

ADULT SERVICES  
CONTRACTS TEAM

PROCUREMENT STRATEGY



# PROCUREMENT STRATEGY

Adult Social Care

2013 - 15

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## 1. Introduction

Local Authorities are required to deliver value for money public services and to secure continuous improvement in the way in which they exercise their functions, having regard to a combination of efficiency, economy and effectiveness. Effective procurement is crucial in securing high quality, value for money public services and the Government has highlighted that the development of a clear procurement strategy is a key step towards achieving value for money and delivering the demanding efficiency targets required in the current fiscal climate. This strategy is linked to the Central Procurement Strategy produced by LGSS Procurement that covers the approach and principles to procurement across the Council as a whole.

## 2. Scope of the strategy

Adult social care purchases services for a diverse range of people. The main client groups are:-

- Older people
- Users of services with a physical disability
- Users of services with mental health needs
- Children coming through Transition Carers
- Users of services with a sensory impairment

### 2.1. Aim of the Strategy

The Strategy aims to set out the key priorities and actions that will be undertaken by the Adult Social Care Contracts Team in contributing towards the Council's overarching vision set out in the County Council's Business Plan 2013/14. [www.cambridgeshire.gov.uk/council/business-planning/](http://www.cambridgeshire.gov.uk/council/business-planning/)

## 3. Cambridgeshire County Council's Business Plan 2013 – 2014

The Business Plan identifies 3 priorities that reflect what communities across the county said was important to them; these priority areas are listed below along with the specific issues that relate to adult social care.

### 3.1. Priority One: *Developing our local economy for the benefit of all*

- With our partners in the Local Enterprise Partnership, we want to see new and existing businesses expanding and growing, to increase employment opportunities in the county.
- We want to see an improvement in the skills of young people and the adult working population.

### 3.2. Priority Two: *Helping people to live independent and healthy lives*

- We will help all adults who receive social care to have a clear personal budget and wherever possible, to receive it as a direct payment.
- We will help adults who need social care support to live in their own homes wherever possible.
- We will seek to understand the needs and aspirations of local communities better.

### 3.3. Priority Three: *Support and protect vulnerable people*

- We will focus on reducing incidences of harm or abuse within vulnerable groups.
- We want to see more people living at home again, independently, as soon as possible after a discharge from hospital.

## 4.0 Procurement challenges facing Adult Social Care

### 4.1 Funding Adult Social Care

The Business Plan recognises the significant financial challenges facing the public sector and the reduction in Central Government funding over the next few years. The Children's Families and Adults Directorate are required to save £60 million over the next 5 years as a contribution to the County Council's efficiency programme (this figure does not include schools).

The procurement process is an important element of the commissioning cycle and involves active contract management, a proportionate process when considering competition, ongoing assessment of services, market development and ensuring value for money through competitive processes or evidencing contestability.

### 4.2 Forecasts of future demand

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

<b>Projected number of clients, 2012-2018</b>								
<b>Year</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>% change</b>
Learning Disability	1,657	1,666	1,674	1,683	1,691	1,700	1,708	3.08%
Physical Disability / Sensory Services	1,529	1,549	1,569	1,589	1,608	1,628	1,648	7.78%
Mental Health	438	441	443	446	448	451	453	3.42%
Older People	7,215	7,534	7,853	8,172	8,491	8,810	9,129	26.53%
Occupational Therapy	2,716	2,784	2,852	2,920	2,987	3,055	3,123	14.99%
Assistive Technology	968	999	1,030	1,061	1,091	1,122	1,153	19.11%
Mental Health Team	425	440	454	469	483	498	512	20.47%
Other	53	55	57	59	60	62	64	20.75%
<b>Total</b>	<b>15,001</b>	<b>15,466</b>	<b>15,931</b>	<b>16,396</b>	<b>16,860</b>	<b>17,325</b>	<b>17,790</b>	<b>18.59%</b>

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

Demographic growth across all client groups will mean an increase in the number of services required to support vulnerable people across the county over the next 5 years, despite the anticipated reduction in funding available to adult social care. This will require a different mindset in terms of service provision and the solutions available to people requiring support that is funded by the county council. The Council also has a responsibility for developing services for people who do not meet social care eligibility criteria.

