

**PEOPLE COMMISSIONING**

**Our Approach and Strategy to  
Support the Delivery of Services in  
Adult Social Care**

**2024 - 2029**

December 2023

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# 1. Introduction

In Worcestershire we are committed to ensuring the services we commission make a difference to our resident's lives.

This document sets out our vision, strategic intentions and principles for the commissioning of services for adults in Worcestershire for the next five years (2024-2029). It provides a guide for the commissioning of adult social care services across the county, by identifying the drivers and influencers shaping services and the way in which we provide and commission and demonstrates how these parts fit together. It will be reviewed annually.

The commissioning approach and strategy sets out at a high level how Worcestershire County Council People Directorate proposes to shift the balance of care to meet the growing needs of local people within the levels of funding available, and in doing so how the Council will focus on the promotion of wellbeing through the commissioning of Adult Social Care, contributing to the delivery of Worcestershire's Health and Wellbeing Strategy. It sets out the challenges that the Council faces in delivering adult social care in the next five years. These include the following.

- Significant demographic growth, especially within Worcestershire's older population;
- Increased complexity of need, including for children and young people transitioning into adult services and for older adults with complex co-morbidities;
- Unprecedented financial challenge posed by increased demand for services and the limited growth in financial resources for the Council as a whole at a time of economic fragility nationally and globally;
- The wider social and health challenges presented following the Covid pandemic, including impacts on mental and physical health and the NHS recovery plan for elective services;
- Increased national expectations of councils with adult social services responsibilities under the Care Act 2014 and the embedding of the CQC assurance framework;
- Well-defined national and local demand for individualised, personal service approaches amongst those who receive social care and support;
- The growing opportunities for integration within the Herefordshire and Worcestershire Integrated Care Service (ICS) under the Herefordshire and Worcestershire Integrated Care Board (ICB). Commissioning is central to service delivery and becoming an excellent commissioning organisation won't just happen without changes to our culture, structures, processes and skills through a programme of continuous improvement within commissioning, quality assurance and social work practices.

Delivering great services means working across organisational boundaries to achieve greater efficiency and better outcomes.

Working this way enables us to:

- Take an integrated view of what people and communities need;
- Understand what the market can provide (or could be stimulated to do);
- Identify how services should be configured; and so
- Buy these services from the most effective provider;
- Stimulate local communities/universal services to welcome and support individuals with social care needs.

However, we will not commission in isolation from delivery. Commissioners will learn from our experience of delivering services to inform our planning and decisions.

Service delivery will operate on a ‘mixed economy’ model. This means services will be delivered via a robust contract by the most appropriate provider based on their ability to achieve results and quality and give us value for money. This will include private sector companies, voluntary organisations or using our own in-house service.

We will work hard to ensure we are focussed on outcomes and so work in co-production with key stakeholders, people and families who use services, and with our partner organisations across Worcestershire.

## 2. Context

This strategy has been designed to complement local and national priorities and outline how, by sensible investment in the right projects, effective prioritising of spending to best meet the needs of local people and leveraging the close partnership working already in place, we can continue to improve outcomes and meet the challenges faced by public sector organisations today.

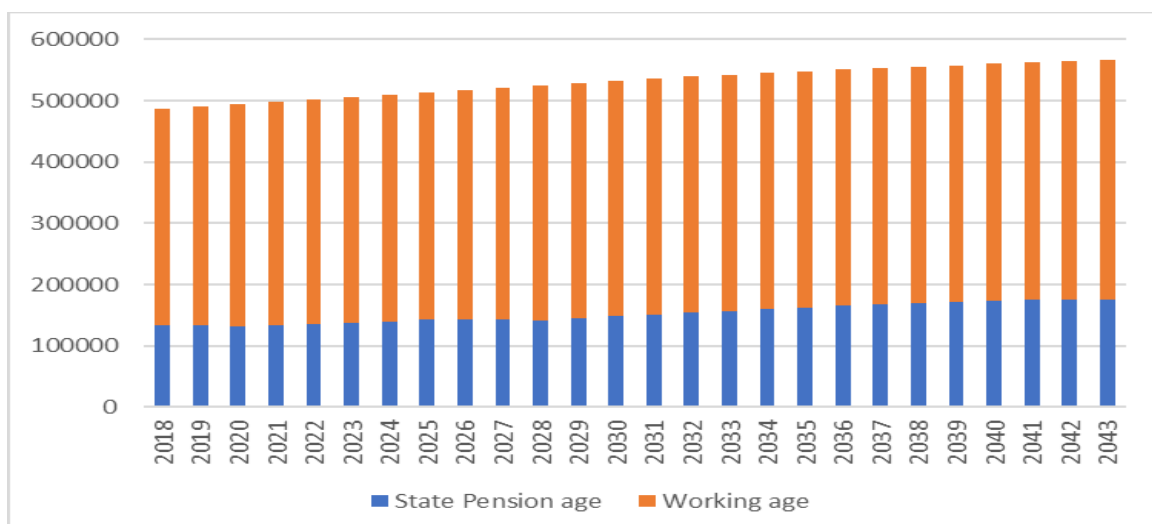
There are several national and local factors influencing the commissioning of services which should be considered when providing a sustainable, locally determined offer that meets the needs of service users in Worcestershire:

### 2.1. Demographics

From the 2021 census, we know that in Worcestershire the population has increased by 37,400 since 2011, rising from 566,200, to 603,600. This represents an increase of 6.6%, identical to the national % increase, and slightly higher than the regional (West Midlands) increase which is 6.2% overall. As a proportion of the population in England, this remains unchanged at 1.07%.

