

Market Position Statement

**For adults with physical and sensory impairments
and long-term conditions**

2015-2020



SURREY

Market Position Statement – 2015 – 2020 for adults with physical and sensory impairments and long-term conditions

Who is this document for?

This document is aimed at existing and potential providers of adult social care and support. It represents the start of a dialogue, amongst the Council, people who use services, carers, providers and others about the vision for the future of local social care markets. We are committed to stimulating a diverse, active market where innovation and

energy is encouraged and rewarded and where poor practice is actively discouraged. This document is about working with providers to maximise value for money in a climate of shrinking resources. This is not about new money but about finding the best way to spend available resources.

A market position statement sets out a local authority's ambitions for working with care providers to encourage the development of a diverse range of care options. It can include statements about local demand for different care and support options, the local authority's vision for care and support, and commissioning policies and practices.

Definitions and scope

There is no single definition of the word "disability" and the strategy adopts the definition from the Disability Discrimination Act 1995:

'A physical or mental impairment that has a substantial and long-term impact on the ability of a person to carry out normal day to day activities'

For the purpose of this strategy, disabled people refers to those who have one or more physical impairment, sensory impairment or long-term condition which may be congenital or acquired at any age; and as acknowledged by the Disability Discrimination Act, may be temporary or longer-term, stable or fluctuating.

- **Physically disabled, for example those who have impairment of the muscular-skeletal system.**
- **Visually impaired - those with impaired vision including the blind.**
- **Hearing impaired includes people who are hard of hearing, and may use hearing aids; people who are deaf and people who self-define as belonging to the deaf community.**
- **Deafblind - those with a degree of vision and hearing loss significantly affecting daily living, communication and mobility.**
- **People with acquired brain injuries - these may be acquired through exacerbations of existing conditions, through acute episodes such as**

strokes or through trauma to the head during a car accident, assault or projectiles such as a bullet.

- **People living with one or more long-term conditions and consider themselves disabled – for example, cardio-vascular conditions, diabetes, chronic respiratory illness, multiple sclerosis, musculo-skeletal conditions causing chronic pain (eg back pain).**
- **This strategy is concerned with managing such conditions well, where possible to the extent that people might not consider themselves 'disabled'.**

Although this market position statement focuses on younger/'working age' adults aged 18-64 with a disability, is not defined by age, and our approach is flexible and includes services - for example equipment, stroke care and sensory impairment -

which serve many people aged 65 and over. It recognises the increasing prevalence of physical disabilities, sensory needs and long-term conditions in late middle age and older age

The changing face of adult social care: moving from commissioning services to enabling and facilitating opportunities

Historically the emphasis of much service provision in both social care and the NHS is upon a model of 'deficit and dependency' rather than 'wellbeing and independence', in addition to an established culture of supply-led rather than outcomes-driven provision. This is beginning to change. The Care Act 2014¹ ensures that people's wellbeing, and the outcomes which matter to them are at the heart of every decision that is made. It brings a universal obligation for the Council towards all local people, to enable them to prevent and postpone the need for care and support. It puts people in control of their lives so they can pursue opportunities to realise their potential, with the support, where possible, of their family, friends and community.

¹Care and Support – Statutory Guidance 2014, Department of Health

Our vision is:

To commission and develop opportunities that are proportionate and timely; ensure access to universal services; improve well-being and quality of life; and encourage people to find their own solutions by making use of their individual strengths and abilities, alongside the support of family, friends and community support, wherever possible; and in conjunction with partners across health, social care, the voluntary, independent, community and faith sectors.

Our Joint Commissioning Aim:

“Children’s Schools and Families, Adult Social Care and Public Health will promote the health and wellbeing of children, adults and communities by preventing, reducing or avoiding the need for more costly services, increasing independence, and improving quality of life and good health.”

Our Joint Commissioning Principles:

The following commissioning principles summarise our commissioning direction and ideas on how to best meet need:

- Surrey’s wellbeing is everyone’s responsibility
- Early help and timely intervention
- Promoting choice and self-management
- Evidence-based outcomes and value for money
- A strong and competitive local economy
- Services and communities working together
- Caring for Carers
- Safeguarding

In practical terms, this means being part of a community where people care about and look out for each other, crucial to achieving a good quality of life; and in general, people seek opportunities to maintain their mental

and physical health by access to leisure, social activities, lifelong learning opportunities and so forth. In this regard, support needs to go beyond the bounds of conventional health and social care.

Our overarching commissioning intentions:

We intend to develop four key areas for shaping and developing the market, and commissioning against these areas, during 2015 – 2020.



Promoting Wellbeing

People are resilient – their physical, emotional, mental and social wellbeing are improved.

Prevention

Early support to individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.

Family, friends, and Community

Help and support are co-produced with individuals, families, friends, carers and the community to promote active lives and social connections; and is enabling and empowering without creating dependency.

Collaboration

Care and support is aligned or integrated to the approaches of other partners. ASC works collaboratively with other local organisations to build community capital and make the most of the skills and resources already available in the area, and engages with communities to understand how to prevent problems from arising.

As you read through this document please note there are a number of key themes that run through this Market Position Statement.

Increasing demand for....	Brief Explanation....
Equipment and Assistive Technology	The appropriate use of technology can greatly enhance our ability to meet our strategic priorities, helping people to remain at home for longer and helping the Council achieve better for less, amongst other benefits specific to each service area. Technology and equipment can be used to support care staff and unpaid carers to do their job better and in more comfort.
Choice and control, personal budget and direct payments	Providers need to be sure that they can offer flexibility, options and the financial structures to accommodate a higher proportion of self funders and people using personal budgets or direct payments. Providers should market their options to people who use services.
Employment opportunities and purposeful day time activities	Daytime opportunities should focus on 'purposeful' activities, including volunteering or employment opportunities to promote independence, particularly for younger people eligible for care and support services.
Dignity, respect and compassion	Providers provide care in a personalised, holistic manner, rather than providing 'a one size fits all service'. Dignity, respect and compassion will be a focus when appraising service quality.
Outcome based commissioning	Outcome based commissioning is about specifying and monitoring based entirely on what the service achieves rather than how it is run. The provider may be paid on the achievement of outcomes in the specification.
Joint commissioning and collaboration at locality level	In response to growing demand and limited resources, we are planning to further integrate services between social care and health, jointly commissioning on a locality basis. We will commission solutions locally wherever possible.
Preventing, delaying and avoiding reliance on care and support	Care and support services that can offer early intervention to prevent avoidable deterioration in health and wellbeing that may result in need for increased care and support.
Better for Less	There is a clear need for better for less due to: <ul style="list-style-type: none"> • Growing pressures in Adult Social Care provision • Increasing demand, particularly older people • Insufficient resources to meet future demand We want to gain efficiencies in a way that does not negatively impact people who use services. A focus on delivering quality, efficiencies and outcomes is the key.
Maximising Family, friends and community support	Beyond assessing the needs of the population and deciding on services and care that are needed, an asset-based approach acknowledges the assets that individuals, friends, families, and communities have, recognising they are part of the solution; and identifies ways of maximising their potential in co-producing care and support.
Good Health and Wellbeing for all	Developing individual and community wellbeing. Strengthening the infrastructure and environment to support people to achieve good health, their aspirations and live a good life.