### 4.3 Prevention

Working with clinicians, local communities, voluntary and community sector organisations and independent sector providers to develop an effective approach to prevention will reduce the number of people requiring an intervention from the statutory sector. Most people have no wish to involve the council in how they choose to live their lives, or in the choices, risks and decisions they make in order to live independently. Access to accurate and timely information about the range of services available to people across the county is an area that the Council will invest in where there is strong evidence base and business case that these services assist in keeping people active, well and able to avoid falling into a crisis.

#### 4.4 Anticipated growth in the number of people suffering with Dementia

The number of people with Dementia is expected to increase from 7,420 in 2010 to 9,760 in 2020. These prevalence estimates are more conservative than previously published but are based on estimates that are thought to be the best currently available. Developing community based services for this group is a key challenge for commissioners across social care and health. Supporting people with Dementia in the community to continue to live active lives requires a co-ordinated response from housing providers, social care professionals, care providers, community organisations, GP's and the voluntary sector. Integrated approaches that take into account community capacity and the contribution that volunteers can make to someone's quality of life are areas that the County Council is keen to explore and open up local dialogue alongside its district council partners.

This can be especially challenging in rural communities where poor transport and limited local amenities can sometimes leave people feeling socially isolated. The Council recognises that local services developed by local people can be just as effective in producing good outcomes as more traditional services.

#### 4.5 Supporting Local Enterprises

The Council intends to use its purchasing power to support small and local enterprises (SME's) and voluntary and community organisations wherever possible in order to capitalise and seek the benefits of their local knowledge. Procurement processes will not be structured in such a way that disadvantages SME's. Where appropriate questions will be included in Tenders that allow those evaluating bids to consider a range of local factors including:-

- Local economic benefits
- Social value benefits
- Regeneration within the community
- Local employment
- The use of Apprentices to provide elements of the service
- Or any other benefits that support the local economy and prosperity for the County where this is appropriate to the procurement.

The Localism Act 2011 allows for a *Community Right to Challenge*. An individual or group can propose a solution to provide a service that the Council currently provides or commissions. Whilst this approach is still in its infancy, the Council remains open to considering how it might use the flexibilities of the Act to enhance local markets and expand service provision.

### 5 Fair, Transparent and Proactive approach to Procurement

The County Council is keen to develop mature commercial relationships with all of its suppliers and recognises that to achieve this aim, confidence and trust on both sides is a necessary precursor to effective business relationships. Contract compliance, a transparent approach to procurement, honest dialogue and a willingness to share risk are areas that will start to foster positive relationships based on mutual trust. All new contractual arrangements will be outcome focused where appropriate, and have clear standards that providers will be required to meet. Users of services will be involved in service development and encouraged to participate in the evaluation process. People need to have confidence that providers will deliver services to at least a minimum standard and safeguard not only the wellbeing of individuals but also the Council's financial and legal responsibilities. The Procurement Strategy must balance this with ensuring that potential providers are not discouraged by having to face a bureaucratic and expensive contracting process with no guarantee of business.

In line with the overall approach towards procurement in the Council the Adult Social Care Contracts Team will work with LGSS Procurement to:

- Further simplify what can be the sometimes onerous nature of contract tendering processes.
- Work in collaboration with other LA's and agencies for sake of individuals and providers to reduce duplication of roles and/or processes
- Demonstrate competitive transparency when in-house services are bidding for Council contracts.
- Seek to understand the challenges facing providers and support providers through difficulties
- Consider incentives where this makes sense in order to modify provider behavior
- Assist providers through training to ensure they can provide hard evidence to support tender applications.

This approach will be particularly directed at the voluntary and community sector and SME's.

## **6. The Procurement Process**

The County Council's Contract Regulations published in October 2012 encourages purchasing from local providers. The Regulations promote the use of the central contracts register for all contracts and requires officers to advertise procurement opportunities with a value of £10,000 or more on *Source Cambridgeshire*.

The Council is obliged to take account of EU Procurement Legislation and other national legislation along with regulations impacting procurement. The Council's approach to meeting these obligations is defined in the central procurement strategy and Procurement Best Practice documentation provided by LGSS. The overall principles within the legislation are based on encouraging open competition, transparency and fairness in the procurement process.

