes.¹⁸

6.1.2 Dignity and respect

The Delivering Dignity report, published by the Commission for dignity in care for older people assesses the importance of respecting the rights, individuality and humanity of each individual. The report issues a number of recommendations for staff, managers, commissioners and other people involved with delivering dignity in nursing and residential homes. These recommendations have been incorporated into Section 5 of this strategy.¹⁹

6.1.3 Quality of life

The My Home Life study into quality of life in care homes suggests that to achieve quality of life outcomes for people in nursing and residential care it is key that each individual person is able to define what quality of life means to them as individuals. Integral to quality of life is what makes life meaningful, enjoyable and worth living. Any process seeking to enhance it therefore begins with the discussion of individual ideas about quality of life, what contributes to this, ways in which it can be supported and the individual's priorities within those. This may mean suspending personal assumptions and stereotypes about what other people want, and paying attention to what they are saying. The My Home Life study also suggests that quality of care is intrinsically linked to quality of life. The everyday ways of working must be capable of encompassing a person-by-person acknowledgement of the priorities of individual service users.²⁰

6.1.4 Transition into a care home

Moving into a care home can be a particularly difficult time for both the person and their families or carers. The My Home Care study highlighted how important it is to ensure there is good communication and support and that everyone is involved in

¹⁸ My Home Life, promoting quality of life in care homes, 2012
¹⁹ Delivering Dignity, ensuring dignity in care for older people in nursing and residential homes, 2013
²⁰ My Home Life, Quality of life in care homes, Centre for the Elderly, 2007, p. 127

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For example, Knowsley's 2013 MPS clearly sets out the principles that are expected in the delivery of residential and nursing care, and extra care housing. [View this MPS.](#)

11. The MPS provides information about the resources which are likely to be available in the future for care and support

In general, market position statements are quite light in their reference to future resources, understandable due to budgets being set annually. It is helpful for all stakeholders to have at very least a summary of current resources, and the likely future trends. This may include:

- Areas where public sector investment is expected to increase or decrease
- Policy changes that will have resource implications for providers

Current and future level of reordering

2014/15 Independent Sector Purchasing Budget	Approved ASD	Current ASD	Total								
Respite Care	12.2	7.6	7.5	4.4	3.1	4.8	4.9	4.9	42.5	29.9	19.9
Home Care	1.2	2.0	2.0	2.1	2.0	5.2	3.1	2.8	2.8	2.8	29.8
Home Care	1.2	2.0	3.9	2.4	2.7	3.7	3.1	2.8	2.8	2.8	29.8
Support Unit	0.2	0.0	0.2	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0
Other Care	1.2	0.0	0.2	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0
Direct Resources	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Other Care	1.2	1.0	0.0	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0
Grand Total	17.0	12.6	13.8	11.6	12.7	17.3	14.3	14.7	14.3	14.7	147.0

Cumbria County Council is facing unprecedented reductions in its budget, the contraction in central government grant funding (in a time of rising demand) for services will continue to be the key challenge facing the organisation. The government is reducing the funding it provides to the county council as part of its efforts to reduce the nation's budget deficit.

Cumbria faces the county's own challenge through the delivery of the most challenging priority programmes since the Second World War.

Over the last 10 years, Cumbria County Council has delivered 130 million in savings. Further savings of another £20 million are now required over the next three years (2015-2017) to underpin the savings. Progress for the 2015/16 budget, as approved at Council in February 2015, will need to include identification of further savings of £20.2 million across the Council. Indeed, the County Council is looking to ensure that possible value is used to reduce its pay for services.

The 2014/15 budget agreed at Council in February includes £30.25m worth of savings across a range of areas, including:

- A range of internal efficiency savings across council departments.
- Reducing health and social care and managing demand in key services.
- Introducing electronic recording for the delivery of home care to make the system more efficient and ensure the council only pays for services being delivered.
- Implementation of pre-agreed plans for the delivery of national budgets, direct payments and council budgets.
- Bringing Together low income support services in one place.
- Review of Transport Policies (i.e. 16 Transport).

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Section 1 Market Position Statement

For example, Cumbria's 2015 MPS gives a summary of its independent sector budget, and the likely direction of travel, along with examples of measures taken to achieve savings. [View this MPS.](#)

12.