Section 1: The strategic context for future commissioning

The Care Act 2014 sets out the vision for a reformed care and support system. Well-being principles underpin the entire Care Act and become the defining purpose for care and support. When people need an assessment the focus will be on their strengths, capabilities, and assets, as well as needs.

The Care Act gives new universal obligations to all local people to prevent, reduce or delay needs for care and support; to provide information and advice; and to promote quality and diversity in the market to meet people's choices. Going forwards, care and support will focus on the outcomes people want and create ways they can link to what's in their community to achieve this without recourse to traditional social care.

Increased investment in prevention, reablement, equipment and assistive technologies, will replace traditional support and care options. A sharper focus on those with complex needs will require an increasingly

- outcomes and wellbeing;
- promoting quality services, including through workforce development and remuneration and ensuring appropriately resourced care and support;
- supporting sustainability;
- ensuring choice; and
- co-production with partners.

Although the Care Act presents commissioners and providers with a new set of challenges, these in turn will become opportunities for business

professionalised domiciliary care workforce, competent in responding to specialist needs as part of care packages “wrapped around” service users. This will involve integrated commissioning arrangement across health, social care, districts and boroughs, and the wider commissioning agencies.

The county council “offer” will contract significantly, and as a result there will be more support to volunteering and community initiatives that enable local people to help themselves. This will include supporting the growth of social enterprises and social capital; and recognising the contribution made by friends, family and community support. In addition, those who are able to fund their own care needs will be given the support to enable them to make the right decisions about what is best for them.

The Care Act makes clear that future market shaping and commissioning activity must focus the themes and issues of:

development. The opportunities for market growth and diversification are obvious.

Section 2: Outcomes Matter

To achieve our commissioning aim we intend to commission based on outcomes. This means understanding the outcomes that people have said matter most to them, as well as taking into account existing national outcome frameworks (put in link to adult social care, public health and the NHS), policy and legal requirements, best practice and evidence of need.

We want to work with providers to adopt an outcome based approach to care and support commissioning, and care and support delivery. Outcomes refer to the impacts and end results of care and support on the end user. They may be general (applying to whole populations) or individualised and person-centred.

Outcome based commissioning can be defined “as any commissioning that links investment to outcomes, which may include shaping and facilitating the market for services. It moves the focus to results...”²

We believe a focus on outcomes (results) should mean a better experience of care and support for the end user, and clarity for the provider on what we want achieved and why.

² www.ripfa.org.uk research in practice for adults

Overtime, our shift towards outcome based commissioning will include:

- **A greater investment in tasks and functions that prevent, delay or avoid deterioration in an individual's health and wellbeing**
- **A strategic shift away from block contracts towards framework agreements, linking the payment of providers to outcomes**
- **Moving people onto personal budgets, ensuring choice**
- **Providing high quality advice and information to enable people to make good choices about their care and support arrangements**
- **Aligning workforce tasks and functions to the outcomes to be delivered**
- **Breaking down the 'time-task' culture that only focuses on inputs and outputs**
- **Ensuring outcomes are shared between key statutory partners, voluntary and faith sectors, and family, friends and community, to minimise waste and duplication**
- **Co-producing commissioned care and support with end users where ever possible**

However, many outcomes that people have told us matter most* to them can only be achieved if we work collaboratively, for example,

supporting individuals to continue to participate in social networks. *See Appendix 1

We are interested to hear ideas from providers about how we can work together to design and deliver outcomes that support our new duty to promote wellbeing; improve or preserve independence; maintain social networks and community connections; support carers to care; and maximise the capacity and assets present in family, friends and communities.

A move towards outcome based commissioning will involve innovation and new models of delivery, as outcome based delivery allows for more flexibility to providers to be

creative, and monitoring becomes based on what the service achieves rather than how it is run. **Put in delivery options**

We would welcome discussion with providers about how to capture evidence that the service provided is making a difference, and achieving the desired outcomes. We would welcome ideas on how we use this to structure specifications, contracts and monitoring requirements. Tell us your ideas of how best to design outcome-based contracts and achieve outcomes for people who use your services.

Section 3: The financial challenges ahead

Surrey County Council's Adult Social Care Directorate budget for 2013/14 is £403m. Of this, approximately £49m is projected to be spent on people with physical and sensory impairments.

The Council's Medium Term Financial Plan states the Directorate faces budget pressures of £182m over the next five years:

- £100m as the expected impact of increased numbers of people receiving services
- £46m as inflationary pressures
- £15m to replace one-off savings
- £20m as anticipated funding shortfalls to implement the Government's future funding proposals

Working together with the Clinical Commissioning Groups, the Boroughs and District Council's, and wider provider network, as part of a Whole Systems Partnership, almost £20m has been spent (2011 – 2014) on a range of preventative and community

based services that prevent, reduce or avoid needs for care and support.

The Better Care Fund, funding committed from Government to help to meet the cost of implementing the Care Act, provides a further opportunity for health and social care partners to engage with local providers about how best to develop a shared approach to future care and support delivery, including what new patterns of provision might be needed, in order to comply with the duties and requirements of the Care Act.

Historically, investment decisions in Adult Social Care were based on what was actually purchased in previous years with some adjustment for predicted pressures e.g. increased costs or level of demand. Going forward, we know that we need a more detailed appreciation of the behaviour of demand, the operation of markets, and the impact (outcomes) of interventions.

We want to work with providers to improve our evidence base for investment decision-making. We want to work jointly with you to collect and share data, and then analyse it in order to achieve consensus on what needs to be provided. We will take this approach to any major commissioning exercises for people with a physical and/or sensory impairment going forward.

Patterns of demand are changing and this will influence the shape of future markets for care and support. The overall numbers of people in receipt of traditional care services – homecare, care placements and day care – is

reducing. Along with our NHS partners we aim to prevent the need for intensive services by providing community alternatives, such as Telecare and reablement.

