

Bath and North East Somerset

Market Position Statement



Bath & North East
Somerset Council

Adult Social Care

Services for Older Adults

2018/19 – 2020/21

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The Council published and consulted with providers & stakeholders on a draft market position statement (MPS) in 2018. The MPS has been welcomed as a tool to make it easier for providers and commissioners to work together and understand how social care priorities sat within B&NES's wider health and care system. Providers' feedback closely resonated closely with the draft.

Providers and commissioners biggest shared interest is in helping people remain independent and enjoy the best quality of life they can, and reducing social isolation and creating a culture of positive risk and flexible service models were seen as important to this.

Workforce sustainability and development is perhaps our biggest collective challenge and this requires a dedicated long term, collaborative effort from Council, providers and other care & health partners to improve this. Providers shared many ideas with us ranging from joint-recruitment, apprenticeships and creating better career progression, through to looking more deeply at how we look at incentives and motivation more broadly.

Providers welcomed a partnership approach and identified a shared challenge of creating space to work together with the Council on preventative services which reduce demand, but doing so in a way that still create viable business opportunities.

Commissioners and providers had very similar perspectives on how to make such partnerships real through regular strategic forums to discuss shared pressures, market trends and commissioning & businesses intentions. We continue to host provider engagement events on specific commissioning intentions, in areas like homecare and care homes.

When it comes to supporting the local urgent care system, we heard much interest in Trusted Assessor models and improving hospital discharge and referral processes. A key challenge here was working towards a whole-system response to 7 day working.

Shaping the market in a sustainable way is essential. To help providers and commissioners with this, there was support for greater mutual transparency. This includes improving the quality of information available to support investment and service design priorities in areas such as future demand & need and information relating to businesses and services.

Effective communication at all levels – as always – is fundamental to making our ambitions real. Developing our future service alongside strength based models of social work practice give us an exciting opportunity to bring social work, providers and service users together to learn off each other and deliver stronger outcomes for our communities.

I have great pleasure in introducing this Market Position Statement, which sets out our vision for care and support services in Bath and North East Somerset and the Council's intentions as a strategic commissioner of services. It is aimed at existing and potential providers of care and support services and is part of an on-going dialogue between the Council, residents and care providers about the future of care and support services in B&NES.

Within this Market Position Statement we set out our current commissioning practices, our understanding of demand and how that demand may change in the short to medium term. We also outline current trends and our plans for commissioning care and support services.

The initial focus of this document is on older people with plans to expand and extend its scope over the next 12 months to encompass younger adults including transitions from children and young people's services and, also, to fully reflect the shared ambition of the Council and Clinical Commissioning Group to fully integrate the commissioning and delivery of health and care services and the wider determinants of health such as housing.

This is an important document for us because we want to influence and support the local are market to provide innovative, diverse, good quality and value services for the people of Bath and North East Somerset.

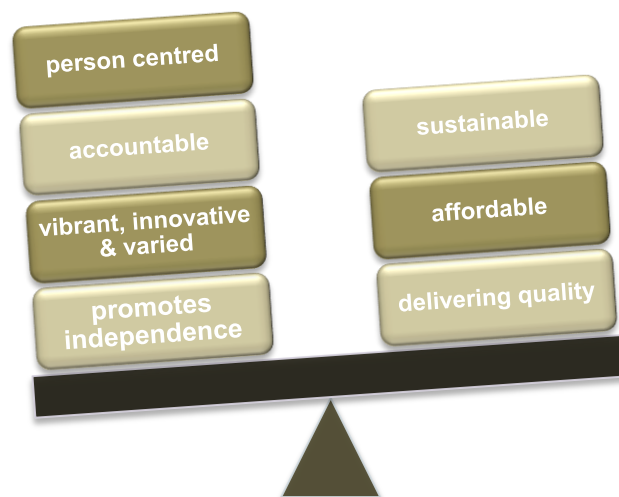
Thank you for taking the time to read this document. We look forward to getting your feedback on it as part of our ongoing dialogue with you.

Jane Shayler
Director, Integrated Health and Care Commissioning
February 2018

Like all Councils in England, B&NES Council has a statutory duty under the Care Act (2014) to facilitate and oversee the local care market and ensure all residents can access good quality, sustainable care and support.

A key part of this role is the development and publication of a *Market Position Statement* (or MPS), which sets out commissioners' long term intentions in relation to the social care sector and explains how commissioners of social care services will collaborate with providers, developers and communities to manage the challenges facing social care while creating and capitalising on opportunities to meet the evolving care and support needs in our local area. The nature of the challenges we face often means a balancing act:

...the best possible balance



This MPS draws together a range of information about the current and desired future state of care provision in our area. The intention is to help create opportunities for providers and the Council to align our thinking and priorities.

Who is the MPS for?

The MPS is mainly aimed at providers and developers – both current & potential – as well as key strategic stakeholders. Improving the future of care depends largely on how commissioners understand and work positively with a range of organisations they rely on for planning, building and delivering frontline care and support.

Organisations should find useful information relevant to their businesses around future direction, capital or resource investment and also to make it easier to work with the council.

However, anyone with an interest in the wellbeing of people in Bath & North East Somerset should find this MPS relevant as it shows how we might move in the directions talked about

in our [Health & Wellbeing Strategy](#) and through the [Your Care Your Way](#) consultations as part of the process for choosing Virgin Care as our Prime Provider (see section 7.2).

In the main, the MPS is concerned with the Bath & North East Somerset Local Authority area. We do though work often with other Councils, NHS services and commissioners in neighbouring areas and across the south west. We talk about this more in section 7.3 and you will see some examples of these types of opportunities in our draft commissioning intentions (section 9).

1.2 Scope

This MPS summarises:

1. Our long term commissioning intentions
2. Local needs, demographics, future demand and the Council's financial position
3. The commissioning environment
4. The current market, commissioning intentions and opportunities
5. How the Council does business and what support we can offer providers

The services covered in the current draft relate to those that tend to be used more by older people but are available to all adults with eligible care needs. This reflects efforts by the industry regulator CQC to bring parity and inclusivity by removing arbitrary age barriers between working age and older adults in terms of service registration categories. This is a subtle yet powerful change, with implications for how we think about developing services and how developers and providers think about how they design and locate care accommodation to play a genuine role in the surrounding community.

MPS Lifespan

We are aiming for this MPS to have a lifespan of 3 years (2018/19 – 2020/21) with at least annual updates. This helps us keep people updated as circumstances change and projects develop but at the same time offer enough consistency to inform long term planning.

Future Scope

Further chapters for other commissioning areas will follow in later drafts, such as those for learning disabilities, developmental disorders, mental health and services for people with drug or alcohol problems. We will publish these through our [commissioning](#) webpages.

From 2019/20 onwards B&NES intends to draw together its planning for health and social care into an integrated health and social care MPS. This reflects our direction of travel for integrated commissioning between the council and CCG (see section 7.1). In this context we can here provide early signposts to emerging integrated commissioning intentions for:

- ❖ *Integrating the approach between commissioning for children's services and working age adults – in particular to care placements*
- ❖ *NHS Continuing Healthcare (CHC) funding and personal health budgets*
- ❖ *Older adults with learning disabilities*
- ❖ *Encouraging providers to develop links with the GP/Pharmacy sector (care homes especially)*

1.3 Main themes and priorities

The priorities that run throughout our commissioning intentions are:

Support for urgent care	<ul style="list-style-type: none"> ❖ Multi-agency partnerships ❖ 7 day working for assessments and package/placement starts ❖ Trusted Assessor models
Prevention	<ul style="list-style-type: none"> ❖ Outcomes based commissioning and social work practice ❖ Opportunities for recommissioned reablement and homecare ❖ Making better use of extra care
A sustainable sector	<ul style="list-style-type: none"> ❖ Transparency and fair funding for care ❖ Local market oversight ❖ A partnership approach to contingency planning

1.4 Taking part in the consultation

The consultation closes on 6th May, 2018.

We have arranged professionals' forums to discuss our priorities with providers and developers further. Click [here for details](#).

The MPS is also available publically through the Council's website. All B&NES citizens can give their comments and feedback directly to the commissioning team at: asc_commissioning@bathnes.gov.uk

Find us online

- ❖ Go to the Council's main website: www.bathnes.gov.uk
- ❖ Click on the 'Adult Social Care and Health' tab on the left hand side
- ❖ Click on the '[Commissioning for the future](#)' tab.

Alternative formats

If you require this information in alternative formats, please contact asc_commissioning@bathnes.gov.uk

Useful Links

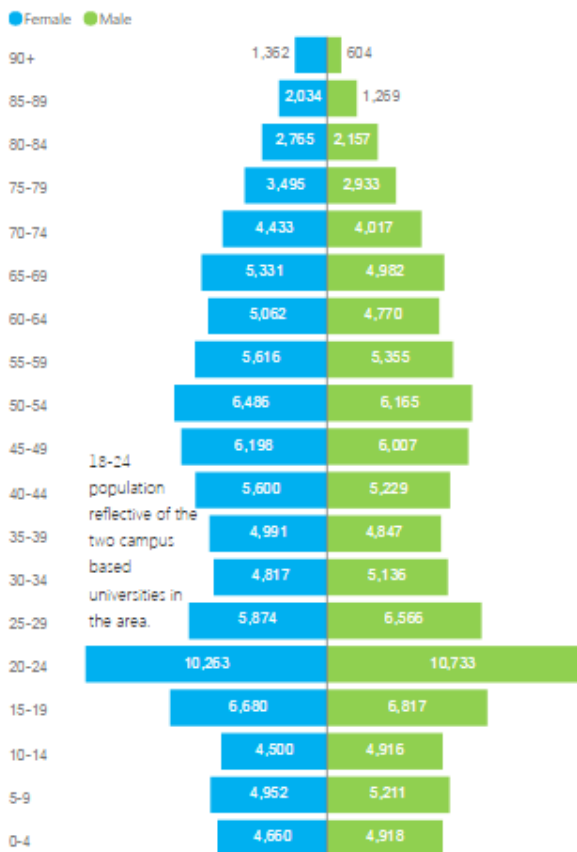
- ❖ *We've tried to make this document as jargon-free as possible. Some specific terms and language is however sadly inevitable. Many people find this [Care & Health Jargon Buster](#) really helpful.*
- ❖ *You can find a quick introduction of the challenge facing our community here: https://www.youtube.com/watch?v=teev4Wdzu_w*

2 – Demographics & Demand

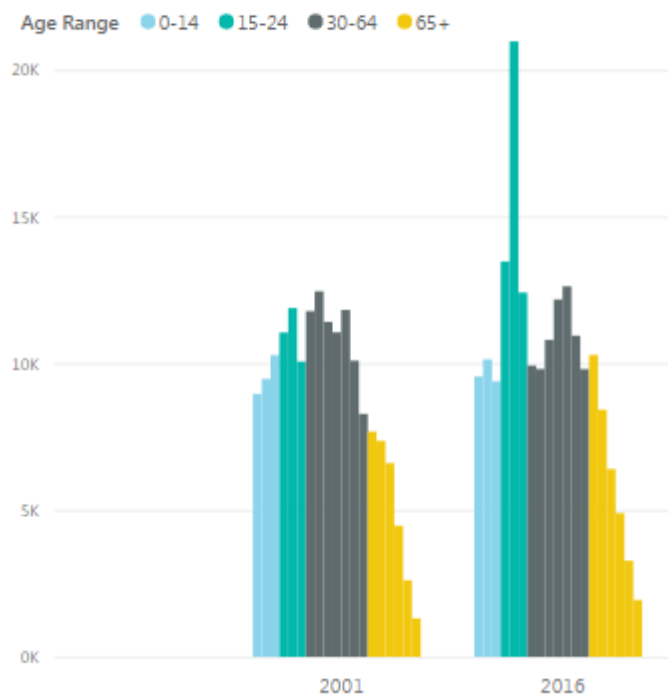
2.1 B&NES Demographics

In 2016 the population of Bath and North East Somerset was 187,751 (ONS, 2017). The area is notable for its significant proportion of student-age residents.

Population Pyramid 2016



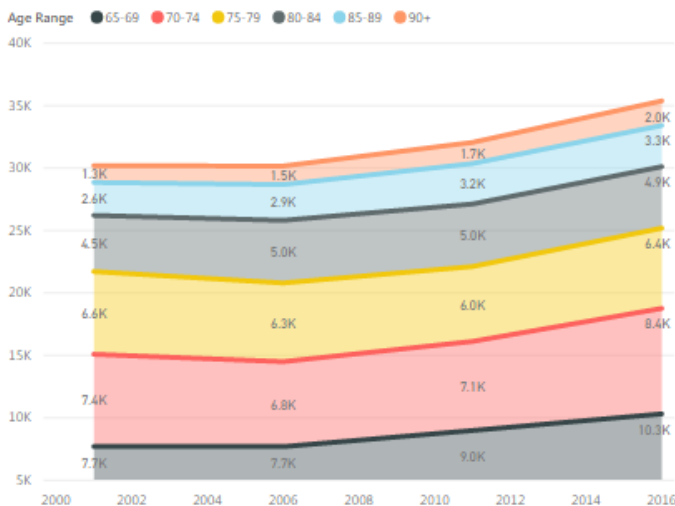
B&NES Population change by key groups - 2001 to 2016



Since 2001 changes in student age population represent by far the most significant change in population structure over time.

Despite this, an ageing population can also be observed.