Worcestershire has a higher proportion of older people than the national average, and a lower proportion of children and younger adults. The difference in proportions between Worcestershire and England are particularly prevalent in the 20 to 39 age range, (a significantly lower proportion of the population are within this age group in Worcestershire), and the 65 to 79 age range, where this group forms a significantly high proportion of the county population. Of particular note is the number of people aged 65-plus in Worcestershire at 138,000, almost 23% of all people living in the county. The following information is taken from the 2021 census data.

#### Worcestershire County Population Projection by age group (2018-2043)



The population of Worcestershire is generally healthy, performing consistently better than the national average across several health-related measures. However, there are some pockets of Worcestershire where people’s health is not good and the average masks inequality. Social determinants of health may influence health seeking behaviour in deprived populations.

Worcestershire is, generally, not a deprived county, but 10% of our people live in the most deprived quintile. Proportions living in 30% most deprived areas are particularly high in Redditch at almost 40%, and Wyre Forest at 35%

Almost 5% of the Worcestershire population live in the 10% most deprived areas in England, with proportions particularly high in Worcester at almost 12%, and Redditch at over 8%. Almost 21% of the Worcestershire population live in the 30% most deprived areas in England, with proportions particularly high in Redditch at almost 40%, and Wyre Forest at 35%

Employment and economic activity rates are higher in Worcestershire than West Midlands and Britain as can be seen by the data below (Source: Nomisweb.co.uk):

**Table 1: Employment and unemployment data for Worcestershire, the West Midlands and Great Britain (all people) between January 2022 and December 2022**

	<b>Worcestershire %</b>	<b>West Midlands %</b>	<b>Great Britain %</b>
Economically active	80.2	77.5	78.5
In employment	77.3	73.8	75.6
Employees	68.3	65.1	65.1
Self-employed	8.6	8.3	9.3
Unemployed (as a proportion of economically active people)	3.7	4.6	3.6

## 2.2. Legislative environment

The Care Act 2014 sets out a requirement for councils with adult social services responsibilities to provide oversight of the care market, to work with providers to develop high quality services, to assure capacity to meet local needs and ensure people who use services are safe. This applies to the whole population, not just support for the people who access services through councils. The strategy helps the Council to fulfil this duty by setting out our commissioning intentions.

## 2.3. The strategic direction in Worcestershire

### 2.3.1. The County Council Corporate Plan

Worcestershire is home to more than 600,000 people. It covers 672 square miles within the West Midlands in central England and presents a diverse mix of vibrant urban areas and idyllic rural communities.

The County Council supports some of the most vulnerable people in society, spending approximately 60% of our net revenue budget on social care services for vulnerable children and adults. People are living longer, with more complex needs, and, we have more children who need our care. This means that managing the transition from childhood to adulthood and developing opportunities for fulfilment and independence as well as caring for the frail elderly is particularly important.

The County Council Corporate Plan ([Plan for Worcestershire 2022-2027](#)) covers four key priorities:

- Championing Open for Business;
- Supporting Children and Families;
- Protecting the Environment;
- Promoting Health and Wellbeing.

In relation to health and well-being and key to the commissioning of Adult Social Care services, the Council prioritises working with partners, to ensure Worcestershire people are healthier, live longer, have a better quality of life and remain independent for as long as possible by:

- Promoting healthy and active lifestyles;
- Enabling vulnerable people to live as independently and safely as possible with the support of their families, friends and communities;
- Continue to work with partners to make sure all health and social care services are evidence based, effective, and good value for money;
- Judging progress by:
  - Increase in healthy life expectancy;
  - Increase in the number of active people (30 mins exercise per day);
  - Increase in the number of people aged 65 or more living independently for longer;
  - Minimising the number of people who need to go into permanent/residential nursing placements.

### 2.3.2 The People Directorate Strategy

The People Directorate brings together the services for all aspects of adult social care and communities and is led by a Strategic Director, supported by Assistant Directors and their professional teams. The Directorate strategy (Adult Social Care) is aligned to the Corporate Plan and the Joint Strategic Needs Assessment (JSNA) and provides support to the implementation of other health and care county-wide strategies. It also responds to national requirements and changes in best practices.

The key facets of the People Directorate strategy are as follows:

- A single strategy for people and communities, with a clear vision and a focus on outcomes for people;
- Developed and co-produced with people, staff and partners to meet need by maximising the use of our assets, resources and workforce; and
- Provide an offer to people which is clear, simple and easy to access or use and which reduces duplication in buildings, systems, processes, commissioning, service responses to cut waste.

### 2.3.3 Market Position Statement

The recently revised Market Position Statement 2024-2029 is published on the County Council website and provides a detailed analysis of Worcestershire demographics and economic data along with key commissioning intentions for the period. Linked to all internal strategies and those already created system-wide, it should be read in tandem with this strategy.

The programme of work designed to deliver the future service design may be visualised as three themes, or pillars of change, namely Developing a Person-Centred Approach, Shaping Services and Shaping an Effective Market and has been designed to achieve these objectives, which in turn, are directly aligned to the Corporate Plan and JSNA.

### 2.3.3 Introducing the Integrated Care System (ICS)

The Herefordshire and Worcestershire Integrated Care System came into being in April 2022, and the ICB took over the responsibilities of the former NHS Clinical Commissioning Group in July of that year.

The NHS defines integrated care as being ‘about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care’.

