

**CAMBRIDGESHIRE COUNTY
COUNCIL**

**ADULT SOCIAL CARE MARKET
POSITION STATEMENT 2013-18**

Draft 1.1
October 2013

KEY MESSAGES

KEY MESSAGE 1.1

The County Council is focused on providing services that promote choice and control, encourage independence, build community capacity and treat people as individuals.

This Market Position Statement is designed to explain the challenges the Council faces, and give providers a clear direction of travel so they can gear up their services to meet these challenges.

KEY MESSAGE 2.1 (Ageing population)

The number of people over 70 is forecast to increase much more quickly than the size of the general population.

If current prevalence of frailty, dementia and disability continues, we think there will be a significant increase in demand for social care, particularly services that older people use, such as home care, residential and nursing care, and assistive technology.

It is therefore likely that services for older people will need to change to cope with more demand. They will also need to change to effectively support a higher average age and complexity of need.

KEY MESSAGE 2.2 (Location)

Demand for health and social care services is likely to be higher in Huntingdonshire, South Cambridgeshire and Fenland, because there are higher numbers of people with long-term illness and people who care for a friend or family member at home in those places.

KEY MESSAGE 2.3 (Future demand for adult social care)

Current projections suggest that, assuming the pattern of services that are commissioned remains the same, the number of clients the Council will need to support will increase dramatically, by 19% over the next five years. For that period, the Council is not expecting an equivalent increase in funding to cope with additional client numbers.

The Council is therefore interested in developing services that delay or divert people away from full-blown social care services, and can use evidence to demonstrate their effectiveness.

KEY MESSAGE 3.1

The number of people supported by a traditional long-term social care service appears to be falling, as new services like reablement are introduced that focus on recovery and people getting back to independence. The Council wishes to continue to develop these preventative services to respond to the challenge of demographic growth.

It is likely that these preventative services have the most significant effect on people with relatively lower social care needs. On average, the group that are

left therefore have higher needs. It is therefore likely that people with higher needs will become more and more common amongst long-term ongoing service users.

KEY MESSAGE 3.2

On average, last year the Council supported around 6,900 people in the community at any given time, with about 11,100 services, ranging from home care, assistive technology or equipment, training, education and work placements. The majority of these were service users over 65.

KEY MESSAGE 3.3

The Council purchases around 2,275 residential and nursing care beds at any given time, with around 1,875 of these in the county. This represents about 40% of the available beds in the county. The Council is keen to develop appropriate provision to reduce out of county placements – although this may not mean ‘traditional’ residential or nursing care provision.

KEY MESSAGE 3.4

The rate of turnover in residential and nursing homes, particularly for older people, is increasing. It also helps the Council support people in the community for longer periods of time if service users can be supported temporarily in residential or home settings to give their carers respite. The Council is therefore most interested in working with providers who can place people quickly and flexibly.

There also seems to be a shortage of residential dementia beds at local authority rates, as people’s needs are higher when they first go into residential care.

KEY MESSAGE 3.5

Part of the Council’s range of services includes services for informal Carers, of which we support around 3,000 per year. The Council recognises the value of informal Carers’ contribution, and is keen to further develop services in this area.

KEY MESSAGE 4.1

Services being user driven means they need to focus on how they help people have control over their daily lives, how they help people feel safe, do things they enjoy and have social interaction.

KEY MESSAGE 4.2

The Council wishes to see people’s experience of services built into the design, delivery and evaluation of those services, to ensure they are as responsive as possible to the person’s needs.

KEY MESSAGE 4.3

We believe that Self-Directed Support and assisting people to take Direct Payments are major routes to assisting people in taking control of their lives and their support and care packages. In 2011-12, most people receiving Self-Directed Support chose for the Council to arrange or pay for their services.

However, the number of people taking Direct Payments only (and choosing to arrange their own services independently) is increasing very quickly. The Council expects this trend to continue over the next few years and wishes to commissions services that support this trend by offering people innovative ways of using their Direct Payments.

KEY MESSAGE 4.4

The Council is keen to develop more preventative services. We are expanding our reablement programme and preventative support services. We are keen to ensure that new technologies, as well as the use of more traditional low level items of equipment, are built into services. Support to address the mental and physical wellbeing of informal carers should also be built into services.

KEY MESSAGE 4.5

The Council is actively looking at ways of jointly commissioning and purchasing services between health and social care. Proposals from providers that could allow the development of more integrated services are welcomed.

KEY MESSAGE 4.6

Outcome-based commissioning is a different way of specifying and purchasing services than traditional 'time-to-task' approaches. The Council is keen to work with providers who manage their service delivery by understanding the outcomes that the service user experiences.

KEY MESSAGE 4.7

The Council is actively looking for ways of improving 'transitions' work for young people who receive support who are entering adulthood, and is keen to work with providers who can join up services suitable for children and adults.

KEY MESSAGE 4.8

The Council would like to work with partners and developers to ensure that new developments include provision for people who use (or at risk of using) social care, like Lifetime Homes.

KEY MESSAGE 4.9

The Council is keen to work with providers who are aware of and actively seek to build social value. Services should build strong social capital and community cohesion, and contribute to the local economy, retaining, re-circulating and leveraging funds in the neighbourhood.

KEY MESSAGE 5.1

We expect our budget to remain static in cash terms. Coupled with inflation and the predicted increase in demand, we expect this to have a significant negative impact on the amount of resource available.

KEY MESSAGE 5.2

We are looking for innovative ideas from providers that will help us to deliver good services at a lower unit cost, for example by joining up health and social

care support for a service user that needs both, enabling the public sector as a whole to save money.

KEY MESSAGE 6.1

The Quality and Workforce Development Team offers free learning and development, and access to funding, for social care staff.

KEY MESSAGE 6.2

Providers should register with Source Cambridgeshire and be ready to tender via an e-tendering system to win contracts. Invoices are also paid electronically.

KEY MESSAGE 6.3

Providers can access information through provider forums and briefings.

SECTION 1

INTRODUCTION – OUR DIRECTION OF TRAVEL

This Market Position Statement seeks to provide a long-range perspective on commissioning adult social care for the service users of today and tomorrow. It outlines trends for commissioning for social care across all service user groups.

Cambridgeshire's twenty year vision for transforming adult social care was established in 'Shaping our Future – A Framework for Action'. This long term strategy describes how the County Council is working with communities and partner organisations to:

- Build services that respond to the needs of citizens, rather than services that reflect organisational structures; and
- Develop new capabilities to ensure citizens are empowered to make choices about services with relevant and timely information.

Since the strategy was adopted considerable work has been undertaken to achieve this vision and as a result Cambridgeshire is leading the way in personalisation, in particular driving choice through Self-Directed Support.

For Cambridgeshire County Council Adult Social Care the key themes of independence, choice, diversity of providers, and wellbeing are paramount. They underpin our commitment to expand independent sector involvement, continue with personalisation, direct payments, develop community care, promote the rights of people with disabilities and of carers, and secure value for money. Further details on our commissioning intentions are available in section 4 of this document.

The Council is facing unprecedented financial challenges. This means that the budget for social care for adults will reduce in cash terms compared to 2013-14 over the next five years. More detail on the Council's budget strategy is contained in section 5.

All participants across the sector will need to engage to bring about both the transformational culture change and the systems change needed to deliver personalisation. An explanation of how the Council will support providers to develop their services is contained in section 6.

KEY MESSAGE 1.1

The County Council is focused on providing services that promote choice and control, encourage independence, build community capacity and treat people as individuals.

This Market Position Statement is designed to explain the challenges the Council faces, and give providers a clear direction of travel so they can gear up their services to meet these challenges.