Population Change by age range - 2001-2016

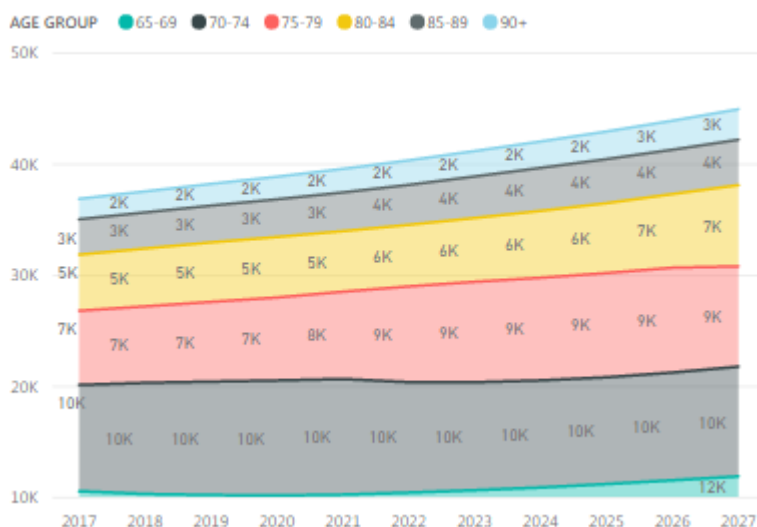


Of the older population, increases have been experienced mainly amongst the 65-79 age ranges, largely in line with national and regional patterns.

However; the 14.7% increase in people aged 65+ is lower than that experienced in England (20.7%) and the South West (22.6%) region.

Mid-year population projections (ONS, 2016) suggest a linear growth of people in the 65+ age range.

Projected population change by age group - 2016-2027



In a change to growth experienced historically, but in line with national and regional trends, population growth is concentrated amongst the most elderly and as such, those with increased care needs.

As with historic growth, these increases are projected to be lower than those for England and the South West region, but are still significant in terms of the local area.

2.2 Population Distribution

Bath Geography in Summary

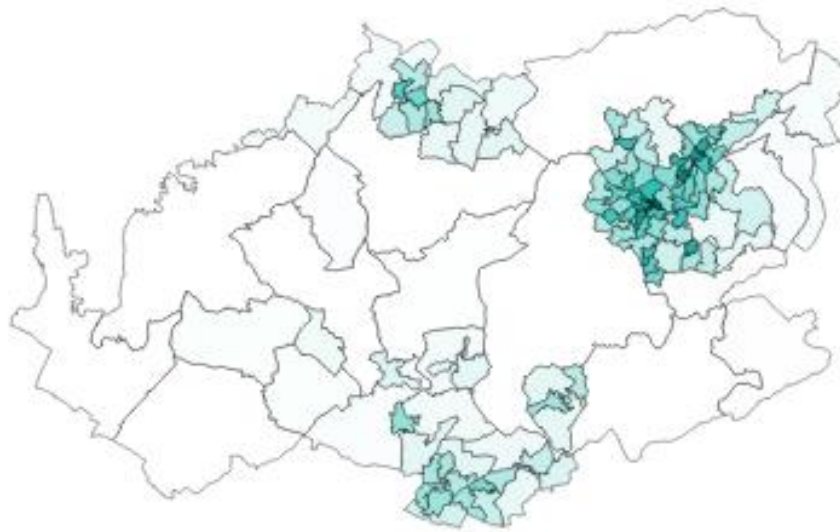
Community Area: Bath (Cyan), Bathavon (Dark Grey), Chew Valley (Red), Keynsham (Yellow), Somer Valley (Light Grey)



Bath and North East Somerset is well understood in terms of its community forum areas. The City of Bath accounts for 50% of the population, as well as the most notable concentrations of deprived communities (within the South West of the City). The other half of the population is distributed amongst the market towns (Keynsham and within the Somer Valley, Midsomer Norton and Radstock). The remainder of the authority is made up of diverse villages across a rural expanse covering the Mendip and Costswolds AONBs.

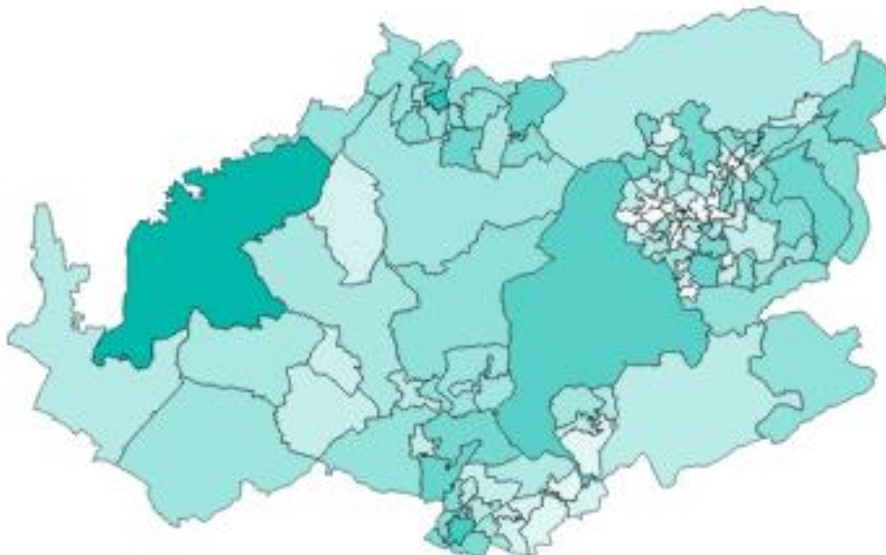
Population density follows these patterns, focusing on the City of Bath and Market towns.

2016 Population Density (Sqkm) (All Ages)



In contrast and of direct relevance to social care provision, the actual distribution of the 65+ population does not follow this pattern, with the population far more distributed amongst rural areas.

2016 Population Distribution - 65+



- ❖ Although relative levels of growth amongst the aging population is lower than that expected elsewhere in our community, significant increases are expected, particularly amongst the very old.
- ❖ The rural distribution of the 65+ population has notable challenges from a service delivery perspective in for example homecare, reablement and community nursing.
- ❖ At present, the significant student population makes it hard to meaningfully project the working age population for care planning purposes.

2.3 Demand

Nationally & regionally

- ❖ People are more likely to be living for longer but with increasing levels of physical frailty. Across the UK, the number of people aged 60 or over is expected to pass the 20 million mark by 2030.
- ❖ By 2040, nearly one in four people in the UK (24.2%) will be aged 65 or over.
- ❖ The number of people over 85 in the UK is predicted to more than double in the next 23 years to over 3.4 million.
- ❖ The population over-75 is projected to double in the next 30 years.
- ❖ Self-Funding: About 40% of the residential care market at any one time pays for their care. A quarter of that 40% run out of money each year. This translates to an additional 10% demand on Council social care budgets across England (*Source: Local Government Information Unit*)
- ❖ 50% of the population will suffer from two or more chronic conditions by the age of 60, with 80% of those over 85 years suffering from two chronic conditions (and 45% of people having four or more conditions). This presents a greater challenge to providing safe high quality healthcare.

In B&NES

- ❖ Our Joint Strategic Needs Assessment (JSNA) suggests continued change with a 12% rise in the population by 2037 to 199,100. The number of over 75's in B&NES is set to increase by 75% in that time.
- ❖ 2014 estimates suggest that there are 11,807 people aged 65+ in B&NES unable to manage at least one self-care activity on their own. This is expected to increase to 16,408 (39%) by 2030 and is likely to have significant impact on carers and care services, as well as the expected numbers of older residents living in care homes.

Key priority for commissioners: To better understand how the national picture plays out locally in some of these areas and develop shared knowledge with providers.

Useful Links

- ❖ *Professor John Bolton of the Institute for Public Care offers an influential insight into managing future growth in demand:*
https://ipc.brookes.ac.uk/docs/John_Bolton_Predicting_and_managing_demand_in_social_care-IPC_discussion_paper_April_2016.pdf

2.4 Council client base and spend

The Council's client base of Social Care service users are made up of and reported on in the following care categories:

- ❖ Adults & Older People - Mental Health
- ❖ Older People
- ❖ Learning Difficulties
- ❖ Physical Disability, Hearing & Vision

The number of people receiving packages and the associated costs of these services fluctuate throughout the year; the table below shows the number of people and gross cost of care packages at the end of the 2015/16 and 2016/17 financial years.

The Rising Cost of Care in B&NES						
Description	2015/16 Purchased Care			2016/17 Purchased Care		
	People	Package Cost £000	Average Cost £	People	Package Cost £000	Average Cost £
Adults & Older People-Mental Health	549	10,964	£19,971	546	11,586	£21,219
Older People Purchasing	1,159	17,857	£15,407	1,122	19,268	£17,173
Learning Difficulties	541	19,513	£36,069	585	22,108	£37,791
Physical Disability, Hearing & Vision	327	4,752	£14,533	359	5,073	£14,130
Total	2,587	53,087	£21,495	2,622	58,034	£22,578

The table above illustrates rising costs of care in B&NES and also that, whilst there has not been a material increase in service users there has been a significant rise in the cost of care packages. This has been recognised in the Council's financial planning with growth funding to address annual inflationary and demand pressures, however the rising cost of care is continuing to increase and is one of the main contributing factors the Council's over budget financial position.

Older People purchased care expenditure breaks down as follows:

Older People's purchased care expenditure						
Older People Purchasing Service Type	2015/16 Purchased Care			2016/17 Purchased Care		
	*People	Package Cost £000	Average Cost £	*People	Package Cost £000	Average Cost £
Direct Payments	227	1,835	£8,082	209	2,350	£11,243
Home Care	482	5,063	£10,504	488	4,742	£9,717
Nursing	347	7,500	£21,615	334	8,457	£25,321
Residential	208	3,459	£16,629	198	3,719	£18,782
Total	1,264	17,857	£14,208	1,229	19,268	£16,266

**Service user numbers are higher in this table as some users will be receiving more than one service type*

3 - The Financial Picture

3.1 Budgets and Current Expenditure

The 2017/18 Council net budget for Adult Social Care is £59.4m, made up as follows:

Budget Heading	2017/18 Current Budget £000
CRC & Community Equipment contracts	6,601
Adults Substance Misuse (DAT)	535
Adults & Older People-Mental Health	9,257
Supporting People & Communities Commissioning	1,374
Adult Care Commissioning	987
Older People Purchasing	10,231
CRC's & Extra Care	-1,733
Learning Difficulties	15,176
Physical Disability, Hearing & Vision	4,439
Better Care Fund	11,263
Adult Safeguarding / MCA / DOLS	1,312
Total	59,441

The Council's Quarter 3 April to December 2017/18 Budget Monitoring has reported a forecast Outturn position of £3.4m over budget mainly due to additional demand in Adult Social Care, Children's Services, and Special Educational Needs and Disability (including the impact of the previous year). The year-end estimate is after fully committing the £1.3m available balance of the Adult Social Care Reserve.

Adult Social Care is expected to Outturn over budget by £2.8m (before mitigation by one-off use of Adult Social Care Reserve).

3.2 Future Challenges to Resources

The Medium Term Financial Strategy (MTFS) was approved by Cabinet in October 2017 and outlined how the Council's budget would be delivered over the medium to long-term. The MTFS for B&NES spans two years with a further three added to show the likely longer-term picture. The Council needs to deliver a balanced budget over the term of the plan. A balanced budget means that balances or reserves are not used to meet on-going expenditure commitments.

The MTFS projects a budget gap for 2019/20 and beyond. Figures include all estimates for pay awards, pension costs, Council Tax, business rates, Government grant, and inflation. The 2018/19 budget focusses on protecting frontline services at a time when the Council faces funding cuts & unprecedented increases in demand in Adults & Children's Services.

Following the MTFS the Councils 2018/19 Budget Proposals were approved at Full Council on the 13th February 2018. The budget proposal has identified the additional funding

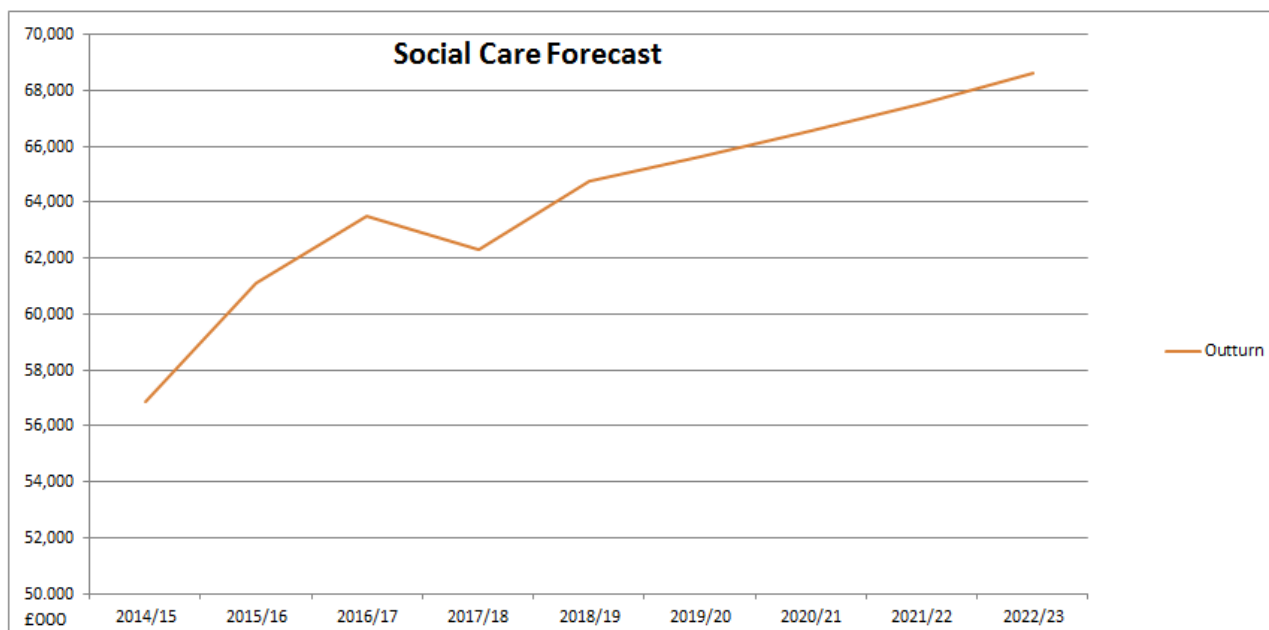
requirement into Adult Social Care taking into account the following items to ensure that the 2018/19 budget proposal is aligned with forecast demand modelling:

- ❖ Budget Rebasing to recognise 2017/18 recurring budget pressures.
- ❖ Demand planning using service user and local population trends.
- ❖ Market analysis to consider the future year's inflationary pressures.

