



# Adult Social Care

Commissioning Intentions  
2016 – 2020



# Introduction

This document sets out the Department's commissioning intentions to achieve the vision, objectives and outcomes of the Adult Social Care Strategy 2016-2020. It outlines our future approach to adult social care where we will have a reduced level of resources to meet increased levels of need. It will enable us to deliver our Medium Term Financial Strategy and to help us work together with our partners to provide more integrated health and social care services. We plan to meet the challenges facing public services through continued transformation of services and by changing the way we work in terms of commissioning and procurement.

The focus of services in the future will be to promote, maintain and enhance people's wellbeing and independence in order that they are healthier, stronger, more resilient and less reliant on formal social care services. By focusing on preventive services and avoiding the development or deterioration of long-term conditions, more expensive support can be avoided or delayed, decreasing demand and freeing up resources for those who most need them.

Intended activity is informed by the information contained within the Leicestershire Joint Strategic Needs Assessment 2015, and the Market Position Statement 2016 which outlines demand and supply within the local social care market in Leicestershire.

This will be supported by a Workforce Strategy to be developed in 2016, and by a detailed Delivery Action Plan for the activities outlined to deliver the Department's key aims and objectives.

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# ADULT SOCIAL CARE SERVICES 2016 – 2020

## VISION

To make the best use of the available resources to keep people in Leicestershire independent

## Our principles:

Our model for social care works to principles which aim to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately.

**The right person:** people who need support are identified and prioritised

**The right time:** to prevent things getting worse, increase resilience and maximise independence

**The right place:** at home, in the community, or in a specialist setting – according to need and what is most cost-effective

**The right support:** just enough to keep people safe and to prevent, reduce or delay the need for long term help, delivered by the right people with the right skills

**The right partner:** working more effectively with individuals, their friends and families and in partnership with other organisations – to achieve more joined-up and cost-effective support

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# Our strategic approach:

We have developed a 'layered' model, designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence.

## 1. Prevent need

Universal services, promoting and supporting wellbeing

## 2. Reduce need

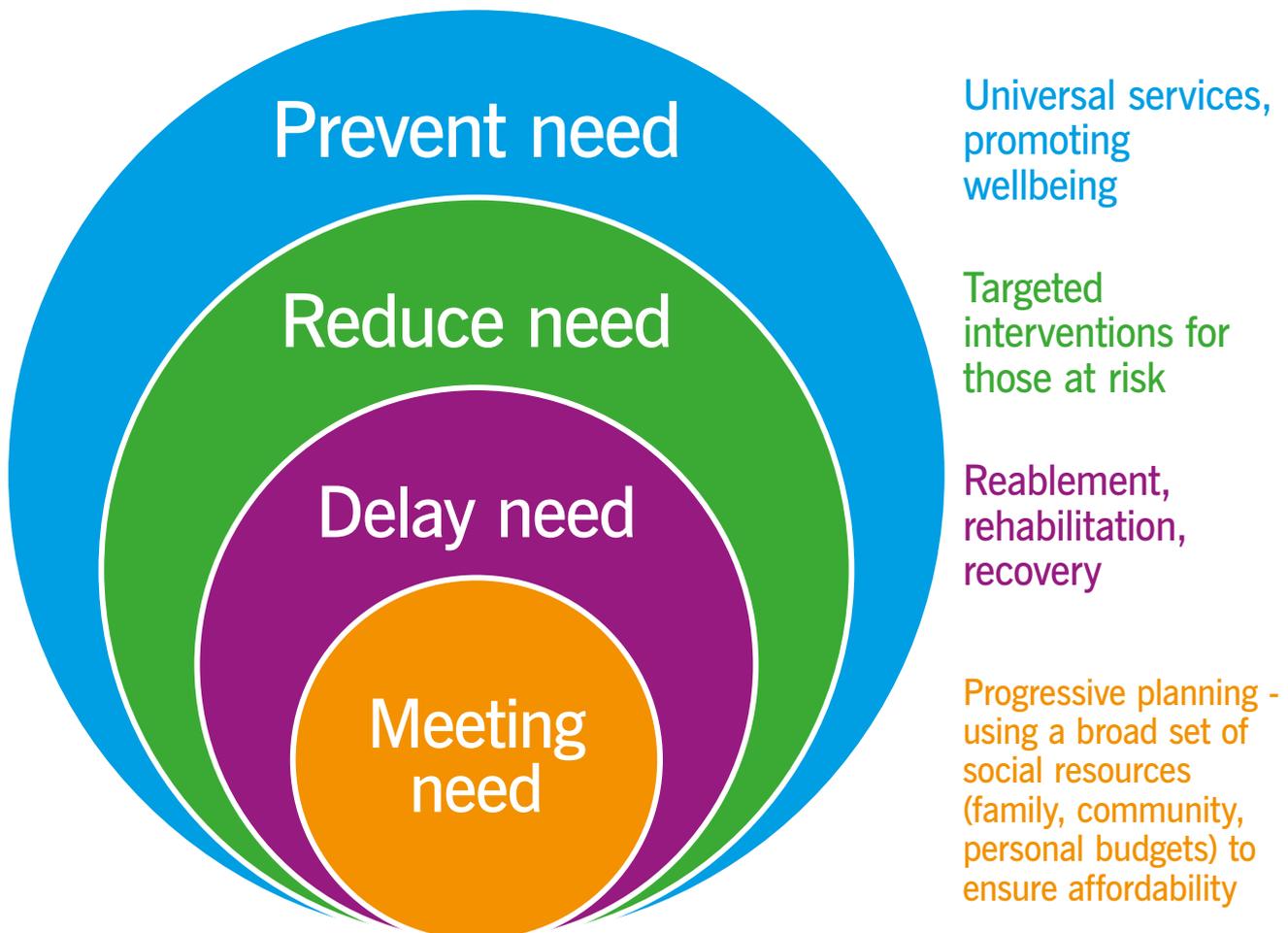
Targeted interventions for those at risk – intervening early for those who might need support in the future