SECTION 2 **THE POPULATION OF THE COUNTY**

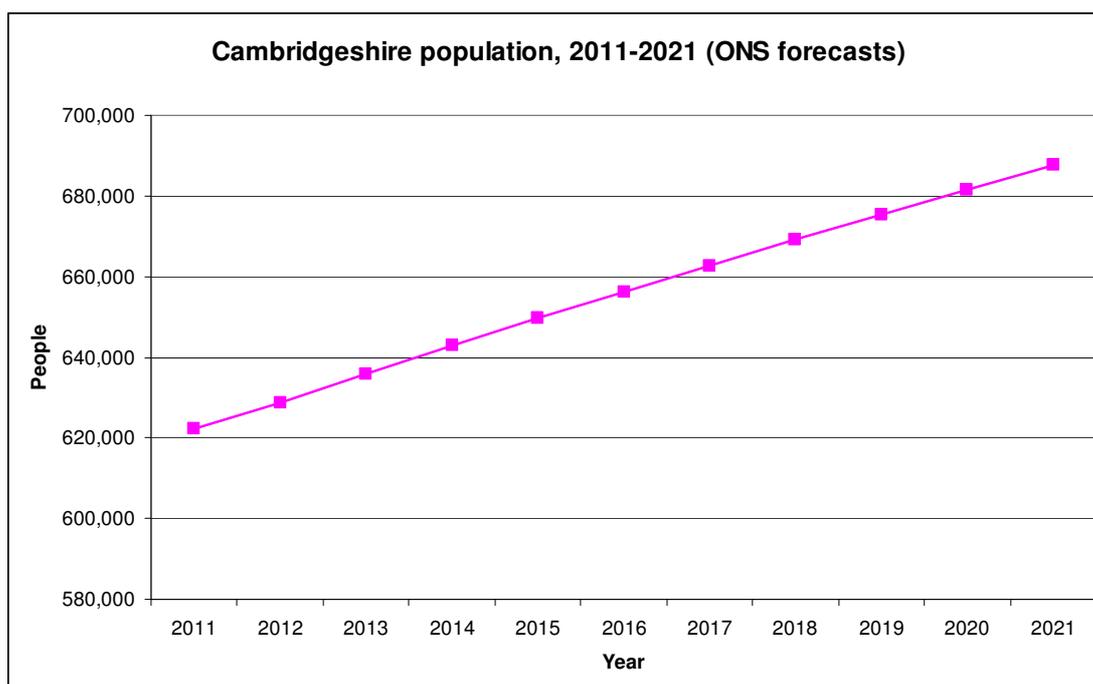
Population of the county – 2011

District	Population in March 2011	Growth since 2001
Cambridge City	123,867	13.8%
East Cambridgeshire	83,818	14.5%
Fenland	95,262	14.1%
Huntingdonshire	169,508	8%
South Cambridgeshire	148,755	14.4%
Cambridgeshire total	621,210	12.4%

Source: Census 2011

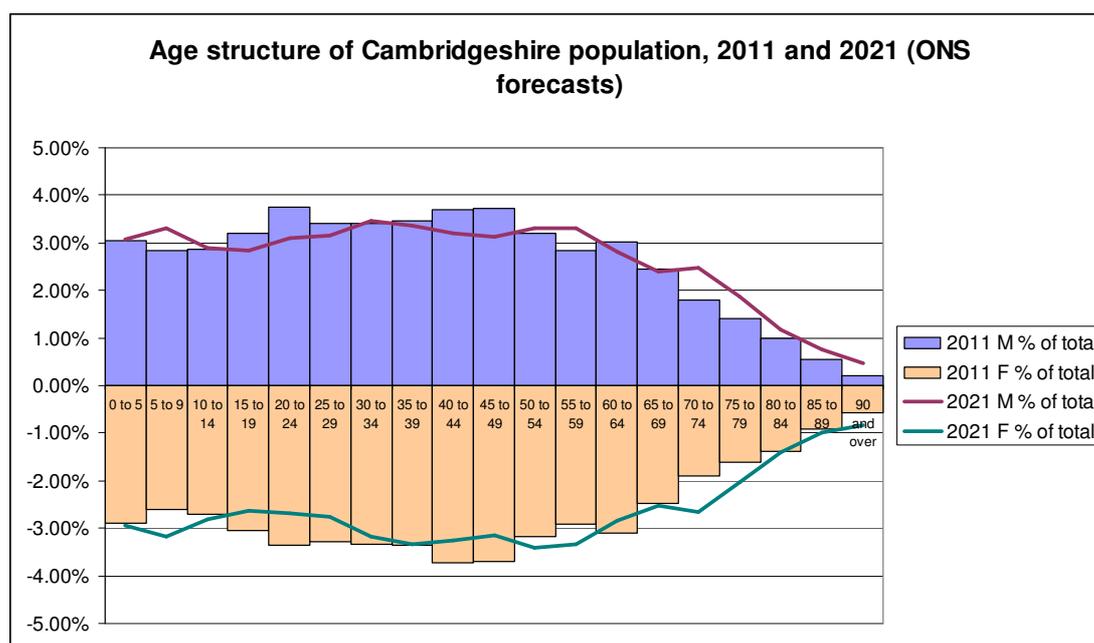
Huntingdonshire is the most populous district in the county, and East Cambridgeshire is the least. Compared to the 2001 Census, Cambridgeshire as a whole is the fastest growing shire county in the country. This growth has been reasonably evenly spread across the county's districts, except Huntingdonshire.

Forecast population growth 2011 to 2021



The ONS forecast, based upon a linear projection of previous trends, forecasts a population in the county of 670,000 by the end of the current budget planning period (2018), and a population of approximately 690,000 by 2021. This represents overall population growth of between 5 – 7%, over the planning period of 2013 – 18, and 11% over the census period of 2011 – 21.

Age structure 2011 and 2021



This chart shows the 2011 age structure, with each 5 year age band expressed as a proportion of the total population (the bars). It also shows the predicted age structure in 2021 (the lines). In 2021, the proportion of the population aged 40-49 will reduce, and the proportion of the population aged 70-90+ will increase.

Taking these two charts together, this implies that the population will both increase in size and a larger proportion of people will be over 70 over the next 10 years.

The Council expects that this change in age structure will be a major reason for a likely increase in demand for health and social care services over the next 10 years. This is not straightforward however; there are many other factors that affect demand for health and social care services, including wealth, community support and public health.

KEY MESSAGE 2.1 (Ageing population)

The number of people over 70 is forecast to increase much more quickly than the size of the general population.

If current prevalence of frailty, dementia and disability continues, we think there will be a significant increase in demand for social care, particularly services that older people use, such as home care, residential and nursing care, and assistive technology.

It is therefore likely that services for older people will need to change to cope with more demand. They will also need to change to effectively support a higher average age and complexity of need.

Census Populations at Risk

District	People with long term limiting illness	People with bad or very health in the previous year	Number of carers providing support to a friend or family member
Cambridge City	16,064	4,503	9,777
East Cambridgeshire	12,902	3,326	8,289
Fenland	20,030	5,883	10,594
Huntingdonshire	25,302	6,681	16,525
South Cambridgeshire	20,728	4,775	14,991
Cambridgeshire	95,026	25,168	60,176

Source: Census 2011

Two of the key populations that the census measures provide useful information in relation to where social care demand is likely to arise are 'number of people with a long term limiting illness' and 'people with bad or very bad health in the previous year'. Huntingdonshire has the highest number of people that fall into these populations.

There were approximately 60,000 unpaid carers in Cambridgeshire in March 2011, providing support for a friend or family members because of long-term physical or mental ill health or disability, or problems related to old age (this includes children who are cared for). There are higher numbers of carers in the more populous districts of Huntingdonshire and South Cambridgeshire, but there is also a high number of carers providing more than 50 hours of care in Fenland.

KEY MESSAGE 2.2 (Location)

Demand for health and social care services is likely to be higher in Huntingdonshire, South Cambridgeshire and Fenland, because there are higher numbers of people with long-term illness and people who care for a friend or family member at home in those places.

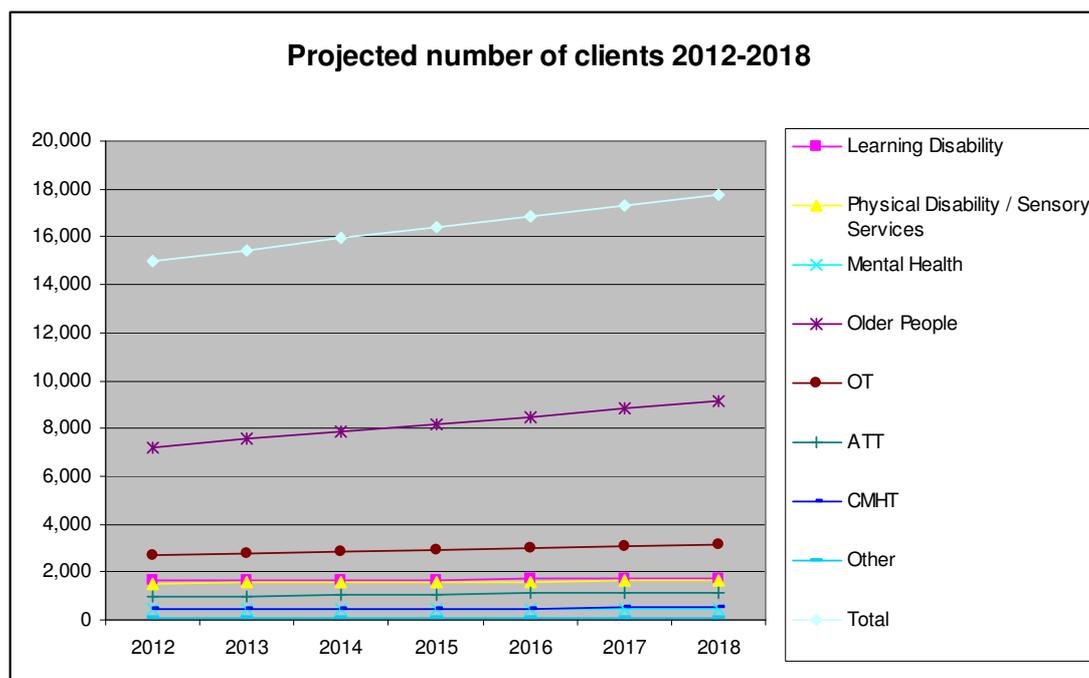
Forecasts of future demand

The table and chart below apply the projected increases in at-risk client populations to the number of clients in each group who used social care services in 2011-12 for the current budgetary planning period (2013-2018).

