

# Strategic Commissioning Strategy 2015-2019







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# Foreword

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This is Leicester's Commissioning Strategy for Adult Social Care which sets out our vision for the future of adult social care, and how we plan to commission this in 2015/16 and beyond.

We have written this to provide an overarching strategic approach to improve the quality of life of the people of Leicester and to meet the challenge of delivering the services that people want within the challenging financial climate that we continue to face. Indeed it is set against a backdrop of both financial and demographic challenges and needs to respond to an ageing population with increasingly complex needs, within a decreasing financial envelope.

Delivering the aims of the strategy will support the purpose of Adult Social Care in Leicester, which is to protect and empower the most vulnerable. Commissioning activity will support improved outcomes for individuals as well as reduce the financial burden to the public purse and provide good value for users and carers.

The FAIR Values that support the work of ASC will be followed in this strategy, namely we will demonstrate Fairness in our work; we will be Accountable for the decisions we make; we will put the Individual at the centre of what we do; we will show Respect for others and between ourselves.

The principles underpinning this strategy are that:

- People who use services and carers drive and co-design everything we do
- Every person experiences a person centred, 'needs led' approach
- Carers are supported in their caring role and have a life outside of caring
- Collaborative working will deliver real outcomes for people
- Care and support services are safe, cost effective, sustainable and based on evidence of what works
- We are able to be creative, adapt to change and manage uncertainty

This document sets out the vision, values and principles for commissioning that will inform individual service areas in developing commissioning plans within a clear framework for the commissioning and delivery of support and services to the citizens of Leicester.





## Executive Summary

The aim of adult social care is to protect and empower the most vulnerable. This means improving outcomes for vulnerable people and ensuring that publically funded care and support is provided where it is cost effective and only when it is really needed.

This strategy outlines our 5 year vision and provides a framework for the future commissioning of services that will support us to achieve our key aims to Commission services that deliver quality and value for money, and safeguard users from abuse; and Prevent, postpone and minimise the need for formal care and support by commissioning a system that promotes independence and well-being.

The strategy recognises the role of strategic and operational commissioning, and the need for the two to work together to ensure that services are commissioned in response to need, and are accessible and utilised, and deliver outcomes.

The strategy also recognises that relationships between health, social care and wider community services are integral to the health and well-being of local communities. A key requirement in meeting the financial challenge is to work more collaboratively with our partners and increase joint commissioning across health, social care, and housing.

We have set ourselves a major challenge to provide choice, control and flexibility and promote independence. In meeting this challenge our commissioning approach will be to:

- support people with complex and multiple needs through alliances, partnerships, joint commissioning and integrated service delivery
- support people's independence through 'simple' services rather than waiting until people hit a crisis point
- work with others to identify and remove barriers that stop people achieving access to a wide range of public services – health, leisure, transport and financial services, as well as social care – without constant assistance
- find ways of working together to ensure we encourage new and innovative providers into the market by supportive commissioning and flexible approach to service delivery
- build sustainable, long-term relationships with service providers
- ensure that all service specifications reflect the values and principles

inherent within this commissioning strategy

- work with providers to support issues regarding recruitment and retention, staff training and development and the promotion of equality
- develop a more user-focussed involvement in contract setting, compliance and quality monitoring.

In essence we will continue with our journey of greater personalisation of services and support, but this must now be achieved within the constraints of a challenging financial climate. Therefore, our focus must also be on supporting and sustaining independence, which will be supported through commissioning for outcomes.

We believe this strategy provides an important step as we seek to transform how we do things to meet this challenging agenda. It is built on the solid foundations of local demographic data, and responds to national and local policy frameworks. It sets out the challenge ahead and identifies commissioning intentions which will support the delivery of the strategic objectives laid out in this document.





# Our vision and strategic aims

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## Our Vision

The vision for adult social care in Leicester reflects the national agenda for transforming adult social care as set out in "Putting People First" (2007), and now manifested through The Care Act. This recognises that if people are to live fuller and better lives, fundamental changes are essential – principally, that we need to give people greater choice and control about the care that they receive, to promote well-being and independence.

The vision for adult social care in Leicester is that the people of Leicester are enabled to make decisions which mean that they have real choice and control over their lives, and the decisions that they make support them in maintaining independence and promoting health and well-being. To achieve this vision a whole systems approach needs to be in place and requires delivery across the entire system, namely:

- Promoting the use of universal, community services (available to all people in Leicester) where these will prevent, delay or reduce the need for formal care and support
- Easily and freely available information, advice and guidance to help people understand their needs and how they can find support to meet these
- Where people require support from the Council, to assist them to regain and retain their independent living skills
- Where people have needs that present a significant risk to their health and wellbeing ('eligible needs') and these needs cannot be met in other ways, we will provide them with a personal budget to meet these needs, for as long as they remain eligible for this support
- We will work with partners in health and wider community services to promote integrated services, including services which help to prevent avoidable deteriorations in independence
- We will ensure that people are protected from harm, where they are unable to protect themselves





## Our vision and strategic

To support this vision we will commission a system that promotes independence and well-being, by ensuring that the right services and interventions are available at the right time to prevent people from requiring statutory support by keeping them well in their homes and communities. Our focus will be to help people to help themselves. The system will not rely solely on formal adult social care, but requires the utilisation of universal support, and the ability of communities to increase their capacity to provide a supportive and preventative input. Assessments will begin by building on the strengths that someone already possesses and adding to this with support from families, communities and services.