## 3. Delay need

Reablement, rehabilitation and recovery for people who have experienced a crisis, or have a defined illness or disability

## 4. Meeting need

Progressive planning – using a broad set of social resources (family, community, personal budgets) to ensure affordability and maximise independence



# Strategic aims

In order to achieve the desired preventative approach to commissioning it is important to have clear aims and objectives. The commissioning intentions include activities that will enable Adult Social Care to:

- deliver its statutory duties under the Care Act 2014;
- manage increasing levels of demand as effectively as possible;
- deliver cost-effective social care services;
- achieve efficiencies and manage our financial resources;
- support people to be as independent and self-sufficient as possible;
- deliver services that are 'joined up' with health partners, to improve outcomes and avoid duplication.

These aims and objectives will be achieved through commissioning in ways that support our preventative approach

These aims and objectives will be achieved through commissioning in ways that support our preventative approach. We will work to improve our commissioning, procurement and contract management processes to ensure that people are safeguarded from abuse and neglect, and are actively encouraged to take responsibility to improve their own physical and mental wellbeing and to maintain a healthy lifestyle.

We will engage people who use services and their carers in co-production as far as possible, recognising their contribution to decision making about performance outcomes, the development of strategies and plans, and their implementation. This will link to an outcome focused commissioning approach to ensure that services are flexible, responsive and person centred. Our approach will acknowledge the importance and value of social and community networks, and establishing an ethos of reciprocity and mutual support.

Our commissioning will be based on evidence of what works, to secure robust, high quality services that are designed to meet the needs and desired outcomes of the people of Leicestershire. We will work to reduce the need for and dependency on expensive interventions such as extensive care in the community, admission or readmission to hospital or long term care by investing in creative and innovative solutions that promote wellbeing, re-ablement and independence.

Our approach will acknowledge the importance and value of social and community networks

We will seek the involvement of a broad range of strategic partners from the statutory, independent and voluntary sectors, who are responsible for contributing to the development of this strategic approach and overseeing the commissioning intentions and delivery.

# Ways of working

In order to achieve the savings required against current service delivery, and reshape services to ensure they can deliver the new model of social care in the future, this approach will require new ways of working, both for the Council's Adult Social Care Department and for providers delivering support.