The purpose of the legislation (the Health and Care Act 2022) is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals.

Over time, this will fundamentally change how we work and commission services, working collaboratively to set an agreed strategic direction for services to be delivered seamlessly to those in receipt, that meet the needs of the individual for best outcomes, and, by working closely together enable more effective services to be delivered within the total available resource envelope.

### 2.3.4 Worcestershire Joint Strategic Needs Assessment

The Worcestershire Health and Well-being Board under the Health and Social Care Act 2012 has a duty to undertake a [Joint Strategic Needs Assessment \(JSNA\)](#). The JSNA facilitates the improvement of health and well-being and the reduction of inequalities for the local community and is used to determine what actions local authorities, the NHS and other partners need to take to meet people's health and social care needs to address the wider determinants that impact on their health and well-being.

A number of key indicators have been identified through the JSNA and these are illustrated below.

<p><b>Well performing indicators</b></p>	<ul style="list-style-type: none"> <li>•Life expectancy and healthy life expectancy</li> <li>•Under 75 mortality rates for cardiovascular disease, cancer and respiratory disease</li> <li>•The crime rate in Worcestershire is lower than the national average.</li> <li>•The claimant count in Worcestershire is decreasing and is lower than the national and regional rates.</li> <li>•Cancer screening coverage indicators, e.g. for cervical cancer and breast cancer.</li> <li>•Emergency admissions for falls among people 65 -plus is lower than nationally</li> </ul>
<p><b>Emerging focus indicators</b></p>	<ul style="list-style-type: none"> <li>•Cost of living (fuel poverty, healthy eating)</li> <li>•Inequalities in mental health &amp; wellbeing, and lifestyle risk factors</li> <li>•Changing demographic profile (inc. ageing population, asylum seekers)</li> <li>•Lower use of preventive services by most deprived &amp; ethnic groups</li> <li>•Challenges within the health and care system (inc. waiting lists, emergency department pressures)</li> <li>•Oral health</li> <li>•Not in education, training or employment</li> <li>•SEND</li> <li>•Affordability of homes</li> </ul>
<p><b>Poor performing indicators</b></p>	<ul style="list-style-type: none"> <li>•Excess weight in adults &amp; children &amp; associated consequences eg diabetes</li> <li>•Alcohol related admissions</li> <li>•Breastfeeding initiation</li> <li>•Smoking status in pregnancy</li> <li>•School readiness</li> <li>•Hip fractures</li> <li>•Infant mortality</li> <li>•Low dementia diagnosis rate</li> </ul>

### 3 How the People Commissioning Unit will deliver for the directorate, the council and the community

Commissioning activities are defined below:

Commissioning is about achieving agreed outcomes by deciding what service is needed, how it should be delivered, and which public, private or third sector organisation should deliver within effective use of resources.

Decommissioning is the process of planning and managing a reduction or cessation in service activity or terminating a contract in line with commissioning objectives. This could be as a result of the passage of time, which often results in change of need; budgetary constraints and a need to prioritise services and/or reduce some activities; inadequate service provision/poor outcomes or change in local or national political emphasis.

Re-commissioning Commissioning is a cyclical process, and one option is to re-commission a service when it ends and it is a good opportunity to review the service, look again at outcomes, and re-design where necessary. A service can be re-commissioned if it is the same service, but from a different provider, or can be redesigned to improve outcomes (service needs may have changed through time).

Joint commissioning is where several agencies carry out commissioning together.

The principles underpinning our commissioning activity are to:

- Work in partnership, wherever possible, with care providers to co-produce and deliver care to people;
- Reduce demand by better early help, increasing self-reliance, community resilience or independence;
- Develop shared values, including a commitment to inclusion, tackling inequalities and closing gaps in outcomes caused by social disadvantage;
- Focus on achieving sustainable outcomes through commissioning and working in partnership, rather than commissioning on activity and relying on contract management;
- Work in collaboration with local and regional partners to foster relationships, jointly commission services and make best use of resources across the system;
- Implement joined up approaches that strengthen safeguarding and embed a professional responsibility to the individual, their carer(s) and the whole family;
- Commit to a drive for efficiency within a best value context in line with The Public Services (Social Value) Act 2012. This is about making sure we get the biggest gain for the population from the budget available;
- Listen to and act on the voices of adults who use our services, carers and their families.

Whilst some of these principles are more embedded than others, they underpin how we envisage commissioning services in the future to meet the changing local and national landscape.

Future developments are expected to be towards a more fully integrated commissioning model - through a single integrated approach where objectives, plans, decisions and actions are arrived at through a single organisation or network – in order to support greater personalisation of services and further efficient use of resources.

Finally, for commissioning to be effective, we need to...



- Spend money wisely.
- Put the needs of the user first.
- Work in partnership
- Lead at the highest level.
- Equip people with the right skills.
- Work constructively with providers.
- Develop a long-term view.
- Continuously evaluate and develop.

### 3.1 Our approach

Commissioning is the strategic activity of identifying need, allocating resources and procuring a provider to best meet that need, within available means, by focussing on the things that make a significant difference to people within Worcestershire.

This is what we mean by outcome-based commissioning. Commissioning is about achieving positive outcomes for people and communities, based on their needs and aspirations within the resources available. The current economic climate means that we must look at service delivery in different ways, innovate and look for alternative solutions. Through commissioning we can make sure that we use available resources in a variety of ways to improve outcomes in the most efficient, effective and sustainable way.