In addition savings proposals have been developed to help manage demand and re-direct funding through efficiency savings. This has resulted in growth after savings into Adult Social Care of £3.94m.

As previously stated the Council's Quarter 3 April to December 2017/18 published forecast highlights a £2.8m over budget position. Demand and acuity and complexity of service users continues to increase, and Adult Social Care have been tasked with over £3m worth of savings proposals for 2018/19. Therefore despite the growth awarded to Adult Social Care in the 2018/19 budget this sets an ambitious target for Adult Social Care that will require service re-design and the careful management of rising costs and demand pressures to ensure that services can be managed within the available budget.

Forecast Demand: Current demand modelling indicates that Adult Social Care costs will continue to rise. This presents a significant funding challenge for the Council as there is uncertainty on the ability to raise funding from the Adult Social Care precept on Council tax after 2019/20. The graph below illustrates the rising costs of Social Care when looking at the timeline between 2014/15 and the anticipated costs until 2022/23.



Useful Links

- ❖ More information on the Councils 2018/19 Budget can be found here:
<https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=272&MIId=4637>
- ❖ More information on the MTFs can be found here:
<https://democracy.bathnes.gov.uk/documents/s48394/E3003z%20MTFSfinal.pdf>

3.3 The Better Care Fund

The Better Care Fund (BCF) in B&NES was introduced in 2014 and is the formal way to pool health and social care budgets and support integrated services. Its investments pave the way for an integrated Market Position Statement with BaNES CCG.

This year's fund has grown to £61.4m as it includes the community services contract with Virgin Care Services Ltd and also 3 year grant funding for Local Authorities announced in late 2016 called 'Improved Better Care Fund' monies. All BCF plans have to meet certain national conditions and are governed by the Health and Wellbeing Board.

We have ambitious BCF plans for *Integrated Care models*

- ❖ *Delivered in the community* wherever possible and as *close to peoples' homes* as possible
- ❖ *Reduce unplanned emergency admissions to hospital* by supporting services in the community (in line with national expectations)
- ❖ *Support discharges from hospital*, by investing in services which *support the flow of patients through the health and care system*.
- ❖ Specific key investments in:
 - *Reablement, 'Home First', the Falls Response* service
 - Additional *rehab beds* in the community
 - Development of *community equipment* and *assistive technology*

This MPS' key focus on *supporting urgent care* (see section 8.2) models and *partnering with organisations across health, social care and the third sector* are fully reflected in the Better Care Fund investments. Other vital BCF components we seek full support from the market to deliver include services and options which promote:

- ❖ *7 day working*
- ❖ *flexible responses*
- ❖ *the latest technology*
- ❖ *supporting people to remain at home for as long as possible*

The transformation of adult social care, the 3 Conversations Model, e-brokerage and other support systems are also key features of, and funded by, the Better Care Fund.

We are interested in:

- ❖ Working with providers who recognise the importance of transformation, partnership working and 7 day working.
- ❖ Together, making a difference to people's experience across health & care; keeping them well and supporting them when they extra help, either through illness or crisis.
- ❖ Investing in and developing services which recognise and support these priorities.

Useful Links

- ❖ A link to the current 2-year Better Care Fund plan can be found here: <http://www.bathandnortheast Somersetccg.nhs.uk/documents/strategies/better-care-fund-201719>

3.4 Paying a Fair Price for Care

Councils have a statutory duty to pay a fair price for care and consider local providers' reasonable costs. Councils receive less funding from central government at a time of rising demand and providers citing their own rising costs. Balancing this is central to the challenges we face in shaping a vibrant, but sustainable social care marketplace.

In many cases, the costs of care service in B&NES will be agreed between commissioners and providers during a procurement process and specific negotiations for larger services. However in certain areas like care homes and homecare, many placements or packages of care are commissioned individually.

In 2016 we commissioned an independent company to establish a Fair Price for Care (FPoC) for a range of residential and nursing care settings in B&NES. We implemented the findings and invested an extra £600K in 2017/18 to promote market sustainability. We are committed to our approach to a fair price for care, but are also determined to secure value for money and not fund surplus value or inflated increases, driven by demand rather than clients' complex needs.

This is an area rich in case law. Most recently, the Courts have confirmed that, while Councils need to have *due regard* for local providers costs, they can also legitimately consider other relevant issues, including their own financial position.

We are developing an approach which allows us measure the likely impact of a range of staffing and other overheads against other financial and qualitative factors to guide our decision making on annual uplifts across a range of care categories. Though this mostly affects care home placements, there are implications for homecare commissioning (where we currently contract for services at a significantly higher rate than the UK Home Care Association's recommended minimum) and Direct Payments.

As other Councils have found and being consistent with Care Act statutory guidance, we will consider the impact of the following in developing sustainable positions on care costs:

- ❖ Making use of services in neighbouring local areas which are more affordable
- ❖ 'Top-up' funding from third parties where a more expensive service or premium environment is preferred by the client but where a more cost-effective option is available (in line with the Council's statutory duty to fund care)
- ❖ Reserving the right to move self-funders to a more affordable service when their assets drop below the funding threshold for Council financial support

We are interested in working with providers who –

- ❖ Are as committed as us to transparency and funding care sustainably, but fairly. *This may include considering whether new developments include, similarly to mainstream housing developments, some affordable beds at our FPoC rates.*
- ❖ Want to help us develop solutions which support an affordable care market in future that is sustainable for provider, client and Council alike

Useful Links

- ❖ *Recent Judicial Review finding on care fees:*
<http://www.bailii.org/ew/cases/EWHC/Admin/2017/3035.html>

4.1 Current

The policy and legislative landscape underpinning social care is ever-changing. It is important for us to interact with this shifting landscape while maintaining a clear direction necessary to deliver our long term goals and offer the consistency businesses need in order to shape their investment and growth strategies. We offer here a brief overview of some of the key policy and legal developments guiding our activity.

The Care Act (2014) - This MPS refers to the Care Act often as it is the main piece of legislation governing social care. The Care Act is mainly about adults in need of care and support, and their adult carers (with some provisions for children in transition to adulthood, parent carers of children in need of care and support, and young carers). The Act covers a wide range of responsibilities for Councils, from promoting people's individual wellbeing, to early intervention, safeguarding, direct payments, supply in the marketplace and approaches to enhance people's independence and cooperate with NHS, other Council's and agencies. It also includes some areas where providers need to cooperate with Council's so that they can carry out their duties, for example in the area of Provider Failure which we look at in section 10.

NHS Forward View (2014) – This outlines how NHS services need to change and move toward new models of care that are fit for the future and the varying challenges faced by communities across the country. Prevention and stronger partnerships with voluntary and community providers are among its priorities. It identifies a range of new models of care such as *multispecialty community providers* and on *enhanced health in care homes*. The Forward View also sets out a five year transition framework which includes working towards integrated Health and Social Care systems by 2020. With Council's having statutory responsibility for Public Health and with B&NES track record of integrated working across social and NHS care, it is clearly relevant to future commissioning intentions for social care in B&NES.

4.2 Emerging

General Data Protection Regulation (GDPR) (Regulations) (EU) 2016/679 - This replaces the Data Protection Act and both strengthen and unifies data protection for all individuals within the European Union (EU). It comes into force by May 2018. Although it comes at a time when the UK is withdrawing from the EU, it is highly likely to be converted into British law. The GDPR impacts on all organisations, big or small, that handles and transfers personal information in a digital age. This is especially important where providers and statutory agencies are working together and need to share information quickly, but responsibly. We are particularly mindful of the impact on small to medium businesses as the GDPR may guide investment priorities in IT.

What we are doing: The Council will be updating its contracts to include the GDPR at the earliest opportunity. As part of our support offer to providers (see section 11) if there is sufficient interest among providers, we are happy to arrange a workshop on the GDPR.

Government proposals to reform care & support: In November 2017, the government made a commitment to introduce a green paper on social care and support by summer 2018. This intends to set out how the government plans to improve care for older people and how

it will tackle the challenges of an ageing population. The ambition recognises the need for long term reform and a sustainable solution to provide our older people with good quality care and to offer stability to the social care provider market, meet social care needs. We will keenly await further details of the government's proposals as will providers.

Action Plan on Carers: Also announced in November 2017, the Government plans a cross-government action to be launched in early 2018 to improve support for carers, informed by evidence from carers. This action plan will consider how to improve support for carers in context of the Government's longer-term consultation into the funding and provision of older people's care and working age adults.

Useful Links

- ❖ [The Care Act \(2014\)](#)
- ❖ [NHS Five Year Forward View](#)
- ❖ [Proposed green Paper on social care reform](#)
- ❖ A guide to the [GDPR in local government](#), including self-help checklist

5 – Key Principles

Our key principles drive our commissioning intentions alongside the needs of the community. They reflect our Joint Health & Wellbeing Strategy priorities, the Joint Strategic Needs Assessment (JSNA) and also reflect the challenges facing our care & health economy. Our key principles are:

- ❖ Prevention
- ❖ Improved quality of life
- ❖ Reduced health inequality
- ❖ Bold Ambition

This section looks at some of the ways we will put these principles into action:

5.1 Market Shaping

This means establishing diversity and quality in the market of care providers so that there are enough high-quality services for people to choose from. Market shaping goes hand in hand with market oversight and how we plan ahead to make sure we shape our market sustainably. We explore these areas further in section 10.

Over the years, the role of Councils in adult social care has changed from directly providing care ourselves to purchasing care from the private & voluntary sectors and now most recently, as *shapers* of services. Commissioners need to work with providers and stakeholders to influence and drive the pace of change across our local care market.

We recognise that providers, big and small, have their own strategies for their businesses and that, as a sector, we may not all be pulling in the same direction. We believe it's in everyone's best interest to align strategies in the long term. Our priority is to offer a positive direction through developing:

- ❖ A better understanding of how to influence demand for services
- ❖ A better understanding of the commercial care provider market we rely on
- ❖ A new focus on dialogue between providers and commissioners that presents a balanced picture to our communities and system leaders.

We need to make sure service users remain the central focus. Modern care delivery environment often requires different organisations to work together for best effect. At the point of hospital discharge for example, getting someone home can mean NHS and social care agencies working with families, private providers and commissioners not to mention the service user and their families. Everyone has the same common goal but often different priorities within that.

We are interested in working with providers who – Are able to demonstrate a ‘system’ approach, work flexibly with us and our partners to balance their organisational priorities with those of the overall care and health system. We strongly believe that if we get this right together, we will do the best thing for our community.

5.2 Health & Wellbeing

Our *Health and Wellbeing Board* is committed to:

- ❖ Improving the health and wellbeing of local communities
- ❖ Reducing inequalities across Bath and North East Somerset.
- ❖ Closer work with providers so people can access good quality service quality services and have a say in the services they want and need.

This MPS helps the Health and Wellbeing Board lead a joined up approach to delivering its plan for improving health & wellbeing and reducing health inequalities in B&NES.

The *Health & Wellbeing Strategy* frames its priorities in 3 key areas:

- ❖ *Preventing ill health by helping people to stay healthy*
- ❖ *Improving the Quality of people’s lives*
- ❖ *Tackling health inequality*

The national challenge to social care is unprecedented. Alongside rising demand and multiple complex conditions, people’s aspirations and expectations for how services are delivered in a personalised way, also increase.

These seemingly contrasting challenges can actually create the conditions for opportunity for us to think very differently about how we provide services sustainably. Not only will this help us focus stretched public resources where they are needed most, but this can also support greater independence and overall wellbeing for people being cared for.

5.3 Strength Based Social Work

Aligning social work practice with our commissioning intentions is also fundamental to delivering on our principles. This is reflected in our adoption of strength based social work.

In social care so much of what we do is about enabling people to have the best possible lives. We are here to help people to build on their strengths and focus on the things that work to overcome the barriers preventing them reaching their potential. One of the ways we do that is by focusing on what matters to people, their talents, the range of resources available to them in their lives and their own unique perspective on life. People are experts in their own lives and usually the best solutions come from their own experiences with support from others.

The social care teams in B&NES are now using a strengths-based approach in all the work that they do. This approach is deliberately empowering and focused on supporting individuals and families to be in control of life decisions.

Rather than immediately offering an assessment for and then the delivery of formal services, social care staff will be talking to people about the strengths that they have and using those to offer support that supplements these rather than removing or reducing them.

Information and advice will be enough for some people. Others may find some small item of equipment or finding a local group to attend makes all the difference but there will also be support such as care at home for those that need it.

Social care is committed to having those conversations with people as soon as possible and to help them discover the support that is available in their communities and local area.

5.4 Outcomes

This is the central measure of success for commissioned services and in helpful people capitalise on their strengths. Outcomes place a greater emphasis on how effective a service was at achieving its goals and outcomes for service users.

As well as the traditional measures of -

- **Input** = *how much did we do?*
- **Quality** = *how well we did it?*

[Commissioning for outcomes](#) asks different questions of commissioners and providers:

- Did we do the *right* thing?
- Did we make a *positive difference* to people's lives?

5.5 Client & Finance Management

Many local people receive care across a number of settings for multiple conditions. People's clinical and care data is therefore often held in separate locations across the health & care system in B&NES. Where providers are able to share relevant information easier, improvements to clinical and social care tend to follow

The new information requirements under the Care Act 2014 also provide an opportunity to gain richer data to inform service delivery and for our community to have better access to their data. Technology therefore has a major role to play in the future of community services in B&NES. It allows more people to be cared for closer to where they live and helps different care and health organisations work together more effectively.