Projected number of clients, 2012-2018								
Year	2012	2013	2014	2015	2016	2017	2018	% change
Learning Disability	1,657	1,666	1,674	1,683	1,691	1,700	1,708	3.08%
Physical Disability / Sensory Services	1,529	1,549	1,569	1,589	1,608	1,628	1,648	7.78%
Mental Health	438	441	443	446	448	451	453	3.42%

Older People	7,215	7,534	7,853	8,172	8,491	8,810	9,129	26.53%
Occupational Therapy	2,716	2,784	2,852	2,920	2,987	3,055	3,123	14.99%
Assistive Technology	968	999	1,030	1,061	1,091	1,122	1,153	19.11%
Cambridgeshire Mental Health Team	425	440	454	469	483	498	512	20.47%
Other	53	55	57	59	60	62	64	20.75%
Total	15,001	15,466	15,931	16,396	16,860	17,325	17,790	18.59%

Source: internal modelling,
based upon POPPI and PANSI, 2012.



This shows how the demographic changes in the population are expected to translate into number of clients. The increase in clients is expected to be mainly amongst the 'older people' group.

This is a crude estimate. It does not take into account:

- The number of people who are diverted from social care services by preventative support
- The changes in the 'older people' group – average age increasing, more people with learning disability living longer – that mean needs are likely to be more complex.
- Improvements in health provision – better drugs, procedures and treatments that mean health is better for longer.

KEY MESSAGE 2.3 (Future demand for adult social care)

Current projections suggest that, assuming the pattern of services that are commissioned remains the same, the number of clients the Council will need to support will increase dramatically, by 19% over the next five

years. For that period, the Council is not expecting an equivalent increase in funding to cope with additional client numbers.

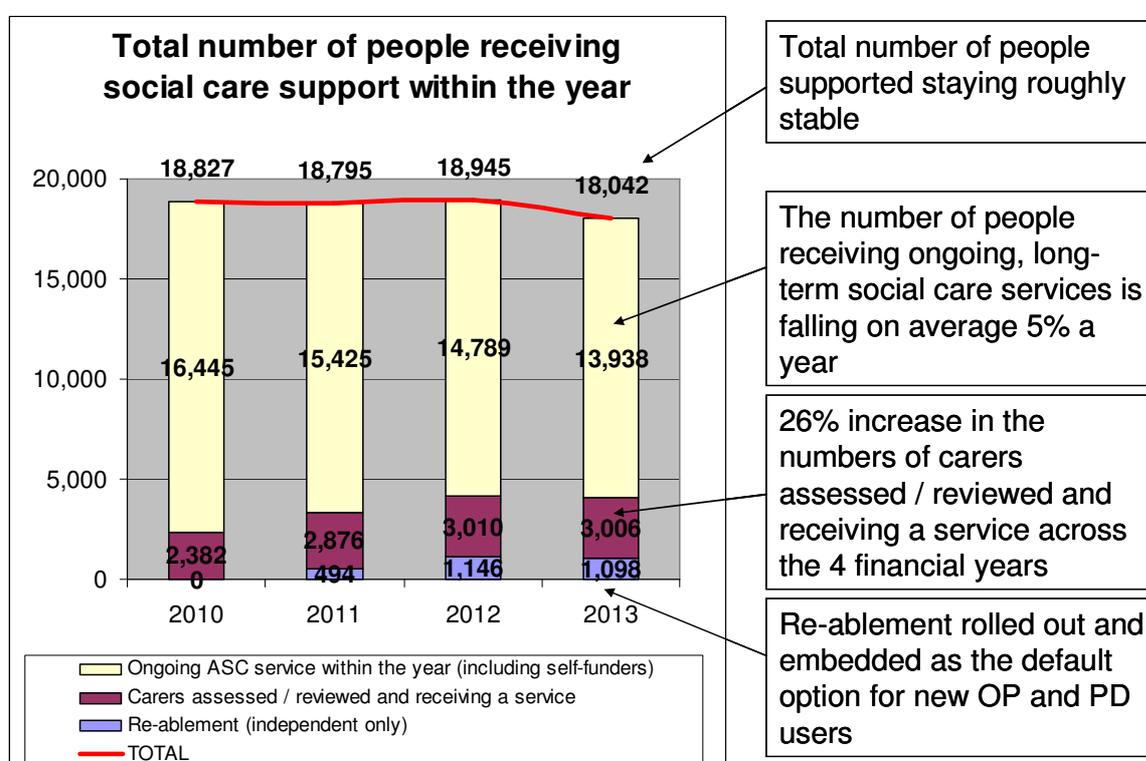
The Council is therefore interested in developing services that delay or divert people away from full-blown social care services, and can use evidence to demonstrate their effectiveness.

SECTION 3 **CURRENT SERVICE PROVISION**

This section discusses the current pattern of service provision, in order to show what the Council currently buys to support service users.

The first part looks at the total number of service users during the year. Although an increase in the number of service users is forecast by the population and prevalence figures, it appears to be staying roughly stable although the types of services provided are changing.

Total number of service users during the year



Source: ASC HoS workshop presentation, Adults Performance Team, May 2013

The chart above includes people who have received an assessment but fund their own care. However, it does not include people who have not been assessed by the Council and purchase a social care service independently.

Although the number of people receiving ongoing, long-term social care services appears to be dropping, the complexity of the packages they are supported with remains high and on average, the service users in this group 2013 are likely to have higher or more intense needs than the same group in 2010.

KEY MESSAGE 3.1

The number of people supported by a traditional long-term social care service appears to be falling, as new services like reablement are introduced that focus on recovery and people getting back to independence. The Council

wishes to continue to develop these preventative services to respond to the challenge of demographic growth.

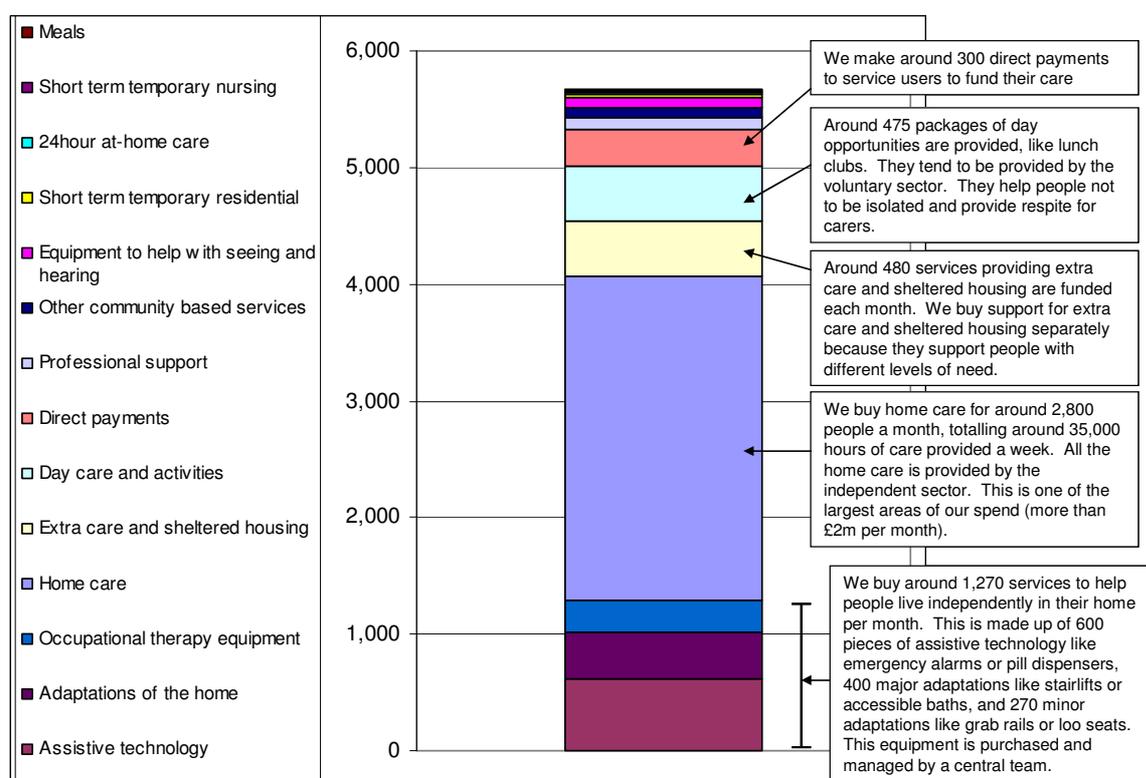
It is likely that these preventative services have the most significant effect on people with relatively lower social care needs. On average, the group that are left therefore have higher needs. It is therefore likely that people with higher needs will become more and more common amongst long-term ongoing service users.