We support an integrated approach to understanding people and communities. This means using the insight we have about our communities to ask questions about what and how we should be commissioning to best meet their needs. This will involve challenging ourselves about how well we know our communities and asking ourselves whether we are using our resources in the most effective ways. Through co-production, we can ensure that our services are better targeted and more likely to achieve good outcomes.

Good examples of co-production are [Worcestershire All-Age Carers Strategy](#) and the [Learning Disability Strategy](#).

People and communities have changed – and significantly so during the Covid pandemic - as have their needs and how they want to engage with public services and get support. Adapting to these changes has required – and continues to require - strong, ambitious and visionary leadership from politicians and public sector staff as well as from people and communities.

We also believe it is important to keep our approach flexible so that it can work at all levels - strategic or operational; covering the whole county, a district or a locality; meeting the needs of different communities or groups of people, a family or an individual.

We are taking an innovative approach to commissioning, finding new ways of seeing old problems and using new solutions. The result will be a shift in the type and efficiency of the services on offer.

This approach uses interdependencies between people, communities, organisations and service providers and will involve changes in the way we think and work and how we relate to our partners and communities. Commissioning allows us to embed democratic leadership at every stage, involving everyone in setting the strategic direction so that we can rebalance the contribution from public services, communities and people to improve lives and the places where we live. It is not about doing more of the same for less, but making the most of what we have to achieve our shared goals.

(See The Commissioning Cycle for further detail)

## 3.2 The importance of partnerships and local leadership

Successful commissioning is dependent on good partnerships and effective “system” leadership to make an impact, avoid duplication of activity and to generate efficiencies.

Leadership, at strategic and local level, can often rest with organisations other than the County Council. We are looking to develop productive working relationships to positively influence how collective resources are best used.

As a democratic organisation, we will ensure the voices of people, directly and through their elected members, are heard at every stage. We want to make sure that everyone can contribute and have their say.

## 3.3 What commissioning is not

It's not all about money.

Securing better outcomes relies on a mix of activities often from many different sources. Supporting a family, for example, could involve the resources and assets of many agencies (public, voluntary, private), the local community and buy-in from the family themselves. We will often look to commission jointly with others, using an integrated approach to achieve the best outcomes.

It's not all about outsourcing.

Services aimed at ensuring better outcomes should be delivered by those best placed to do so at the best value. This does not always mean using a provider external to the Council.

It's not just about us.

By involving everyone in the design stage, including current and potential service users, staff and providers, we can be confident that we are commissioning in a way that will make the most impact.

It's not all about procurement.

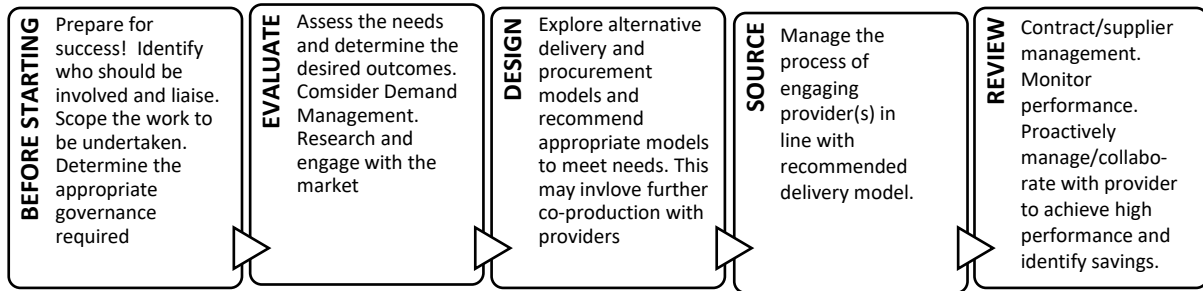
Commissioning is much wider than procurement processes and contracts. The majority of time is spent on agreeing the purpose for commissioning, developing options with a wide range of stakeholders, and crafting the specification. This will be informed by an understanding of the market and of procurement best practice but not constrained by them.

Services

Commissioning is not purely about services. Our strategic work with partners also focusses on creating the right conditions for individuals to be supported within their community without a need for bespoke adult social care services.

## 4 The commissioning cycle

Commissioning is undertaken by a multi-disciplinary team working together throughout the four stages of Evaluation, Design, Source and Review.



The Commissioning Cycle outlines the processes involved in commissioning and puts service user engagement at the heart of the process and is illustrated in detail on page 16. There are 4 stages:

### Stage 1 – Evaluate

The ‘evaluate’ stage of the commissioning cycle is used to ensure the right outcome is being commissioned. It involves taking a step back and asking what we are commissioning, what problem we are trying to solve, what gaps need filling and what future demand we are trying to meet. In answering these questions, we will work to shape thinking and facilitate the conversations that need to happen to make sure commissioners feel confident that they have understood the requirement.

Most important is to think innovatively, move away from the status quo and constructively challenge to understand how outcomes can be genuinely improved by listening to everyone, not just existing service users and those who shout loudest.

Evidence is key at the evaluate stage. We will use a range of sources, including community engagement, surveys, consultations, customer relationship management data (CRM) and analysis of social trends.

Our Council officer colleagues and Members will provide a key link into this process by engaging communities and identifying local issues and understanding how these activities will relate to local priorities.

Insight will enable us to test the relevance of our proposed outcome and make sure it resonates with the stakeholders, partners and people.

During this phase we will investigate delivery models through working with different suppliers, new and existing operators as well as the full range of partners in Worcestershire, embracing the opportunity to co-create potential solutions.