Where vulnerable people do require interventions, commissioning will ensure that there is appropriate provision in place that supports quality of life, and increasingly important provides the necessary support to return people to independence when and wherever possible. This requires commissioning for outcomes and a culture change across the system from strategic commissioning to operational commissioning of individual care packages. Service specifications will be outcomes focused, providers will be monitored against their performance for outcomes, and care managers must commission care packages that support the delivery of improved outcomes for users and carers.

Recognising that Adult social care works within a wider context of individual's own abilities, family and wider community support, maintaining the health and wellbeing of people in Leicester is a shared responsibility. We need to move from commissioning services to commissioning and developing opportunities in communities, across universal and preventative services, and together with our partners in health and housing.

This strategy identifies the commissioning priorities for adult social care over the next four years which will support the well-being of working age adults and older people in Leicester through giving them greater choice and control, and enabling them to promote and maintain their independence. The strategy requires an integrated approach with our key partners and collaboration across organisations, particularly health and housing. Wherever possible we will work with partners, service users and carers in the delivery of this strategy.

### Our Aims

Two key aims will support delivery of the vision:

1. To commission evidence based services that deliver quality and value for money and safeguard service users from abuse

2. To prevent, postpone and minimise the need for formal care and support by commissioning a system that promotes independence and wellbeing and utilises family and community support where this is available

Supporting these key aims, the following strategic objectives have been identified:

1. Support market development of services that provide access to early intervention and prevention
2. Commission services which enhance or increase service users' independence and focus on the most vulnerable
3. Commission services that support Carers to fulfil their role
4. Support the development of a vibrant market, providing a diverse range of high quality services that meet local needs

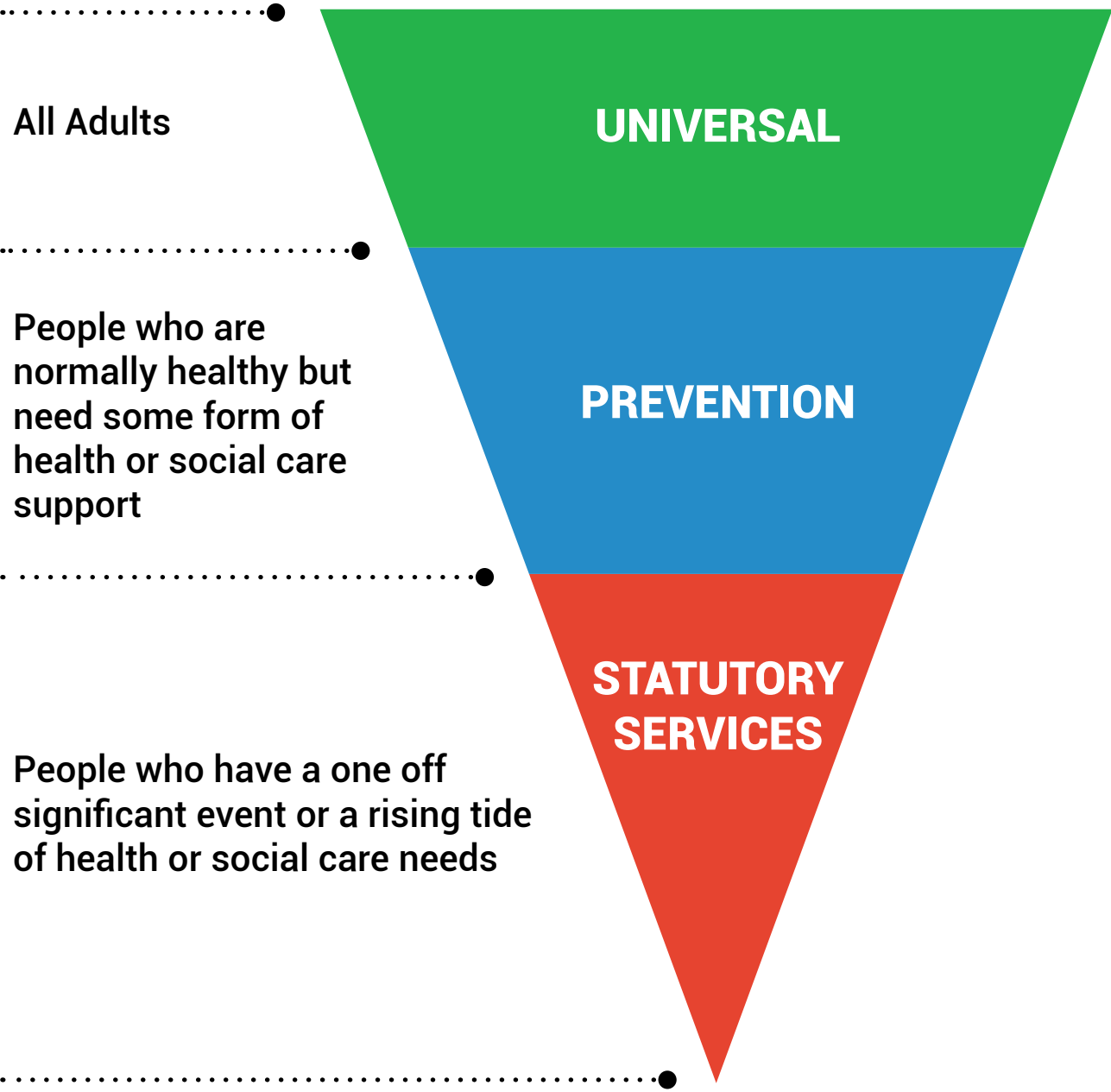
Achieving these aims and objectives will mean people in Leicester will:

- Remain safe
- Live independently with choice and control over their lives
- Be able to prevent and postpone the need for care and support
- Be happy with the quality of their care and support
- Know about and can access information, advocacy, care and support in their local community

# A Vision for 2019 - Working together for a caring, healthier, safer Leicester

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Partners: Local Authority, CCG, Fire Service, Police Service, Voluntary Sector, Private Sector, Local Business, Department of Work and Pensions (DWP), Primary & Secondary Care, NHS Trusts, Customers, Carers.



## WHAT

Community Engagement  
Volunteering  
Signposting  
Active Citizenship  
Primary Care  
Direct Access  
Life Long Learning  
Leisure  
Information

ALL ABOVE +  
Direct Access / Advice  
Information on:  
Health & Well-being  
Health / Life Checks  
Self-Assessment  
Self-Service  
Equipment etc.  
Fall Clinics  
Telecare, DFGs

ALL ABOVE +  
Assessment  
Intervention - via  
Domiciliary Care  
Reablement  
Proactive Management of  
LTC, Review, Respite Care  
Carers Support

## WHERE

Customer Service Points  
Libraries  
Leisure Centres  
GP Surgery  
Out Patients  
Community Centre  
Own Home

Resources Centre  
Leisure Centre  
Primary Care Centre  
Leicester Care  
Extra Care Housing  
Sheltered Housing

Community Hospital  
Acute Hospital

## WHO

Individual  
Community Groups  
Primary Care  
City Council  
Voluntary Sector  
DWP  
Family Carers

Individual  
City Council  
Voluntary Sector  
Housing  
Police  
Fire Service

NHS  
Social Care & Health  
Integrated Teams





# The policy framework

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Strategic Commissioning for Adult Social Care Services (ASC) is set in the context of a range of national policy that informs and shapes the direction of travel for the City. The national policy direction is one of reform, supporting transformation of the Health and Social Care system, and driving personalisation of public services in health and social care, to services that reflect the outcomes and aspirations of the individuals who use the services and not ones defined by professionals.

## 4.1 National Drivers

The main driver for the work of Adult Social Care is the Care Act. The implementation of the Care Act from April 2015 makes provision to reform the law relating to care and support for adults and carers. It outlines general responsibilities for Local Authorities in relation to adults including: Promoting individual well-being; preventing needs for care and support; promoting integration of care and support with health and housing; providing information and advice; and promoting diversity and quality in provision of services. The key emphasis of the Care Act is to support prevention; to promote well-being; and to offer choice and control.

The Care Act is underpinned by The Government's white paper Caring for our future: reforming care and support (July 2012) which outlined a vision for a modern system that promotes people's well-being by enabling them to prevent and postpone the need for care and support and to pursue education, employment and other opportunities to realise their potential. All too often people do not have access to good information and advice; the system often only reacts to a crisis with care and support too acting as a crisis service. Not enough is done to intervene early to support people to remain independent and healthy. Failure to support people at an early stage means that many people are needlessly admitted to hospital because they have an accident or crisis and lose their independence. It is vital to stop people from getting into crisis and then having inappropriate services provided to meet the crisis need. There needs to be more support within communities, better housing options, and improved support for carers to help people maintain their independence and avoid a crisis. Reablement services and crisis response will help people regain their independence at home after a crisis.



The White Paper 'Our Health, our care, our say: A New Direction for Community Services' (DH 2006) set out the Government vision to provide people with good quality social care and health services in the communities where they live. Its key requirements included the shift to:

- Personal and responsive health and social care services that reflect people's needs and wishes
- Prevention, public health and wellbeing
- Tackling inequalities
- More focussed support for people with long term conditions
- More service outside of hospital, care closer to home
- More integrated services and working arrangements between the NHS and social services

The Government introduced proposals for the transformation for adult social care services 'Putting People First' in November 2007. The protocol outlines the Government's commitment to independent living. It recognised that if people are to live fuller and better lives, fundamental changes are essential – principally that we need to give people

greater choice and control about the care and support they receive. Putting People First is about shifting control away from the traditional state providers towards the people who need our services. The emphasis is on a collaborative approach between local Governments, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.