We need providers to help us innovate in these areas. The pattern of increasing demand offers opportunities to providers willing to adapt and change in response to what people have told us. That is:

- **To be active members of supportive communities where there are opportunities that match their interest, skills and abilities;**
- **To get help at an early stage to avoid crisis; and**
- **That their network of support involves family, friends and community**

These key messages will inform our commissioning decisions and service design for the future.

Section 4: Current Supply for people with physical and sensory impairment

The council and NHS currently commission a wide range of services for disabled people with the public, community and voluntary sector. This section of the market position statement aims to give a broad overview of that provision, and a board overview of the numbers of people affected by a physical and/or sensory impairment, or long term condition.

i) Sight Impaired

Adult Social Care currently provides information, advice, assessment, support, and rehabilitation services for adults with sight impairment through a series of commissioned contracts and grants with **Sight for Surrey**. The Supporting People (SP) service funds housing-related support for people who are sight impaired and learning disability services fund support for people with a learning disability and sensory impairment. Children, Schools and Families provide some sensory services internally and also have contracts and grants with providers.

Surrey Clinical Commissioning Groups commission a wide range of eye care services. Eye care services cover all services designed to enable people to

maintain good eye health and sight, or to maintain and make best use of remaining sight when sight loss that cannot be corrected has occurred. Eye care services are provided by a wide range of providers and professionals including GPs, ophthalmologists, hospital and community optometrists, dispensing opticians, health visitors and voluntary sector providers.

The main provider for rehabilitation services is Sight for Surrey. Sight for Surrey have approximately 6000 people with visual impairment on their database; approximately 4500 of whom are registered as severely sight impaired/blind and sight impaired/partially sighted. The majority of the users of this service are aged over 65.

The number of people of working age with a visual impairment is expected to remain stable to 2030, but with a 39% increase in prevalence in those over 65. The anticipated 39% increase (from 17,070 to 26,300 people) by 2030 of people over 65 with a moderate or severe visual impairment is likely to challenge current service provision both in terms of volume and structure.

People aged 18-64 predicted to have a serious visual impairment

RegionCode	Region	Time Period	People aged 18-64 predicted to have a serious visual impairment - 2015
E10000030	Surrey	2014	452
E07000207	Elmbridge	2014	50
E07000208	Epsom and Ewell	2014	31
E07000209	Guildford	2014	59
E07000210	Mole Valley	2014	31
E07000211	Reigate and Banstead	2014	57
E07000212	Runnymede	2014	35
E07000213	Spelthorne	2014	39
E07000214	Surrey Heath	2014	34
E07000215	Tandridge	2014	33
E07000216	Waverley	2014	45
E07000217	Woking	2014	39

People aged 65-74 predicted to have a moderate or severe visual impairment

RegionCode	Region	Time Period	People aged 65-74 predicted to have a moderate or severe visual impairment – 2015
E10000030	Surrey	2014	6367
E07000207	Elmbridge	2014	678
E07000208	Epsom and Ewell	2014	426
E07000209	Guildford	2014	706
E07000210	Mole Valley	2014	577
E07000211	Reigate and Banstead	2014	756
E07000212	Runnymede	2014	426
E07000213	Spelthorne	2014	526
E07000214	Surrey Heath	2014	493
E07000215	Tandridge	2014	521
E07000216	Waverley	2014	767
E07000217	Woking	2014	487

ii) Hearing Impaired

FirstPoint are the main provider of support to people who are deaf, deafened, or hard of hearing.

FirstPoint is a new pilot for a Deaf-led Social Enterprise Community Interest Company (CIC), which is Social Work run, owned and led. FirstPoint were developed to serve the interests of the Deaf and Hard of Hearing population of Surrey in a more creative and innovative way, and provide value for money services. Any profits are reinvested into the communities it serves.

FirstPoint offer:

- Information, advice and assessment
- Communication support, and sign language interpreting services
- Equipment for the home
- Specialist social work support (including safeguarding)

The pilot period for FirstPoint will end in October 2015.

NHS Audiology services are provided in hospital and primary care settings, and through the independent sector, across Surrey. Services provided by these NHS funded audiology departments include:

- GP direct access audiology referral for people (generally

over 55 years old) with suspected age related hearing loss. Services include assessment and fitting of hearing aids

- GP referrals to Ear, Nose and Throat (ENT) consultants for vestibular assessment/rehabilitation, otoacoustic emissions and hearing assessment within ENT outpatients clinic
- Referrals from a range of healthcare professionals such as speech and language therapy and physiotherapy
- Paediatric services, including onward support following newborn hearing screening programme

The number of people of working age with a profound hearing impairment will remain stable over the next 2 years (at some 250 people), with a 15% rise (313 people) in those ages over 65 to 3667 people. This includes people who are Deaf and use BSL. (See [JSNA chapter: Services for People Who Are Deaf and Use British Sign Language](#))

The numbers of adults with moderate or severe hearing impairment are much greater and the number will increase over the next 20 years at a higher rate.

People aged 18-64 predicted to have a moderate / severe hearing impairment

RegionCode	Region	Time Period	People aged 18-64 predicted to have a moderate / severe hearing impairment – 2015
E10000030	Surrey	2012	28382
E07000207	Elmbridge	2012	3352
E07000208	Epsom and Ewell	2012	1837
E07000209	Guildford	2012	3216
E07000210	Mole Valley	2012	2280
E07000211	Reigate and Banstead	2012	3572
E07000212	Runnymede	2012	2038
E07000213	Spelthorne	2012	2372
E07000214	Surrey Heath	2012	2173
E07000215	Tandridge	2012	2221
E07000216	Waverley	2012	3029
E07000217	Woking	2012	2287

People aged 18-64 predicted to have a moderate / severe hearing impairment

RegionCode	Region	Time Period	People aged 18-64 predicted to have a moderate / severe hearing impairment – 2020
E10000030	Surrey	2012	30215
E07000207	Elmbridge	2012	3554
E07000208	Epsom and Ewell	2012	1981
E07000209	Guildford	2012	3367
E07000210	Mole Valley	2012	2432
E07000211	Reigate and Banstead	2012	3890
E07000212	Runnymede	2012	2183
E07000213	Spelthorne	2012	2533
E07000214	Surrey Heath	2012	2263
E07000215	Tandridge	2012	2363
E07000216	Waverley	2012	3191
E07000217	Woking	2012	2451

iii) People who are deaf and use British Sign Language (BSL)

The actual number of Deaf people in Surrey is not known. The Deaf community estimate it currently at

approximately 350. Using the British Deaf Association ratio of 1:5 above to identify BSL users who are not, themselves, Deaf, there may be some 2,000 people in Surrey who use BSL

on a regular basis. FirstPoint knows approximately 150 Deaf adults or children. Prevalence data for Deaf people is primarily included within datasets for people with a profound hearing impairment, although some people with severe hearing impairment choose to learn sign language.