### Stage 2 – Design

With a clear sense of the scope of the questions that need to be addressed through the process, along with the outcomes we are working towards achieving, commissioners will work with all relevant parties to ensure that the commissioning plan will deliver the vision. Here we can apply a consideration of our commissioning levers and look for opportunities to engage and influence partners and to add value.

Undertaking an Impact Assessment at this stage will help ensure this is done as sensitively as possible and minimise any negative impact on existing users of the local community. In addition, activity at this stage should take account of:

- The commissioning intentions of other organisations, including national bodies e.g. NHS Commissioning Board;

- The distinctiveness of groups or local areas and the evidence base;
- The policy context of the Council and the need to future proof the final solution through including scope for innovation and flexibility.

Our approach across this stage may involve several the following elements:

- Devolving commissioning or parts of the process to communities or individuals;
- Influencing others to deliver the outcomes, including joint commissioning with partners;
- Focussed use of grants;
- Being willing to change our own practices or to persuade others to change theirs;
- Incurring the spend but recovering full or part-cost via charging;
- Choosing to decommission/stop doing things;
- Managing demand through the use of information, advice and guidance to prompt behaviour change;
- Being open to innovation.

### Stage 3 – Source

With the commissioning plan developed, we will now take account of where we are now and what activity is needed to achieve detailed outcomes. This could involve short term actions, as well as medium to long term plans such as developing the market. Commissioning is much wider than a single organisation and there will typically be a ‘mixed economy’ involved in the delivery of outcomes and ensuring that the delivery mechanism supports the local community and economy. The [Commissioning Proposal](#) will be finalised and approved:

At this stage, if we are purchasing a service then the type and length of contract will need to be decided alongside service specifications. This will need to take into account quality and value for money as well as broader issues such as the impact on the local economy (availability of workforce, for example).

The agreed outcomes and priorities must directly answer the question, reflect the insight and be deliverable within the available resources. Continuous engagement and dialogue with providers will be used to test and refine. This includes the determination relevant performance measures.

Working within the resources available, options could involve supporting community led delivery, creating, developing and influencing markets or redesigning to achieve the best balance of cost, health, social economic and environmental benefits.

This approach could mean that an existing service is decommissioned as it no longer meets the priorities, or where a provider has underperformed.

### Stage 4 – Review

Effective performance management, appropriate to the commissioning plan, is essential at this stage to ensure that outcomes are being improved as a result of our commissioning. Customer experience and feedback will be a key part of these performance measures.

Working with colleagues from across the organisation commissioners will think carefully about how to develop meaningful measures of success that will allow us to use leading indicators to monitor progress, as well as assessing whether outcomes have been achieved. Performance and evaluation measures will have been developed and agreed at the point of commissioning, ideally in conjunction with providers and users to make sure we are measuring what matters.

At this stage we will consider how we will measure the return on our investment, both qualitative and quantitative and we will ensure that we take note of any lessons learnt and use them in our future commissioning activities.

Through effective monitoring, commissioners will be able to effectively decide if activities are meeting the outcome, review the process and, if appropriate, make recommendations which will lead to improved outcomes.

## 5 Excellence in commissioning

Our ambition is to achieve and maintain an excellence in commissioning. Success will be demonstrated by:

- Every decision – strategic, commissioning and delivery – being insight based;
- Being outcomes driven – confident about what is important to people and communities and that our resources are focused on achieving those outcomes;
- Delivering efficient and effective services that make the best use of resources;
- Recognising the interdependencies between people, communities, organisations and services;
- Ensuring democracy is embedded in everything we do and the voices of people and communities are sought and listened to;
- Understanding our strategic and community leadership role and the resources and assets available through working with partners, providers and communities;
- Our team understand what we are trying to achieve and their role in this and their contribution is valued and recognised;
- Our Members and communities understanding what we are trying to achieve and their role in this and their contribution is valued and recognised.

Commissioning provides a route to deliver the change and excellence. Success is dependent on colleagues at all levels believing that a better understanding of people, communities and localities will ensure the right support and services are commissioned to improve lives.

For our commissioning team within the People Directorate, we will develop a competency framework for commissioning and quality assurance that will drive the ways of working required for successful delivery of modern, fit for purpose services that represent value for money, and which provides the on-going development of relevant skills that meet the needs not just of today, but for the future.

## 6 Governance

The County Council is led by its elected Members. Decisions about outcomes and how they can best be met are made by Cabinet, with the involvement of other Members at critical points. Members on Overview and Scrutiny Committees will scrutinise plans openly as they emerge and challenge delivery and performance.

Elected Members have a key role to play at a local level in building relations with communities and local partners as well as with local people and service users when designing or promoting local solutions and allocating local funds and grants.

Cabinet Members will take the bigger decisions within their area of responsibility and will focus on how outcomes are best achieved and funded and when to pursue alternative solutions. They will use clear principles to guide council officers, including commissioners and ensure decisions are coherent and open.

Commissioning decisions and performance management will be delegated to senior officers.

A single scrutiny committee of members will be responsible for checking the effectiveness of commissioning arrangements. Individual scrutiny committees will hold the Executive to account on the performance of contracts when looking at whether specified outcomes are being delivered.