'Putting People First', set out the blueprint for a transformed model of Adult Social Care, identifying four key areas of change:

- Facilitating greater access to universal services,
- Building and making good use of social capital within local communities,
- Ensuring people have greater choice and control over meeting their needs
- Making a strategic shift to supporting prevention and early intervention

Building on many of the principles of Putting People First, in November 2010 the coalition government launched A Vision for Adult Social Care: Capable Communities and Active Citizens, which extended the rollout of personal Budgets Nationally. This highlighted the valuable

role local Communities can play in helping people to retain their independence; and the need to break down barriers between health and social care funding. It recognised great value in care and support – including wider support services, such as housing – being delivered through a partnership between individuals, communities, the voluntary sector, the NHS and councils.

The strategic objectives of this commissioning strategy will deliver the ambitions of the national policy drivers, by ensuring that the system which is commissioned provides choice and control; supports prevention; promotes health and well-being and independence; works with partners; and supports carers.

## 4.2 Local Drivers

A range of policy and strategy documents exist locally that influence the commissioning strategy for ASC. These include The City Mayors Delivery Plan (2013-14), and in particular support to priority theme 'A Healthy and Active City'. The social care priorities of the plan are to ensure people are provided with opportunities to maintain their independence; to ensure that people have access to quality services of their choice; to support people who are at risk of harm and abuse to stay safe; and to support carers.

This commissioning strategy will support the delivery of strategic priorities of the Joint Health and Wellbeing Strategy for Leicester, 'Closing the Gap', in particular strategic priority 3 'support independence' and strategic priority 4 'improve mental health and emotional resilience'.

This strategy will also support the delivery of the 5 year Health and Social Care strategy, 'Better Care Together'. Adult social care has a critical role to play in delivering an enhanced community offer that will lead to a reduction in demand for higher cost and more acute services.

The strategy is linked to the further developments of needs specific strategies, namely:

- Joint Mental Health Strategy
- Joint Learning Disability Strategy
- Intermediate and short term care strategy
- Independent Living & Extra Care Strategy
- Dementia Strategy
- Carer's Strategy
- Physical and Sensory Disability Strategy





# Local needs

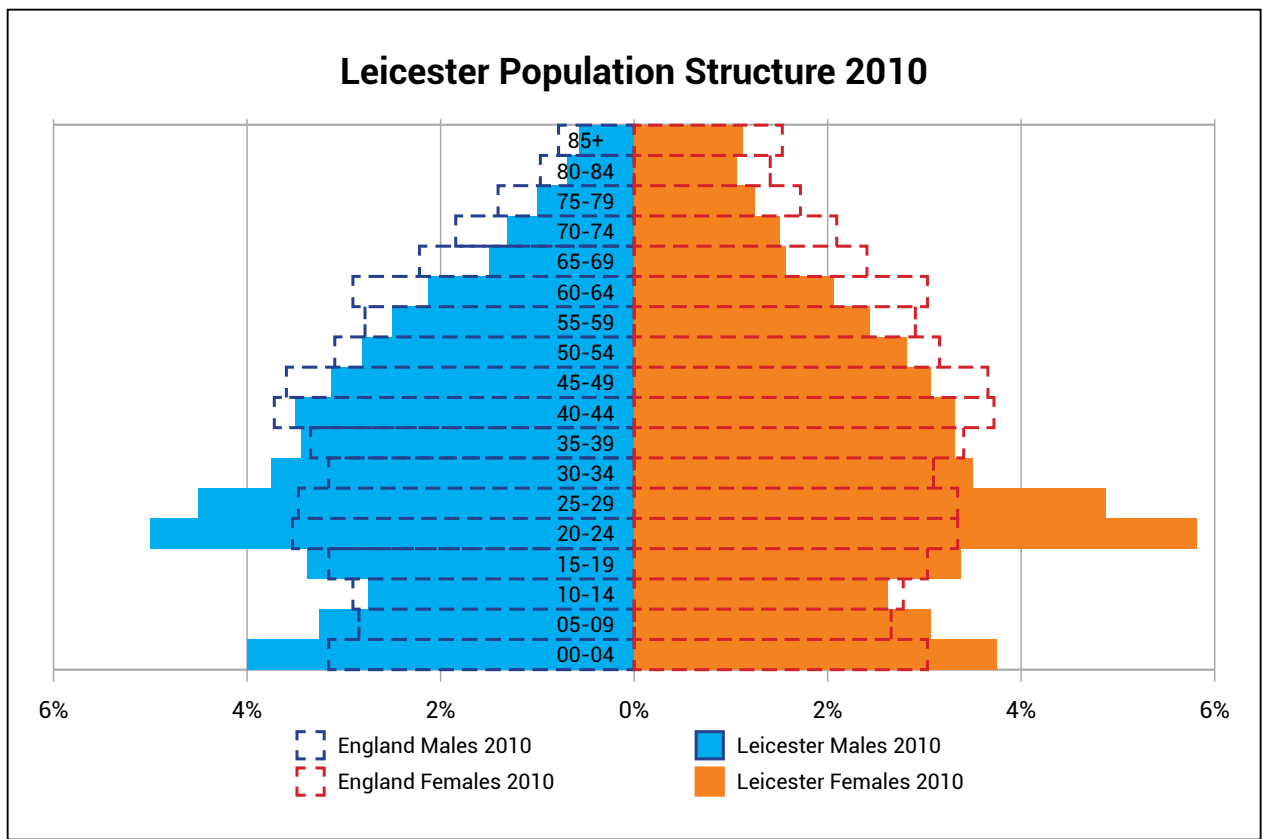
## 5.1 Demographic profile

The 2011 Census population estimate for Leicester City is 329,900.