Procurement will be undertaken using a proportionate approach that takes into consideration the risks, value and criticality of the service being commissioned. The County Council is aware that one size does not fit all and intends to use a variety of approaches that lessen the burden on providers but allows those commissioning services to be confident that the outcomes for people meet their expectations at an affordable price. A record of all contracts will be maintained on the Council's Contracts Register. Contract opportunities are advertised on the Source Cambridgeshire website and e-tendering will be used where appropriate. [www.sourcecambridgeshire.co.uk/](http://www.sourcecambridgeshire.co.uk/)

There are occasions when a Contracts Exemption will be used to allow the Adult Social Care Contracts Team to utilise a shortened tendering process. This process is only used in exceptional circumstances, an example being where a service has failed and there is a need to commission a new service urgently.

Local Authorities are required to demonstrate a level playing field in order to achieve competitive transparency. This is particularly relevant when considering in-house services or where an in-house service is considering tendering for a contract. Where this is the case the Contracts Team will ensure that no bidder is treated differently from any other organisation considering joining the competitive process. Teams working on evaluating tenders are structured so that no one individual can unduly influence the process. In most cases there will be personnel from outside the department involved in the process as well as representatives from those groups intending to use the service – otherwise known as experts by experience. The Council is also required to take into account Commissioning for Social Value.

## **7. Communicating with Providers**



The Council will publish a *Market Position Statement* in the winter of 2013. This document will signal the commissioning intentions of Adult Social Care and detail the specific commissioning challenges facing each client group. The *Joint Strategic Needs Assessments* along with individual Commissioning Strategies also provide additional information that suppliers will find useful in preparing their medium term business plans or when preparing Business Cases they wish Commissioners to consider.

Once services are in place many providers have daily contact with users and carers, so their views can make a valuable contribution to improving the effectiveness and efficiency of services. The Council also believes that it needs to have a clear picture of the challenges facing providers and the effect this is having on people who use services if it is to respond proactively to improve services. Communication with providers will take a number of forms including:

- Business meetings
- Provider Forums
- Surveys
- Workshops
- Open days
- Joint training initiatives
- Development of a joint Workforce Development Strategy

The County Council remains committed to encouraging opportunities for dialogue with providers who have a track record of service improvement and delivery of agreed outcomes. This is especially important where there is a lack of service availability or where unmet needs have been identified. Our partners in the Clinical Commissioning Group continue to work closely with us to develop comprehensive data that will describe the requirement for services across the County.

## **8. Market Development across Social Care and Health**

Cambridgeshire is a large county containing a number of large towns and many isolated rural areas. Above all, people have told us they want quality local services that people can access easily. Services can no longer be commissioned around artificial boundaries dictated by District or County Council boundaries or Locality Commissioning Group areas, these boundaries do not reflect the way people want to access services or the challenges of the most vulnerable people attempting to find transport to meet appointments. A more flexible and integrated way of providing services across health and social care and an approach that recognises and promotes local access points able to meet the needs of the local population is required.

Joining up services commissioned or provided by public sector organisations alongside our partners is viewed as a real opportunity to improve both the quality, efficiency and cost effectiveness of services purchased for the most vulnerable people living in our communities. Managing and reducing demand for acute health services and social care services is an issue that will transform the way in which commissioners purchase services in the future. Developing proactive, personalised and preventative services that people are able to access will influence the areas that the County Council invest in. Comprehensive universal information and advice services that allow people to access services provided by the voluntary and community sectors will become increasingly important in ensuring that individuals can continue to live healthy, fulfilling and independent lives; without the intervention of statutory agencies.

The County Council is in the process of mapping the wide variety of statutory and voluntary services available across the county. The Community Navigator Scheme is an important resource that will assist in directing local people to services available in their area. This information and signposting service will make it easier for people to remain connected, independent and healthy.