Alongside our commitments to handling data responsibly under the GRPR (see section 4.2) providers and commissioners alike need to be ready to realise the benefits of information sharing and technology as part of how we deliver:

- ❖ Improved Choice & Control for communities
- ❖ Improved accuracy of information
- ❖ Improved information flow between organisations

Liquid Logic: The system most central to how we work is *Liquid Logic / ContrOCC*. Liquidlogic provides a range of fully integrated modules around client case management, financial management, provider management and citizen self-service. This system is central to a fundamental system change in how we provide social care and support our clients. It is used by social workers and other support teams in Virgin Care, Avon & Wiltshire Mental Health Partnership NHS Trust, as well as by council commissioners, safeguarding and finance teams and also our NHS colleagues in BaNES CCG.

The finance module of the system is called ContrOCC which is where payments to providers are generated.

This has created a huge opportunity as we implement a new direction for social care in line with our key principles and at the outset of our working relationship with virgin Care.

Transition in 2017/18: This last year we have made a major move in migrating all our client and financial information from our old system, Carefirst, across to LiquidLogic. This was a significant challenge for us and we are grateful to providers for their patience and consideration while we managed this. Looking ahead, our key priorities for Liquid Logic are:

- ❖ Harmonise Liquid Logic with our changing business and social work practices.
- ❖ Bring new modules online e.g. *Intermittent Respite*.
- ❖ Progress Phase 2 of our implementation: Provider & Citizen Portals
- ❖ Sharing data accurately where providers can't use Liquid Logic directly.

Useful Links

- ❖ [Health & Wellbeing Board & Strategy](#)
- ❖ [Joint Strategic Needs Assessment](#)
- ❖ [Liquid Logic](#)

6 - Self-Funders

6.1 Introduction

Traditionally, and by contrast with the people supported by the Council either through commissioned services or direct payment, Council's know little about the self-funders despite it being a significant part of the wider care market. In care homes for example, we know that B&NES Council purchases just under a quarter of the care home beds in our area. This means around 75% are occupied by a combination of self-funders and people placed by other Council's or NHS bodies. We also know self-funders are charged an average of about 40% more for services and accommodation (*Source: Laing & Buisson, Competition & Market Authority*).

As well as people funding all their care there is an additional 168,000 places being 'topped' up with individuals' private funds across the Country (*Source: Institute of Public Care*).

6.2 Care Act Responsibilities

The Care Act brings new and clear responsibilities to Councils for self-funders including:

1. Promoting health & wellbeing for the *whole* population
2. Improve the Information & Advice available on choosing services
3. Promoting *prevention, reablement & early intervention*.
4. Signposting to a wider range of options people may not have considered
5. Help people avoid unnecessarily high cost services and stay financially independent for longer.
6. Explore similarities and opportunities between self-funders and personal budgets
7. Making social care needs more visible for self-funders in the assessment process

6.3 Local Knowledge

Developing our knowledge of the self-funding market supports our commissioning intentions. The Institute of Public Care (IPC) suggests good practice is to understand –

- ❖ Scope of the local self-funding population
- ❖ How self-funders transition to state-funded care as resources diminish, and the cost implications for the local authority.
- ❖ The type of information and advice that self-funders need and want to make good decisions about their care.
- ❖ Experiences of planning and organising care.
- ❖ The range of services available to self-funders.
- ❖ How partner agencies engage with self-funders and what advice they give.

We are interested in working with providers to - develop a better shared understanding of the self-funding market and deliver against these responsibilities.

6.4 Information & Advice

[Wellbeing Options](#) - A free online resource providing a wide range of information and links to help people to live a full and independent life and signposting to other resources. Providers and stakeholders are encouraged to contribute their information

[Bath & North East Somerset Council](#) - Our own website offers information and advice on a range of care related topics that are relevant to anyone in the community, including legal and financial affairs as well as information and tips on care & support services.

Useful Links

- ❖ A good starting point for developing our local knowledge and support for self-funders is the [toolkit created by the Institute of Public Care](#) for this purpose.
- ❖ Local Government Information Unit: [Report on Independent Aging](#)

7 – The Commissioning Environment

7.1 Integrated Health & Social Care Commissioning in B&NES

Supporting our community's overall wellbeing makes working together across health and social care ever more important. B&NES has a long history of close collaboration between the Council's social care function and BaNES Clinical Commissioning Group who are responsible for commissioning NHS services. Some areas, such as those for learning disabilities and mental health services, already offer an integrated commissioning vision.

Our future direction is to establish an integrated commissioning structure between the Council and CCG to promote a consistent approach for providers and community alike. This helps us focus on common interests and B&NES as a 'place', rather than the boundaries and differing accountabilities that can exist between health and social care.

Useful Links

- ❖ *BaNES Clinical Commissioning Group:*
<http://www.bathandnortheast Somersetccg.nhs.uk/>

7.2 Commissioning with a Prime Provider

Between January and December 2015, the CCG and the Council carried out a bold, ambitious review of community health and care services for children, young people and adults. The review, known as *your care, your way*, looked at the wide range of services providing care and support in people's homes and communities and the experiences of the people using them.

There was a clear indication from stakeholders that viewing people's needs Holistically and joining up their care were key priorities for our community. There was also strong support for placing greater emphasis on prevention, ensuring that the right support is available to people before they reach crisis point, require hospital admission or develop a long-term condition.

Many of our current providers indicated they are keen to work more collaboratively with each other and that there is a greater opportunity to harness the strengths of local communities, building on the resources of the voluntary sector.

Having identified the priorities of our local community, it was clear that a new approach to contracting community services would be required. The new approach would need to encourage collaboration between providers and reduce bureaucracy to deliver a more coordinated service for local people. As a result, the CCG and Council chose a '*Prime Provider*' model as the best contracting method for delivering the community's priorities.

Under this model, the CCG and the Council have entered into a contract with a single prime provider – *Virgin Care Services Limited (VCSL)*. VCSL has overall responsibility for delivering and coordinating community health and social care services but can also sub-contract with specialist, third sector providers and small and medium-sized enterprises (SMEs) to ensure that existing knowledge and experience is not lost.

The Prime Provider model:

- ❖ Coordinates services around the needs and wishes of individuals; offering a more joined up response with less need to distinguish between ‘health’ and ‘social care’
- ❖ Simplifies governance and contract management, allowing us to put the emphasis on *outcomes* and also helps sub-contracted providers work together directly
- ❖ Provides a single leadership structure and clear accountability for integrated working.
- ❖ Gives a single point of contact for the commissioner and vice-versa.

Useful Links

- ❖ *Virgin Care Services Limited:* <http://www.virgincare.co.uk/#>

7.3 Across the South West

Although this draft MPS mostly focusses on the B&NES locality, we increasingly work with commissioners and other colleagues around the South West. This is especially beneficial where there are opportunities to:

- ❖ Jointly developing services to make best use of staff resource
- ❖ Improve consistency across similar services or achieving better value for money
- ❖ Address common issues affecting the whole region

Useful Links

B&NES commissioners work with individual Councils and partners on specific projects and are also involved in a number of initiatives and partnerships in the South West:

- ❖ [B&NES, Swindon & Wiltshire Sustainability and Transformation Partnership \(STP\)](#):
- ❖ [Association of Directors of Adult Social Services \(ADASS\)](#) – South West:

7.4 Brokerage

Brokerage (or as it's also known, *micro-commissioning*) has an essential role in our future commissioning environment – for traditionally purchased as well as its potential for working with people and practitioners to create innovative, bespoke options to meet people's needs. It can also act to consider care needs alongside providers' business models and broader commercial considerations.

While improving the Council's negotiating capability in support of paying a fair price for care and overall system 'flow'; brokerage also improves providers' experience of these negotiations by bringing a broader understanding of genuine commercial considerations.

Currently, the sourcing and negotiation of individual packages of care, or care home placements, is undertaken by either social work practitioners or by commissioners. This is a time-consuming process that we feel can be improved for everyone's benefit.

Intended future model

- ❖ Specialist brokerage staff working across commissioning and operational teams
- ❖ Changes to social work practice
- ❖ Developing options for e-brokerage with likely procurement to follow

7.5 Other partnerships

Delivering on our ambitions for quality services relies heavily on effective partnerships and relationships, most notably:

[The Care Quality Commission \(CQC\)](#): The industry regulator with the main responsibility for quality assurance. The Council has an active role in reviewing, maintaining and improving service quality. Effective and regular communication between commissioners, CQC inspectors, care homes and local safeguarding leads ensure good partnership working.

A small number of services do occasionally require targeted support and the Council actively works with these homes to support them to improve their quality of care. This is a key priority for the Commissioning team. Commissioners and safeguarding leads meet monthly to share intelligence on specific services and discuss how best to support providers. We also speak regularly with CQC inspectors. Every other month, partners from the Council and CCG meets with CQC and to review our local market more strategically, and consider regional and national feedback. The main focus of these meetings is:

1. Action plans to support the biggest quality or safeguarding concerns
2. Overview of notable trends across safeguarding and commissioning / contracts
3. Risk management and oversight. Planning ahead.

We are committed to -

- ❖ Learning from CQC's market oversight regime
- ❖ Creating roles for provider representatives in strategic partnership working
- ❖ Further strengthening working relationships with all our partners

[Healthwatch](#) - Healthwatch is an independent national champion for people who use health and social care services. Healthwatch B&NES has a statutory place on the Health & Wellbeing Board (see 5.2). It helps people navigate the health & care system and shares evidence and recommendations for services around:

1. Consulting and listening to local people's views on local health and care services
2. Supporting volunteers to undertake reviews of care and health facilities
3. Develop and feedback to key stakeholders on what is working well as well as developing recommendations for improvement

[The Care Forum](#) - The forum through which Healthwatch B&NES delivers its services. It is an independent voluntary, community organisation whose purpose is to help people care for themselves and others, maintain their health & wellbeing and challenge inequalities.

Useful Links

- ❖ To find out more about these partnerships, click on the titles above.

8 – Market & Workforce Overview

8.1 Overview of the Current Market

B&NES has a vibrant market of independent sector adult social care providers. While much of the social work and therapy services are provided by Virgin Care, the vast majority of

frontline care & support is provided in the private or voluntary & community sector. A major goal for commissioners is supporting all providers to achieve 'Excellent' ratings.

