



PEOPLE COMMISSIONING

Our Approach and Strategy to
Support the Delivery of Services in
Adult Social Care

2024 - 2029

December 2023



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Service delivery will operate on a 'mixed economy' model. This means services will be delivered via a robust contract by the most appropriate provider based on their ability to achieve results and quality and give us value for money. This will include private sector companies, voluntary organisations or using our own in-house service.

We will work hard to ensure we are focussed on outcomes and so work in co-production with key stakeholders, people and families who use services, and with our partner organisations across Worcestershire.

2. Context

This strategy has been designed to complement local and national priorities and outline how, by sensible investment in the right projects, effective prioritising of spending to best meet the needs of local people and leveraging the close partnership working already in place, we can continue to improve outcomes and meet the challenges faced by public sector organisations today.

There are several national and local factors influencing the commissioning of services which should be considered when providing a sustainable, locally determined offer that meets the needs of service users in

The population of Worcestershire is generally healthy, performing consistently better than the national average across several health-related measures. However, there are some pockets of Worcestershire where people's health is not good and the average masks inequality. Social determinants of health may influence health seeking behaviour in deprived populations.

Worcestershire is, generally, not a deprived county, but 10% of our people live in the most deprived quintile. Proportions living in 30% most deprived areas are particularly high in Redditch at almost

2.3.3 Introducing the Integrated Care System (ICS)

The Herefordshire and Worcestershire Integrated Care System came into being in April 2022, and the ICB took over the responsibilities of the former NHS Clinical Commissioning Group in July of that year.

The NHS defines integrated care as being ‘about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care’.

The purpose of the legislation (the Health and Care Act 2022) is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals.

Over time, this will fundamentally change how we work and commission services, working collaboratively to set an agreed strategic direction for services to be delivered seamlessly to those in receipt, that meet the needs of the individual for best outcomes, and, by working closely together enable more effective services to be delivered within the total available resource envelope.

2.3.4 Worcestershire Joint Strategic Needs Assessment

The Worcestershire Health and Well-being Board under the Health and Social Care Act 2012 has a duty to undertake a [Joint Strategic Needs Assessment \(JSNA\)](#). The JSNA facilitates the improvement of health and well-being and the reduction of inequalities for the local community and is used to determine what actions local authorities, the NHS and other partners need to take to meet people's health and social care needs to address the wider determinants that impact on their health and well-being.

A number of key indicators have been identified through the JSNA and these are illustrated below.



3 How the People Commissioning Unit will deliver for the directorate, the council and the community

Commissioning activities are defined below:

Commissioning is about achieving agreed outcomes by deciding what service is needed, how it should be delivered, and which public, private or third sector organisation should deliver within effective use of resources.

Decommissioning is the process of planning and managing a reduction or cessation in service activity or terminating a contract in line with commissioning objectives. This could be as a result of the passage of time, which often results in change of need; budgetary constraints and a need to prioritise services and/or reduce some activities; inadequate service provision/poor outcomes or change in local or national political emphasis.

Re-commissioning Commissioning is a cyclical process, and one option is to re-commission a service when it ends and it is a good opportunity to review the service, look again at outcomes, and re-design where necessary. A service can be re-commissioned if it is the same service, but from a different provider, or can be redesigned to improve outcomes (service needs may have changed through time).

Joint commissioning is where several agencies carry out commissioning together.

The principles underpinning our commissioning activity are to:

- Work in partnership, wherever possible, with care providers to co-produce and deliver care to people;
- Reduce demand by better early help, increasing self-reliance, community resilience or independence;
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Commissioning decisions and performance management will be delegated to senior officers.

A single scrutiny committee of members will be responsible for checking the effectiveness of commissioning arrangements.

recovery before making decisions about long term services and placements. We will also improve and invest in ways to help people get equipment, adaptations and Assistive Technology solutions to enable them to regain and retain their independence and feel safe at home.

The aim is to maximise independence and in doing so, reduce the long-term care costs for individuals and reduce the numbers of people entering long term care homes or having very expensive services at home.

This means that in future, no-one will be admitted to long-term care without us having assessed the opportunity for reablement, technology and equipment under the Home First principle.

The aim is to ensure that we only assess people who appear that they may have a need for services, place a strong focus on safeguarding, positive risk taking and promoting choice and control. We have statutory duties to assess people who may have a need for care and support as well as people with a Safeguarding risk and those who may need protection under the Mental Capacity Act.

Worcestershire County Council is working collaboratively to improve how we do this, with the consequent impact on commissioned services.

We will consider support at home or housing with support services (supported living, extra care, shared lives) for each person and only use long term residential services where an alternative is not available or appropriate.

We will support people to make use of local community and mainstream services and encourage our commissioned day services to support people to make use of local networks and services.

We will promote Direct Payments as a choice to access alternative services.

By doing this we better target the use of resources and ensure that people have a stake in maintaining their independence.

Reduction in the overall number of placements of Older People in residential and nursing care

Worcestershire continues to adopt the strategic approach of council-funded residential and nursing care home placements for Older People being limited to people with the highest level of need, including people with dementia, frailty and complex needs and that people should only be placed in these services when all other options have been exhausted.

The number of long-term placements funded by Worcestershire County Council varied between 2019/2020 to 2022/2023. This was mainly due to the impact of the COVID pandemic, with a significant reduction in placements during 2020/2021/ and 2021/2022. By April 2023 the number of placements was broadly the same as in 2019/20. Accepting the potential for some variations in demand levels over the period, it is predicted that, in general terms, the number of long-term care home placements will not increase in proportion to the projected increase to the population of people over 65 and over 85 within Worcestershire and if the in-year placement numbers continue at the current rate that there will be a reduction in placements overall. However, it is recognised that the proportion of those placements for people with dementia and other complex needs will increase across all Older People's placements.

Longer term therefore, the total amount of money spent each year on Older People's residential and nursing care home placements will decrease in relative terms, with some of this resource being redirected to support more people in their own homes, either within Extra Care housing or with domiciliary care that can meet their specific needs, but we anticipate the total cost of provision of care for more complex needs will become a higher proportion of that total residential care cost.

To increase the resilience of the care market for 'Care with Nursing', dementia and complex needs care, in the medium- to long-term we propose to enter dialogue with the NHS and with providers and regulators to develop a more resilient and higher quality care market for the growing numbers of very frail people with complex needs of all ages.

Increased use of Assistive Technology, equipment and minor adaptations to enable people to live independently.