Community-based service provision

Older People

On average, in 2012-13, the Council supported around 4,500 older people in the community at any given time. There were also about 450 self-funding service users who were supported during the year. This is the biggest single group of clients the Council supports, and the largest budget (£85m gross).

The care packages for these people are made up of 'services'. Each client may have more than one service if their care package is made up of more than one element, e.g. home care and day opportunities. The chart below shows the categories of services, **by how many were bought on average in a month.**¹



Focus on ... home care for older people

The Council wishes to purchase home care that is as integrated as possible with other ways of supporting people to live independently at home, such as assistive technology, home adaptations and opportunities for social interaction. Wherever possible, home care should not create dependency. If possible, it should enable people to become more, not less, independent.

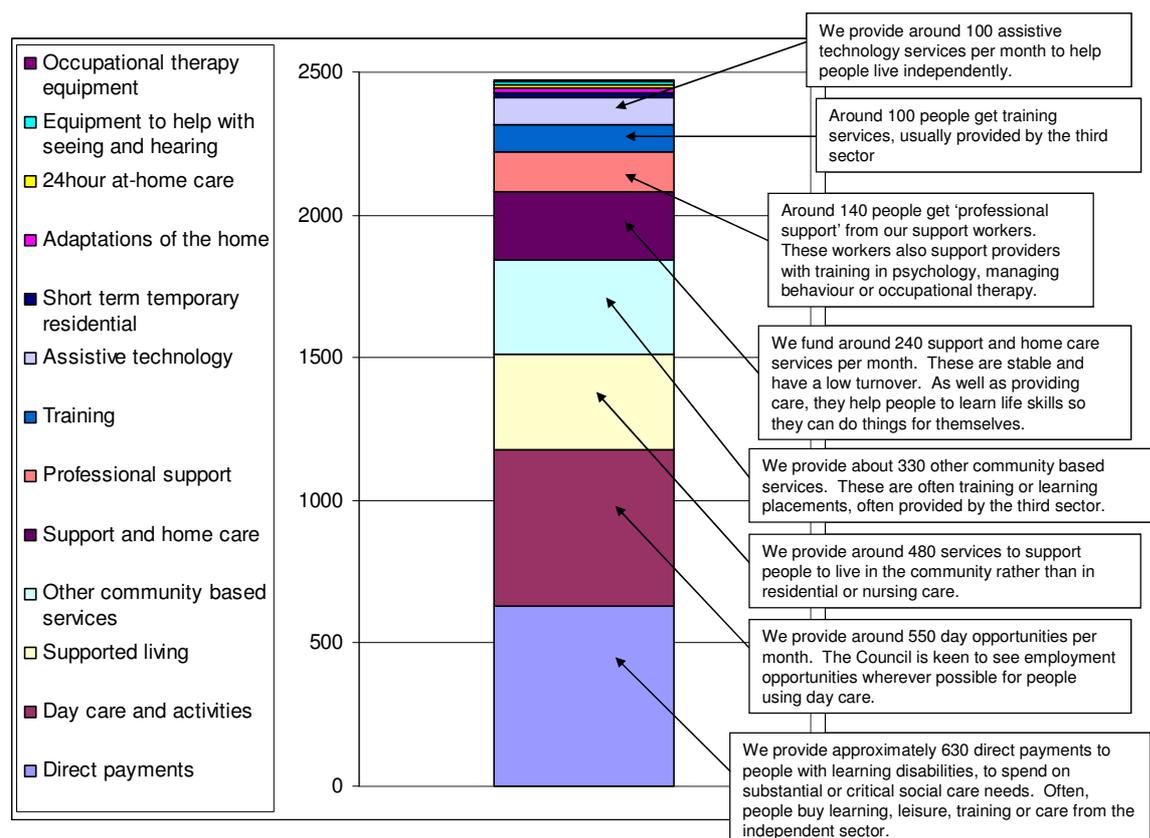
¹ The source for the average number of service users and the service breakdowns is an average of the services shown in RAP P2S, which takes a snapshot of all open services at the end of each month.

The Council has recently re-tendered the contract for home care for older people, people with physical disabilities and people with mental health issues. 6 'strategic providers' and 34 'preferred providers' have won the contract, and will work with the Council on developing and improving the service. It is due to be re-tendered in March 2017.

Learning Disability

On average, in 2012-13, the Council supported 1,200 service users with a learning disability in the community at any given time. This group is the second largest group of service users supported in the community, and the budget is second-largest after the older people's budget (£62m gross).

On average, each month we bought the following services for our **Learning Disability** clients last year:



Focus on... community-based accommodation for other vulnerable adults and adults with learning disabilities

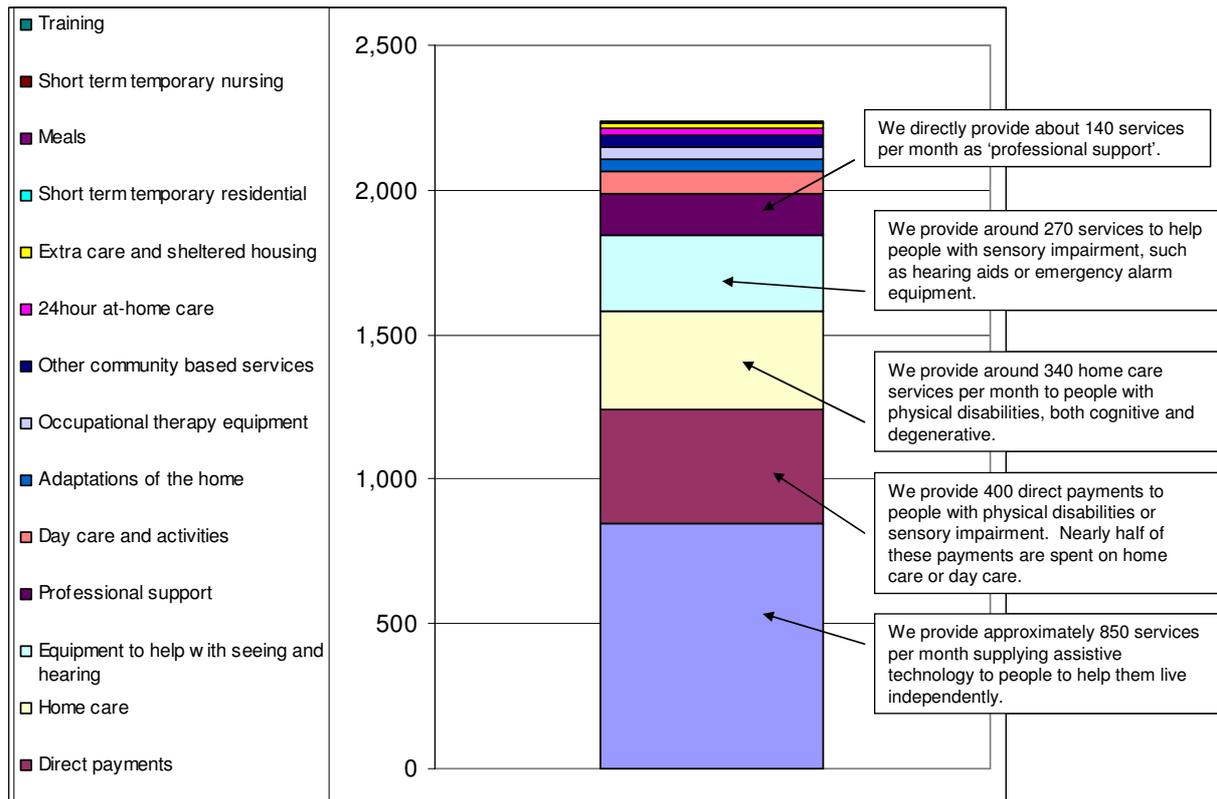
The Council believes that wherever possible, people from Cambridgeshire should be able to live in Cambridgeshire. The Council is actively looking for accommodation that supports people with learning disabilities or other vulnerabilities such as substance abuse or mental health issues.

The Winterbourne Concordat commits local authorities to bring people living in hospital placements back into appropriate settings in their local area. Such accommodation should also be able to support people whose behaviour challenges services, to help them to maintain tenancies so they can maximise their potential and hopefully go on to a mainstream tenancy and gradual reduction in support.

Physical Disability and Sensory Services

On average, in 2012-13, the Council supported around 950 people in the community at any given time, who had a physical disability (either cognitive or degenerative) or sensory impairment. The budget for this client group was £16m gross in 2013-14.