Regarding *process*, our activities will be governed by the following:

- Public Procurement Regulations which set out procedures for the tendering, evaluation and award of contracts for works, services and supplies;
- Financial procedure rules - aim to ensure that the council manages its affairs with high standards of financial integrity and accountability and have an appropriate balance between sensible caution, creativity and innovation as well as meeting statutory duties;
- Contract procedure rules - provide the legal and procedural framework for the procurement of works, goods and services. These form part of the council's constitution;
- Contract guidance - details the correct practice in implementing the councils contract procedure rules, compliance with other council strategies and best practice in relation to procurement arrangements;
- Codes of Conduct - set out guidelines for employees and members to help maintain and improve standards and to protect them from misunderstanding and criticism. They cover areas such as personal interests and the separation of roles during tendering;
- Equality and Diversity - to promote procurement practices and policies which contribute to priorities on equality and diversity by providing information on equality issues and making sure all tenders are treated equally. Equality policies show the council's commitment to robust equalities recording and monitoring, and the advancement of equality of opportunity for all. This ensures full compliance with the Equality Act 2010;
- Information Governance - ensures the council and its contractors comply with the relevant information and data governance policies and standards, including the data protection act.

## 7 Our commissioning intentions

In line with the People Directorate strategy for Adult Social Care and its 3 key priorities (outlined below),

- Right support, right place, right time
  - Offering care and support that is coordinated and enables individuals to live as they want to, being seen as a unique person with skills, strengths and goals.
  - Enabling people to make informed choices to manage their health and wellbeing at a time and place that's right for them.
- Working in partnership with local people
  - Working together across Place (Worcestershire) to provide a holistic approach to the health and care needs of our community.
  - People feel connected to their community and their feedback and experience is used to shape and make changes.
- Future-focused
  - Understanding and responding to the many changes and opportunities on the horizon for social care.
  - Working with people and our partners to maintain safe systems of care, making safeguarding personal by concentrating on improving people's lives.

Commissioners will work with the market to enable our citizens to

- Be well and stay safe;
- Be independent and connected; and
- Be supported.

Commissioners will develop a person-centred approach to shape services and to shape an effective market.

We set out below our overarching commissioning intentions for the next five years but the reader is directed to the detailed Market Position Statement for full information.

## 7.1 Be Well and Stay Safe

### The impact of the Covid-19 pandemic

Activity throughout 2020 to 2022 was of course shaped by the Covid pandemic, resulting in much of the work already started to improve commissioned adult social care services ceasing, or at very best, slowing down during this period.

However, the pandemic “pause” has in some areas of work, accelerated the design and development of different ways of working, developed partnerships that previously were barely existent and has reshaped our thinking about what is needed for the future and what may be achieved.

### Reducing the pressure on the care system by commissioning targeted prevention services

We have already contributed to the development of access to preventative activities that support the most vulnerable and divert them from higher-level services, enabling people to take control of their own wellbeing and reduce their need to access other services in the future.

The Council is developing an Early Intervention and Prevention strategy which outlines the preventative work in place and in development for adults. There will be clear links to the Councils Health and Wellbeing Strategy which brings greater emphasis to prevention activity being 'everybody's business'. There will be increased focus on encouraging people to be more proactive about their health and wellbeing which will increase independence and reduce or delay the need for care and support services.

### Mental Health Services

Our priority is to work with partners to reduce incidence of mental ill-health and the prevalence of common mental ill health conditions.

We have completed a needs assessment and developed an action plan (including the commissioning of new services and re-shaping of the market) to support a Mental Health Recovery Pathway for Social Care. This pathway aims to enable recovery, reduce longer term dependency, and increase focus on community and employment-based activity.

## 7.2 Be Independent

### Maximising independence

Linked to the Adult Front Door service and the system-wide programme of work regarding Reablement and Intermediate Care (the Discharge Pathway), we will re-design the onward care services to ensure that, following accident, illness or other crisis, people have access to a period of

recovery before making decisions about long term services and placements. We will also improve and invest in ways to help people get equipment, adaptations and Assistive Technology solutions to enable them to regain and retain their independence and feel safe at home.

The aim is to maximise independence and in doing so, reduce the long-term care costs for individuals and reduce the numbers of people entering long term care homes or having very expensive services at home.

This means that in future, no-one will be admitted to long-term care without us having assessed the opportunity for reablement, technology and equipment under the Home First principle.

The aim is to ensure that we only assess people who appear that they may have a need for services, place a strong focus on safeguarding, positive risk taking and promoting choice and control. We have statutory duties to assess people who may have a need for care and support as well as people with a Safeguarding risk and those who may need protection under the Mental Capacity Act.

Worcestershire County Council is working collaboratively to improve how we do this, with the consequent impact on commissioned services.

We will consider support at home or housing with support services (supported living, extra care, shared lives) for each person and only use long term residential services where an alternative is not available or appropriate.

We will support people to make use of local community and mainstream services and encourage our commissioned day services to support people to make use of local networks and services.

We will promote Direct Payments as a choice to access alternative services.

By doing this we better target the use of resources and ensure that people have a stake in maintaining their independence.

#### Reduction in the overall number of placements of Older People in residential and nursing care

Worcestershire continues to adopt the strategic approach of council-funded residential and nursing care home placements for Older People being limited to people with the highest level of need, including people with dementia, frailty and complex needs and that people should only be placed in these services when all other options have been exhausted.

The number of long-term placements funded by Worcestershire County Council varied between 2019/2020 to 2022/2023. This was mainly due to the impact of the COVID pandemic, with a significant reduction in placements during 2020/2021/ and 2021/2022. By April 2023 the number of placements was broadly the same as in 2019/20. Accepting the potential for some variations in demand levels over the period, it is predicted that, in general terms, the number of long-term care home placements will not increase in proportion to the projected increase to the population of people over 65 and over 85 within Worcestershire and if the in-year placement numbers continue at the current rate that there will be a reduction in placements overall. However, it is recognised that the proportion of those placements for people with dementia and other complex needs will increase across all Older People's placements.

