

# Slide 1: The Council's Approach to Commissioning

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## Slide 2: Commissioning

- Commissioning is a cyclical process to ensure people have the right services to meet their needs and have a good life. It involves analysing demand, designing services, procuring services and evaluating impact (but there is much more to it).
- Care Act 2014 – Sets out duties on local authorities to facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.

## Slide 3: Approach to Commissioning

### 1. Strategic Planning

- Market Shaping
- Needs analysis
- Policy / legislation
- Benchmarking
- Financial planning

### 2. Consultation and engagement

- Co-produce & co-design
- Service user/client engagement
- Service model
- Formal consultation consideration

### 3. Procuring

- Market engagement
- Procurement process
- Evaluation / governance
- Contract award

### 4. Monitoring & Evaluation

- Performance management

- Contract management
- Quality Assurance
- Informal / formal means

## Slide 4: Where commissioned spend goes ('000s)

[pie chart showing where commissioned spend goes]

Residential	48,034	23%
Nursing	31,412	15%
Care at Home	28,166	13%
Supported Living & Day Services	67,434	32%
Extra Care Housing	6,773	3%
Other Care	27,849	13%
Prevention Services	1,714	1%
Total	211,382	

## Slide 5: Care Homes

- Annual spend £79m
- 79 CQC registered homes in the borough
- 35 Residential; 44 Nursing
- 64 homes support mainly older people; 15 mainly under 65s with complex mental, physical and learning disabilities
- 2,823 CQC registered beds; 88% occupied (27/1/22)
- 43% beds are provided by six providers (26 homes)
- Quality – Outstanding 1 (1%); Good 58 (73%); Requires Improvement 16 (20%); Inadequate 2 (3%); Not inspected 2 (3%)

## Slide 6: Care at Home

- Annual spend £28m
- 76 CQC registered providers in the borough
- 37 mainly support older people; 11 specialise in supported housing and Extra Care; 28 specialise in supporting people with complex mental, physical or learning disabilities
- Quality 4 (5%) Outstanding; 67 (88%) Good; 5 (7%) Requires Improvement.

### For Domiciliary Care

- commission a prime provider model (three providers) to pick up the vast majority of care with a framework of 15 providers picking up the remainder.
- 61% of hours delivered by four providers

## Slide 7: Where commissioned spend goes – increasing spend

- OP Residential + 26%
- OP Nursing + 32%
- OP Care at home +104%
- OP Extra Care + 35%
- LD Supported Living and Day Services +68%

## Slide 8: The Challenge – ASC Markets at a ‘Tipping Point’ – NW ADASS

- North West ADASS research 2018
- “LAs in the North-West Region cannot continue to support the same number of people, for the same amount of their lives using the same support models as now.”
- “...if fees increase, as they need to in order to ensure providers are sustainable, and the models of support remain the same, the care and support system will simply not be affordable.”
- Meanwhile, people want more choice and more personalised services.
- Incremental change is not sufficient. System wide transformation is necessary.
  - Enable older people to age better
  - Commission services so people get the right support when needed but only for as long as they need it.
  - Enable people with a learning disability to become more independent over time
  - Commission services that support people along a progressive pathway

- North West ADASS Care 2030 vision and strategy for adult social care
  - Focus on future models, future markets and future workforce
- <https://vimeo.com/542823728/5919dc8f08>
- Care-2030-Strategy-Webv (1).pdf

## Slide 9: Transforming Adult Social Care Markets

To be transformational

- We need to shape the market over a longer period of time – 10 year view
- Be evidenced based and understand in greater depth what people want and what works – personalised services, at home, in their community.
- Think differently about how needs can be met – it doesn't have to be a bed or in a building or the same as something that worked 10 years ago.
- Work differently with providers and other organisations to design new models of care which are responsive to need, attractive for the workforce and offer value for money.
- Develop new ways to encourage the growth of new markets– high quality, personalised, ethical, responsive, community wealth builders.
- Support the development of a resilient, values based, professional and high-quality workforce.

## Slide 10: Examples of how this is being adopted

- Community Sector Commissioning – shaping a new commissioning environment.
- Community Led Care – new approach to the commissioning of early intervention and carers' services.
- Care at home – designing new models, system investment.
- Fair cost of care exercises for care at home and care homes.
- Closer integration with health to achieve system-wide benefits.
- Investment in the workforce – eg recognising their importance with bonus payments, investing in our registered managers professional development and resilience.
- Quality improvement as a driver for market development.
- Commissioning function aligning with a whole lifecycle approach – Start Well, Live Well and Age Well.
- Shifting operational commissioning practice towards designing future models and developing future markets rather than on emphasising the procurement cycle.
- Plans for Market Shaping 'think-tanks' bringing commissioners together with providers, users, industry experts, academia etc to design the future.
- Training for commissioners – Strengths-based commissioning; relational commissioning

## Slide 11: Integrated Commissioning

- Long standing examples of services commissioned jointly with health for example:
  - Community Equipment Service
  - Advocacy service
- More recently integrated strategies for example
  - Learning Disabilities and Autism strategy
- Integrated Care System – real opportunity to take this much further
- Cheshire West and Chester ‘Place’ –
  - Integrated Planning and Delivery workstream – reporting to place Executive
  - Setting our ambition and priorities and timeframes for integration
  - Integration of services, functions, and pooling of budgets and resources
  - Full Integration is not necessarily the destination for all functions.
  - Integration is only appropriate when there are clear benefits
  - Integrate to improve outcomes
- A clear vision and narrative for Adult Social Care is essential to inform and underpin this work

## Slide 12: Questions