Information from the JSNA shows that Leicester is a city with a younger, diverse population, with higher levels of deprivation and significantly worse life expectancy compared to England. 49% of the population, are male; 51% female. The population is predicted to increase to about 346,000 by 2020. Projections indicate that Leicester will have a smaller

proportion of people aged below 10 years and a larger proportion over 40 years. Around 50% of the population is from black and minority ethnic (BME) groups - most of these are from South Asian backgrounds. The proportion of people from BME groups will continue to increase.

Figure 1: Leicester Population structure, 2010





The overall population of Leicester is predicted to rise by nearly 65,000 over the next 20 years; from around 311,500 in 2010 to 376,000 in 2030. The number of over 65s is estimated to rise by around 2% or nearly 16,000 by 2030. Numbers of people with limiting chronic illness are set to rise by 13% (or 2,500) by 2020.

## 5.2 Population needs

The JSNA demonstrates that people in the city die early, particularly from circulatory diseases, cancers and respiratory disease. Poor health is largely driven by deprivation and exacerbated by lifestyle factors embedded within communities. The inequalities gap in health between Leicester and England is not narrowing and the gap between the more deprived and the more affluent communities within Leicester remains.

## 5.3 Needs specific headlines

**Mental Health** An estimated 39,770 adults aged 16-64 in Leicester have a common mental disorder. This represents 17.9% of adults in this age group, compared to 14.6% in the region and 16.6% nationally. The proportion of people with common mental disorders is projected to increase in Leicester by 18% to 2031, compared with increases of 10% across the region and 7% across England as a whole.

**Dementia** 2,700 people suffer with dementia, which will increase to 3,700 people by 2030. There are 800 new cases a year being diagnosed. There are 70 younger people with dementia.

**Carers** In Leicester there are currently an estimated 30,000 carers. Responding to the needs of people who care is a major challenge. Carers often experience high rates of depression and stress. They can become isolated. Working age adults who provide a lot of care tend to have lower incomes, poorer health and are less likely to be in work. Providing support, and ameliorating the risks to the health and wellbeing of carers, are significant challenges for health and social care services. Evidence indicates that carers have higher levels of stress and anxiety and poorer physical health than the population generally.

**Learning Disability** Across Leicester, there are an estimated 110 people aged 18-64 with profound and multiple learning disabilities (PMLD), 970 with severe learning disabilities (SLD), and around 5,550 people aged 18-64 are expected to have moderate learning disability (MLD). The overall number of people aged 18-64 with learning disabilities is projected to increase by around 18.3% across Leicester to 2031: well below the regional increase (29.3%) but significantly higher than the

estimated national increase (8.6%). The largest increases are expected in the PMLD group, with a projected growth of 64% to 2031.

Older People Leicester is expected to see one of the most significant growths of the Older Population in the next 20 years. It is estimated the growth will be in the region of 7% increase in the 65+ age group to 2016 and a 48% increase in 65+ to 2031. This projected increase is likely to drive increased demand for social care in the Local Authority. This is particularly the case as the fastest increases are seen in the oldest age-groups, those most likely to need social care.

**Physical and Sensory Disability** PANSI data suggests that just under 4,231 people aged 18-64 are thought to have a serious physical disability in Leicester; moderate 15,181. For those with a serious visual impairment it estimates the population at 140; PANSI also reports that the number of people with a moderate or severe hearing loss stands at 6,813 and a further 58 with profound hearing loss population. Currently 651 people are in receipt of social care through self-directed support and/or direct payments, with 24 in residential care.

In summary the needs of these specific groups demonstrates that the requirement to look after the health and wellbeing of the most vulnerable in society, such as older people, those with learning disabilities, or with mental health problems is increasing. Carer's play a significant role in supporting the independence of people who are vulnerable, and nearly 20% of carers are themselves aged over 65 years. The challenge in commissioning support is to provide opportunities that support vulnerable people to maintain their independence, and to regaining where these efforts are insufficient.





