

## Cambridgeshire Care Sector Strategy of Commissioned Services

To: Adults and Health Committee

Meeting Date: 9 March 2023

From: Will Patten, Service Director, Commissioning

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: A more resilient care sector delivering an equitable range of services to provide our residents with the right services, in the right place, at the right time in sufficient levels to meet current and future needs.

Recommendation: It is recommended that the Adults & Health Committee:

- a) note the approach commissioners are developing to manage demand information at a local community level as set out in para 2.1.
- b) note and comment on the pressures affecting market sufficiency and resilience levels, as set out in para 2.3.
- c) endorse the proposed focus to improve market sufficiency and resilience levels as set out in para 2.4.

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# 1. Background

- 1.1. The County Council's responsibilities in relation to promoting diversity and quality in provision of care and support services derives from Part 1 section 5 of the Care Act 2014. This includes facilitating a diverse, sustainable high-quality market for our local population, including those who pay for their own care, and to promote efficient and effective operation of the whole adult care and support market.
- 1.2. The performance of these responsibilities involves an understanding of people's needs and an understanding of existing and future care and support services. This means:
  - using robust evidence found in joint strategic needs assessments (JSNA). The JSNAs are complimented by further analysis set out in the Public Health Outcomes Framework (PHOF) produced by Public Health England.
  - using a best practice approach to commissioning services. We adopt, "The Commissioning for Better Outcomes: A Route Map methodology<sup>1</sup>,"
- 1.3. The Covid-19 pandemic has reinforced the importance of the adult social care sector to the safety and well-being of the people of Cambridgeshire. The impact on the adult social care market capacity has been significant. We need to address new challenges especially in relation to service models, the resilience of smaller providers, care sector workforce, and relationships with providers more generally.
- 1.4. The implementation of the Health and Care Act 2022 remains embryonic. However, the changes it introduces will give more people access to social service. This will add to the challenges in the care market.
- 1.5. Cambridgeshire and Peterborough Integrated Care System has a strategy to help tackle health inequalities. More commissioning work is required to help reduce these inequalities by addressing service capacity shortfalls and drive innovation into the care market.
- 1.6. The next part of this report provides a self-assessment of the sufficiency of commissioned services to meet people's needs and address health inequalities. This is not only undertaken with a view to improving quality or achieving better outcomes for individuals through prevention, but also ensuring value for money. It highlights the strategic risk resulting from the market resilience levels, opportunities to improve them, and stimulate debate about the way forward from a County Council perspective.

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<sup>1</sup> [commissioning-for-better-outcomes-a-route-map-301014.pdf \(adass.org.uk\)](https://www.adass.org.uk/commissioning-for-better-outcomes-a-route-map-301014.pdf)

## 2. Main Issues

### 2.1. Forecasting demand for services

2.1.1. According to ONS data, Cambridgeshire's population in 2020 was 659,853 with this predicted to increase to 697,614 by 2040 (a 5.7% increase). Within this growth forecast for the county, we see two diverging population trends over the twenty-year period:

- Older People 65yrs+ shows a projected increase of 38%,
- Adults shows a projected decline of 1%.

From further work, we note alongside this an ageing population who have an increase in acuity of needs. With increased longevity in older people and those with learning disabilities, we are seeing increasing complexity of needs due to growing rates of co-morbidities and the associated daily care impacts.

2.1.2. The changing population and care and support needs in Cambridgeshire should be seen within the context of the growing number of options for care, and the different choices that people are making about their care and support. We prioritise the importance of supporting people to remain in their own homes. Where this is not possible, we strive to help people remain independent through housing-with-care solutions. Whilst recognising the part which traditional care homes will play, we continue to explore alternative housing options which may offer better outcomes for people.

2.1.3. During 2021 an older people's accommodation needs assessment work was completed. The resulting forecast was underpinned by Office of National Statistics population projections and then adjusted to take account of market intelligence, experience of the local care and support market, together with consultation of care and support providers. The aim of the documents is to explain what accommodation is needed, from a care perspective, including how much, when, and where.

2.1.4. The result was a set of Demand Profiles which were published in March 2022. For the first time, this information was shared with care providers, developers, and investors at district level instead of county level. They present a shared view of forecasted demand for Older People's specialist accommodation in the form of residential care homes, nursing care homes, independent living services, and extra care services, and domiciliary care in each of the five Cambridgeshire Districts.

2.1.5. The effect of Covid-19 pandemic has significantly shifted our placements numbers away from residential care for older people and that we expect this trend to continue for the near future. There is also the expectation that people will wish to stay at home with care for as long as possible, increasing demand in homecare. However, we recognise the need to develop our model of home care to deliver care closer to home, delivered by carers from the local community who can provide more localised and personalised care in the home. This in turn will

enable us to collaborate with providers to deliver social value to their local communities.

- 2.1.6. The demand profile for adults under the age of 65 requiring specialist accommodation for adults who have additional care needs, related to learning disability, autism, mental health, or physical disabilities is being completed. We expect to publish those profiles during 2023/24.
- 2.1.7. The growth forecasts are based on census data from 2011 and therefore these will need to be updated once the new census data is available during 2023/24. Preliminary information indicates that increases may exceed predictions in this needs assessment.