Commissioners need to develop and influence markets within their local area so that sustainable high quality providers can continue to provide a range of services for the local population at a price that is affordable. Providers will need to learn how to market their services to an increasingly discernable set of customers who are demanding more choice and flexibility, in many cases using a Direct Payment

## **9. Workforce Development**

In order to ensure quality services from our contracted providers it is essential that the Council works with providers to promote a skilled, motivated and appropriately trained workforce. Cambridgeshire is a county that does not historically have high levels of unemployment, it is vital that we are able to attract people into the Care Sector by ensuring there are good career opportunities with sustainable jobs that encourage people to continue to work within the sector as a career not a stop gap job. This will be achieved through close working with the Council's Workforce Development Team, Job Centre Plus, schools and Colleges and Apprenticeship leads in health. A comprehensive training and development offer is managed and co-ordinated by the Adult Social Care Workforce Development Team, this will be further developed as providers engage and work with the Council to identify gaps in the workforce.

## **10. Improving the offer from the voluntary and community sectors**

Developing capacity and capability across the voluntary and community sectors will increase choice for people wishing to purchase services. The Council will work with organisations to ensure the sector is fully engaged in co-producing services that promote choice, independence and well being and assist people to remain independent.

The Council recognises that many organisations have a twin role, acting as providers of services alongside advocating on their behalf. Many organisations have an in-depth understanding of the challenges faced by people and use paid staff and volunteers to provide a range of services and support with no input from the statutory sector. Supporting these organisations to expand, diversify or consider bidding for contracts is becoming an increasingly important part of the Council's work. The Adult Social Care Contracts Team, Workforce Development Team and Commissioners will provide support to the sector and work with individual organisations where they are able to demonstrate that their service can divert people from requiring statutory services or there is evidence that the service could make a significant contribution to the prevention agenda.

## **11. Collaborative and integrated procurement**

Increasingly commissioners are working with their peers in health and housing to develop integrated and cost effective solutions that allow people to remain in their own homes for as long as they are able. Creating new care pathways that are seamless from an individual's perspective not only improves access to services but is likely to reap significant savings in service costs.

Commissioners will work collaboratively with a range of internal and external partners from the independent sector, statutory services and the voluntary and community sectors. The County Council recognises the significant impact that good quality housing has on a person's well-

being and quality of life. Both District Councils and Registered Social Landlords have an important role to play in developing services that are able to meet the challenges of a growing elderly population and meeting the needs of people with more complex needs choosing to live at home. Promoting the use of Assistive Technology and Telehealth are areas that the Council is keen to develop, especially in some of the more rural areas of the county. This can help with minimising the effects of social isolation and keep people in touch with family and friends.

## **12. Partnership Arrangements and Collaborative Working**

This is where the Council seeks to develop a relationship with a provider based on "partnership principles" (but not a formal partnership), thereby sharing the costs and risks involved in the development of a new or amended service offer.

Reasons to consider a partnership:

- Potential to bring about a step-change or a major cultural change within the organisation, or remove barriers to improvement.
- Can significantly increase the Council's capacity to re-engineer its service delivery.
- Provides access to investment or expertise not available if the Council were to act alone.
- Provides long term external support to deliver strategic and/or service priorities.

Collaboration with other Councils and organisations offers real potential for service improvement and efficiency.

Collaboration can provide:

- Sharing ideas, learning, support and plans.
- Economies of scale (one authority can undertake a procurement activity on behalf of a number of authorities, obtaining economies of scale and reducing officer time on a project for participating authorities)
- Benchmarking (comparing performance with others, and using the information to help improve services).
- Easier provision of geographically located services (sharing depots and facilities, better management of services across authority boundaries, etc.)

## **13. Market Testing**

The recently published Care Bill requires local authorities to shape and influence local markets so that they are able to meet the identified needs of residents. Market testing is an opportunity for the Council to speak to providers about how services could be delivered in the future in an honest and open way before a formal procurement is launched. There are a number of benefits to this approach for both prospective providers and the Council:-

- Opportunity to challenge the service delivery assumptions made by the Council
- Allows the Council to understand the cost base and commercial realities of providing the service.
- Opportunity to explore innovative ideas and risk sharing without any formal commitment.
- Opportunity to explore the use of assistive technology, new equipment and joining up services.
- Raise awareness of capacity, maturity and interest in the local market
- Opportunity to test the procurement approach being considered.