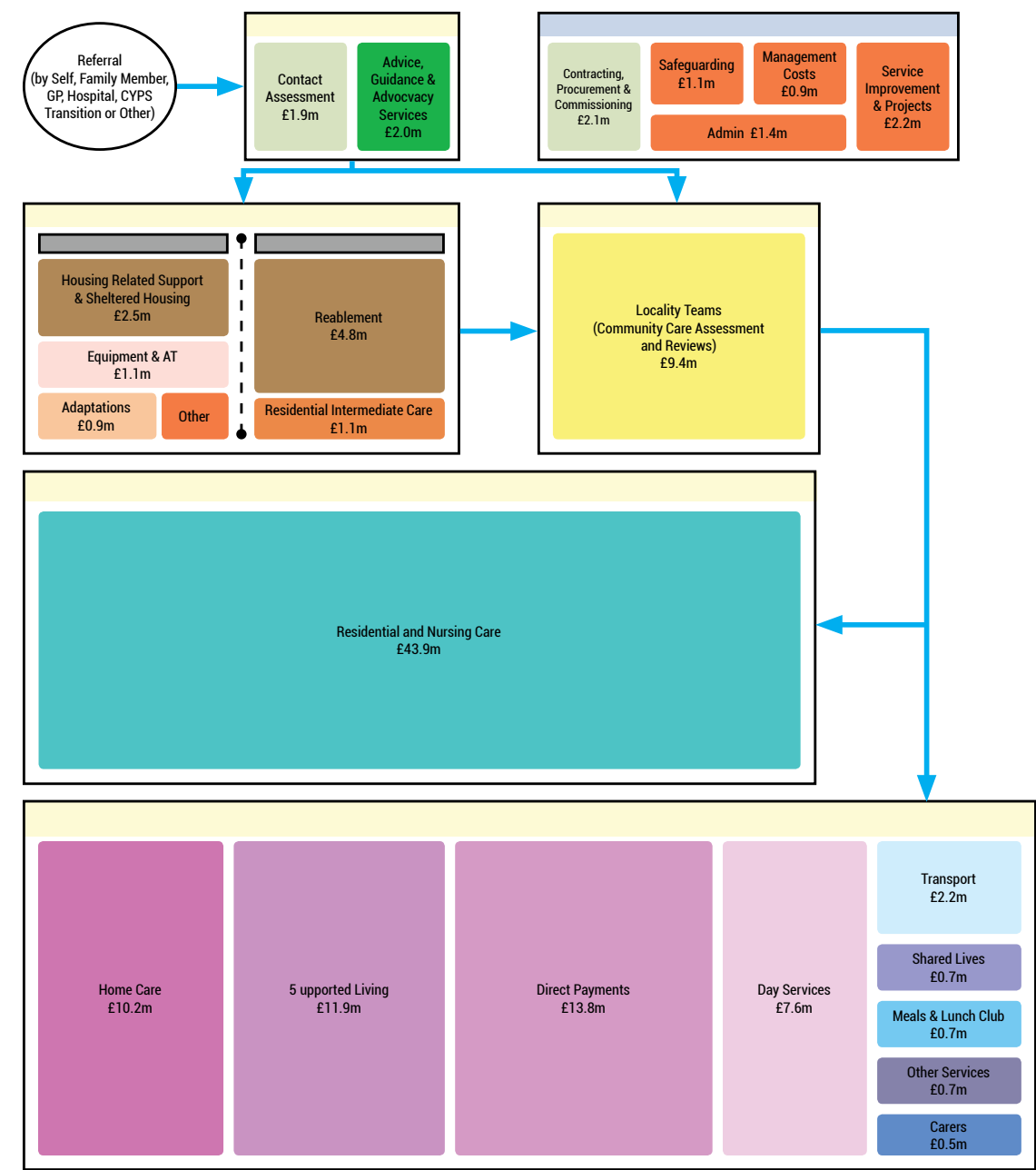


# Current Resources

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## 6.1 Financial analysis

The process map below illustrates the current spend for Adult Social Care in Leicester, and the distribution of spend along the care pathway. A relatively small amount of money is currently spent on preventative services.





# Current Resources

The context of spend for Adult Social Care needs to be understood within the wider financial position of the council, the council has identified £85m spending reductions since 11/12. The current estimate is that it will need to find a further £65m (on a £300m budget) by 17/18 excluding growth pressures. The £65m savings will be determined through a series of reviews and a public consultation exercise. At present the impact on ASC is not known but as the council's major spend area (£90m net) it is likely to be substantial.

In addition ASC will have significant growth pressures emanating mainly from demographic growth and Care Act pressures. This is expected to be £8m by 17/18. This unprecedented reduction in resources will mean a fundamental review of ASC service provision.

## 6.2 Leicester's Care and Support Market

Although traditional service models are still in the majority, the social care market place is changing. Providers will need to be less reliant on block contracting arrangements as these opportunities will reduce; replaced with direct arrangements between providers and people using services.

Changing demand and commissioning arrangements will see a shift towards a more diverse market place with opportunities for providers to offer more creative, non-traditional service models. Business models will need to reflect the move away from block contracting; marketing services directly to those that will be using them, including those that fund their own care and support.

The integration agenda will challenge providers to look at ways in which they can meet both health and social care needs. Newly commissioned services will be outcome focused, supporting individuals to maximise their independence and minimise reliance on statutory services.

The Care Act formalises Local Authority responsibilities to work with the market to support and shape its development to meet the needs and choices of local people.

## 6.3 A Workforce Fit for the Future

Increasing demand will mean a natural increase in size of the workforce is needed. There are however ongoing challenges relating to retention of staff, attracting people into the sector, low wages and impact of zero hour contracts, resulting in a lack of stability in workforce.

Through greater integration a different skill set will be required from staff and there will be key challenges relating to merging of health and social care cultures; ensuring clear communication, ensuring a clear customer focus and employing the key principles of promoting wellbeing/ reducing need will help to ensure success.