On average, each month of last year we bought the following community based services each month for our clients with **physical disabilities and sensory impairments**:



Focus on... the range of services for people with physical disabilities or sensory impairment

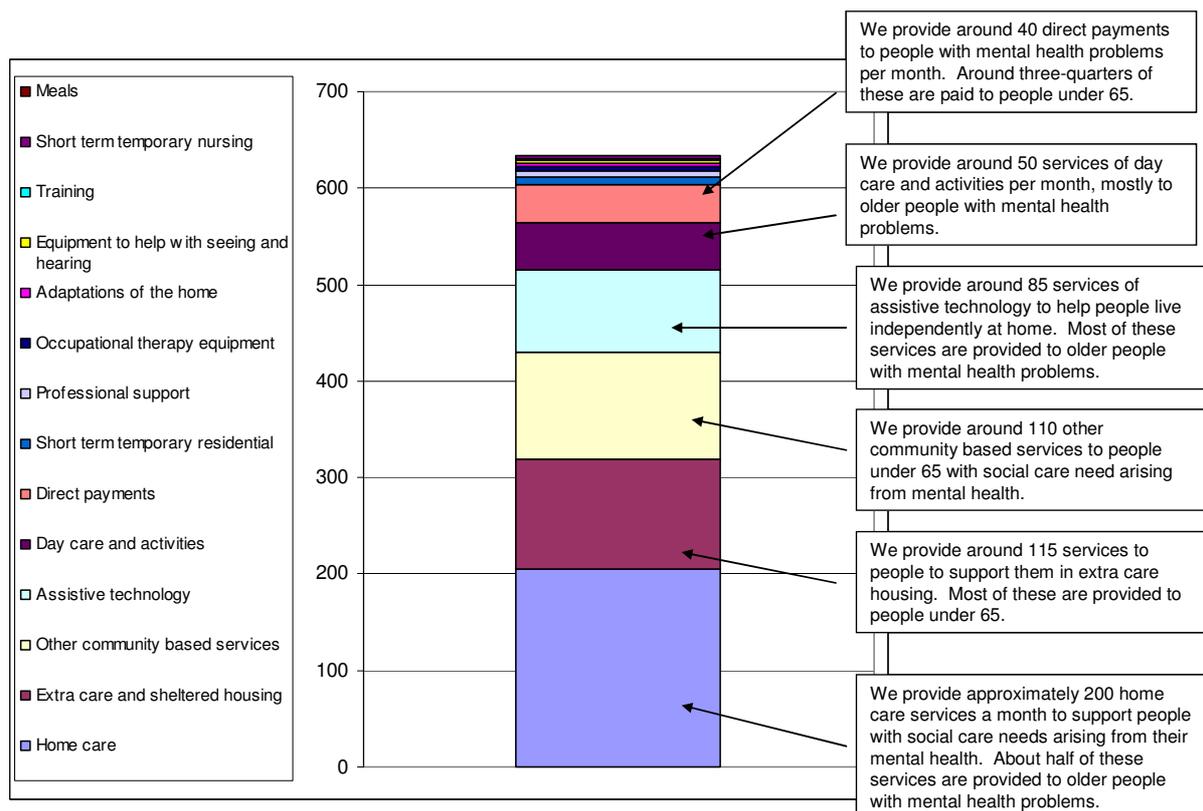
The services people in these groups receive are different – the services we provide to people with sensory impairment but no other disability are usually specialist equipment like fire alerting equipment or Visual Impairment Rehabilitation, and need usually increases with age.

People with a Physical Disability can have care packages made up of 'services' e.g. support with personal care, respite for carers, accessing social activities. The services people with cognitive physical disabilities can receive can be different from the services for people with degenerative physical disabilities or terminal illness.

Mental Health

On average, in 2012-13, the Council supported 300 people, with social care needs arising from the mental health, in the community at any given time. The budget for this client group was £10m gross in 2012-13 (these figures relate to people under 65 only).

On average, in each month of last year we bought the following services for our service users with mental health issues (including under- and over-65s):



Focus on... Recovery and Wellbeing services

Day services and employment services have been transformed into Recovery and Wellbeing services with the focus on integration into mainstream activities and services. The focus on supported accommodation services is also on developing skills and confidence so that people can move onto mainstream housing. A key aim is to reduce the use of residential care services by the development of local accommodation projects that can supply a higher level of support.

KEY MESSAGE 3.2

On average, last year the Council supported around 6,900 people in the community at any given time, with about 11,100 services, ranging from home care, assistive technology or equipment, training, education and work placements. The majority of these were service users over 65.

Residential and nursing care services

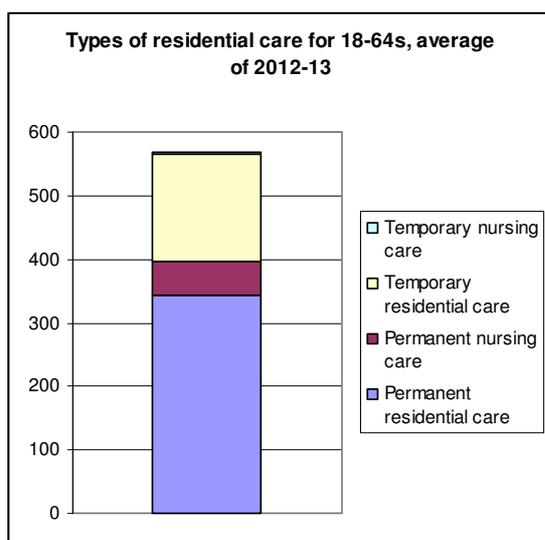
All client groups

In Cambridgeshire, the Care Quality Commission has registered a total of 4,753 residential or nursing care beds.² Of these:

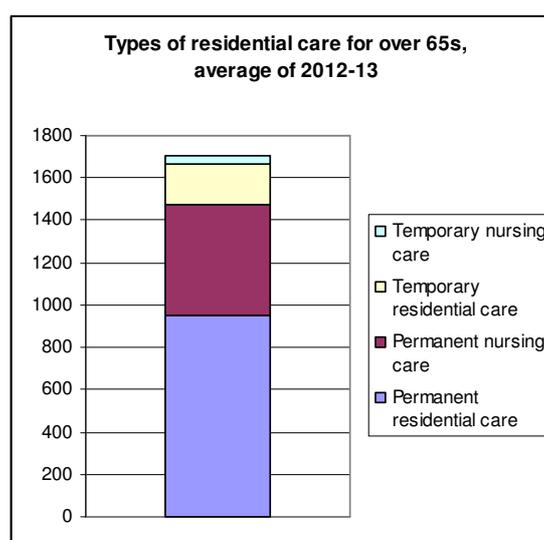
- 1,373 (29%) can provide nursing care.
- 2,317 (49%) are suitable for caring for people with dementia
- 1,782 (38%) are suitable for caring for people with learning disabilities
- 3,042 (64%) are suitable for caring for people over 65
- 1,790 (38%) are suitable for caring for people with physical disabilities.

(These figures do not add to the total of all beds available in the county, as some homes / beds are suitable for more than one of these types of needs).

On average, the Council purchases about 2,275 residential or nursing care beds at any given time (not including people who pay full cost for their care and receive no other service that they pay for).³ Around 80% of these are permanent placements, but 20% are temporary (e.g. respite beds). The breakdown of types by the age of service user is shown in the charts below.



Three quarters of these beds (and the vast majority of the temporary beds) are provided to support service users with learning disability



80% of these beds (and the vast majority of the temporary) are provided to support service users who are physically frail or have dementia.

Not all of these beds are based in Cambridgeshire – in March 2013, 17% of placements were out of county. Placing people out of county is more common in permanent placements and amongst learning disability service users. The Council is

² Source: CQC website, April 2013

³ Source: Average of ASC-CAR S1 returns

keen to reduce out of county placements by developing alternatives in the county for service users with a learning disability.

Assuming that the out of county rate is stable at 17% throughout the year, the Council purchases around 1,875 beds in the county at any given time. This represents about 40% of the total beds available in the county.

The NHS, through Continuing Healthcare services, purchases around 470 beds (average of snapshots of the number of packages delivered in 2011-12 and 2012-13), representing another 10% of all beds available.

Assuming a 90% occupancy rate of the remaining 2,408 beds not purchased by the public sector, there are around 2,170 people living in Cambridgeshire who fund residential or nursing care privately (or their care is funded by a different local authority). This would include people who are assessed by the Council but pay the whole cost of their care themselves.