Market testing will always take into account the views of people who use services, their families and advocates in order to have confidence that the development and shaping of services reflect their views and aspirations. In most cases these will be expressed as outcomes and providers will be asked to provide an outline of their proposal or service solution.

#### 14. Cambridgeshire & Peterborough Clinical Commissioning Group (CCG)

The County Council is continuing to build a positive relationship with the CCG in order to meet the challenges faced by commissioners across health and social care. A number of joint initiatives are already in place, these include:-

- Work on reducing delayed transfers of care from the acute trusts
- End of life care
- Support for care homes
- Enhancing older people's services in the community

The CCG recognise that suppliers of services to Adult Social Care have a wealth of knowledge about their patients and are keen to understand what opportunities might exist to promote health and well-being in the community and promote preventative services.

The CCG have also been developing a vision for the future of integrated services for older people across the county:-



The vision recognises the interdependency and potential for collaborative working across services provided by a range of organisations to ensure that:-

- For older people to be proactively supported to maintain their health, well-being and independence for as long as possible, receiving care in their home and local community.
- For care to be provided in an integrated way with services (health, social care and voluntary) organised around the patient).
- To ensure that services are designed and implemented locally, building on best practice.
- To provide the right contractual and financial incentives for high quality care and outcomes.
- To work with patients and representative groups, to co-design how we commission.

A procurement process is underway to commission a range of integrated services that will deliver this vision. Services included within the CCG's older people's procurement programme include; unplanned hospital care, older people's mental health, adult community health services such as District Nurses and a small number of services currently provided by the voluntary sector. The value of this exercise is estimated to be between £800 to £1,000 million over 5 years.

The successful provider(s) will be expected to work closely with the Council's Adult Social Care teams, District Councils and with other independent and voluntary sector organisations that currently provide services across the county. Social Care and health commissioners require services that are preventative, personalised, user driven and accessible across the whole county including rural areas.

The County Council is focused on working with providers to develop services that promote choice and control, encourage independence, build community capacity and treat people as individuals.

There is a recognition that the costs associated with providing integrated services and care pathways in some areas might be more expensive or due to factors such as travel time, higher costs for labour or a scarcity of required skills. It therefore follows that the solutions or service models in certain parts of the county might differ from area to area.

## **15. Services for Older People**

The Joint Strategic Needs Assessment identifies that there were 101,400 people aged 65 and over living in Cambridgeshire in 2011. This is due to rise in all localities apart from Cambridge City until at least 2021. Most older people are in good health but the number of frail older people is increasing.

In order to meet some of these challenges the full range of relevant local statutory, voluntary and private sector organisations need to be fully engaged in the development of new services; this will include joint commissioning with health partners. Commissioning which incentivises and stimulates quality provision and offers real choice and control for users of services through a variety of business models will be encouraged. Co-production involving citizens, commissioners and providers will enable the Council to ensure that users are at the centre of the commissioning cycle.

Older people in Cambridgeshire are most concerned about: income, transport and social inclusion, access to information on services and activities, and housing, including help in the home.

## **16. Services for people who use Mental Health Services**

In 2012 it was estimated that over 63,093 Cambridgeshire residents aged 18-64 had a common mental disorder (including disorders of depression, anxiety, and obsessive compulsive disorder), 28,280 had more than one mental health condition, 1,760 had a borderline personality disorder, 1,400 had an anti-social personality disorder and 1,570 had a psychotic disorder (Source: PANSI). Mortality from suicide and injury undetermined in 2008-2010 indicate that the Fenland rates are statistically significantly higher than the rate for England and the rates for Huntingdonshire are statistically significantly lower than the national rate.

Commissioners and the Contracts Team will work with residential providers and Cambridgeshire and Peterborough Foundation Trust (CPFT) to ensure high quality contracts are in place for all placements which have clear cost structures and are wellbeing and recovery outcome focussed. We will develop existing providers capacity to tender for new

services and encourage partnership approaches with independent sector providers and providers from the voluntary and community sector.

## **17. Physical and Learning Disability**

### ***Children***

In Cambridgeshire (information for 2012 unless stated otherwise):

11,066 children are estimated to meet the Equality Act (2010) definition of disability.