Figure 1 - CQC Registered Service Data

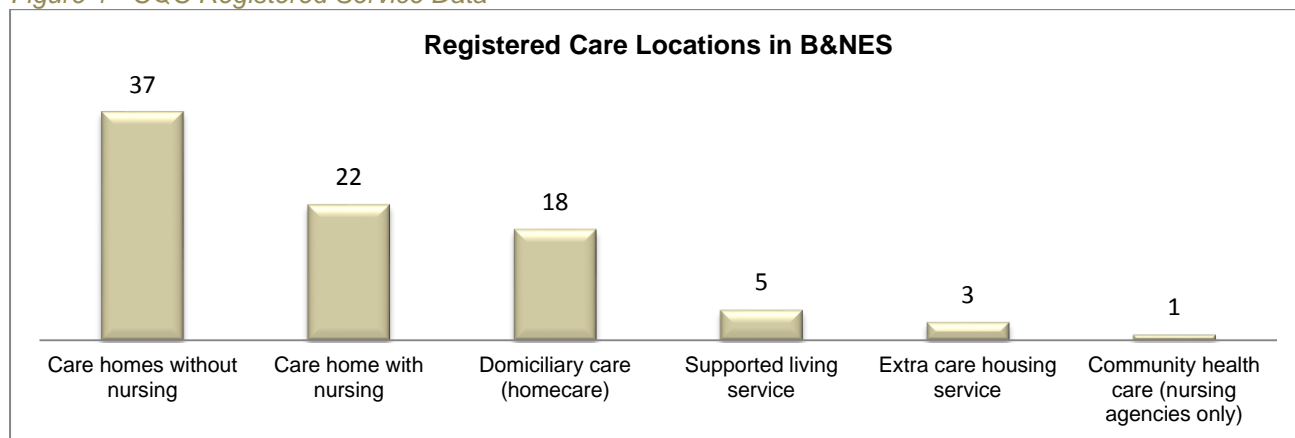


Figure 2 – Summary of CQC quality ratings

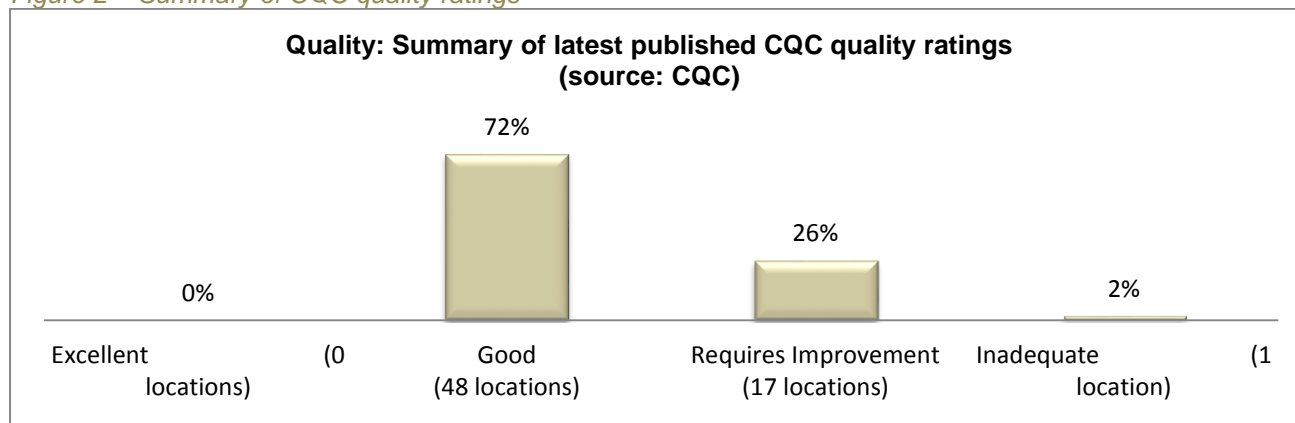


Figure 3 – Service closures in B&NES

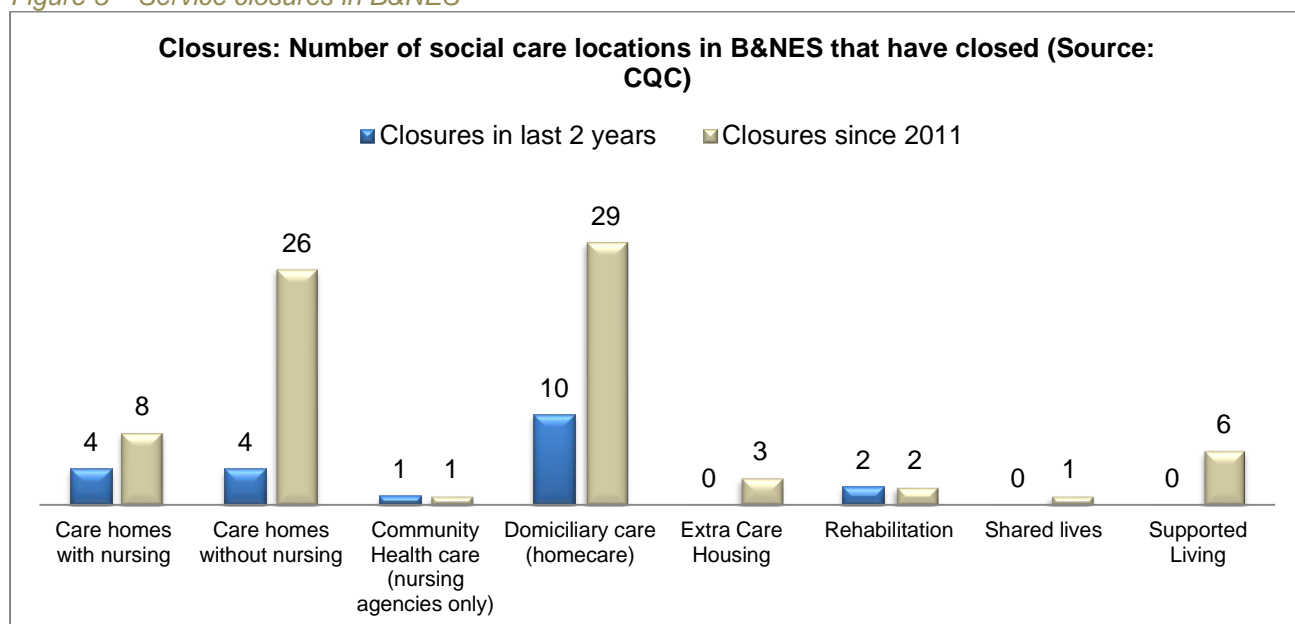
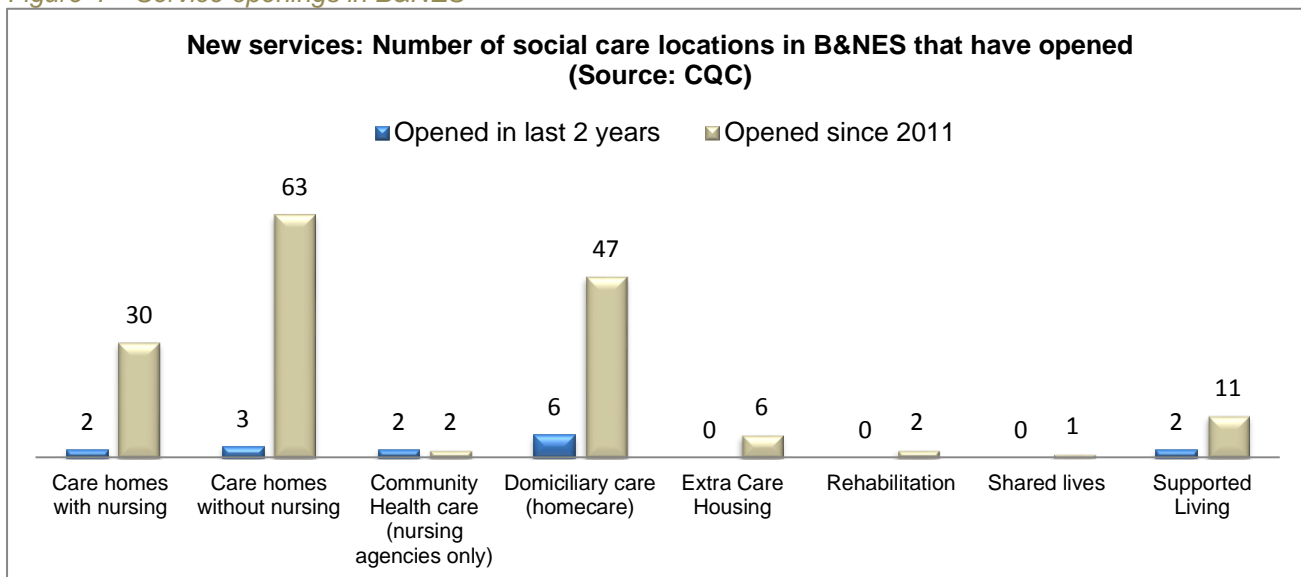


Figure 4 – Service openings in B&NES



Please note:

- ❖ Locations may provide more than one service. Other types of support agencies not requiring CQC registration also operate in B&NES as well as services registered in neighbouring areas.
- ❖ Figures 3 & 4 above relate to registered service locations across *all* social care client groups

Observations

- a) In general, demand for care and support outstrips supply. Across all care types, though there is some available capacity that may not be either affordable to the Council, attractive to local people or meeting the right level or type of need.
- b) Care home closures in the last 2 years amount to almost 200 beds lost. This significantly reduces capacity, pushes up fees and puts pressure on urgent care.
- c) The majority of new capacity since 2011 has also been in the care homes sector. This tends to be in large facilities, aimed at the luxury self-funding end of the market. When self-funders run out of money the Council inherits the funding responsibility.
- d) A vulnerable homecare market with high turnover rate of closures and start-ups.
- e) The extra care and supported living sector remains small with no new development in the last 2 years. Providers should note the opportunities for extra care and the challenges associated with some residential care settings in section 9A.
- f) Competition exists between purchasers of care for access to services, as well as between providers eager to promote their services.
- g) These factors together with the pressure to discharge people from hospital in a timely way, has seen significant cost rises across all care types, notably in the care homes sector and domiciliary care.
- h) Balance in safeguarding and regulatory action is essential to avoid unintended consequences of contributing to the conditions of ‘provider failure’ (see section 10).

8.2 Supporting the Urgent Care System

The Council’s role in supporting patient flow through the hospital system is increasingly important. A versatile and responsive social care sector can also make a big difference here. Together, the Council and CCG are prioritising investment in a range of services which prevent people from being admitted to hospital when they can be cared for at home, or services which help people leave hospital when they are well enough.

Improving our four-hour waits in the Emergency Department at the RUH and the numbers of people waiting to leave hospital are two of the most important indicators of how well our services are working together and how well we are keeping people healthy and independent at home.

As outlined in section 3.3 (Better Care Fund) we have ambitious plans to focus investment:

1. People need support 7 days a week. Services that support 7 day assessments and package / placement starts will be our priority.
2. Services that offer flexibility, collaborative working and trust in each other’s assessments will also be highly valued.
3. Investing in reablement, Home First and Falls Response services
4. Improving the range of short term, interim solutions to support people in the right environment and maximise their recovery potential

The Council and CCG look forward to working with providers who understand these priorities and can shape their services accordingly.

8.3 Aspirations for Service Design

Looking toward future capacity, our aspirations for adult social care services include ways to make the most out of available financial and workforce resources while promoting community inclusion for older adults.

Reducing loneliness
Promoting positive mental & physical wellbeing and life expectancy
Parity across social care client groups
Consistency in how we look to meet peoples’ needs regardless of why they need care.
Breaking the age-divide
Adding social value and community cohesion by promoting opportunities for inter-generational activity and understanding e.g. between care home residents and schools.
Intergenerational Care
Versatile environments that can meet the care, support & environmental needs of both older people and those of working age in a more person-centric way; <i>reducing demand for accommodation based care.</i>

Useful Links

- [Home Share UK](#)
- [Campaign to End Loneliness](#)
- [UK Cohousing](#)
- [Nursery World](#)
- [City Lab](#)
- [The Humanitas](#) (The Humanitas Deventer ‘exchange’ care home model. Please note this web page is in Dutch. Use Google Chrome to translate)

8.4 Workforce Development

Introduction

In 2016/17 the adult social care sector was estimated to contribute £41.6bn a year to the English economy and £4.5bn in the South West, with almost half of this on staff wages.

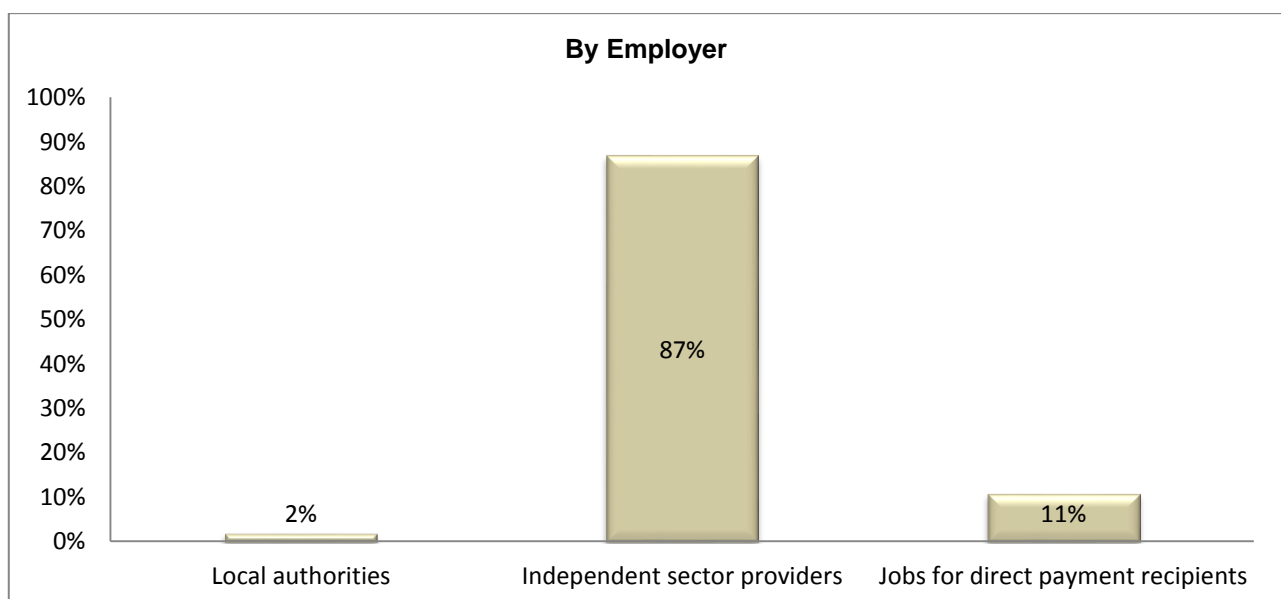
There are 4,100 social care jobs in B&NES spread across a wide range of statutory, private and voluntary & community service providers, ranging from the large to very small. This workforce ranges from frontline care and administration through to strategic roles and senior management roles.