Independent sector spot residential / nursing placements benchmark prices in 2013-14 in Cambridgeshire

	Countywide	Homes in Fenland and East Cambs	Homes in Huntingdonshire	Homes in Cambridge City and South Cambs
	£	£	£	£
Residential homes				
Older people (includes physical disability in people over pension age)		345	356	366
EMI Unit		421	423	451
Mental health and drug / alcohol	308			
Learning disability	349			
Physical disability (under pension age)	393			
Nursing homes				
Older people (includes physical disability in people over pension age)		484	484	538
EMI Unit		494	494	547
Mental health and drug / alcohol	449			
Learning disability	456			
Physical disability (under pension age)	504			
Source: Procurement and Contracts				

KEY MESSAGE 3.3

The Council purchases around 2,275 residential and nursing care beds at any given time, with around 1,875 of these in the county. This represents about 40% of the available beds in the county. The Council is keen to develop appropriate provision to reduce out of county placements – although this may not mean ‘traditional’ residential or nursing care provision.

Focus on... turnover and intensity of need

The Council is particularly keen to develop flexible capacity in residential / nursing care, that is focused on giving intensive support for a shorter time period and can place people very quickly after a vacancy becomes available.

This is because the ‘turnover’ of beds is increasing, i.e. the proportion of Council-purchased permanent residential or nursing home beds that are used by more than one person in a year is increasing, from less than 1 in 5 in 2009-10 to more than 1 in 4 in 2012-13.

This could be because efforts to support people to live independently at home or in other community-based settings are being successful, and as a result people are going into a care home later in life and with more intense support needs.

This may also be behind an apparent particular shortage of residential dementia beds available at local authority rates in Cambridgeshire.

	2009/10	2010/11	2011/12	2012/13
Council-purchased residential / nursing bed turnover (proportion of beds that change occupier in the year)	18%	24%	26%	27%

KEY MESSAGE 3.4

The rate of turnover in residential and nursing homes, particularly for older people, is increasing. It also helps the Council support people in the community for longer periods of time if service users can be supported temporarily in residential or home settings to give their carers respite. The Council is therefore most interested in working with providers who can place people quickly and flexibly.

There also seems to be a shortage of residential dementia beds at local authority rates, as people’s needs are higher when they first go into residential care.

Carers’ services

A range of services are offered to ensure that all carers can access support according to their individual need:

- Information, advice and signposting to services that can assist and support them.
- Universal access services for Carers
- Support for Carers in the Community via their GP Surgeries

A Carer's Assessment is available to any person who is not paid, but caring for an individual on a regular and substantial basis.

An assessment gathers information in relation to the extent of the caring duties undertaken. Assessments consider the Carer's ability to continue in that role, and the risk and impact to their own health and wellbeing.

Existing services to help Carers:

- Carers Short Break Service
- Advocacy Service
- Support Groups
- Opportunities after Caring initiative (training and support for Carers whose caring role has come to an end either due to bereavement or the cared for entering residential care)
- Health & Safety training, back awareness, Mental Capacity Act
- GP Enhanced Service (supporting Carers in their community/primary care setting)
- ICER – In Case of Emergency Respite Scheme for Adult Carers
- Parent Carers Web Forum
- Children's Emergency Respite Service
- Young Carer support Centre 33 & Crossroads
- Support including advocacy and assessment service for Carers of service users in Mental Health Services.

In 2012-13, the Council directly supported 3,000 carers with a service or information and advice.

KEY MESSAGE 3.5

Part of the Council's range of services includes services for informal Carers, of which we support around 3,000 per year. The Council recognises the value of informal Carers' contribution, and is keen to further develop services in this area.

SECTION 4

OUR COMMISSIONING INTENTIONS

The Council will make our commissioning strategies publicly available and we urge potential and current providers to read them closely. This section highlights the key themes in our strategies. Bidders for Council contracts should consider how these themes are reflected in their bids.

Future services

Services in future need to be user driven, delivered in partnership with others, integrated, community-based, flexible and easily accessible. There must be different kinds of services to meet people's needs. This would include a continuation of the reduction in use of residential and nursing home care, and further expansion of community services, including different forms of extra care housing based on the concept of normalised dwellings adjusted to individual need.

In particular services need to show how they empower service users to make decisions for themselves, particularly harnessing the opportunities provided by new software and digital innovation.

Service Users' Opinion of Social Care Services

The Council conducts an annual survey of the views and opinions of service users about their services. The 2011-12 survey produced the following results:

- Nearly 9 out of 10 respondents were 'extremely', 'very' or 'quite' satisfied with their care. 9 out of 10 respondents also felt that their care and support service help them to have a better quality of life.
- In terms of health and quality of life (e.g. 'how is your health in general?', 'describe your health state today'), a large proportion of social care users described their quality of life as 'alright', have moderate pain or discomfort, would describe their health as 'fair' rather than 'good', or are moderately anxious or depressed.
- Nearly 1 in 4 respondents said that they don't have enough control over their daily life. Care and support services were thought to be very significant in this regard – more than 4 out of 5 respondents felt that their care and support services help them have more control over their daily lives.
- Slightly more than 1 in 3 respondents did not feel as safe as they would like. This may be due to lots of factors beyond those directly affected by social care services, but could impact greatly on someone's quality of life.
- Social interaction and doing things people enjoy were themes in the results. Around 1 in 5 respondents felt that they didn't have as much social contact as they would have liked. A large proportion (40%) of respondents said that their care and support services did not help them with social contact.

- 1 in 3 respondents said that they do not do as much that they value with their time as they would like. 45% of respondents said that their care and support services do not help them do things they value with their time, and most of those respondents were Older People or Countywide Services users.
- 1 in 4 (25%) of all respondents do not leave their home at all. This rises to 1 in 3 amongst respondents who receive home care. A further 40% find it difficult or are unable to get to all the places they want to go.

The Council is keen to commission services that respond directly to these findings.

Participation

Cambridgeshire County Council is committed to commissioning services that are informed by people's experience at all stages, from design to delivery to evaluation. We want services we commission to:

- Support and empower people to take up opportunities to get involved
- Demonstrate the outcomes achieved from the quality of the service user's experience of the service, i.e., the 'difference made' for the individual.
- Develop a valuable range of opportunities for involving people so that they can actively contribute to service improvement and delivery
- Make sure that activities that involve people are co-ordinated and make good use of findings from those activities to inform the way services are developed and delivered
- Regularly evaluate the effectiveness of activities that involve people
- Work with partner organisations to make the most of opportunities for involving people and share activities and outputs

Self-Directed Support, Personal Budgets & Direct Payments

Personal Budgets are available to all adults who are eligible for Adult Social Care support. There are few constraints on how they are used as long as it is legal, keeps the person safe and healthy, and meets their assessed support needs.

Introducing Personal Budgets and facilitating Self-Directed Support has been a core element of developing Adult Social Care and Cambridgeshire County Council is now committed to increasing the number of people taking a Direct Payment. More than half of all social care clients receiving community based services in Cambridgeshire in 2011-12 did this through Self-Directed Support. Cambridgeshire is in a leading position compared to the rest of the Eastern Region and is determined to maintain this.⁴

Preventative services

The Council is supporting and encouraging providers to modernise services to ensure they reflect people's needs. We encourage service models that result in

⁴ Source: Adult Social Care Performance Measure Analysis 2011-12

fewer symptoms of ill-health, the ability to lead as normal a life as possible, and maintaining contacts with family and friends for as long as possible.

This will help people to live as independently as possible at home, for as long as possible, reduce reliance on residential care, maximise the benefits of assistive technology and equipment and maximise the benefits of digital opportunities, such as social media.

This includes reablement, a service that helps people to re-learn how to live independently after a stay in hospital. The Council would also like to explore services that use this model for 'enablement', to help existing service users develop and learn independent living skills that they may have never developed.

There have been significant technological advances in all aspects of assistive technology over the last few years. The Council is keen to ensure that new technologies, as well as the use of more traditional low level items of equipment, are built into services. As it moves towards more on-line services, where appropriate, the Council supports the development of innovative new channels of delivery.

Services that support carers are also a key priority area for the Council. As carers themselves grow older and the increased burden of caring relating to age and disability grows, there needs to be support to address their mental and physical wellbeing. Carer support will therefore be highlighted and integrated in all commissioning strategies across health and social care.

The Council's Business Plan identifies these as examples of services that could generate further savings and improve outcomes for service users and their carers:

- Support for carers in rural communities
- Expansion of advice on benefits
- Investment in capacity to develop more local services in the Learning Disability Partnership
- Investment in Quality Assurance to ensure consistency and equity in assessing people's needs.

Partnership with health services

The Council already works closely with the NHS, especially in reablement, mental health, occupational therapy, assistive technology and discharge planning. Both nationally and locally, councils and health services are seeking to work more closely together still.

Currently, the Council is working on a number of projects to develop integrated provision, including developing a joint system of purchasing residential and nursing care.

Proposals from providers that could allow the development of more integrated services are welcomed.