The Surrey Deaf Forum, a deaf led forum, was established in 2008 with the main purpose of providing an independent forum where deaf people can meet and discuss key issues and concerns about access to services in

Surrey. Issues identified in the forum include:

- Information provision, with methods including Videophone technology and web-based translation suggested as solutions
- Communication support to access health services
- Access to information in an appropriate format

People aged 18-64 predicted to have a profound hearing loss

RegionCode	Region	Time Period	People aged 18-64 predicted to have a profound hearing loss – 2020
E10000030	Surrey	2012	271
E07000207	Elmbridge	2012	32
E07000208	Epsom and Ewell	2012	18
E07000209	Guildford	2012	30
E07000210	Mole Valley	2012	22
E07000211	Reigate and Banstead	2012	34
E07000212	Runnymede	2012	19
E07000213	Spelthorne	2012	22
E07000214	Surrey Heath	2012	21
E07000215	Tandridge	2012	22
E07000216	Waverley	2012	29
E07000217	Woking	2012	21

Surrey County Council has 2 separate teams providing sign language interpreting services. The **Physical and Sensory Support Service (PSSS)** is within the Children, Schools and Families Directorate and covers interpreting and support services within educational settings. The **Surrey Interpreting Agency (SIA)** is part of FirstPoint. SIA have interpreters and also arrange freelance interpreter

provision. Interpreters can be in any setting e.g. meetings, training courses, health appointments. The team also works closely with children’s services. Currently SIA have 3 main areas of service provision:

- Business bookings, for example with Royal National Throat Nose and Ear Hospital (RNTNE)

- Bookings to enable access to services for people using adult social care services
- Access to work, to enable Deaf staff to access a range of work-related duties

iv) Physical Impairment

Adult Social Care commission and provide a significant amount of care for those with physical impairment, including people with a Long Term Neurological Condition (LTNC's). This includes help at home, day opportunities, and residential spot placements; complemented by a range of NHS provided support (including funded rehabilitation). However, the focus is on levels of impairment and need, rather than on medical diagnosis. Many of the services

accessed by those with LTNCs are also generic services. In addition data is collected into very broad categories and while LTNCs fall into the category of physical disability, this only covers those aged 18-64 years of age, with those over 65 (some of whom will have LTNCs) sitting within the Older Peoples category.

Specific commissions for people with a physical impairment (including LTNC's) currently include:

Daytime support (including aspects of community rehabilitation support):

- Headway Surrey
- Disability Initiative
- White Lodge
- Bletchingley Skills Centre
- Surrey Choices (Frenches Lodge, Woking Resource Centre, Nexus)

Equipment Support:

- Millbrook Healthcare
- Queen Elizabeth Foundation

Residential Rehabilitation Support (commissioned on a spot order basis):

- Queen Elizabeth Foundation

Blue Badge services:

- Various providers

Home Improvement Agency and Handy Person Schemes (through Surrey Boroughs and District Councils)

- Various providers

Employment support:

- Employability

CCG commissioned support

- The 6 Surrey Clinical Commissioning Groups commission a range of services for people with LTNCs. Primary care is commonly the presentation and referral point into services although for some people this may be via secondary care through presentation to Accident & Emergency. Community services are currently funded by a block contract.

It is likely, therefore, that the person with a physical impairment will require a range of agencies and services over time, to support their independence including health and social care, voluntary and independent sector as well as services such as transport, housing, employment, education, benefits and pensions.

NeuroNavigator is a web-based tool that has been developed to help commissioners to understand the complexity of support and services that need to be provided for people with long term neurological conditions. At present this can provide information on Parkinson's disease, multiple sclerosis and motor neurone disease based on the Year of Care concept.

The table below summarises the estimated prevalence by each District and Borough.

District/Borough	Population(all ages)	Estimated Number by LTNC				
		MS(18+)	PD(18+)	MND(18+)	Epilepsy**(18+)	ABI*(all ages)
Elmbridge	131,000	211	253	9	575	1,572
Epsom & Ewell	70,900	114	137	5	361	851
Guildford	134,400	216	259	9	578	1,613
Mole Valley	81,200	131	157	6	502	974
Reigate & Banstead	132,300	213	255	9	794	1588
Runnymede	82,600	133	159	6	364	991
Spelthorne	90,900	146	175	6	504	1091
Surrey Heath	83,300	134	161	6	386	1000
Tandridge	82,500	133	159	6	441	990
Waverley	117,800	190	227	8	655	1014
Woking	91,400	147	176	6	493	1097
Total	1,098,300	1,768	2,120	77	5838	13,180

v) Stroke

The **Stroke Association** is funded by adult social care to provide a range of home-based stroke support. There are 5 Stroke Support workers covering the locality areas of the county.

Support includes:

- Information and advice
- Carer support
- Reablement and social inclusion
- Help to access financial support (including welfare benefits)
- Communication support
- Stroke prevention and self management advice and support
- Access to peer support and volunteering opportunities

TALK provides support to people who have had a stroke where this has affected speech and language ability.

The range of NHS and CCG support provided includes hospital and home based rehabilitation; supported Early Discharge (intensive support at home); community based therapies (including occupational, physiotherapy, speech and language therapy) and nursing (stroke specialists) support within hospital and community settings.

Access to 6 month stroke reviews is currently variable across the county, with some areas better served than others.

The recently formed Stroke Collaborative is currently developing guidance and commissioning recommendations for stroke prevention, models of care, and life after stroke. It is anticipated this work will be used to inform commissioning intentions from 2015.

Section 4: Commissioning Intentions

This section sets out commissioning intentions against the four key areas for shaping and developing the care and support market for the future. The first section provides important information about existing commissions that are due to expire in the short term. The second section looks at the four key areas in more detail, and sets out our aspirations for potential commissions in the future.

During 2014/2015 a number of existing commissions will reach their contract expiry date, these are summarised below. The Council will use this as an opportunity to develop procurement and contracting models that support the achievement of individual outcomes as a key indicator of performance and potentially payment.

The table below suggests our possible procurement approach, alongside additional information that providers will want to take into account.

Existing Commissions

Market Opportunities 2014/2015

Market Area	Timescale for new arrangements to be in place	Possible Procurement Approach*	Additional Information
Day time opportunities for people with physical impairments (including people with Long Term Neurological Conditions)	March 2015	Framework Contract/Spot Order	The Care Act introduces a legal duty to offer personal budgets to all eligible individuals. We are likely to move away from commissioning block contracts to frameworks, accredited lists and spot order purchases.
Community-based life after Stroke Support Services	June 2015	Joint Commissioning with Surrey CCG's	Options for joint commissioning life after stroke support services are currently being explored.
Community based support for people with sight impairment	October 2015	Tender Process	Intention to tender for joint sensory service (sight and hearing impairment)
Community based support for people with hearing impairment	October 2015	Tender Process	Intention to tender for joint sensory service (sight and hearing impairment)

*All procurement opportunities will comply with Surrey County Council Procurement Standing Orders and European and UK legislation.