## We will:

- develop skills across the workforce to embed a progressive approach through ongoing review;
- maximise effectiveness and value for money across all functions, including regular audit and review of provision;
- work jointly with partners to manage risk, and commission/deliver services where there are evidenced benefits;
- decommission services that are not outcome-focused or effective in their current form;
- develop outcomes-focussed commissioning and monitoring tools to support delivery of effective, high quality and value for money services and to facilitate evaluation of performance.

# Commissioning intentions

A detailed review of the way we work and the services we commission has been undertaken, and combined with the outcomes of consultation and engagement with stakeholders it has been concluded that we will focus on the areas of work outlined below.

## All services:

- Where the local market is not working effectively (as identified in the Market Position Statement) we will actively commission new and different services

## Prevent

- Supporting improved access to a broad range of information, advice and support that can promote wellbeing and independence.
- Actively work to ensure there is an aligned, coherent offer of information and advice.
- Ensuring all contracted suppliers provide quality, accessible information as part of their service delivery.
- Work with Public Health to ensure services are commissioned that actively encourage people to take responsibility to improve their own physical and mental wellbeing and to maintain a healthy lifestyle.
- Support people who may have care needs in the future for as long as possible through access to universal community based services, by ensuring that information about such services is shared and utilised by strategic and operational partners.

## Reduce

- Alongside our partners, further developing a new model of early intervention and prevention support (this includes a range of services, for example preventative mental health services, peer support and advocacy).
- Ensuring that funding is targeted towards those at greatest risk of needing social care support.
- Developing monitoring and reporting systems to understand the impact and maximise the benefits of early identification and prevention services. Only those interventions that have significant cost benefits will be funded.
- Supporting carers to continue in their caring role by remaining mentally, emotionally and physically well. This will be achieved through ongoing identification within primary care settings, continued investment in cost effective carer support services, and the use of carers' personal budgets.

## Delay

- Enable more people with learning disabilities to access mainstream support and services, and reduce the numbers of people receiving care that limits their independence.
- Develop effective employment pathways for working age adults.
- Maximising the use of equipment and technology which can deliver less intrusive and more cost-effective care.
- Bed based reablement will offer a time limited intervention designed to support people to regain independent living skills in settings with flexible levels of support .
- Support people to achieve maximum possible independence, by moving to service models (including home care provision) which are focused on reablement and recovery, to delay the need for higher levels of support.