7,124 children had a Statement of Special Educational Needs (SEN) or were registered at School Action Plus, of which 76 had a visual impairment; 138 had a hearing impairment; 1,767 had learning difficulties typical of a learning disability; and 215 had a physical disability. The number of children with a Statement (SEN) or are on *School Action Plus*, are only an estimate of the number of children with disability. The true numbers are likely to be higher.

In February 2013, 868 children were receiving direct social care support; these are children and young people whose needs are beyond those of a non-disabled child of the same age, meaning they are likely to require lifelong support from statutory services, in the future.

### ***Adults***

In Cambridgeshire (information for 2012 unless otherwise stated):

11,424 adults aged 18+ were predicted to have a learning disability and 2,376 to have moderate or severe learning disability (and therefore likely to be in contact with services). The number of adults on Cambridgeshire GP practice-based learning disability registers was 1,922 and 1,630 adults with learning disability received social care services.

3452 men and 374 women, aged 18-64, are predicted to have autistic spectrum disorders.

38,319 people aged 18-64 are predicted to have a moderate or severe physical disability, of whom 8,766 are severe. The Countywide Physical Disability Team supports 808 adults with a physical disability (January 2013), plus a further 24 with HIV.

246 people aged 18-64, were predicted to have a severe visual impairment while 9,341 aged 65+ were predicted to have a moderate or severe visual impairment. From April 2012 to February 2013, 251 adults were added to the Cambridgeshire County Council register for severe sight loss (blindness) or sight loss (partially sighted); with 57 of these individuals identified as having dual sensory loss.

59,770 people aged 18+ were predicted to have a moderate or severe hearing impairment

As the Cambridgeshire population grows and ages, the number of people with disabilities is also expected to rise. The proportion of people with a learning disability aged over 55 is expected to increase and parents caring for them are likely to have died or become frail. Social care requirements for people with learning disability in England are expected to increase by 14%, up to 2030.

The number of children with disabilities is predicted to increase. The number of children with statements of special educational needs has increased in Cambridgeshire

## **18. Services for people with a Physical Impairment/and/or Long-Term Condition**

People who are between the ages of 19-64 with a physical impairment and/or Long-Term condition come under the countywide Physical Disability Team. The Sensory Services Team works with adults and older people who have a diagnosed sensory impairment and the overwhelming majority of these are over 65. The work of the Sensory team is primarily

preventative e.g. helping people be aware of fire alarms, telephones or regain independence skills such as a person with severe sight loss making a drink or learning new skills. Additionally, equipment such as the correct lighting can help reduce falls and hence hospital admissions. The support, equipment and training also helps to reduce isolation and hence aid wellbeing. Additionally, more ongoing support is offered through various sensory contracts.

There were 3,020 disabled people of working age receiving benefits in Cambridgeshire in May 2009. Of these 2,990 were receiving Disability Living Allowance. Claimants of benefits relating to disability represented about 0.7%, or one person in 125, of resident working age people in Cambridgeshire. Individuals with the most severe forms of physical and sensory impairment are eligible for social service support. In 2008/9, the County Council provided services for 2,110 clients aged 18-64 with physical disability, frailty and sensory impairment.

The Council have reviewed the recommendations from the Winterbourne Review and are actively seeking to return people from residential facilities outside of the county. A register has been developed and the Children's and Families Resource Team are working towards a procurement process seeking providers able to supply in-county services for people with a learning disability.

A recent report commissioned by the Eastern Region highlighted a number of areas where service could be enhanced or improved to give people with a learning disability a better quality of life. Greater use of Assistive Technology, expanding the Adults Placement Scheme and reviewing 24 hour, 7 day a week services are areas that are currently being considered as having the potential for developing and providing person-centred services in a different way. The Resource Team will be introducing Learning Disability Provider Forums in 2014 in order to further explore these opportunities.

## **19. Carers' services**

The 2011 census identified over 60,000 individuals across the county who had caring responsibilities, over 18,000 of these spent over 20 hours per week caring for relatives or friends.

Carers save health and social care services significant sums each year but need to be supported to continue caring for those that are important to them as well as having equality of opportunity to live their own lives.