Any judgement on a possible procurement approach will be made on a case-by-case basis and within the

context of local and national procurement regulations and EU

legislation, and local procurement standing orders.

What we do want is, to work with a range of providers to meet outcomes

for Surrey residents in the most cost-effective way, and to ensure transparency and a level playing field this does not mean a preference for smaller or larger providers.

We will support providers to explore how they can manage the introduction of personal budgets into a market place that has been traditionally commissioned through block contracts.

Key Area 1: Promoting Wellbeing

Promoting wellbeing is a central part of Surrey County Council's corporate strategy, and a key legal duty of the Care Act. Wellbeing can be defined as:

- the way people feel about their own lives
- the quality of social supports and networks within the community
- the strength of the infrastructure and environment to support people to achieve their aspirations and live a good life

The wellbeing of communities is affected not just by the lifestyle choices made by individuals but by a

wide and diverse range of factors such as health, income, housing, employment, relationships, security, environment, educational opportunity and access to services. Promoting wellbeing depends on a wide range of organisations working together with communities to address the needs, issues and priorities affecting their wellbeing.

Promoting wellbeing is not (mainly) about services. It is about giving people information and tools to improve their own wellbeing (including their physical, mental and emotional health). Promoting wellbeing is also about improving the environments in which people live that often determine their choices.

To promote wellbeing we will commission programmes and interventions in partnership with local groups and communities to identify needs and issues, develop capacity and resources, and plan, develop and reshape service delivery.

For example, our **Let's Loop Surrey** programme tests the loop systems used in local authority and NHS premises, and will eventually cover local businesses, including high street shops. Let's Loop Surrey aims to improve the accessibility of the community infrastructure and environment to support people who are hard of hearing to live a good life.

The rapid adoption of social media and mobile connections are transforming how we communicate, share knowledge, and actively seek out the ideas of individuals and communities, and involve them in innovation and creating social value to improve the

quality and experience of social supports and networks within their community. Our **Surrey Disability Register** is developing as an example of how we have responded to this in practice.

A whole system approach is vital to promoting wellbeing and requires effective coordination between local government, health, education, housing, business, and the voluntary, community and faith sectors, who all have an important role to play. Moreover, the full participation of individuals and local communities is essential in planning and implementing wellbeing approaches to enhance their own health and wellbeing.

Community Development is recognised as a key process through which the overall wellbeing of a community can be improved and health inequalities affecting those who experience particular disadvantage addressed. We know communities have resources and capabilities to define their own health and social needs and to shape the actions that are needed to enhance and improve their collective health and wellbeing.

We will work with individuals, groups, local communities and partner organisations to maximise the value of community development in wellbeing promotion through more effective:

- **Facilitation;**
- **Support for provider development;**
- **Offers of provider Training and Development;**
- **Support for organised community activity;**
- **Support for local community development.**

We will further explore how we can develop an **asset based approach to Joint Strategic Needs Assessments**, working together with communities to help identify their health and social

care needs, strengths and resources, and shape opportunities and services to meet these needs, based on what people say is important to them.

We want to work with providers who can show how coordinated and co-produced approaches to promoting wellbeing are the best means of enabling and facilitating empowered communities.

We want to work with providers to better understand how we can promote wellbeing by maximising community capacity as an alternative to statutory care and support.

Key Area 2: Family, Friends and Community Support

The majority of Surrey residents with physical and sensory impairment live independently, not needing the support of the local authority to maintain their health and wellbeing.

Across Surrey thousands of people are giving their time to support friends, family members and neighbours who need some extra help to remain active, connected and healthy. We know that support within communities can benefit everyone: for example,

volunteering can keep people active, promote physical and mental health, and wellbeing, and strengthen local connections. Community support can also generate economic benefits: for example, by supporting people back into employment.

As people develop care and support needs, our aim is to, where possible, retain and regain their independence, rather than to embed a dependency on statutory services.

We want to support active and inclusive communities, and encouraging people to use their skills and talents to build new friendships and connections. We want to learn about what really works, as well as what the challenges are of working in this way.

As we commission care and support going forward we will move away from deficit-focused approaches that define an individual or family by their problems – and that generally require outside expertise and resources to "fix." Deficit-focused approaches can have negative effects, even when a positive change is intended, because they highlight an individual's lowest

capabilities in order to define the support required.

Instead, we will move towards asset-based thinking i.e. how we use the assets, skills, talents and networks already present in individuals and their communities, and how these can make an important contribution to the health and wellbeing of local people.

We want to pilot new and innovative ways of working that make it easier and more attractive for everyone, regardless of age or ability, to contribute to their communities and provide a helping hand to those who need it. 'Giving' is not just financial – it can be in enthusiasm, ideas, experience, time, skills, talents, resources and leadership.

We would like future developments in this area to include:

Time banking, time credit and other approaches that help people to give their time and skills.

These approaches come in a number of forms, all with similar principles in that they are based on members sharing their time and skills for the benefit of others and themselves. In practical terms, this could mean helping out with someone's gardening in exchange for an hour's worth of ironing from someone else. Research suggests timebanking and time credit approaches create supportive and reciprocal networks and help build relations and connections between people in local communities.

We are specifically interested in developing:

- **an inter-generational time bank – connecting older and younger members of communities together;**
- **a time credit partnership – where public, community and private organisations identify ways to enable people to spend Time Credits in their services or at events. This could be 'spare capacity' at theatres or swimming pools for example, or for community services a way of recognising and thanking people for the contributions they have made.**
- **a timebank Network – networked, time banks across Surrey.**

Some work has already commenced between Adult Social Care and Children, Schools and Families to scope these approaches.

Befriending Schemes

Befriending offers supportive, reliable relationships through paid or volunteer befrienders to people who would otherwise be socially isolated. For people who become isolated through ill health, disability or social disadvantage, being matched with a befriender often fills the gap. We would like to develop befriending schemes that can show how they:

- **enhance** the quality of life of isolated, vulnerable and disabled people and decrease social isolation
- **promote** well-being and increase independence through emotional support and through signposting and access to services, benefits, etc
- **provide** relevant practical support and stimulating activities and increase social rehabilitation.