## Meeting need

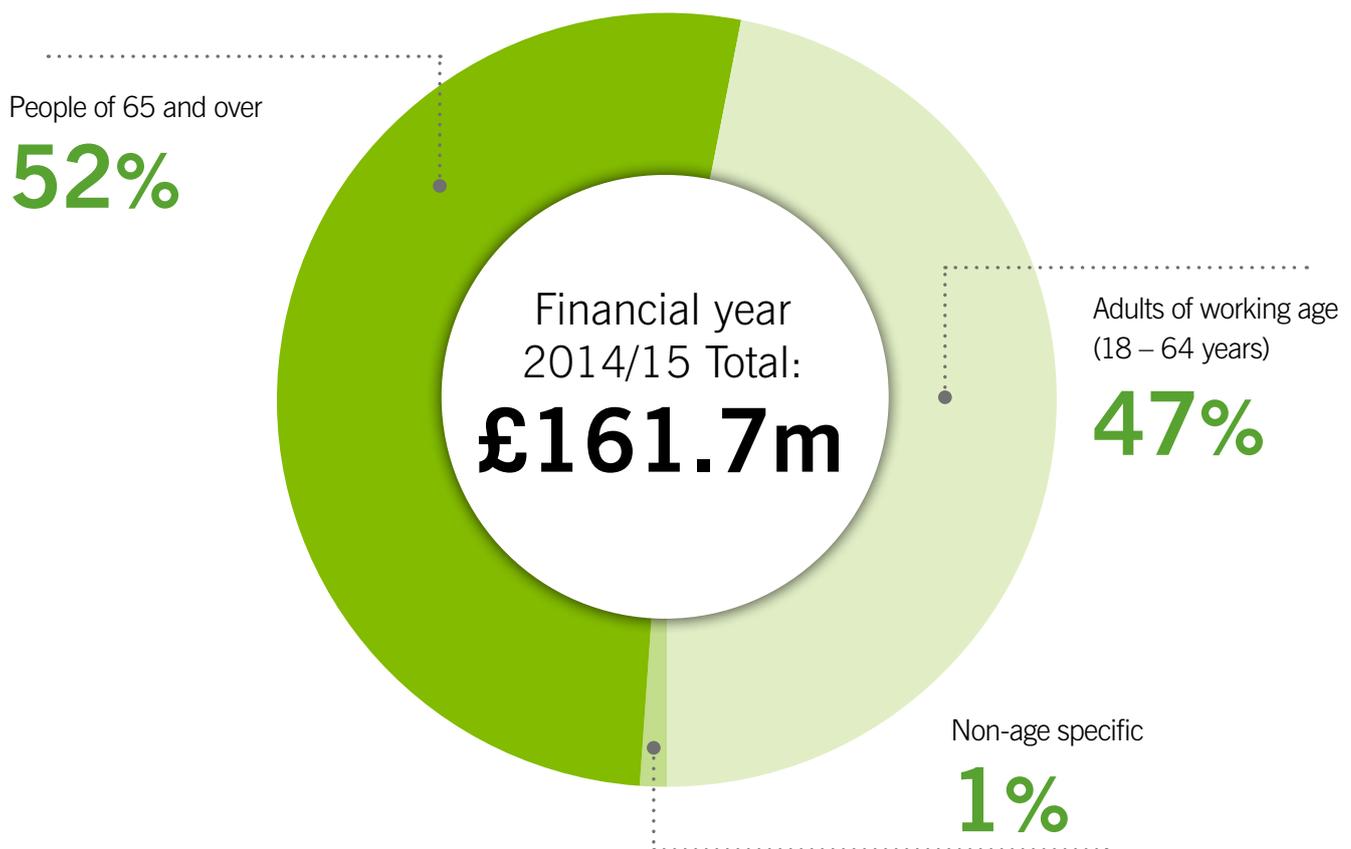
- The need for publicly funded social care support will be determined only once personal and community resources and assets have been identified and fully explored.
- Personal budgets will be taken as cash direct payments where these promote independence. We will increase the proportion of cash Personal Budgets, facilitated through the provision of pre-paid cards. All personal budgets will be funded to the level that is just enough to meet eligible needs.
- We will work with providers to embed progressive models of support, to maximise independence and ensure that capacity is available to meet the demand from the growth in numbers of people needing support. In the shorter term this will be implemented through the procurement of Home Care, Supported Living and Community Life Choices – working with fewer providers to progressively achieve optimum levels of independence for service users and reduce the amount of support required.
- We will be flexible in our approach to providers to allow for innovation, but this will be in the context of a greater focus on managing providers' performance to ensure we are getting the most from all of our commissioning and contracting arrangements.
- To further develop alternatives to residential care, a new Accommodation Strategy will be developed in 2016 and we will promote recruitment of new shared lives carers, alongside our new Supported Living Framework.

Further identification of services and work areas that require transformation will be ongoing throughout the life of the Adult Social Care Strategy and commissioning intentions and will be reported through our Annual Business Plans.