Access to information, culturally appropriate services, respite services, support meeting other carers, access to short breaks and the ability to influence the development of new services are some of the areas highlighted as important to carers across Cambridgeshire.

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

## **20. Assistive Technology**

Assistive technology in Cambridgeshire describes a range of health and social care equipment that is available to support people to remain as independent as possible in the community.

The economic arguments for developing assistive technology are centred on 3 areas. Informal carers are better able to manage the night time by using equipment rather than professional carers; younger disabled people who can access adaptations to their home environment have found that these changes pay for themselves within a few months and can ultimately save between £1,200 and £29,000 per annum. Finally, the costs of independent living across different groups is far more cost efficient than residential care.

## 21. The Regulatory Framework

The Care Quality Commission (CQC) regulates service providers against the Essential Standards of Quality and Safety to ensure they comply with the Section 20 requirements of the Health & Social Care Act 2008. The CQC recently started a consultation process on the future of regulation in the health and social care sector. The new Regulation Framework will come into force in October 2014 with every regulated service scheduled to have had an inspection by March 2016.

The Contracts Team ran a number of workshops in 2012 and 2013 aimed at providing information to providers on the regulatory framework. The workshops also considered how the Council's contract standards were underpinned by the CQC's Essential Standards. The Contracts Team plan to have further events once the new Regulations are in place aimed at familiarising providers with the revised approach to regulation. The new Framework will take into account the views of people who use services and the views of local authorities when they form a judgement. The re-introduction of ratings for every service will categorise regulated activities into 1 of 4 judgements, Outstanding, Good, Requires Improvement or Inadequate.

The new Regulation Framework is based on 5 key questions which will form the basis of service inspections from 2014:-

- 5 Key Questions
  - Are they safe?
  - Are they effective?
  - Are they caring?
  - Are they responsive?
  - Are they well-led?

### Care Quality Commission – Regulation Framework





## 22. The Policy Framework

### *Care and Support Reform White Paper*

In July 2012, the Government published a Care and Support Reform White Paper, which argued that the current system too often only reacts when a crisis occurs and does not always act in the best interests of older people, disabled people and carers. The White Paper went on to suggest that '*radical reform*' is needed and that three principles underpin this:

- Promoting prevention to avoid people reaching a point of crisis;
- Ensuring people stay well and independent; and
- Making services more responsive to people's needs, through personalisation.

### 22.1 Draft Care and Support Bill

Alongside the White Paper, the Government published a draft Care and Support Bill, expected to be passed in 2013. The Bill simplifies Adult Social Care legislation. The key points of the Bill impacting on the Council are:

- A single clear duty upon local authorities to carry out assessments in order to determine whether an individual has needs for care and support;
- A proposed duty on local authorities to "make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken" where there is a safeguarding concern.
- National minimum eligibility threshold for care and support in England
- By 2015, 75% of people needing state-funded care will be offered a personal budget, preferably as a direct payment;
- Clarification of local authorities' duty to ensure that no-one is left homeless or without care if a provider fails;

The County Council has taken on board the policy direction indicated in both the papers mentioned above and is currently working alongside other stakeholders, users of services and providers to improve the choice afforded to those seeking care and support. Colleagues in health (both the Acute Trusts and the Clinical Commissioning Groups) are actively engaged in improving care pathways so that vulnerable people have a range of services they can access to improve their independence (preventative services) but also ensure that when people are in hospital for either planned or emergency procedures, they can be discharged home quickly, or to a place that will assist them to regain their independence as quickly as possible.