Outcome-based commissioning

'Outcome-based commissioning' means assessing bids and awarding contracts on the basis of the outcome of the service for users rather than the lowest price for a given quantity of service. The latter approach is sometimes called the 'time-to-task' approach, and an example would be to commission home care by the length of calls at the user's home (15 minutes / 30 minutes / 1 hour) rather than the outcome of the service (e.g. 'service user lives independently', 'no unplanned admissions to hospital', 'service user has active social life').⁵

The Council is examining ways of commissioning services based on the outcome of the service, and providers who can explain the outcomes of their services rather than simply the inputs ('qualified carers spending X minutes with service user') or the outputs ('service user washed and dressed') will be more likely to win contracts.

Transitions

The Council supports some service users as they progress into adulthood. This work is called 'transition', and it means changing and adapting a package of support that a service user had during childhood to a set of services suitable for an adult. The Council has recently re-organised services for children and adults into a new directorate, called Children, Families and Adults. The Council will use this opportunity to carefully consider how services support transition from childhood to adulthood and work with providers to make sure that services are appropriate and joined-up at all stages of a service user's life.

Proposals from providers about how services can support people through this stage in their life are welcomed.

Housing

Cambridgeshire is one of the fastest growing counties in the country. Much of the growth is related to new housing development. The Council would like to see all new houses built to the 'Lifetime Homes' standard, which ensures that houses are fully accessible and built to be adaptable to support people with different needs living there.

There are also opportunities within new development to commission more supported living provision so that social care service users can live as independently as possible within the community, rather than in formal care homes. The Council would like to continue to work with social landlords, developers and district councils to ensure that a suitable and fair allocation of affordable and supported housing is developed to allow people with disabilities and other health problems in the county to live as independently as possible.

Social Value

The Council is keen to work with providers who are aware of and actively seek to build social value and can demonstrate how their services:

⁵ See LGIU & Mears 'Outcomes Matter: Effective Commissioning in Domiciliary Care' 2012 <http://www.lgiu.org.uk/wp-content/uploads/2012/10/Outcomes-Matter-Full-report.pdf>

- Have strong local relationships enabling engagement with a variety of other groups, local citizens and key players including local authorities, police and health organisations. 'Hard to reach' communities are especially emphasised under this category.
- Value and support associational working to build strong social capital and community cohesion that enable local people to contribute to a vibrant local community life.
- Contribute to the local economy, retaining, re-circulating and leveraging funds in the neighbourhood and the wider contribution to skills and tackling worklessness.
- Minimise their own and the community's environmental impact and supporting local initiatives that seek to improve the local environment.

KEY MESSAGE 4.1

Services being user driven means they need to focus on how they help people have control over their daily lives, how they help people feel safe, do things they enjoy and have social interaction.

KEY MESSAGE 4.2

The Council wishes to see people's experience of services built into the design, delivery and evaluation of those services, to ensure they are as responsive as possible to the person's needs.

KEY MESSAGE 4.3

We believe that Self-Directed Support and assisting people to take Direct Payments are major routes to assisting people in taking control of their lives and their support and care packages. In 2011-12, most people receiving Self-Directed Support chose for the Council to arrange or pay for their services. However, the number of people taking Direct Payments only (and choosing to arrange their own services independently) is increasing very quickly. The Council expects this trend to continue over the next few years and wishes to commission services that support this trend by offering people innovative ways of using their Direct Payments.

KEY MESSAGE 4.4

The Council is keen to develop more preventative services. We are expanding our reablement programme and preventative support services. We are keen to ensure that new technologies, as well as the use of more traditional low level items of equipment, are built into services. Support to address the mental and physical wellbeing of informal carers should also be built into services.

KEY MESSAGE 4.5

The Council is actively looking at ways of jointly commissioning and purchasing services between health and social care. Proposals from providers that could allow the development of more integrated services are welcomed.

KEY MESSAGE 4.6

Outcome-based commissioning is a different way of specifying and purchasing services than traditional ‘time-to-task’ approaches. The Council is keen to work with providers who manage their service delivery by understanding the outcomes that the service user experiences.

KEY MESSAGE 4.7

The Council is actively looking for ways of improving ‘transitions’ work for young people who receive support who are entering adulthood, and is keen to work with providers who can join up services suitable for children and adults.

KEY MESSAGE 4.8

The Council would like to work with partners and developers to ensure that new developments include provision for people who use (or at risk of using) social care, like Lifetime Homes.

KEY MESSAGE 4.9

The Council is keen to work with providers who are aware of and actively seek to build social value. Services should build strong social capital and community cohesion, and contribute to the local economy, retaining, re-circulating and leveraging funds in the neighbourhood.

SECTION 5

RESOURCING AND BUDGET STRATEGY

Adult Social Care is facing a very challenging funding situation over the next 10 years. In cash terms, our budget will slightly reduce over the next 5 years; at the same time, our modelling suggests that it will have to stretch further.

Our priorities for resourcing are listed below:⁶

- Preventing people with emerging vulnerabilities from needing to use the most expensive services. This work needs to align with the activities of all key partners including other council services and Public Health. This includes giving a greater focus on the delivery of the current Prevention Strategy for ASC and supporting local communities to support the more vulnerable.
- Transformation, including the following:
 - Developing reablement services to proactively help service users regain independence and skills, thereby reducing the ongoing need for services.
 - Modernising services and service delivery.
 - Further personalisation of services to increase choice and control.
- Reducing unit costs, including the following:
 - The requirement for independent and voluntary sector providers to find efficiencies (equivalent to 2% in 2012/13 and 2.3% in 2013/14).
 - The ongoing review and reduction of high cost placements.
 - Making staff savings through mobile working and rationalising of management and back office functions.

However, it is clear that the reduction in the ASC budget and the rising cost and demand for services are not reconcilable. Internal modelling suggests that by 2017-18, 82% of the Council's budget would have to be spent on social care for adults and children and waste disposal if spending on these areas was simply increased proportionally with demand.⁷

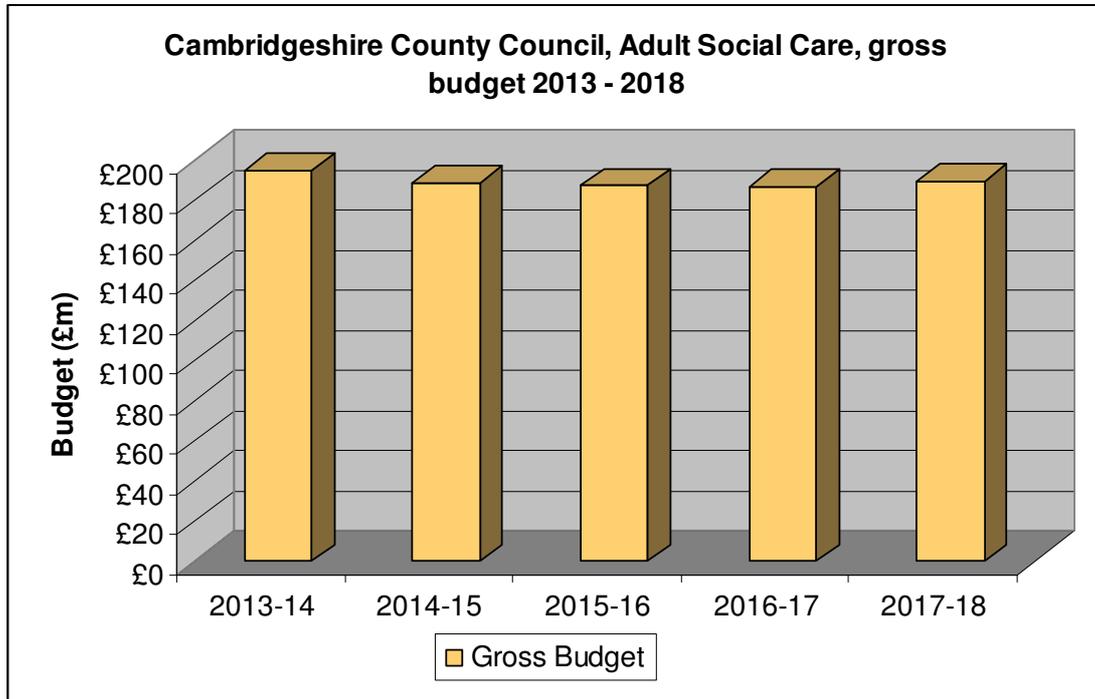
The Council is keen to work with providers to identify opportunities to improve and join up services where that helps to save money. This might be in any of the areas above, for example by developing the preventative impact of a service, or joining up health and social care services so the cost can be shared by health services and the Council, or working with us to reduce unit costs by smarter allocation of homecare rounds.