# Resources

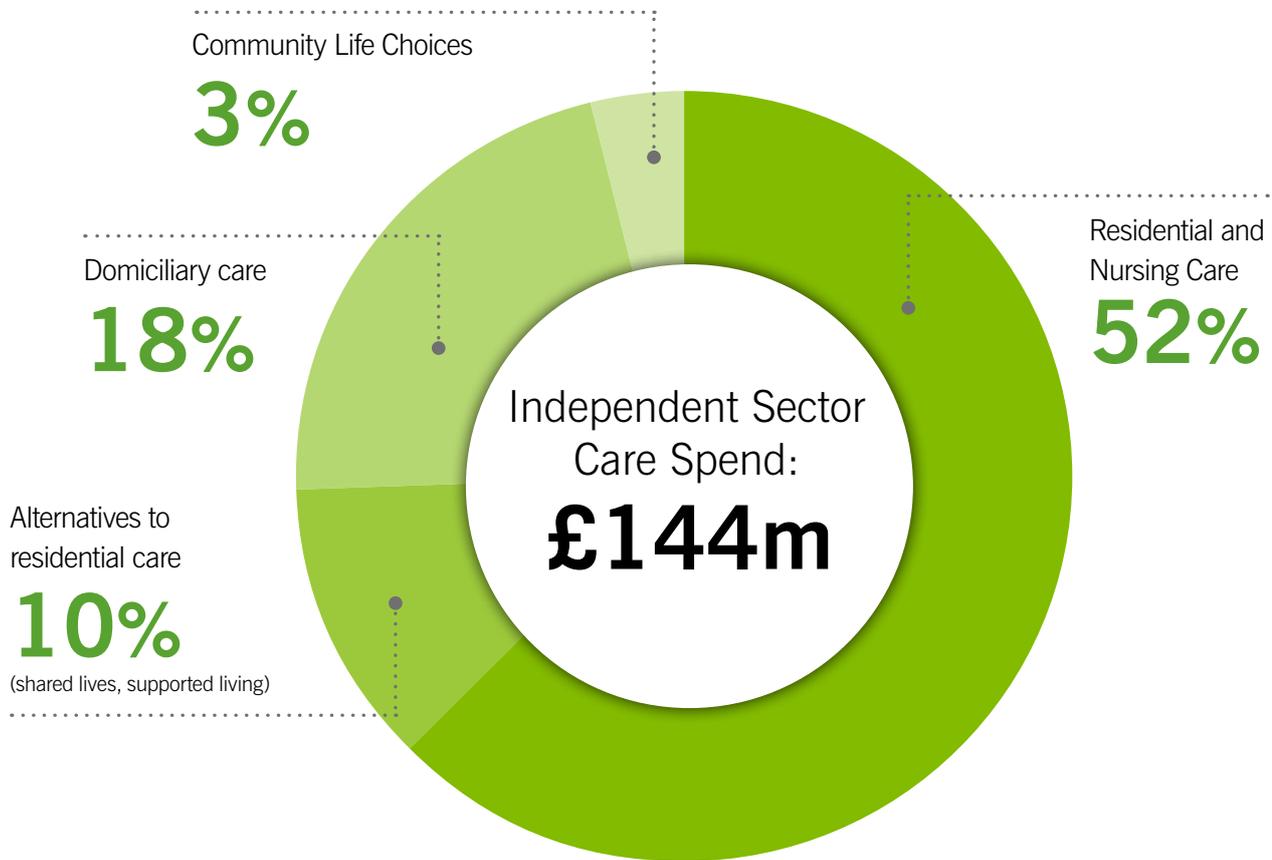
It is essential that transformation of services underpins the Medium Term Financial Strategy (MTFS) proposals to ensure that key outcomes are delivered and services are sustainable in the future. The departmental approach is consistent with the themes in council wide transformation.

In 2014/15, the Council spent £161.7 million on direct social care support for adults, as follows:



We anticipate that these proportions will change over time, in response to the implementation of progressive planning (reducing the proportion of spend on adults of working age) and the expected increase in the numbers of older people and of people with dementia.

11% (£17.6 million) of the spend on direct social care support was spent on in-house services (Council direct provision). Care commissioned from the independent sector was valued at £144 million, spent on the following types of service provision:



These proportions are also expected to change over time, with the new focus on supporting people to remain independent in their own home as long as possible. The remaining 17% was spent on direct cash personal budgets, and a small amount (0.35%) on community meals.

The current departmental savings targets as outlined in the MTFS are:

2016/17 £000	2017/18 £000	2018/19 £000	2019/2020 £000
-7,660	-13,970	-17,635	-18,585

This document highlights our commissioning intentions which will support the successful delivery of the savings set out in the MTFS, whilst delivering quality, efficient and responsive care for those who need it.