Longer term therefore, the total amount of money spent each year on Older People's residential and nursing care home placements will decrease in relative terms, with some of this resource being redirected to support more people in their own homes, either within Extra Care housing or with domiciliary care that can meet their specific needs, but we anticipate the total cost of provision of care for more complex needs will become a higher proportion of that total residential care cost.



To increase the resilience of the care market for 'Care with Nursing', dementia and complex needs care, in the medium- to long-term we propose to enter dialogue with the NHS and with providers and regulators to develop a more resilient and higher quality care market for the growing numbers of very frail people with complex needs of all ages.

Increased use of Assistive Technology, equipment and minor adaptations to enable people to live independently.

Commissioners are working with the District Councils and the NHS to scope and promote services that enable independent living, providing individuals with access to appropriate and timely adaptations to remain in their own homes.

Commissioners will continue to support the development of new supported living services to meet demand, aiming to ensure that there is a range of services to support individuals to live as independently as possible.

Commissioners will develop strategies to accelerate the availability of 'accommodation with care', for example, Extra Care housing for older people, and supported living for younger people with disabilities.

### **7.3 Be supported.**

Supporting people with Complex Needs and at the end of life.

This means that we will target social care resources on working with the NHS and others to provide expert care and support to the most frail and vulnerable people in Worcestershire.

We will collaborate with the NHS to provide care and support in advance of crisis to keep people at home and reduce the need for residential care or hospital admissions.

We will arrange residential and nursing care for people with the highest levels of need: typically those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home.

We will work with partners to increase the numbers of people supported with end-of-life care at home rather than hospital and to prioritise resources for this.

Learning disabilities and autism

Working collaboratively with partner organisations throughout Worcestershire, we will develop services for people with disabilities that plan to meet needs through the whole of people's lives.

There is a new Learning Disability Strategy for Worcestershire, which has been co-produced by Worcestershire's Learning Disability Partnership Board. The strategy sets out the priorities for the future to improve the lives of people with Learning Disabilities. Commissioners will work with the Partnership Board to implement and monitor the strategy and its action plan. The Strategy can be located here: [Worcestershire's Learning Disability Strategy 2023-2028](#)

The Integrated Care System (ICS) All-age Autism Strategy is under development and due to be published early 2024. This will also set out plans and priorities and be monitored through the multi-agency partnership board.

Commissioners from Adult Social Care and Worcestershire Children First have set up structures to track young people who will transition to adult services in the future. We will continue to

strategically plan services to ensure plans are in place for individuals prior to the transfer to adult services.

This will include ensuring we target our resources effectively in order to meet the needs of the small but growing number of people with highly complex needs.

Two new provider frameworks are in place to ensure that our supported living and day services promote independence and reduce long-term dependency where possible; with a focus on people being active in their own communities.

The new complex needs framework is under development and will aim to put just enough support in place for those with complex needs to ensure they live fulfilling lives without unnecessary restriction.

Work is planned to also develop a learning disability and mental health residential care framework.

## 8 Preparing the market

### 8.1 Position as at 2023/2024

Work within the adult social care market in the last three years has focussed on maintaining stability in a climate of increasing pressure on resources and rising demand.

Close working relationships established during the COVID-19 pandemic have been maintained and built upon, through the mechanisms of regular provider forums and partnership boards, two-way communication networks for disseminating important information and gathering feedback, and in-depth market engagement to inform tender exercises.

Commissioning exercises completed during the period 2021-2023 include:

- Recommissioning day services for all client groups as part of a new “Positive Days” strategy and a re-designed DPS contract.
- Recommissioning of the “Having a Voice” contract for Adults with Learning Disabilities, building on the significant co-production work, vision and aims of the new Worcestershire Learning Disability Strategy
- Publication of the Supported Living Market Position Statement
- Recommissioning of the Supported Living DPS contract
- Development and procurement of 3 new cluster flat developments creating increased capacity for Mental Health and Vulnerable Adults
- Successful capital bid for a new complex needs development (now going through the planning process)
- Completion of a Social Care Mental Health Needs Assessment and development of an associated action plan
- Commissioned a Framework of Providers for Older People Residential Replacement Care
- Completion of the Independence Focussed Domiciliary Care tender.
- Carers Strategy for Worcestershire and commissioning of the Carers HUB
- A Direct payment support service commissioned and implemented.
- Commissioning and implementation of a support service to develop micro-organisations and to develop a market of small providers and self-employed individuals to offer care services.

## 8.2 The Government Insights report

The Government published its [local authority market sustainability plans insights report](#) which collates the market sustainability plans submitted by local authorities as part of the grant conditions in respect of the Market Sustainability and Fair Cost of Care grant, issued in 2022. Worcestershire County Councils plans are published on the County Council website under the heading [Cost of Care exercise](#) and were accepted by DHSC. It should be noted that these reports majored on assessment of the 65+ general residential and nursing care and 18+ domiciliary care markets.

The plans were required to provide

- an assessment of current market sustainability
- anticipated impacts on market sustainability
- strategies for improving market sustainability over the next 1 to 3 years
- the cost of care for the local area and an explanation of how the exercise was carried out, including provider engagement
- a reflection on the data and positions of the local authority between March 2022 and March 2023.