We are specifically interested in developing:

- **befriending aimed at people with mobility issues;**

- **befriending aimed at people with physical and/or sensory impairments;**
- **and, who do not have the regular support of family or friends**

Community navigators

Community Navigators act as the interface between community and public services where mainstream support fails to reach vulnerable groups, such as some people with physical and/or sensory impairments. Community Navigators are 'visible' in their communities; and help guide people to activities or services, which they would enjoy or find useful. Navigator schemes can lead to earlier and more appropriate access to public services and support. Navigators aim to reduce social isolation, improve economic well-being, manage physical and mental health, and support people to maintain an independent lifestyle in their own home and live safely within their communities. Community Navigators can:

- Inform people about, and refer people to, relevant activities and services
- Help people overcome barriers to making use of relevant activities and services (by accompanying them to activities and services)
- Identify where more activities and services are needed and work with local people and communities to provide these
- Target people at risk of poor health and wellbeing (early help through in-reach)
- Work collaboratively with community support, and other low level support providers, to improve quality of life, and wellbeing.

We are specifically interested in developing:

- **Community Navigators to work with people physical and/or sensory impairments who feel they need extra support to remain independent in their home and community**
- **Community Navigators to work with people undergoing change in their life as a consequence of a physical and/or sensory impairment who may need help to access support**

Key Area 3: Early help and timely intervention – support to prevent, delay or avoid long-term dependence

Early help and timely intervention can both reduce service costs and improve outcomes for people.

It is estimated that 80% to 90% of all care for people with long term conditions (including physical and sensory impairments) is undertaken by the person affected and their families. This self-management or self-care includes eating well, exercising, and taking medicines, keeping in good mental health, watching for changes, coping if symptoms worsen and knowing when to seek professional help.

Supporting self-management means providing information and encouragement, early diagnosis, early help and support, and appropriate tools and support that enables and empowers people to understand their condition, and be able to take appropriate action.

Under the Care Act local authorities take on new duties to make sure that people who live in their areas receive

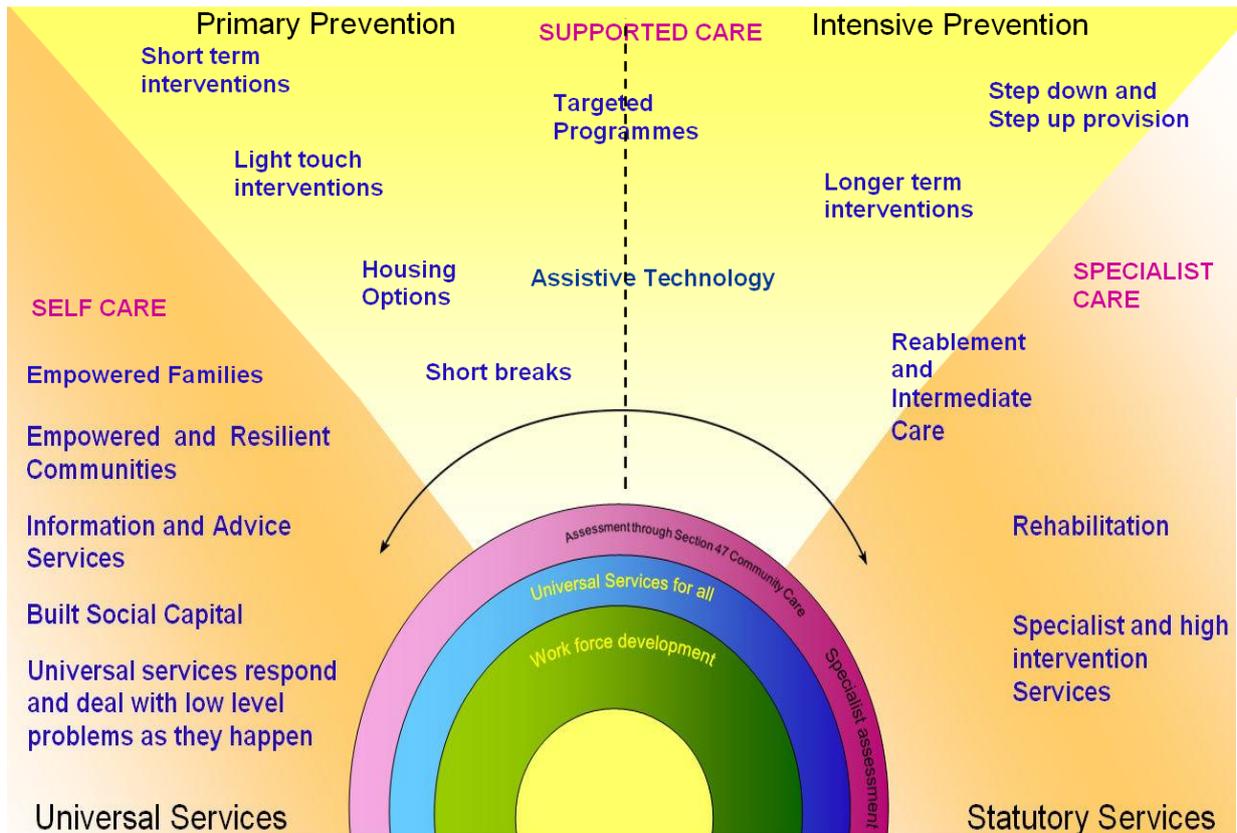
services that prevent their care needs from becoming more serious, or delay the impact of their needs.

The Care Act makes clear “that local authorities must arrange services that help prevent or delay people deteriorating such that they would need ongoing care and support”.

In considering how to give effect to these responsibilities, we are considering the range of options available, looking at how other local authorities are doing things, and how those different approaches could support the needs of individuals, and local communities in Surrey.

Set out below is a pictorial representation of how many different types of support, services, facilities or other resources contribute to an early intervention and prevention framework; and the many ways in which a local authority can achieve these aims whilst promoting wellbeing and independence and reducing dependency.

EARLY INTERVENTION AND PREVENTION FRAMEWORK



We want to provide early help and support to people, for example, encouraging early discussions in families or groups about potential changes in the future, e.g. conversations about potential care arrangements or suitable accommodation should a family member become ill or disabled.

We want to support the general development and commissioning of support, services, facilities or resources (either provided or arranged) across the county that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing.

We want people to be supported through reablement and rehabilitation when illness or accident has occurred and requires a period of recovery; and where earlier diagnosis, early intervention and access to reablement and rehabilitation means that people and their carers are less dependent on intensive services.

Taken together, we want to ensure that when people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

The care and support activities below are currently available in Surrey, but are areas that where we anticipate that there will be an increase in demand or a change in focus.