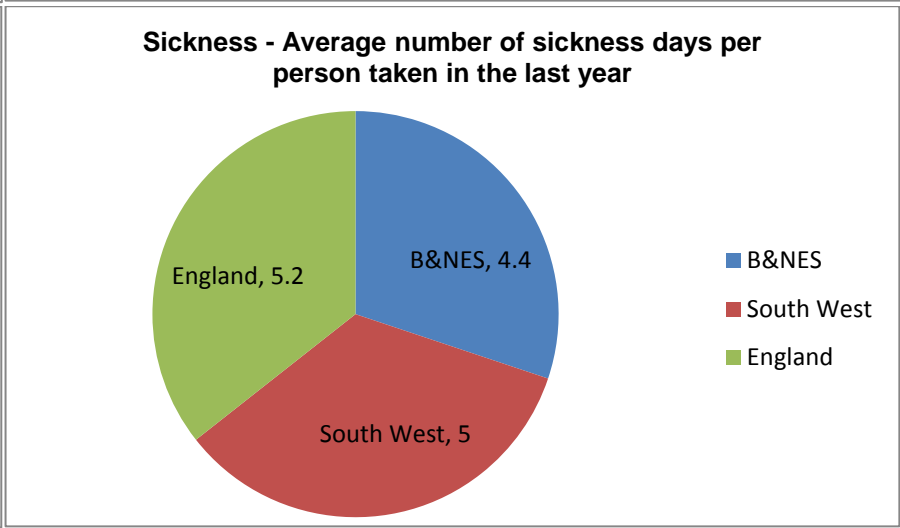
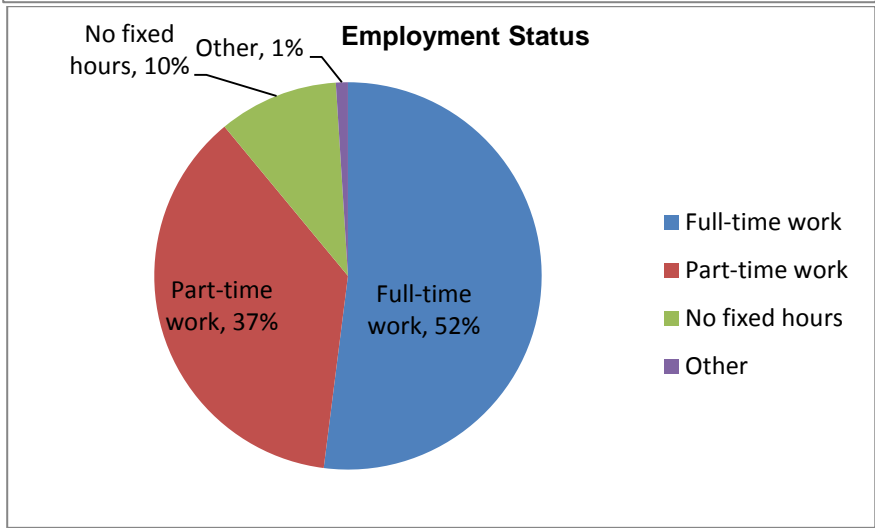
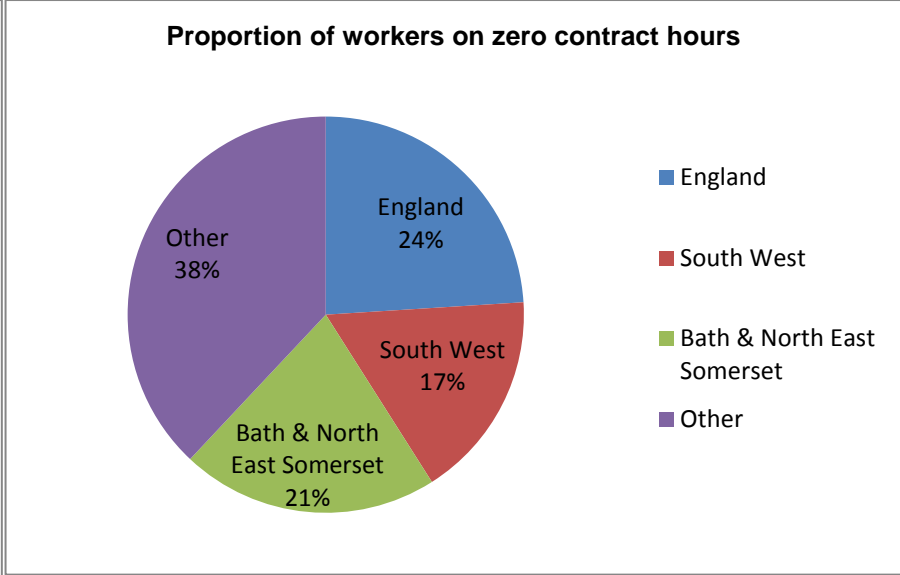
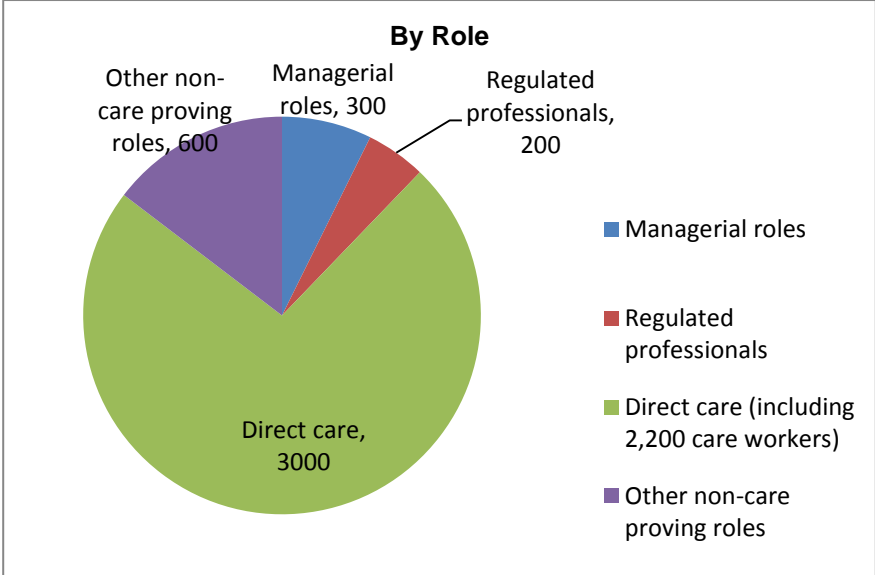
Our priorities

1. Increased retention in key caring roles and reduced use of agency staff.
2. Develop career paths within and across organisations
3. Further develop links local institutions with an interest in developing the workforce.
4. Re-shape job roles in line with new models of care and make them more rewarding
5. Raise the profile of job opportunities in care by setting up a recruitment portal on the Council's website which providers to access.
6. Ensuring through our purchasing arrangements that not only does the Council pay a fair price to providers, but that staff themselves receive good pay and conditions.

Key Facts

Skills for Care (www.skillsforcare.org.uk) has produced an overview of the social care workforce based on data from the National Minimum Data Set for Social Care (NMDS-SC). Based on available information from August 2017:





*Employers in B&NES lost approximately 17,900 days to sickness in 2016/17

Workforce Growth in the South West (SW)

- ❖ Slower growth since 2009 (4%) than nationally (19%)
- ❖ Predicted growth: (if proportionate to demand): up to 35% (230,000 jobs) by 2030

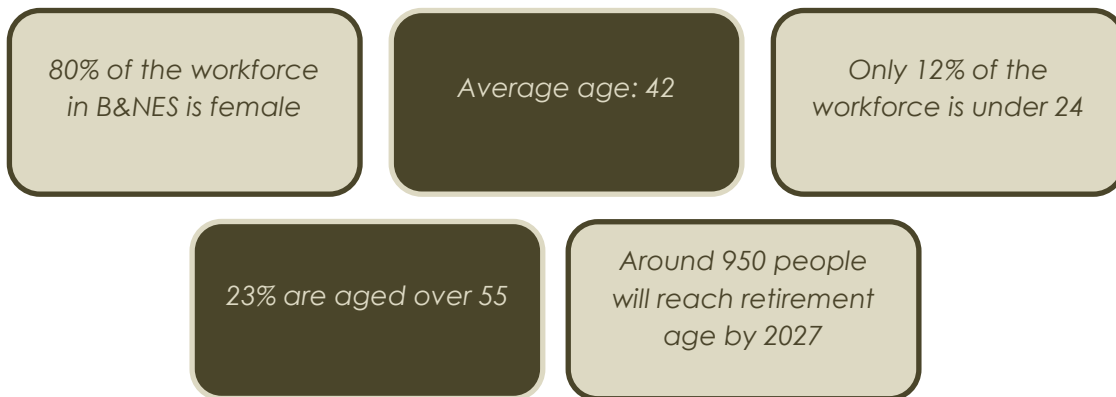
Recruitment and Retention

- ❖ The sector is retaining skills and experience, despite increased recruitment activity.
- ❖ Over three quarters (76%) of new starters were recruited from within the sector.
- ❖ Average turnover rates: national (28%). B&NES & SW (32%).
- ❖ An experienced 'core' of workers in B&NES:
 - average 7.6 years of experience in the sector
 - Two thirds working in the sector for at least three years.

But:

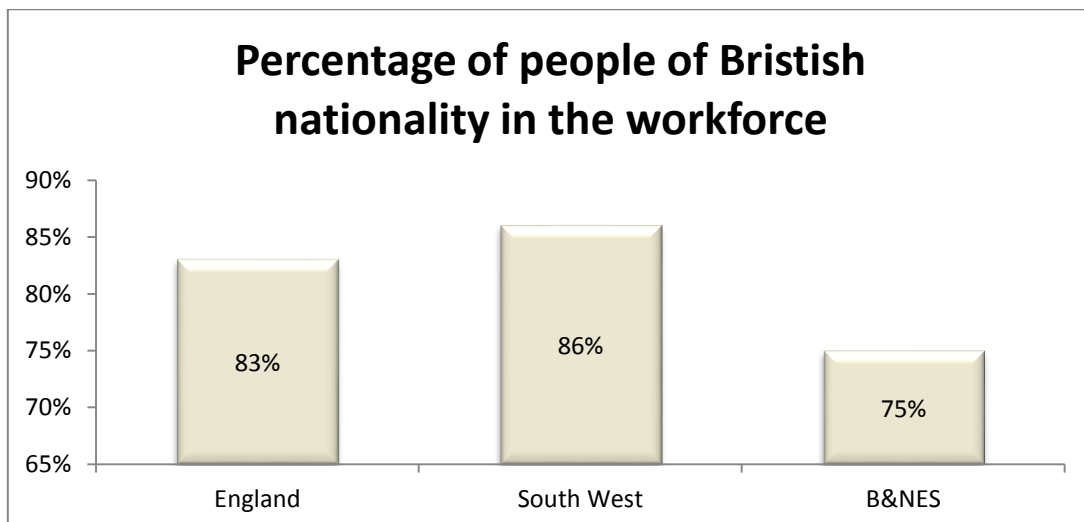
- ❖ In essential roles like frontline homecare, staff are being attracted to other sectors where equivalent or better pay is matched by better working hours and conditions.
- ❖ Vacancy rates for social care in B&NES are approximately 10.1% (400 vacancies) at any one time. Notably higher than the regional (6.9%) and national average (6.6%).

Demographics



Nationality

B&NES relies more than the average on EU workers, who make up 17% of our social care workforce along with 7% from outside the EU. Commissioners and providers alike have a clear interest in how the future relationship between the UK and EU impacts on workforce.



Pay

We have ensured that all commissioned services honour national minimum wage commitments and this is supported through our procurement activity. Our published rates for care home placements include provision for national living wage.

Training & development

The sector is changing rapidly and good professional development increases motivation and retention as well as skills. There is much focus on doing things differently and in partnership across health and care. We think this means the future social care workforce needs to be versatile and able to understand a variety of different perspectives.

The local workforce training challenge

35% B&NES local social care workforce with a relevant adult social care qualification

50% South West social care workforce with a relevant adult social care qualification

5+ years The period of time that nearly 30% of the B&NES workforce without a relevant qualification had been in their current role.

Workforce Development Partners

- ❖ [Proud to Care – South West](#): Part of the national Proud to Care initiative. In the South West region, it is a partnership of 16 local authorities working with Health Education England aiming to make social care careers more attractive, rewarding and sustainable:
- ❖ [ADASS – South West](#): The regional branch of the Association of Directors of Adult Social Services (ADASS). Commissioners and workforce leads from across the region are working to establish a consistent approach to attracting and retaining talent in the sector.
- ❖ [Sustainability & Transformation Partnership \(STP\)](#): Commissioners are engaged in the STP workstream dedicated to workforce development. This partnership has a broader focus on the overall health and care workforce across our STP region which includes B&NES along with Wiltshire and Swindon.
- ❖ [Bath College Care Academy](#): A partnership between health & social care employers and Bath College to support and develop the health and social care workforce. It creates meaningful, relevant and hands-on opportunities to help equip people for the sector.

We are interested in -

- ❖ Raising the profile of private and voluntary providers at the STP so that the full range of social care workforce is represented and able to benefit from this work.
- ❖ Providers who are willing to contribute their workforce information to the national minimum data set for social care (NMDS-SC). This will help paint a fuller picture of the *entire* workforce and support more informed service planning.

Useful Links

- ❖ Click on our partners' titles for more information
- ❖ [Proud to Care South West \(B&NES\)](#)
- ❖ Find out more about the social care workforce from [Skills for Care's](#) website

9 – Draft Commissioning Intentions

9A Accommodation Based Services

Care Homes

The Headline: Improved quality, availability & pricing for nursing and specialist care

Current Provision

Of the 59 care homes identified by CQC, the 'Older Persons' element comprises 38 homes offering 1,474 beds. The Council purchases 23% of these beds with the rest purchased by self-funders, other Council's or NHS bodies. Most of our purchasing is through individual 'spot' placements made under our core set of contract terms for care homes. We also have a number of specific contractual arrangements:

- ❖ *'Community Resource Centres'*: 100% nomination rights and additional capital investment in three homes offering modern provision for residential, nursing dementia care and high physical dependency.
- ❖ *Smaller block arrangements*: for complex dementia care and for periods of assessment to determine the most appropriate long term service ('Pathway 3')
- ❖ *Short term interim capacity for peak-season demand*: e.g. 'winter pressures' and beds to aid recovery of people with fractures unable to be supported at home.

Challenges & Priorities

- ❖ *Admission rates*: a higher number of older adults are permanently admitted to residential and nursing homes in B&NES (660 per 100,000) compared to nationally 628 per 100K)
- ❖ *Availability*: Available bed types do not always match the needs of people assessed.
- ❖ *Affordability*: Not all available beds are affordable to the Council at the rates being charged: impacting on budgets and patient flow.
Increasing needs, premises and cost:
- ❖ As people with complex needs live independently for longer; so their needs are higher when they need residential care. This impacts on cost and means less demand for 'traditional' residential care.
- ❖ Some 'traditional' residential care is delivered in older, smaller properties with limited development potential to meet modern standards and expectations. Along with the priority for timely hospital discharge, this maintains demand for these homes despite the limitations.

Opportunities & Aspirations for Future Services

- ❖ Increasing consistency through joint commissioning, contracting and quality assurance between Council and CCG.
- ❖ Creating opportunities to develop new care home provision and delivery models
- ❖ Review purchasing arrangements to find the right combination of security of supply through block contracts with sufficient choice and control for customers.

- ❖ More specific commissions for high physical dependency, ‘Pathway 3’ assessment beds and peak-seasonal demand (funding permitting)

Useful Links

[Competition and Market Authority report on the Care Homes Sector](#)

Dementia

The Headline: Joint commissioning and dementia friendly environments

Current Provision

People with varying degrees of dementia are supported in a range of care and community settings: we estimate one-third of people with dementia live in care homes and two-thirds live at home. Commissioning for dementia is therefore largely incorporated within other commissioning intentions within this section. Below, we outline some general principles around our approach to dementia and identify some specific current provision:

- ❖ *Curo Rural Dementia Challenge Service*: This service identifies and assists people worried about their memories and finding it difficult to access services, and supports them to get a diagnosis. It covers all rural areas in B&NES with strong links to...
- ❖ *The RICE clinic at the RUH*: holds weekly support sessions and helps make connections for people who are pre-diagnosis and their carers
- ❖ *Care Homes*: All B&NES care homes can access support from Psychiatrists and Community Psychiatric Nurses from Avon & Wiltshire Mental Health Partnership NHS Trust.