The MPS sets out the support which the local authority offers to providers

This is an area that can lift an MPS from being a strategy produced by the local authority into a statement of intent about how it wants to have a mature engagement with the market. As well as this, it is also a place to give examples of practical support for providers seeking to engage, and the extent to which innovation will be supported, perhaps through seed funding. This is particularly useful for smaller providers. This may include:

- future opportunities
- potential land availability and buildings
- help with planning consent
- training and development
- other sources of funds and how these can be accessed



For example, Durham's MPS has a clear summary of what providers working with the county council can expect, including supplier training and market engagement days. [View this MPS.](#)



For example, St Helens' 2015 MPS clearly sets out details of current community services and forthcoming business opportunities. [View this MPS.](#)

5.4 Format

14. The MPS is concise, readable and clear

An MPS should be outward facing, and enable a provider to quickly assess whether the area concerned will be a good place to do business. This means avoiding lengthy discourse about legislation, and a focus on the key supply and demand questions, along with a clear indication about what 'good' looks like. Easy to follow, consistent layout is vital, as is plain English. An MPS is always more effective for including:

- Contents – so that providers can go to their area of interest. It should be well divided into sections and easy to find your way around
- Vision – so that providers can understand the strategic direction and how this might influence the market
- Summary – so that providers have an overview of what is being said



For example, Tameside's MPS has a clear, simple contents page. [View this MPS.](#)

West London Market Position Statement-Our Vision

Our Vision for the adult social care market in West London

"Promoting independence through alternatives to residential care"

The WLA boroughs aim to improve the independence and quality of life of all service users by:

- providing genuine options for users and carers to maintain their independence and well-being within a community setting;
- and
- only making placements in high quality care homes for those with the most complex needs.

We will work alongside both community and care home providers to help build a sustainable market to meet the needs of adults requiring social care.

We will actively encourage the on-going development and emergence of new community based alternatives to residential care to reduce the overall number of residential placements made by WLA Boroughs over the coming three to five years.

We will actively work with the market to reduce placements within new and existing residential care schemes and increase the availability of extra care schemes.

Over the next 5 years we expect to maintain current numbers of nursing home places in West London and reduce the number of residential care places we purchase.

We need to continue meeting priority needs and demand pressures whilst identifying savings within our budgets across West London. For instance whilst in some cases supported living can be more expensive than residential care, this is not the case for the majority, so there is clear scope for a cost/benefit re-look across the region. We would like to work with providers to explore these savings (for instance through service redesign and reduction in transaction costs).

We would also like to work with providers to look at developing alternative community options for users and carers.

1

For example, The West London Alliance MPS clearly sets out the vision for the West London Boroughs and what this means for the market. [View this MPS.](#)

West Berkshire Council Market Position Statement - Key Facts at a Glance

Population and Demography	A population of just under 154,486 (Census 2011). BME (non-white population) is 5% (Census 2011). 3430 clients receiving a service in 2013-14.	Average age is exactly the same as nationally at 38.4 years (Census 2011).	The predicted increase in the proportion of the population who are over 65 in the next 10 years will have significant implications for West Berkshire in the commissioning of health and social care services. (JSMH 2014)	The district has a higher than average proportion of people with a learning disability, including young people.
Adult Social Care Spending 2013-14	Total expenditure for financial year 2013-14 £40,340	8% Total Gross Current Expenditure 2013-14 on people with a physical disability, 5% on people with a mental health problem.	33% Total Gross Current Expenditure 2013-14 on older people (age 65 or over)	34% Total Gross Current Expenditure 2013-14 on learning disability (age 18-64)
Social Care Customers 2013-14	18-64: 1245 individual clients provided with a service. Over 65's: 2186 individual clients provided with a service.	Physical disability: 1870 clients provided with a service	Learning disability: 390 individual clients provided receiving with a service	Mental health: 1135 individual clients provided with a service. Includes 525 dementia sufferers.
Service Priorities	Older peoples services and dementia	People with complex needs	Transition services for younger adults	Choice and Personal budgets
Commissioning Principles	Assist communities, families and carers to support each other and develop a range of preventative services which enable people to live independently with support	Respond to the requirements of the Care Act 2014 to meet the needs of an ageing population and promote choice in a challenging financial climate.	Work proactively with providers from the voluntary and commercial market to promote quality, value for money and meet appropriate quality standards	Influence and shape the market so people are given better outcomes. Develop a diverse, vibrant market where innovation is encouraged and poor practice is not acceptable.

3

For example, West Berkshire's MPS lays out supply and demand headlines clearly, and has very accessible Key Facts at a Glance section at the front. [View this MPS.](#)

6 Useful Links and Further Reading

Care Quality Commission

<http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#directory>

Care directory with filters: This contains details of registered managers and care home bed numbers. It also allows you to easily filter by the regulated activities, service types or client type bands. Updated monthly.

Care directory with ratings: This file contains details of the latest rating for each service. Updated monthly.

Department of Health (updated 2016) [Care and Support Statutory Guidance](#)

Guidance on the implementation of the relevant elements of the Care Act which came into force in April 2015. The Care Act places new statutory duties on local authorities to facilitate and shape their market for adult care and support to ensure there is high-quality, personalised care and support available to meet the needs of all people in their area. The guidance also explains the role of market position statements to set out local authorities' strategies and ambitions and articulate future demand. The market position statement is a key tool of this approach to allow local providers to innovate and adapt services to better meet the needs of local communities and improve their wellbeing.