Equipment, Assistive Technology, Smart Technology

The use of equipment and technologies can only really lead to benefits if it is **what people want to use**. Providers should listen to people who use services, their carers and care providers to determine what would be useful. It is very important that people using and benefitting from the equipment and technologies buy into its potential. It must be easy to use, quick and easy to install/maintain and effective and quick in response.

The appropriate use of equipment and technologies can greatly enhance our ability to meet our strategic priorities, helping people to remain at home for longer and helping the Council achieve better for less, amongst other benefits specific to each service area.

Technologies and equipment can be used to support care staff and unpaid carers to do their job better and in more comfort.

For providers looking to achieve better for less through the use of equipment and technologies, you must engage with both staff and service users to ensure that what you are incorporating is what people want.

We want assistive technology companies and equipment providers who target their resources to people with physical and/or sensory impairments to let us know how they can contribute to our strategic aims of keeping people at home for longer, encouraging independence and better for less.

We want to learn more about how we can support the use of universally available 'smart' technologies i.e. the use of apps, smart telephones, and social media to support people with physical and/or sensory impairments.

We want providers of equipment and technology to provide training and support to those who use equipment and technology as part of their standard offer, and for as long as this is needed.

The market for such technology will grow across services affording considerable opportunities for providers. We also welcome innovative ideas of smaller scale projects that can help us deliver better for less.

Daytime opportunities

Surrey has a long history of supporting adults with physical disabilities in a day service setting. We are looking at ways of further improving our services to meet people's needs better. We must provide services which start with the wishes, aspirations and needs of the

individual. We need to continue to change our services to meet the changing needs and expectations of people with disabilities. We want to support people more in the community, rather than in a venue or centre.

The market opportunities outlined in the Existing Commissions section above will focus on developing options for skills-based day services, support at evenings and weekends, supporting people to travel independently and purposeful daytime activity in local communities.

We will, over time, move away from commissioning block contracts by increasing the use of frameworks, accredited lists and spot order purchases. This will be accompanied by an increase take-up of personal budgets for individuals. We will support providers to make the necessary transition from block contracts to spot order purchases; or purchases made directly by an individual using their personal budget.

We would welcome expressions of interest from providers who are willing to introduce Individual Service Funds as an alternative mechanism to self-managing a personal budget.

Specialist services and pathways for rehabilitation care and support

Many disabled people have severe and complex disabilities. It is acknowledged that these conditions can require highly specialised and intensive support through rehabilitation

and continued care and support in the community. It is also recognised that these individuals represent some of the most vulnerable in society and may have the greatest reliance on services.

Where people access specialist services we want to ensure people avoid developing additional care and support needs as a consequence of their experience of care.

Where people access specialist services we want to ensure they have a full range of options in meeting their leisure, educational, vocational and social needs along with the general population and have access to mainstream community activities.

We want to work with providers to explore how we provide appropriate specialist and timely rehabilitation, closer to home, to enable people with physical and sensory impairments to develop and maintain independence.

New areas for market development

Social prescribing

Social prescribing is a mechanism for linking patients with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending,

time banking and self-help, as well as support with, for example, employment, benefits, housing, debt, legal advice, or parenting problems. Social prescribing is usually delivered via primary care, although there are a range of different models and referral options.

We want to engage with the Surrey CCG's, Public Health and the voluntary, community and faith sectors to explore the possibility of expanding/establishing social prescribing schemes for people with physical and/or sensory impairment that aim to encourage beneficiaries to play a central role in their own care.

Key Area 4: Collaboration

Our commissioning approach is generally that it is neither affordable nor desirable to create distinct specialist services for all conditions. This leads to too many boundaries between services, gaps where people do not fit neatly, and difficulties in getting the right capacity and managing fluctuations in demand.

As we introduce changes in the ways we commission, we anticipate the roles and expectations of people using services, providers, and professionals working in care and support will also be subject to change.

We believe that collaborative ways of working, through for example user-led working groups, and provider networks, offer a mechanism for supporting the transformation our commissioning, and care and support delivery.

A collaborative approach requires trust between groups and individuals who come together to share their experience, knowledge and ideas on a particular area.

Over the past five years personalisation has been a key driver in the transformation of adult social care so that services are delivered in a way that ensures that users of services “exercise maximum control over their own life...and participate as active and equal citizens, both economically and socially. This has meant moving away from traditional models of commissioning and service delivery to a model whereby individuals have

sufficient information and support to be in control of how their care and support is delivered to them. This may be through the medium of a personal budget which enables the person to make their own arrangements for the services they need; and this puts people who use services into the role of purchaser or “micro-commissioner”.

This, in turn, changes the role of the local authority which has up to now commissioned blocks of services on behalf of service users and then directed service users into these blocks which might meet individual’s needs to a lesser or greater extent.

As a local authority our role will be to better understand local needs and aspirations, as we will no longer control demand for specific services. In this context it becomes important to differentiate between need and demand for services.

As individuals increasingly exercise the choice to take their personal budget as a direct payment and manage their own commissioning arrangements, Adult Social Care has to manage a more complex set of commissioning choices that enable and facilitate meaningful participation for individuals and their carers in the commissioning process through active co-design, co-production, co-delivery and collaborative commissioning.

We will adopt a collaborative commissioning approach going forward, this will support:

- the development of a common and shared perspective of supply and demand (market intelligence)**
- putting in place the right approaches to give the market available to Surrey residents the right kind of shape (market structuring)**
- specifying commissioning intentions and activities for the local market that we would like to develop, or where doing so secures a better deal for people using care and support services (market intervention)**

Collaborative commissioning will be established with the aim of providing a strategic framework for coordinating and delivering a range of health and social care support across the county, maximising resources available, reducing duplication, achieving consistency and bringing about service

improvement and change in how we jointly commission together.

Alongside developing collaborative commissioning we want to establish a Provider Network that will support our collaborative commissioning approach.

We want to invite you to become part of a Provider Network that:

- Brings together any and all providers who have an interest in supporting people with physical and sensory impairments, and who are keen to help us unpick some of the big challenges facing health and social care in a time austerity**
- Promotes collaboration and networking as ways of stimulating innovation in the market**
- Is enthusiastic about proposing, supporting and taking shared risks to implement new ways of doing things**
- Thinks laterally about the market place, and about who else can help and support the development of individual and community capacity**
- Develops initiatives that provide sustainable and creative opportunities that develop more resilient communities**
- Acknowledges the assets, skills and talents of individual's, friends and families in the ways care and support is delivered and experienced**
- Finds ways to maximise resources outside of the public purse, and promotes Social Value**
- Is committed to outcome based working**

Collaborative commissioning, supported by the Provider Network, will create the environment to enable (where appropriate), generic services to develop. This will support potential integration between previously segregated service user groups, maximise the investment available to

ensure similar agreed outcomes and better utilise the networks of support across the county. This development will also allow individuals who are not eligible for a funded package to be supported within their community with initiatives, such as Timebanking and befriending.