Challenges & Priorities

- ❖ *Capacity of services to support dementia*: Of the 59 care homes in B&NES, roughly a third of this capacity support dementia care:

10	care homes offering nursing dementia care
3	care homes offering residential dementia care
1	care home offering complex dementia care

- ❖ Lower availability of dementia-specific vacancies than for other services
- ❖ A decreasing number of complex dementia nursing beds in the South West, with other Councils having to place people with complex needs further afield.
- ❖ *Costs*: Numbers of people with dementia are expected to rise, along with the costs of supporting them.
- ❖ *Pressure on urgent care systems*: People with dementia stay in hospital for longer, are more likely to be readmitted and more likely to die than those without dementia who are admitted for the same reason

Opportunities & Aspirations for Future Services

- ❖ *Complex Dementia*: Develop the vision and requirements with commissioners across the South West
- ❖ *Environment*: Developing dementia friendly environment within all care establishments and across the community including dementia cafes and universal access community schemes

- ❖ *Joint commissioning*: reflecting our overall ambition to offer a consistent vision for providers across health and social care locally.
- ❖ *Develop new models of care*: with providers in line with our commissioning priorities.

Extra Care Housing

The Headline: Re-design existing services, applying ECH to complex & acute needs and new schemes through partnership

Introduction

Extra Care Housing (ECH) is an integrated model of housing, support and personal care. It is a positive option to older people otherwise unable to continue living in their own homes. Good ECH thrives on partnership. Services typically involve Registered Social Landlords (RSLs), independent care & support providers and community / voluntary services.

Current Provision

The Council commissions 140 units of ECH at five locations. Personal care at all these locations is provided by [Sirona Care & Health](#):

- ❖ 80 units in Bath (at Avondown House, The Orchard, and St John's Court)
- ❖ 30 units in Midsomer Norton (at Greenacres Court)
- ❖ 30 units in Keynsham (at Hawthorn Court)

Greenacres Court includes 6 'step down' flats where people are supported for between 6-17 weeks after a stay in to maximise their reablement potential before either returning home or to another long term care setting. Commissioners are currently working in partnership with Hanover HA on a new and exciting development in Ensleigh North, opening April 2019.

Challenges & Priorities

- ❖ Raising the profile of ECH to communities and professionals alike
- ❖ Speed up the referrals and admissions process
- ❖ 'Real time' demand pressures against planning and development timescales.

Opportunities & Aspirations for Future Services

Across three main strands of *Existing schemes*, *New builds* and *Variant models for complex, specialist needs*, our ECH vision is responsive to existing ECH communities while making best use of leading thinking and practice. Specific priorities include:

- ❖ Sympathetically embedding new **services within the local community**
- ❖ **More short-stay ECH options** across B&NES to augment existing step down provision in Midsomer Norton:
 - Step-Down from acute or residential care
 - Step-Up from living at home giving people the chance to try ECH
- ❖ **Alternative & flexible funding models**: such as 'core & flexi' – a hybrid of a block contract and direct payment, 'integrated care & support' improving the client experience, and 'Hub & Spoke' - where ECH sits at the centre of a support network
- ❖ An enhanced role for **assistive technology**.
- ❖ **Micro-commissioning**: Enabling ECH tenants to 'pool' their direct payments .

Useful Links

- ❖ [Housing Learning Improvement Network](#)
- ❖ [Centre for Innovative Ageing](#)
- ❖ [Ensleigh North development](#)

Sheltered Housing & Floating Support

The Headline: Improved housing stock and more access to floating support

Introduction

Sheltered housing provides accommodation with individualised housing related support. Housing related floating support here is aimed at helping individuals maintain or regain independence and sustain their home. Assistive technology and group activities that reduce social isolation also typically feature. Apart from a small number of private leaseholds, all sheltered housing in B&NES is provided by housing associations.

Current Provision

- ❖ 2,128 units of sheltered accommodation in B&NES. A mix of studio flats, flats and bungalows. Most (1,726) are owned and managed by Curo Group.
- ❖ Curo Group provides sheltered accommodation under contract with B&NES, delivering floating support to Curo tenants under the 'Livewell' banner.
- ❖ *Independent Living Service (ILS)*: Cross-tenure floating support for older people. Commissioned from Curo, it provides support for up to 289 households across B&NES under a recently remodelled service model similar to the Livewell Service.
- ❖ *Community alarm*: The Alarm Subsidy Fund has been established for tenants unable to meet the cost of an alarm without impacting on their ability to meet living costs.

Challenges & Priorities

- ❖ *Curo sheltered stock review*: long-term plans to improve the stock offer
- ❖ Alarm Subsidy Fund is not a permanent resource and is subject to review.
- ❖ Government proposals for supported housing, notably the 'sheltered rent' proposal.

Opportunities & Aspirations for future services

- ❖ Improvements to sheltered housing stock in terms of location and condition
- ❖ Floating support – increased availability of floating support to people in sheltered housing and increased access for people in renting privately and owner-occupiers.
- ❖ Accessing more flexible options in the market to remove hard-wired alarm systems

9B Services at Home

Homecare

The Headline: remodelling for new pathways, sustainable workforce and improved support to rural communities

Current Provision

Supporting people at home and minimising long term care needs is central to our ambitions. B&NES Council and CCG commissions homecare from four 'strategic providers' and three 'spot' providers, as well as purchasing one off care packages from a number of other providers. The strategic providers deliver approximately 70% of the social care funded homecare in B&NES.

Spot contracts have a 12 month term and are renegotiated each financial year. 'Strategic partner' contracts have been in place for 10 years and are due to expire in March 2018.

Challenges & Priorities

The challenges in homecare mirror the overall challenges to the sector: overall demand for homecare; sustainability of the workforce and quality provider base, and the balance between contracts to secure access to affordable supply with sufficient choice and control in the market for people to access self-directed care through Direct Payments. Additionally, the increased complexity of need being managed at home compounds these factors.

Opportunities and Aspirations for Future Services

This is an exciting area of development. In partnership with Virgin Care, we will develop a new homecare & reablement pathway to start in 2019. We are also exploring the potential of social impact bonds, outcome based contracting and the Unison [Ethical Care Charter](#).

Specific objectives include:

- ❖ A reablement ethos into homecare. Optimise people's long term care needs and managing peaks and troughs in demand.
- ❖ The best balance between contracting and flexible purchasing systems
- ❖ Positioning homecare alongside interdependent pathways such as reablement
- ❖ Contracting: we are interested in working with providers to develop particular options around: *Integrated social care and continuing healthcare*, *End of Life*, and *creative solutions for supporting rural areas* more effectively. e.g. make it quicker and easier to deliver complex care packages in hard to reach places.
- ❖ Flexible purchasing systems for individual packages and Direct Payments

To support continuity of care during this transition, the Council is putting in place interim arrangements with strategic providers for 2018/19.

Integrated Reablement

The headline: New service model for 2019/20

Introduction

Reablement is a multidisciplinary service providing a range of time-limited interventions aimed at restoring or maintaining people's maximum level of independence. Typically reablement is thought of as being free for up to six weeks. The underlying ethos is one of *positive risk taking and helping people 'do things for themselves'* rather than 'having things done for them.' (Source: Department of Health – Care Services Efficiency Delivery).

Reablement is connected to a wider care and support system and aims to:

1. Help people recover quickly after illness

2. Reduce people's levels of ongoing care needs
3. Prevent avoidable hospital admissions and reduce the rate of care home admissions

Current Provision

B&NES has an Integrated Reablement Service. The integrated reablement service is a partnership of four organisations led by our prime provider, Virgin Care. Virgin Care provides reablement workers and a range of specialist therapy interventions including physiotherapy, occupational therapy and speech & language therapy. Virgin Care also coordinates reablement support worker input of three of our strategic homecare partners.

While similar services elsewhere combine NHS intermediate care with social care funded reablement support, B&NES also includes some elements of specialist rehabilitation that don't easily fit into the standard definition of reablement. This is necessary to support surrounding specialist pathways such as Neurology & Stroke. Specialist rehab clients may be supported for a longer period of time.

Home First: Reablement supports Home First which helps get people home from hospital as quickly as possible when they no longer need to be there and are safe to be left between visits. People continue to be assessed at home where their potential to live independently is better understood. Evidence suggests this approach supports improved recovery rates.

Challenges & Priorities

- ❖ Complete a review of the current model: mapping demand for core reablement and from specialist pathways
- ❖ As with homecare, put interim arrangements in place for 2018/19
- ❖ People living or having a GP in border areas can access reablement quickly & easily.
- ❖ Making best use of Assistive Technology

Opportunities and Aspirations for Future Services

Making best use of capacity and improving performance data capture. Recent guidance from the National Institute for Clinical Evidence provides a helpful framework for future reablement priorities which we will incorporate into our development plans.

Useful Links

- ❖ [NICE Guidelines](#)

Live-in Care

The Headline: Not formally commissioned at present. A possible future role as an interim option within other pathways. Helping self-funders & CHC clients make informed decisions.

Introduction

Live-in care (LIC) is intended to provide person-centred home care to people of all ages in their own homes. LIC can provide an alternative to residential care. It is often used where one of a couple develops significant care needs. There are two main types of LIC:

Fully Managed

- ❖ CQC registered company directly provides care, employs & trains carers.
- ❖ Includes oversight, reviews and support 24 hours a day for carers & clients.

Introductory	❖ Carers are DBS checked.
	❖ Not required to be registered with CQC.
	❖ Carers are self-employed contractors responsible for their own tax and NI contributions.
	❖ Paid directly by clients or their families.

Current Provision

Purchasing of LIC in B&NES has been driven either by self-funders or by the NHS under Continuing Health Care (CHC) arrangements. The Council does not formally commission LIC through social care; apart from exceptional circumstances to support chronically delayed hospital discharges when all other options have been exhausted. On occasion, people have accessed LIC as an option under a Direct Payment. Eight companies actively provide LIC in B&NES to 23 people under a combination of the above arrangements.

Challenges & Priorities

- ❖ When self-funders run out of money or CHC funding is withdrawn, the Council picks up funding responsibility. The Council's goal to maintain people's independence at home exists alongside other priorities e.g. meeting assessed, eligible, unmet care needs most cost-efficiently and equitably across all service user groups and tenure.
- ❖ LIC can be more expensive than a care home placement and legal judgements on sleep-in fees add to this pressure. The cost model needs to be better understood.
- ❖ Ensuring parity for all service users and not funding someone to buy a service not available or affordable to others under Council-commissioned services.
- ❖ Ensure people considering LIC clients are clear on additional costs and responsibilities they will need to meet outside of actual care fees: e.g. carer's food, utility costs, bedding, employers insurance, pension contributions etc.

Opportunities & Aspirations for Future Services

- ❖ Develop a fair and affordable LIC policy and review LIC cost & service models.
- ❖ Affordable and sustainable LIC as a possible interim / short term option within pathways for end of Life, hospital discharge and reablement.
- ❖ Establish parity across *all* service user groups.
- ❖ Preference for fully-managed LIC service, more likely to be CQC registered.
- ❖ Information and advice for self-funders to consider before inviting a carer to move in.
- ❖ Being clear that the Council reserves the right to consider other ways to most cost-effectively meet people's care needs when it picks up funding responsibility: as is the case for self-funders and Continuing Healthcare (CHC) arrangements.
- ❖ No intention to commission long term packages of social care funded LIC. Each LIC package is annually reviewed and considered against other available options.

Useful Links

- ❖ [Live In Care Hub](#)

9C Other Community Services

Direct Payments

The Headline: greater choice and control for individuals

Introduction

A direct payment is one way in which an individual with assessed eligible health and social care needs can choose to take their personal budget. A personal budget (or personal health budget) is the sum of money the council (or CCG) has calculated it would spend on meeting a person's assessed eligible social care or health needs.

The council provides a personal budget (PB) to meet assessed eligible social care needs. The CCG provides a personal health budget (PHB) to meet assessed eligible health needs. Integrated Personal Commissioning (IPC) budgets contain both PB and PHB funding.

Opportunities and Aspirations for Future Services

The Council and CCG have produced an all-age integrated health and social care policy for direct payments, which has recently been launched. This policy was reviewed and written with people who have lived experience of direct payments.

The Council and CCG together with Virgin Care will procure direct payment support services in 2018. It is anticipated that a 'hub & spoke' model will be procured, with paid roles for people with lived experience an integral part of the model in a direct payments support 'hub'. It's likely the hub will be directly commissioned and be first point of contact for direct payment clients.

The Council is currently looking at options for facilitating or signposting direct payment clients to access ongoing support they may need, such as payroll, recruitment etc.

Further commissioning intentions for direct payments will also be considered alongside other relevant commissioning intentions e.g. homecare and in accordance with the Direct Payments policy.

Useful Links

- ❖ [B&NES Council Direct Payment Policy](#)

Community Equipment & Assistive Technology

The Headline: Full review of the pathway and procurement arrangements. Using assistive technology in reablement and reducing long term care needs.

Introduction

Community Equipment and assistive technology enables people of all ages and all abilities to have greater control, independence and safety, either in the long term or short term. The Council and CCG currently pool funding for community equipment and assistive technology and commission a third party to deliver the community equipment store.

Opportunities and Aspirations for Future Services

The Council and CCG are currently reviewing purchasing patterns and use of community equipment and assistive technology. We are also investigating ways in which the use of assistive technology can be further embedded and promoted.

We are expecting to procure a new community equipment system (which will include both community equipment and assistive technology) during 2018.

Carers

The Headline: Helping carers continue caring. A wider range of respite services.

Introduction

A Carer is anyone who provides unpaid personal care, practical help and emotional support to a relative, child, partner, family member, neighbour or friend. The Care Act (2014) places all carers (adult, young people or parent carers) on equal footing with those they care for. Care Act duties for carers lie with the Council are in which the person receiving care lives.