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

Health Services Management Centre (updated 2015) [Commissioning for better outcomes: a route map](#)

Co-produced with a wide range of local authorities, service providers and people who use services, these commissioning standards are designed to drive improvement, provide a framework for councils to self-assess their progress against best practice in commissioning and enable them to identify areas for further improvement. Particularly relevant is standard 10: "Ensures diversity, sustainability and quality of the market - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities."

<https://www.adass.org.uk/policy-documents-commissioning-for-better-outcomes/>

Institute of Public Care (2015) [Market Shaping toolkit \(MaST\)](#)

The Market Shaping Toolkit supports both smaller care providers and local authorities to engage in market shaping, and to work together to develop innovative practice to meet local needs. It highlights good practice around the country in the way that local authorities and smaller care and support providers collaborate and provide innovative services. It offers a series of checklists and materials to encourage good quality market shaping activities.

- For local authorities the toolkit gives some new ideas and suggestions about who to engage with, why and how, in local care markets
- For providers the toolkit offers a stimulus and encouragement to ask local authorities 'Why are we not doing this?'

<http://ipc.brookes.ac.uk/mast>

Institute of Public Care (second edition 2015) Understanding the self-funding market in social care: a toolkit for commissioners

This toolkit has been produced to help local authorities ensure that they comply with the requirements of the Care Act, helping them understand their self-funder population so that they can facilitate and shape their local care market to meet the needs of the whole population. This version includes new information on estimating numbers as well as updated case studies.

http://ipc.brookes.ac.uk/publications/publication_824.html

Institute of Public Care (2012) Example market position statement for older people's services

This is an example version of a market position statement which addresses older people's services in a generic local authority area.

http://ipc.brookes.ac.uk/publications/publication_793.html

Institute of Public Care (2012) Example market position statement for people with autism

This is an example version of a market position statement which addresses services for people with high functioning autism and Asperger's Syndrome in a generic local authority area.

http://ipc.brookes.ac.uk/publications/publication_794.html

Institute of Public Care (2012) Market Positions Statements and Housing

A briefing paper, produced for the Housing Learning and Improvement Network, to provide a concise overview of key issues highlighted in the resource pack 'Strategic Housing for Older People: Planning, designing and delivering housing that older people want'. This paper focuses on how to ensure the development of a diversity of supply of housing through the use of market position statements.

http://ipc.brookes.ac.uk/publications/publication_755.html

Institute of Public Care (website) Market Position Statement Database

A searchable database of all published market position statements in England.

<http://ipc.brookes.ac.uk/what-we-do/market-shaping/market-position-statement-database.html>

National Minimum Data Set

<https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx>

Provider reported statistics on recruitment & retention, workforce demographics, pay, qualifications and training, local demand and intelligence.

PANSI - Projecting Adult Needs and Service Information System

www.pansi.org.uk

Designed to help explore the possible impact that demography and certain conditions may have on populations aged 18-64.

POPPI - Projecting Older People Population Information System Projects

www.poppi.org.uk

Designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over.

7 Appendix One – Market Position Statement Checklist

How does your MPS fit the bill?

This checklist offers a relatively quick way of assessing whether the MPS covers the right ground, and the extent to which it is market facing. We recommend local authorities use it to review their own MPS, and perhaps as part of a wider discussion with neighbouring authorities, and provider organisations.

Area	Question	Score
Demand	1. How well does it analyse the current population, unmet demand and anticipated projections of future demand for services?	
	2. How well does it show the number of people currently being supported by the local authority and spend by the local authority (or with partner commissioning agencies)?	
	3. How well has understanding of demand been informed by current and potential people who use services, their families and carers?	

Area	Question	Score
Current market overview	4. How well does it show what services are available locally, where they are and who provides them?	
	5. How well does it set out the state of the local care market, identifying whether it is growing, contracting or stable?	
	6. How well does it set out where there may be a shortfall of supply?	
	7. How well does it provide intelligence about what is purchased by self-funders?	
	8. How well does it analyse the local care and support workforce?	
	9. To what extent does it offer intelligence about the quality of the local market, i.e. performance as shown through complaints, monitoring, CQC inspections, consumer research, etc?	

Score 1 to 5, where 1 = not at all, through to 5 = very well.

What the local authority is doing	10. To what extent does it describe what services or models of care commissioners would like to see in their local area in the future?	
	11. How much information is provided about the resources which are likely to be available in the future for care and support?	
	12. To what extent does the MPS set out the support which the local authority offers to providers e.g. future contract opportunities, land availability, help with planning consent, training and development, etc.	
	13. How much information does it offer about the business opportunities there are likely to be in the future?	
Format	14. To what extent is the MPS concise, readable and clear?	