## 23 Financial Management & the Efficiencies Programme

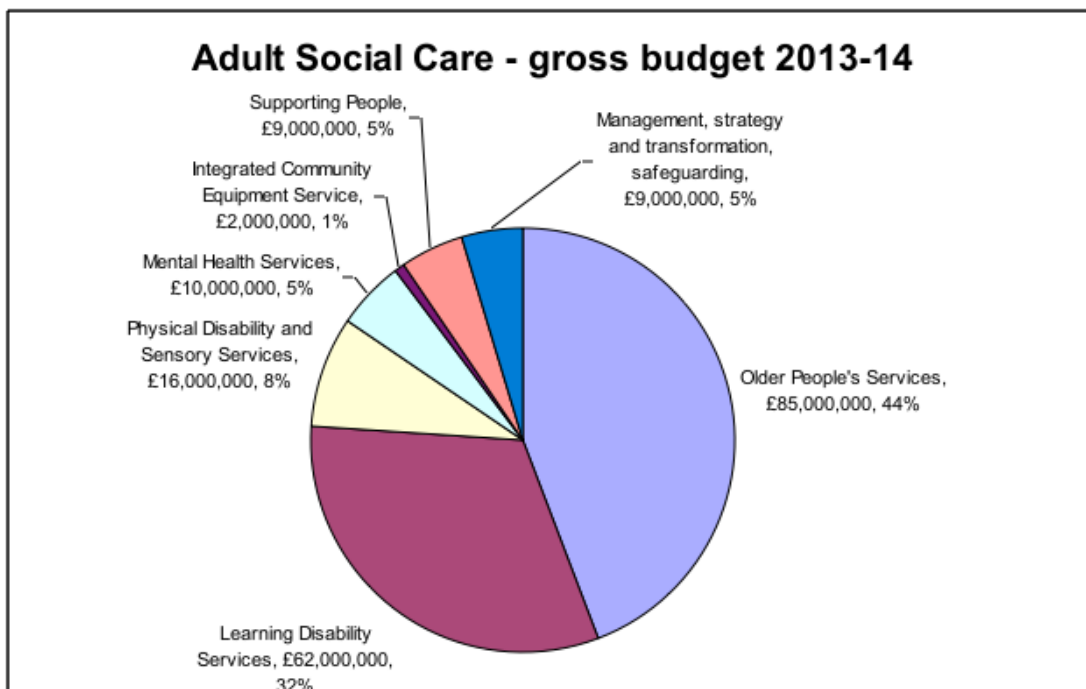
Following release of the Comprehensive Spending Review in June 2013, local Government can expect further cuts in funding of around 10% from 2014/15. Future reductions will be in addition to the cuts already planned for 2014 – 2018. For adult social care this translates to savings of 21m in 2014/15; £15m in 2015-16; £14m in 2015/16 and £10m 2017/18. In order to address these significant shortfalls the Government have signalled that they expect to see even closer working across health and social care in order to reap efficiencies.

One of the most significant areas of spending across the department is with independent sector providers. The potential to deliver savings and efficiencies through partnerships and contracts cannot be underestimated. Managing supply chains across organisational and service boundaries can offer opportunities and new ways of providing services. The County

Council has a small “Invest to Save” budget that can be used to develop new ideas or service approaches that will lead to savings in the future. Applications to this fund are welcome from providers who consider that they have an innovative or new way to provides services that meet identified needs. Providers wanting to discuss this in more detail should approach either the Head of Procurement in the Contracts Team or a relevant Head of Service within a service area.

## 24. Budget breakdown

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



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

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

## Appendix 1: Further Reading (Policies and Procedures)

Document/Link Title	Location
LGSS Procurement Best Practice Document	<a href="http://camweb.ccc.cambridgeshire.gov.uk/lgss/lawandgovernance/procurement/reg/Best+Practice+Guide.htm">http://camweb.ccc.cambridgeshire.gov.uk/lgss/lawandgovernance/procurement/reg/Best+Practice+Guide.htm</a>
LGSS Bravo E-Tendering system link (electronic system for management of all tender opportunities)	<a href="https://lgss.bravosolution.co.uk/web/login.shtml">https://lgss.bravosolution.co.uk/web/login.shtml</a>
Source Cambridgeshire – website outlining all current tendering opportunities	<a href="http://www.sourcecambridgeshire.co.uk/">http://www.sourcecambridgeshire.co.uk/</a>
Adult Safeguarding Policy Guidance and Procedures	<a href="http://www.cambridgeshire.gov.uk/social/adultprot/">http://www.cambridgeshire.gov.uk/social/adultprot/</a>
Care Quality Commission	<a href="http://www.cqc.org.uk/sites/default/files/media/documents/20131013_cqc_afreshstart_2013_final.pdf">http://www.cqc.org.uk/sites/default/files/media/documents/20131013_cqc_afreshstart_2013_final.pdf</a>