According to the 2011 B&NES Census: of 17,585 people providing unpaid care & support:

71% of unpaid carers provide between 1-19 hours of care

11% of unpaid carers provide between 20-49 hours of care per week

18% of unpaid carers provide more than 50 hours of care per week

58.4% of unpaid carers were female

Young Carers

- ❖ There were 323 carers aged 0-15 in B&NES in 2011
- ❖ 81% of young carers are providing 1-19 hours of care
- ❖ 5.6% of young carers provide over 50 hours of care per week
- ❖ 3.0% of young people aged 16-24 area carers

Current Provision

- ❖ *'Carers Support Service'*: Provided by the B&NES Carers Centre and jointly funded by Council and CCG. Offers support to carers and access to timely information, practical assistance, emotional support and help to maintain their own health. Also acts as a gateway to other services

Challenges & Priorities

- ❖ *Information & Advice*: It is vital we are able to provide clear accessible information and advice about support and services, assessment, and flexible support
- ❖ *Scale of the issue*: Local figures for Carers suggest about 10% of the population provide informal care. Only 1,500 carers out of an estimated 17,000 are known to the Council (*Source: B&NES 2011 census*)
- ❖ *Impact of carers on demand for formal care*: Unpaid carers provide up to 70% of care in the community and make significant savings to the economy. Carers often experience financial difficulties and more ill-health than others in the community.

Opportunities and Aspirations for Future Services

- ❖ No specific commissioning intentions at this time, pending a refresh of our Carers Strategy in 2018. We are keen to work with providers to develop future options. We estimate likely areas of opportunity are: *Improved support for young carers' transition to adulthood* and *Trusted assessor for small adaptations & equipment in the home.*

- ❖ Current services support up to 1,500 carers, but with over 17,000 people providing an element of informal care or support in B&NES (according to the 2011 census), there is scope to improve our reach into this valued community.

Useful Links

- ❖ [B&NES Carers Centre](#)
- ❖ [B&NES Carers Policy](#)

10 - Market Oversight & Contingency Planning

10.1 Introduction

The challenges to the social care sector, from affordability to the potential impact of Brexit, come with a degree of risk. The Care Act outlines clear responsibilities to Councils and their partners on shaping their local care and support markets sustainably. This section discusses B&NES Council's approach to this and how we aim to work with providers if things go wrong and services may not be able to continue meeting people's needs.

In the last two years, 6 care homes in B&NES have closed with a loss of about 200 beds. No one wants to think that their service or business could be at risk. But from our research and discussions with providers we can see there is an increase across the UK in providers experiencing financial difficulty and handing back contracts to Councils. Unfortunately some services become unable to carry on providing care.

Our main duties here are:

- ❖ *Managing Provider Failure & Service Interruptions*
- ❖ *Effective Oversight of the Local Market*

Commissioners consider a range of factors:

- ❖ *Decisions on investment and disinvestment in a challenging economic climate*
- ❖ *Stimulating new providers and ideas while managing the impact on existing provision*
- ❖ *Lack of synergy across commissioning intentions and providers' business strategies.*
- ❖ *Gaps between Councils' statutory duty the commercial prices charged for care*
- ❖ *Balancing clients' preferences with sustainable business models for providers*

We want providers to be comfortable about working with commissioners and sharing information. Without this, we cannot be as effective as we could be at improving our understanding of the provider perspective. *The Council is:*

- ❖ *Committed to being open and transparent in our decision making*
- ❖ *Interested in providers that want mutually transparent working relationship*
- ❖ *Being honest: some decisions we must make for a sustainable sector will be difficult*

10.2 Managing Provider Failure & Service Interruptions

If a service can't carry on providing care & support, Councils have to step in to ensure people's care needs continue to be met. This could be for a variety of reasons:

- ❖ *Financial: e.g. insolvency*
- ❖ *Quality or repeated safeguarding concerns*

- ❖ **Strategic:** e.g. *direction of the business*
- ❖ **Force majeure** e.g. *fire, flood*

Councils have a specific *temporary* duty to support service users and providers through these times. They also have a responsibility to plan ahead to reduce the impact if a service is interrupted for whatever reason. How we do this may depend on whether a service is:

- ❖ **Accommodation based:** *where services users are clustered together*
- ❖ **In people's homes:** *where service users are spread across a wide area.*

Where this is due to 'Provider Failure' (i.e. the provider's business itself has failed), The Council has specific duties for provider failure under the Care Act. These can be found in:

- ❖ **Sections 19 and 48-57 of the Care Act**
- ❖ **The Care and Support (Business Failure) Regulations 2015**

To help manage service interruptions, council commissioners have close working relationships with Safeguarding and NHS colleagues along with CQC. Providers also have obligations under the Act to cooperate with the Council in carrying out its duties.

Providers should be aware that the Council's duties under the Care Act cover all service locations in its geographical area, regardless of whether the Council funds services there. Even if a provider's business model focusses on privately funded clients or referrals from outside of B&NES, that provider still needs a positive working relationship with the Council.

10.3 Market Oversight

The Council is required to maintain oversight of the local market so it can:

- ❖ **Spot early warning signs of quality or sustainability concerns, and**
- ❖ **Ensure care services are funded appropriately**

Under the Care Act, CQC operates a [Market Oversight system](#). This provides early warning to protect service users if care providers fail financially. CQC's system focusses only on the largest corporate care providers. However common with many other Councils B&NES hosts a significant number of small, independent providers and providers of niche services that are hard to replace. If we are to meet our obligations to support people with the most complex of needs, then effective collaboration with providers of these services is essential.

Strategic contingency planning – looking ahead to reduce risks in our social care system

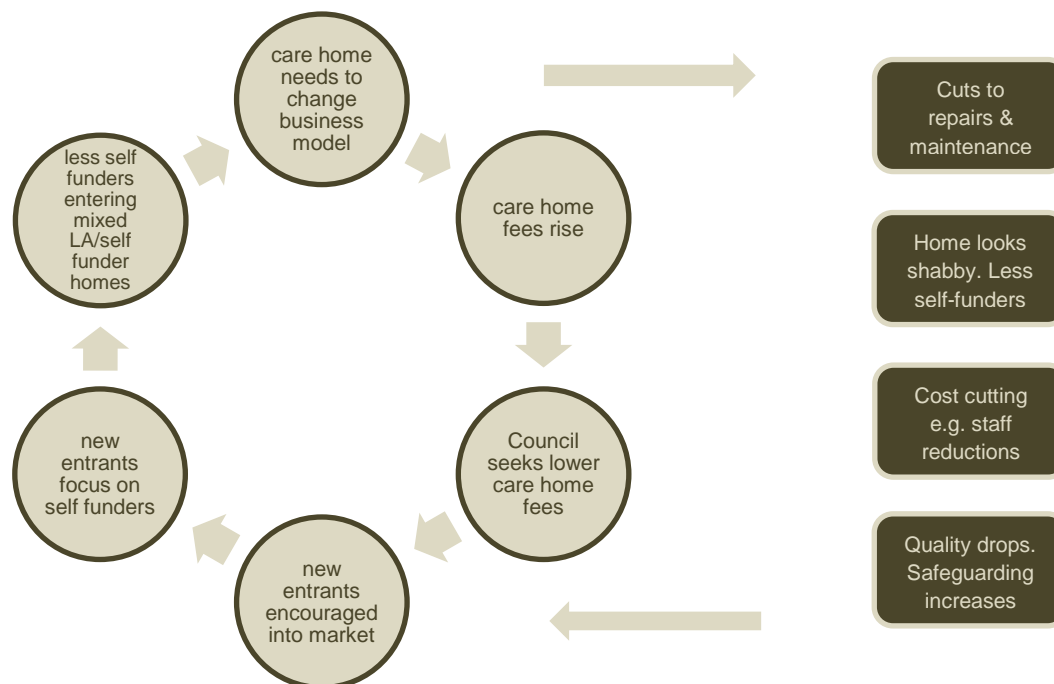
Some issues, like workforce development or affordability, can become trends, affecting each other and sector as a whole. Strategic contingency planning is similar to how Councils prepare for civil emergencies; but in a way specific to care and support services.

Tackling these issues can rely on a number of activities acting in parallel. These might be a combination of market shaping activities (*like workforce sustainability or strategic market withdrawal*) or preparing for a range of potential worst case scenarios in order to:

- ❖ **Minimise the chances of problems happening, and**
- ❖ **Be better prepared if they do**

A service can fail for complex and interrelated reasons. The Institute of Public Care and ADASS commissioning leads illustrate the relationship between quality, fees, safeguarding and business viability through the following diagram. *In the context of care homes:*

Factors affecting quality and sustainability



The above is just an example and there is no one party to blame. It highlights how developing a sustainable care sector takes time and that it is in everyone’s best interest for Councils and providers to work together.

10.4 Commissioning Priorities

1. Further develop positive provider relationships
2. Early information sharing from providers
3. Finalise our Provider Failure / Service interruptions policy.
4. Embed an annual strategic contingency planning cycle in partnership with providers and key stakeholders: involving diverse professionals e.g. insolvency practitioners.
5. Spread awareness and training in market oversight and business continuity.
6. A joined up approach to managing service interruptions.
7. Encourage new providers to bring innovation into our local market.
8. Reduce impact of strategic market withdrawal or where a service is no longer viable.
9. Explore alternatives for re-purposing services and retaining staff expertise if a location can no longer meet modern expectations in its current use.

Useful Links

- ❖ [Care Act \(2014\) Statutory Guidance \(August 2017\)](#), (Chapter 4 - commissioning and market shaping; Chapter 5 - Managing provider failure and other service interruptions)
- ❖ Institute of Public Care: [Guidance on successful market shaping](#)
- ❖ [Cordis Bright](#): local market oversight and market sustainability
- ❖ [Local Government Information Unit](#): contingency planning toolkit for provider failure
- ❖ [Care Act Statutory Guidance section 5](#)
- ❖ [The Care & Support \(Market Oversight Criteria\) Regulations \(2014\)](#)

11 – Service Development Support for Providers

11.1 Introduction

We believe that a strong and sustainable future for social care depends on increased collaboration between commissioners and providers. Where we can, commissioners are happy to offer advice and support to providers in a number of areas:

11.2 Planning applications & land/building opportunities

Local Plan: Commissioners and council planners are starting to embed our draft commissioning intentions in the Council's Local Plan. The Local Plan is a long term strategy. It has a broad remit but is mainly for the use and development of land. It exists alongside other regional development strategies like the West of England Joint Spatial Plan. Council planners are currently consulting on the first section of the Local Plan's overall strategy for housing which can be found [here](#)

Part 1b of the Local Plan is expected out to consultation in March 2018. This includes a section on Older People's housing. Providers are also encouraged to look at the existing policy for Older People's housing, which is found [here](#) (p144-147).

Planning applications: Commissioners are consulted on all potential planning and change of use applications within B&NES that impact on social care. Commissioners are also developing our knowledge base on potential sites for future opportunities.

We want to work with providers and developers to - align business and service development priorities and ensure that new and re-purposed capacity in the area is consistent with the needs of the local communities. In the meantime, providers are encouraged to look at the planning advice in B&NES found [here](#).

11.3 Opportunities for Funding and Training & Development

Accessing good quality training and support – for businesses and for staff - can become hard to access in difficult economic climates. While we would expect core training be arranged by providers and charged as a costed overhead within care fees; the Council is working to create training and development opportunities for providers in either specialist topics supporting multi-disciplinary working or where there is a particular need in the area:

- ❖ Business continuity
- ❖ Workforce development and apprenticeship options

We are keen to support providers where we can in identifying and accessing funding opportunities to develop services in line with our strategic goals. This may include support on bid writing, particularly to smaller organisations without specialist resources. Opportunities will be progressed through forums and commissioners' website.

12 - Procurement, Contracting & Business Opportunities

12.1 Doing Business with the Council - *our approach to procurement*

We aim to develop working relationships with providers that are of a partnership nature, working towards a mutual goal and at the same time demonstrating value for money.

Commissioners have regard to the [Public Contracts Regulations 2015](#) and the Council's own Contract Standing Orders. Contracts being let are compliant with these requirements. Most services commissioners buy fall into a [Light Touch](#) category which offers some flexibility over how we determine the right procurement approach.

The key principles at all times are: *Equality of Opportunity* and *Transparency*.

Common to [commissioning cycles](#) for care, market analysis and stakeholder consultation feed into the decision making process. For each specific project we then develop final [commissioning intentions](#) (*identifying the requirements, needs and outcomes to be met and the evidence & consultation behind it*) and [procurement strategy](#) (*detailing the proposed procurement route, draft service specification, draft contracts and indicative timescales*).

12.2 Business opportunities & procurement timetables

The Council uses the 'Supplying the South West' e-procurement portal to conduct its procurement exercises. We advertise opportunities through the portal as well as the [Official Journal of the European Union](#) and [Contracts Finder](#) where required by the regulations. This MPS provides a solid starting point for:

- ❖ Capturing business and service development opportunities that make a difference to our community in line with the Council's vision
- ❖ Understanding providers growth and strategies for meeting future demand
- ❖ Align strategies where possible.

Forums and engagement opportunities are advertised through the commissioning [website](#).

12.3 Involving communities and people who use services

Meaningful engagement and shared decision making is a high priority for B&NES Council and an area we have a strong track record in: one example being the [Community Champions consultation](#) within the 'your care your way' procurement process which led to the appointment of Virgin Care as Prime Provider (see section 7.2). We intend to capitalise on this success with future projects and market development, starting here with the MPS.

12.4 Methods of contracting

There is a range of procurement and contracting models available to commissioners, who will work to determine the most appropriate route for each project. Major considerations here are: *flexibility, market competition, security of supply* and *service user choice*.

The procurement plan for each service may vary. Overall we aim to find the balance between individual purchasing arrangements to support people's right to personalise their care, and larger volume contracts to secure access to supply, best value and development of strategic relationships with the market. In all cases, contractual arrangements will be appropriately governed by Council terms and conditions.

Useful Links

- ❖ [E-procurement portal](#)