Commissioning together – health and social care

Across the six Surrey Clinical Commissioning Groups (CCG's) and Adult Social Care we share the same ambitions for providing care and support that is:

- closer to home
- reduces avoidable hospital admissions
- enables better and more integrated care in the community
- and, increases choice for patients

To support this, and driven through the Better Care Steering Board, we are developing collaborative and joint commissioning approaches, and building on existing integrated models of care and support that align health and wellbeing priorities and outcomes going forward.

Providers should consider:

Making use of opportunities to be involved in the remodeling of patient pathways in physical and sensory impairment services to improve access, choice, health outcomes, patient experience and value for money.

How their services enable timely discharge from hospital to community settings; and how their services support an integrated approach in health and social care rehabilitation and reablement services.

How their services can be re-designed to support 7 day working.

How they contribute to and support self care and self management programmes for people with long term conditions living at home.

During 2014/15 the CCG's and Adult Social Care will jointly tender for Domiciliary Care and Residential (with Nursing) Care services.

Employment, Skills and Learning

It is recognised that employment is one of the biggest factors in determining a person's quality of life. Employment is the best route out of poverty, and promotes social inclusion and mental and emotional wellbeing. Research has shown that many disabled people are dependent on benefits for financial support. Many feel there is little support to access employment and knowledge about how employment affects benefits is inadequate.

We want to increase access to paid and voluntary employment. We would like to engage with providers about how to increase the range of skills-based day-time activities and opportunities either by providers collaborating together to deliver existing activities, introducing new activities within existing day time opportunities, or creating new opportunities such as Timebanking.

We want providers of rehabilitation and day-time opportunities to work more collaboratively with local leads for disability employment advice to ensure that disabled people get the support they need to access employment and employment related support.

Workforce commissioning

The ever-changing nature of adult social care means that commissioning personalised, preventative and quality care and support services is a challenging process. The importance of effective commissioning has never been greater for local government with demand for public services increasing and resources reducing. The pressure to find greater efficiencies and improve productivity is driving councils to look for different ways to deliver better outcomes for local people.

The workforce is the primary driver of both social care quality and costs.

Workforce commissioning is not just a matter for employers and providers but is about building a wider labour market

of choice, about developing skills in the community and equipping people (and this is not just practitioners but also people who use services, carers, volunteers and all who make up the support networks in our communities) with the right skills, behaviours, competences and attributes.

Workforce commissioning, put simply, tries to predict the future demand for different types of workers and seeks to match supply to this. To be effective, it must be based upon a shared strategic sense of the purpose, nature and direction of adult social care and health services. Commissioners need to understand both the available workforce and the skills and knowledge required to implement national and local priorities.

Our overall aim for workforce commissioning is to have the right workforce doing the right things at an achievable cost.

As part of the Provider Network we will work with care and support providers and others to develop collaborative and where possible cross-sector workforce arrangements. This will include effective engagement of people using care and support, and their carers.

Our aims for workforce commissioning are:

Raising workforce professionalism, capacity, productivity, competence and standards.

Enabling user choice, control and autonomy.

Contributing to the safety of both people who use services and the workforce.

Engaging and supporting family, friends and communities, and other carers.

Making effective use of and develops assets in neighbourhoods.

Stimulating the social care markets in the local community.

Integrating the social care workforce across sectors (public, private, voluntary, community and faith).

Improving partnerships with health, housing, leisure, sport and employment.

Efficient and cost-effective use of resources.

Making it Real

In 2012 we began to use the 'Think Local Act Personal' Making it Real Markers to check with local residents that the services we were offering and developing met their needs. Since then we have used the Making it Real to redesign our approach to specifying services initially for tendered home based support and residential care

services jointly with health; and intend to extend this approach to all future tender and contracting opportunities. This approach supports commissioning based on outcomes, and provides individuals receiving care and support with clear information about what they should expect and experience from their care and support provider, in relation to their aspirations for their care and support.

Providers should familiarise themselves with the Making it Real key themes and criteria (see the Think Local, Act Personal website).

Providers should plan to include the Making Real markers in their day to day delivery as they help to show how well an organisation is doing in transforming care and support through personalisation and community based support.

Appendix 1 - Outcomes

As a minimum providers should take into account the following outcomes when designing care and support delivery, and consider how well they currently met these outcomes, and how they can produce evidence to support this.

i) The following combines the national frameworks for the NHS, adult social care and housing-related support. All our commissioning activity must be justified by its achieving the following:

Choice and control

Promoting personalisation and enhancing quality of life for people with long-term conditions, care and support needs.

- a. People have choice and control and experience services which are personalised to their individual needs. Self-care is enabled where this is possible.
- b. People experience an integrated approach to their care, across primary, secondary and social care services
- c. People have ready access to good information about the support and services available to keep healthy, well, independent and active. This will include services beyond those traditionally delivered by health and social care such as leisure, cultural and educational services.

Health and well-being

Helping people to recover from episodes of ill health or following injury; preventing deterioration, delaying dependency and supporting recovery.

- d. People's home environments support their health and well-being.
 - a. People have access to support that prevents unnecessary or early dependence on services, e.g. services with a low level prevention focus, information, falls prevention, telecare and telemedicine, equipment and adaptations.
 - b. People experience rapid access to high quality services: right place at earliest time (applies across primary, secondary and social care, as well as preventative services).

Economic well-being

- c. People are supported to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment.

Safety and dignity

Ensuring a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm.

d. People have their rights and dignity respected and are not subjected to discrimination, prejudice or abuse.

Enjoy and achieve

e. People experience services which support them to enjoy a good quality of life.

ii) Disabled people clearly articulated the following challenges for commissioners and service providers to incorporate into their services:

Offer personalised services: Disabled people wanted to be treated as individuals with their own goals and aspirations, they wanted service providers to offer them a range of support tailored to their individual needs aimed at supporting them to retain their independence. They wanted services which offered choice and control just like other services they purchase, care and support services should not be any different.

Be inclusive: Disabled people want to be supported to play an active role in their local communities, accessing services that all people should have access to such as leisure, libraries and shopping centre. They wanted the opportunity to develop their skills and contribute to their local economy through paid or unpaid work.

Work together to support us: Disabled people wanted services provided by skilled and knowledgeable staff that could support them manage their health and social care needs in an integrated manner.

Involve us: Disabled people don't want to be 'passive' recipients of care, they want to be involved in improving care and support services. They want to be asked what they think of services and how they can be improved, just like when they are customers of other services they purchase.