Implementation of the Care Act will have significant implications for the adult social care workforce including:

- An increased demand for carers assessments and services
- Increasing challenges relating to retention of staff
- Staff will need to be multi-skilled in order to support greater levels of integration





# Strategic Objectives & Commissioning Priorities

The following section describes in further detail the strategic objectives that will support delivery of commissioning high quality services that prevent, postpone or minimise the need for formal care, whilst providing value for money and safeguarding users from abuse.

## Strategic Objective 1: Early Intervention and Prevention

**Vision:** By enabling people to access simple support services, and through better targeted early interventions we will prevent or delay a loss of independence and as a result reduce the need for more expensive health and social care services in the future.

### Where we are now:

There are clear demographic pressures around a local population that is growing older with long-term conditions, creating an increasing need to identify effective ways of supporting people to stay well and healthy and reduce the pressure on health and social care services.

There is increasing evidence that making the strategic shift in resources towards prevention and early intervention results in better outcomes for individuals, organisations and communities and is a more efficient use of existing resources (LinkAge Plus Programme (2009); Partnerships for Older People Projects (POPPS), Department of Health.)

The Care Act places a statutory duty on Local Authorities to offer preventative support options from April 2015.



# Strategic Objectives & Commissioning Priorities



## Where we are going – the challenge:

The aim is that by 2019 we will:

- Understand the need for preventative services and have a market place that offers a diverse range of high quality preventative services across communities, with partners that support improved health and well-being and promote independence.

## Key actions will include:

- Building an evidence base of the financial gains of preventative services.
- Reviewing our Advice, Information and Guidance Strategy
- Identifying funding opportunities for communities to support community capacity and social capital.
- Working with Local Authority partners in housing, neighbourhoods and communities, transport, and community safety to support a broad market of preventative options for Leicester residents
- Working with partners in the production of joint commissioning strategies including Mental Health; Learning disabilities; and Autism
- Developing a corporate strategy for an ageing population – Age Friendly Leicester

## Core outcomes delivered by services will include:

- Reducing dependency on statutory services
- Delaying and reducing the need for care and support

## Commissioning Intentions:

- We will review commissioned preventative services within the voluntary and community service for their effectiveness.
- We will commission an increase in Assistive Technology options. Both workforce and process developments will be made in order to ensure appropriate technologies are made available to the right customers at the right time and reviewed at regular periods.
- We will support community capacity building and Asset based community developments.
- We will commission services and opportunities that support social inclusion
- Through the use of capital monies, we will commission a programme of scheduled works across mainstream universal provision across the city will increase access for disabled groups and promote community integration.
- We will commission universal support for Carers to enable them to access information and support at the earliest stage in their journey without the need for ASC intervention.
- We will support the development of an Age Friendly Strategy for the city across a range of partners.
- We will work together with health colleagues to review the mental health pathway to support a joined up system that supports service users.
- We will commission a range of services to support the implementation of the Joint Commissioning strategy for Learning Difficulties



## Strategic Objective 2:

Commission services which enhance or increase service users' independence and focus on the most vulnerable

### Vision:

People will have control over their own lives wherever possible, live safely and healthily and access the support they need in order to be as independent as they choose.

### Where we are now:

There has been a historic overreliance on residential care in Leicester but there are an increasing number of options which allow people to remain or regain independence in their local communities for as long as possible.

### Where we are going – the challenge:

The aim is that by 2019 we will:

- Reduce the reliance on residential and nursing care provision by increasing the number of opportunities for all adults to live independently in the community with or without support in their own homes.

### Key actions will include:

- Ensuring earlier interventions and better advice and information is provided so that appropriate choices can be made
- Ensuring the right range of choices and opportunities are available
- Reviewing the provision of our internal Sheltered Housing offer

- Reviewing the use of residential care

- Promoting and maximising the use of assistive technology within the home

### Core outcomes delivered by services will include:

- Reducing dependency on statutory services
- Delaying and reducing the need for care and support and, where this is required, focusing provision on those most in need
- Enhancing quality of life for people with care and support needs Commissioning Intentions:
  - We will increase the number of supported accommodation sites across the city
  - We will develop 'living support networks' across the city, working with communities and the market
  - We will develop further 'extra care' sites across the city
  - We will increase the number of independent living, building based opportunities to meet the identified need.
  - We will consider more innovative approaches to the commissioning of domiciliary support, which deliver outcomes and enable individuals to achieve independence.
  - We will commission increased usage of AT / tele care provision to support people to remain at home safely.
  - We will continue to commission day opportunities through our open framework agreement.
  - We will continue to commission respite care
  - Integrate services for those in transition between adult and children's social care



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## Strategic Objective 3: Commission services that support Carers to fulfil their role

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### Vision:

By providing support to Carers they are enabled to continue to provide a vital role in supporting the people for whom they care.

### Where we are now:

The Council invests in a variety of preventative services for Carers including information and advice, training, advocacy, drop-in support sessions and activities which offer Carers a break. However, Carers still report feeling under strain and that getting access to respite or replacement care can be complicated.