Many of the themes identified by local authorities across the country are similar to those experienced and identified in Worcestershire. As such, our refreshed Market Position Statement incorporates those proposals and the report itself provides opportunity for further market considerations over the next 5 years:

- the ability of their 65 years and over residential nursing care markets and their 18 years and over domiciliary care markets, to deliver enough care and support for their local populations
- the diversity of provision
- provider exits from local markets
- underpayment within the sector and workforce supply

The Department identified the following themes as key to local authorities strategic approaches to improving market sustainability which were, in summary:

- to expand domiciliary care markets and secure greater supply
- to stabilise and adapt their care home markets to the changing needs of local populations by:
  - recognising the need for residential and nursing care that can cater to specialist needs
  - investing in alternatives to standard residential care, to expand provision that supports person-led care and support
- that market sustainability is dependent on a wide range of factors, including:
  - embracing the growing role of technology in delivering care and support
  - identifying the importance of working in closer partnership with health services, especially on discharge commissioning
  - investing in proactive quality management processes to improve and maintain standards of care and support
  - workforce recruitment and retention in both local authority roles and, but most acutely in, frontline social care delivery was highly constrained across all local authorities

## 8.3 Worcestershire's position and market considerations

Worcestershire County Council concurs with the Insights report statement that:

*“High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The role of the local authority is critical to achieving this, both through the actions it takes to commission services directly to meet needs and the broader understanding of, and interactions it undertakes with, the wider market for the benefit of all local people and communities.”*

The ‘reshaping’ phase for our market is focussed on the following and is largely in line with other local authority considerations as identified in the Insights report.

- Investment and stability – investing existing resources into the care sector in a more structured way to provide stability of care, but also recognising the role of the social care and health economy in the region and to allow all parties to plan their businesses, including proposals to move to a fixed fee approach;
- Commissioner-led support – a package of support from commissioners across the system that promotes quality improvement. Including ways in which social value will be delivered by the care sector and other partners;
- Efficiency and modernisation – developing integrated systems and processes that are efficient and fit for the future;
- Robust contract management – clear specifications focussed on enablement and that make clear the requirements, with robust and consistent management against these.
- Market shaping – developing mechanisms and specifications that support a stable and sustainable marketplace.

In support of this, commissioning activities that will commence/complete in 2023/24 include:

- Commissioning a Framework of Providers for Long-Term Older People Residential and Nursing Care Homes to include the options of replacement care and further potential for Continuing Health Care or more complex older people’s care;
- Commissioning of services to support people back home, this includes the Short Term Enhanced Domiciliary care service, the Wrap Around Service and Extra Care step-down flats;
- Re-commissioning of a service provider for Learning Disability Replacement Care services at Lock Close, Redditch;
- Commissioning of Positive Behaviour Support Services for people with complex behavioural needs;
- Implementation of the Mental Health Action plan (including commencement of commissioning of specialist services);
- Preparation for the development of a framework for U65 residential care;
- Needs assessment to assess the demand for specialist U65 residential services for Autism and Mental Health;
- Preparation for the re-procurement of Promoting Independent living services (home improvement agency).

This will mean that in Worcestershire, we will be progressing our journey to establishing a health and social care system where we can balance the budget, and where there is:

- a sustainable price for care based on quality of services;
- an increase in care and support being focused on improving outcomes and increasing independence;
- independent providers incentivised to work within their local communities to promote health and wellbeing and reduce the need for commissioned social care services;
- a systematic approach to promoting what choices are available to people locally, the quality of the service they choose and that it is value for money;
- quality processes and procedures that promote active involvement of service users.

- a systematic, transparent and proportionate approach to assessing and managing quality across the health and social care system;
- an increase in the number of independent providers that achieve the highest standards of care;
- market intelligence that enables us to raise quality standards;
- open, respectful and honest relationships with providers and proactive provider engagement;
- development of systems, processes and relationships that integrate with our health partners, those within the wider Integrated Care System footprint and other commissioners within the Herefordshire/Worcestershire region;
- development of closer links with regional commissioning colleagues across health and social care within the wider West Midlands area, via close working with regional networks;
- development of a performance framework used to regularly assess the effectiveness of services in line with desired outcomes and to ensure changes are made where necessary;
- Work with partners to develop a consistent outcomes framework to monitor the performance of our services.

As the various work programmes go live and become embedded, the successful impact of the commissioning activities may be measured through:

- Partnership with providers – having transformed our relationship with the market by being open and transparent, the Council will have a range of high-quality providers who are clear about what is required and who want to work with us to deliver, and further innovate and develop services for the future;
- Integration with health – Commissioners will continue to maximise all opportunities to integrate services and transform the market to enable services to be jointly commissioned, with shared risk and cost as appropriate;
- Reduced reliance on bed-based care services – Commissioners will have commenced work to innovate and to develop alternatives to more traditional models of care commissioning and delivery which will incentivise providers to enhance the independence of citizens as well as support the development and understanding of, and access to, community-based services;
- Only doing business with the best – the Commissioning unit will have significantly progressed the transformation and incentivisation of service quality improvement, reducing reliance on the team to ‘make quality happen’. As a result, our future aim will be to only do business with good and outstanding CQC rated providers (where CQC registration is required);
- Employment, skills and independence – commissioners will have actively supported county-wide strategies that as an economic driver for change, ensuring that people are enabled to live healthily and independently in appropriate accommodation, to be supported in achieving life skills and employment.