6 Source: Business Plan 2013-18, Financial tables
<http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/AgendaItem.aspx?agendaItemID=6420>

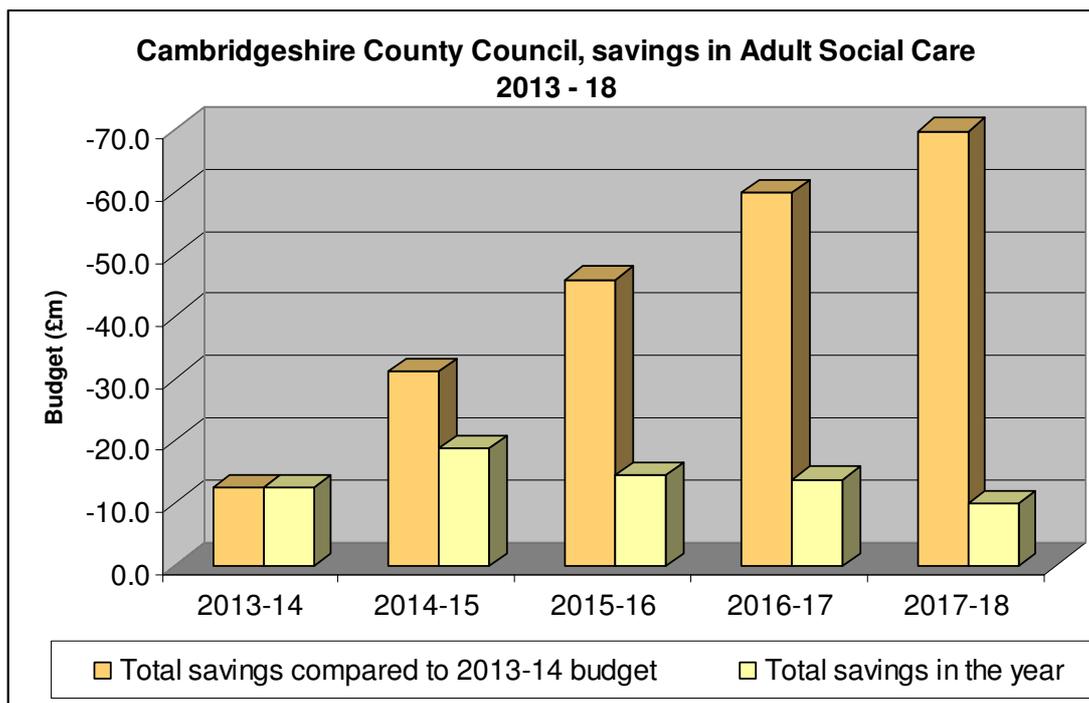
7 Source: Business Plan Strategic Framework

Adult Social Care Budget Strategy

The chart below shows the total amount of money that Adult Social Care will spend over next 5 years of the Business Plan.



The next chart shows the savings that Adult Social Care will have to make over the next 5 years. The smaller columns show the amount of savings we have to find in each year of the budget – so in 2014-15, we will have to find nearly £20m of savings. The larger columns show the cumulative impact of these savings compared to the budget in 2013-14. So in 2017-18, we will be spending nearly £70m less than we would be spending if we didn't have to find any savings.



KEY MESSAGE 5.1

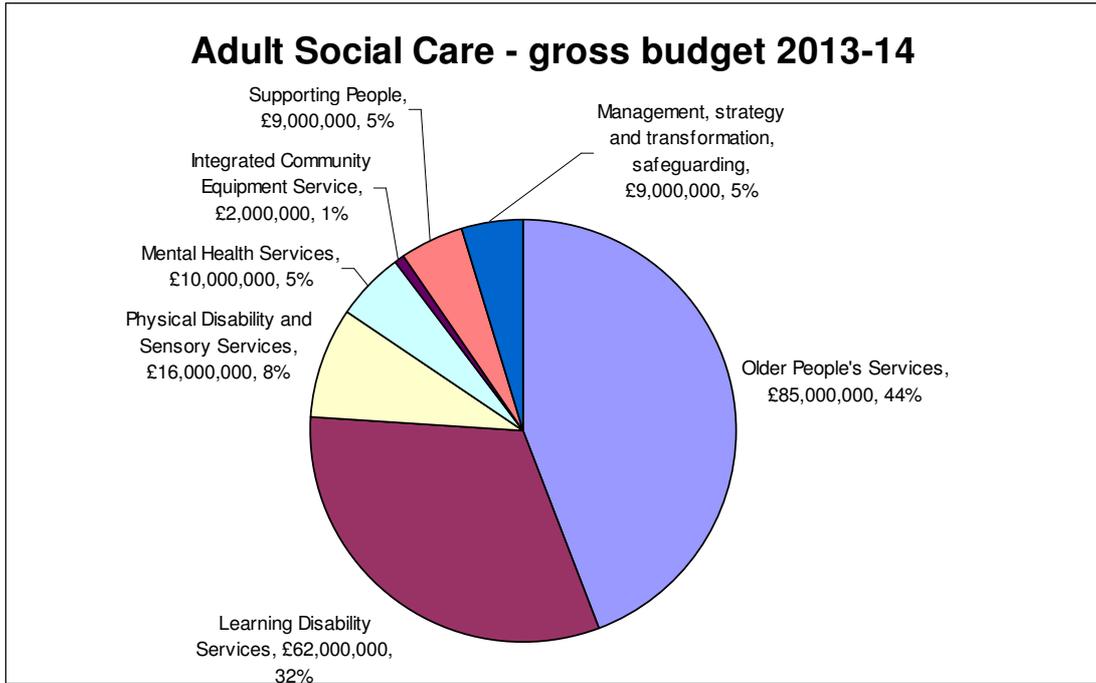
We expect our budget to remain static in cash terms. Coupled with inflation and the predicted increase in demand, we expect this to have a significant negative impact on the amount of resource available.

KEY MESSAGE 5.2

We are looking for innovative ideas from providers that will help us to deliver good services at a lower unit cost, for example by joining up health and social care support for a service user that needs both, enabling the public sector as a whole to save money.

Budget breakdown

The chart below shows the amount of money budgeted by the Council for different service areas in 2013-14. These amounts are expected to stay approximately static over the next 5 years, although demand for services may change significantly in that time.



The largest single area of spend is on Older People's Services. The second largest is Learning Disability Services.

The Integrated Community Equipment Service is cross-cutting. The Supporting People budget is being spread out across the other service areas as the Government has allowed local authorities more freedom in how they spend it.

SECTION 6 **SUPPORT FOR PROVIDERS**

Workforce development and training

The Council offers quality-assured training and development opportunities for those working in adult health and social care services across Cambridgeshire.

We provide learning opportunities that meet statutory and mandatory training requirements, as stipulated by the Care Quality Commission and Cambridgeshire County Council. We also offer a range of learning which supports continued professional development of the workforce. For our full Directory of Training please go to: Quality and Workforce Development <http://www.cambridgeshire.gov.uk/social/qualityworkforce/>.

We also offer a range of free learning and development resources, access to funding and workforce development support and information on our training standards via our Cambridgeshire Care Training Network: <http://www.cctn.org.uk>.

Major contracts

Our two largest sets of contracts are for residential care and home care. Our residential care home contracts are due for re-tendering by March 2014. The home care contracts were recently let, and will be re-tendered by March 2017.

More information about contracts, including when they are due to be re-tendered, that are worth over £30,000 in value can be found on the Council website at <http://www.cambridgeshire.gov.uk/business/procurement/>.

Tendering

All contracting opportunities with Cambridgeshire County Council are advertised on a site called Source Cambridgeshire. Providers are encouraged to register on the site and to opt to receive email alerts when future contracts that might be of interest are advertised.

Bravo Solutions e-tendering

Adult social care procurement will be running all future tenders via the Bravo Solutions e-tendering system. There are several benefits to e-tendering, including transparency, audit ability and like-for-like evaluation. A centrally managed tool creates less admin and resource time and enables leaner timescales.

When an advert is placed on Source Cambridgeshire you can apply online and it will take you directly through to the e-tendering system. You will be required to register to access the information.

Adult social care payment and invoice system (CRIP3)

CRIP3 is a new electronic system which automates payments and invoicing for adult social care. Providers have been sent information about the introduction of CRIP3, but if you have any concerns about your payments you should email careplacementsadmin@cambridgeshire.gov.uk.

Provider forums

Provider forums take place quarterly. Advance details for the next forum will be posted on the Provider Engagement page.

Provider briefing

The Provider Briefing is published quarterly and includes information for providers from across the Council's adult social care teams. Download the latest copy from the section of the Adult Social Care Provider pages. You can request a copy of each Briefing to be emailed to you by emailing personalisation@cambridgeshire.gov.uk.

KEY MESSAGE 6.1

The Quality and Workforce Development Team offers free learning and development, and access to funding, for social care staff.

KEY MESSAGE 6.2

Providers should register with Source Cambridgeshire and be ready to tender via an e-tendering system to win contracts. Invoices are also paid electronically.

KEY MESSAGE 6.3

Providers can access information through provider forums and briefings.