Score 1 to 5, where 1 = not at all, through to 5 = very well.

8 Appendix Two – Market Position Statement Scenario Exercise

In section 3, we suggested that it is important to engage stakeholders in the development of your MPS. To prepare for this, you might find it helps to put yourself in the shoes of provider organisations and groups of people who use services, to help you think through how your MPS can be most informative.

1. For use before testing with stakeholders...

As you develop your draft, and before you test it with a stakeholder group, you might find it helpful to work through some scenarios with colleagues, which reflect different types of service provider. The scenarios below were used by small groups at Market Shaping Review Workshops in Leeds, London and Birmingham, to stimulate consideration of MPSs from a provider perspective. They offer brief outlines of different providers, and what they are aiming to do.

In each case, the challenge is to consider what a MPS should usefully contain to help providers develop their future plans. When you have considered the scenario, you might want to check whether your own MPS addresses the questions you might have raised.

2. For use with a group of stakeholders...

If you are further on in the process of developing, or refreshing your MPS, you might want to develop your own scenarios, based on live examples in your area. In this case, you could use the scenarios as mechanism for reviewing your draft MPS with a small group of providers and groups of people who use services. You could work through a scenario together, and ask people to adopt different roles, so that people can approach the task from a fresh perspective. This reinforces the notion that the development of a MPS should be a co-productive process.

At whatever stage you are using the scenario exercise, it is important to allow enough time to:

- Ensure everyone understands the scenario
- Give people time to consider their response to the question/s
- Ensure all participants have the opportunity to offer their responses
- Discuss where there might be gaps, eg lack of information about self-funders, and discuss what can be done to address this
- Keep a record of questions raised, and suggestions offered.

Scenario 1: Responding to Complex Needs

Your organisation is a provider of care and support to people with complex needs, particularly with profound and multiple learning disabilities (often with associated physical disabilities), behaviour that challenges and mental health difficulties. You already run some successful community based care and housing settings for between 1 and 3 people.

You are looking to expand into a new area or region, responding to the gap in the market that has been evident from the difficulties local authorities and the NHS are having in resettling people from hospital settings into community support following the Winterbourne View report and subsequent action plans. You are reviewing a number of local authorities' market position statements to see where you might focus your approaches.

What information are you particularly looking for in the MPSs that will help you identify opportunities and decide where to pursue your efforts? What are you finding that is not helpful?

Scenario 2: Supporting independence in the community

You are a not-for-profit provider that works across a variety of community-based support to people in their own homes. This ranges from befriending and enabling people to maintain their social lives through to support to people employing personal assistants, mainly through a local authority personal budget though with some contact with self-funders.

In the light of an increased policy and practice focus on early support and community responses to need as alternatives to more formal care and support, you see opportunities to expand your offer, whether across a wider area or a larger range of services, including the provision of advice and information. You're interested in finding out more about the current market in these kinds of services and particularly what is known about people who are looking to buy their own early support.

What would you hope to find in your local authority's MPS that would help you make decisions about your approach?

Scenario 3: Residential care divestment and investment

You are a care home provider, with 6 residential homes in this local authority. There are ongoing conversations about whether to divest yourselves of 4 of these homes. Two are in a rural location with infrequent public transport. It has been increasingly difficult to recruit and retain staff in these homes, and both have seen their occupancy rate fall over the last few years. The other two homes have under 30 beds each and the economies of scale are increasingly challenging, with one having been without a registered manager for two months. Despite this, both have excellent occupancy rates and are considered desirable by families.

As a provider you need to think about whether to divest yourselves of 4 out of the 6 homes in this local authority. You also need to consider whether the proceeds from any sales should be reinvested in this local authority. What will you be looking for in the market position statement to help inform your decision?

Scenario 4: Domiciliary care diversification

You are a medium sized domiciliary care provider, with experience of working in this local authority area. You have a track record of providing high quality services within the bounds of the 30-minute calls you make to your clients. Your client base is predominantly aged 70 plus, and around 45% self-funding. Your experience suggests that there is scope to provide a more comprehensive service to your clients, offering a greater degree of all round support, aimed at enabling people to maintain independence, health and wellbeing. You know that there is a policy imperative to prevent or at least delay the point at which people will require residential, or acute hospital care.

You have developed some early thinking about new models which would diversify your offer, and which might benefit from collaboration with other support organisations locally. You are considering developing a rapid response service whereby you and other agencies would be able to provide enhanced support to people at risk of hospital admission.

You are having discussions with your bank about future financing and have outlined your ideas. Your bank is interested, but unwilling to provide a loan without a clearer picture of local need, and a picture of the risks involved. You are therefore seeking information from your local authority to help you produce a detailed business case. What would you expect to find in the market position statement?