### Where we are going – the challenge:

The aim is that by 2019 we will:

Provide assistance to Carers which will enable them to access a range of services which support them to continue their caring role where they wish to do so. Services should be available which meet Carer needs flexibly to reduce the impact of caring on the Carer's own health and wellbeing. Carer reported satisfaction will be in line with the highest performing authorities.

### Key actions will include:

1. Ensuring the market can offer Carers a full range of services including advocacy, breaks, training and respite provision.
2. Working with Health partners to improve early identification of Carers
3. Reviewing current delivery mechanisms and service offering for Carers to establish whether alternative models would be more effective

4. Working with Children's services to ensure whole families working improves outcomes for Carers including Young Carers
5. Reaching out to the traditionally excluded communities in Leicester to ensure all Carers have access to the services they need.
6. Consulting Carers and co-producing future strategies to ensure services meet need

### Core outcomes delivered by services will include:

- Carers being informed about their rights and entitlements and given support to access them
- Carers having access to services which enable them to continue their caring role and avoiding the need for more intensive services either for themselves or the person they care for
- Carers reporting improved health and wellbeing

### Commissioning Intentions:

- We will commission services based in the voluntary and community sector which:
  - Identify Carers at an early stage
  - Provide timely information and advice
  - Offer drop-ins, peer support, activities and networking opportunities
  - Provide advocacy
  - Offer training to support the caring role
- We will put into place a new Carers Assessment which will ensure eligible need is identified in line with the Care Act
- We will ensure appropriate replacement care options are available for those who require it
- Where gaps are identified in the market we will seek ways to stimulate appropriate service provision



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## **Strategic Objective 4:** Support the development of a vibrant market, providing a diverse range of quality services that meet local needs.

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### Vision:

High quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers (The Care Act). Our role is to influence and drive the pace of change for the whole market to support providers continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote wellbeing and support independence.

### Where we are now:

The market currently offers a range of services delivered by the independent, private, voluntary, community sectors along with our own in-house provision. It delivers both statutory and non-statutory support across the city. Commissioning takes place at both an operational (care management level) with individual placements and at a strategic level with the commissioning of services via framework, block and spot contracts. We are also seeing an increase in the numbers of people who are making choices as to how they are supported through the use of direct payments.

### Where we are going – the challenge:

#### The aim is that by 2019 we will:

Understand and develop the care and support market through strategic and operational commissioning, ensuring that new services which have been commissioned are commissioned for service users by care management / brokerage. Recognising it as part of a wider system of support we will promote a market for care and support that

supplements the support provided by families, and communities and builds on the strengths that individuals have rather than the risks and challenges they face. We will add value and reduce inefficiency through integration and joint commissioning with our partners. We will ensure sufficiency, choice, quality and sustainability. Where we have internal services these will be accountable in the same way as externally commissioned services.

### Key actions will include:

- Continued production and promotion of a 'Market Position Statement' (MPS).
- Developing the supply of options and providers in order to support choice, not just for those that have eligible needs, but also for others particularly those who self-fund their care and support.
- Developing a supply map that is much broader than services we fund including universal services that reduce the need for statutory intervention.
- Engagement with local people, providers and key stakeholders in the co-production of the MPS, and service design.
- Making available information about the providers of services for meeting care and support needs and the types of services they provide.
- Developing our approach to ensure oversight of provider sustainability
- Our market shaping and commissioning approach will focus on outcomes, giving due consideration to ASCOF and PHOF, and other relevant outcome measures.
- Consideration of payment approaches that support the delivery of outcomes, e.g. payment by results
- Agreeing our approach to provider failure, and our duty to ensure service users continue to be supported.



# Strategic Objectives & Commissioning Priorities



- Making best use of contractual arrangements that encourage an expansion of the market, flexibility of provision and wider choice for service users.
- Working with our partners to identify opportunities for integration and joint commissioning

## Core outcomes delivered by services will include:

- Delaying and reducing the need for care and support
- Reducing dependency on statutory services
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
- Care Managers are informed and promote the diverse range of options to service users and their carer's and supported to achieve their full potential, reducing the need for formal care, and supporting well-being and independence.
- Efficiency savings and service improvements through collaboration

## Commissioning Intentions:

- We will facilitate the market to encourage a sufficiency of preventative, enablement and support services, including support for carers to make caring more sustainable
- We will ensure sufficiency and diversity of service provision across all types of service that are required to provide care and support including, for example: support services and universal and community services that promote prevention; domiciliary (home) care; homes and other types of accommodation care; nursing care; live-in care services; specialist care; support for carers; re-ablement services; sheltered accommodation and supported living; shared lives services; other housing options; community support; counselling; social work; information, brokerage, advocacy and advice services; direct payment support organisations.
- We will commission brokerage services that enable more people to take direct payments that give greater choice in how and when care is provided to them.
- We will jointly commission services for Dementia to implement the Better Care Strategy which includes Dementia as a priority work-stream.
- We will support the development and delivery of a workforce strategy
- Through contracting and procurement we will incentivise value for money, sustainability, innovation and continuous improvement in quality; and assure that service provision adds social value.
- We will consider the use of incentives for providers
- We will increase integration and joint commissioning with health