## 2.2. Self-assessment of commissioned services resilience

- 2.2.1. Notwithstanding unplanned demand pressures, such as extreme winter pressures and other seasonal pressures, a successfully commissioned service is sustainable and sufficiently available for meeting the needs for care and support of adults. Commissioners completed a self-assessment of commissioned services and highlighted which services are developing and do not necessarily sufficiently meet current and therefore future needs.
- 2.2.2. The process has enabled us to seek challenge, both internally and externally, to strengthen the service and encourage innovation to improve outcomes. This approach informs our work around co-production, ensuring we listen and respond to feedback from people at the heart of services.
- 2.2.3. The significance of each service is set out in the table below:

Service	Number of People	Annual Expenditure*
<b>Older People &amp; Physical Disabilities Services</b>		
Accommodation based	1,390	£59m
Community based	2,262	£35m
<b>Physical Disabilities under 65 age</b>		
Accommodation based	45	£3m
Community based	428	£8m
<b>Learning Disabilities</b>		
Accommodation based	275	£30m
Community based	1,819	£64m
<b>Mental Health Services (all), Autism Services</b>		
Accommodation based	251	£9m
Community based	425	£9m
<b>Totals</b>	<b>6,895</b>	<b>£217m</b>

*Table 1: Note annual expenditure has been rounded-up to no decimal places and is gross of contributions from health, clients, etc.*

People should be supported to live as independently as possible in settled accommodation in the community, rather than living long term in institutional

settings. The paragraphs below separate out accommodation-based and community-based services into those that are sufficient and those where development is required. Further details of each service are listed in Appendix A.

2.2.4. Our accommodation-based commissioning approach is to develop a range of housing options including new models. Our work focuses on two types of services:

- long-term accommodation – here the person has security of tenure/residence in the medium to long term or is part of a family household including independent living services for older people; and
- short-term accommodation – here a person can be accommodated for a brief period, for example, to prevent an avoidable admission into a hospital setting.

The table below shows priority work should focus on mental health services and learning disability services, in addition to joint up work with the NHS.

#### **Accommodation Based Provision**

<b>Areas of Good Practice</b>	<b>Areas of Development</b>
Care Homes	Mental Health Supported Accommodation
Independent Living Service	Development of the Mental Health Brokerage Function
Focus on improving utilisation - Care Homes	Planned and Unplanned Respite – Learning Disabilities
Extra Care	Crisis Accommodation and general placements – Learning Disabilities
Specialist Accommodation – Learning Disabilities	Technology Enabled Care in Care Homes
Housing Related Support - Cambridgeshire	Integration and Joined Up working with the NHS
Hospital Discharge Support Pathway - Housing	

2.2.5. Our community-based commissioning work focuses on a range of services that allow people to live in their own home in their communities for as long as possible, with appropriate care and support. Private and voluntary sector bodies across Cambridgeshire support people to do this by offering services. We are focusing on:

- introducing a place-based approach to commissioning care and support in the community for older people;
- improving the homecare offer available to local people; and
- improving older people's early intervention and prevention services, helping to delay people's need for long term health and social care.

The table below shows priority work should focus on self-directed support, day opportunities, and support for carers, in addition to joint up work with the NHS.

### Community Based Provision:

Areas of Good Practice	Areas of Development
Care Together	Homecare - Cambridgeshire
Homecare	Day Opportunities Older People and Learning Disabilities - including employment
Microenterprises - Cambridgeshire	Self-Directed Support
Voluntary and Third Sector	Occupational Therapy
Occupational Therapy	Learning Disability Section 75 Arrangements
	Carers
Carers Support	Advocacy
Mental Health	Integration and Joined Up working with the NHS
	Community Equipment

## 2.3. Pressures affecting market sufficiency and resilience levels

2.3.1. Despite our health and care system providing a strong joint response throughout the Covid-19 pandemic, there were inevitable impacts due to the challenges we faced during this period, including an impact on waiting lists due to the reprioritisation of resources. Some of those pressures continue to have an impact and challenge the sufficiency of commissioned services. We have seen the results of these pressures in the form of some care home closures, and workforce capacity issues leading to care package hand backs. Re-tendering these packages has resulted in changes in services for service users as well as higher prices for commissioned services.

2.3.2. The Cambridgeshire and Peterborough ICS Health Inequality Strategy summarises themes identified by people as barriers. These included:

- poor communication from health and care providers, with people often unaware of the help available to them;
- the rising cost of living which is impacting on people's ability to afford services;
- digital exclusion makes it harder for people to access online;
- the lack of public transport in rural locations makes it more challenging and expensive to attend appointments;
- lack of suitable housing causing additional problems; and
- people with physical disabilities living in accommodation that is unsuitable for their needs.

The above factors all have a layering effect increasing the difficulties people face in accessing services.

- 2.3.3. Providers are telling us that they are having severe issues with recruitment and retention of staff and are having to use more agency staff which can often be a key cause of quality concerns and increased cost pressures. They cite:
- leaving the EU impacted the workforce. The introduction of visas meant many people went home to work, instead of applying for visas, or did not return after visiting family having been away so long.
  - the recruitment of staff in an already challenging market, became increasingly difficult due to mandatory Covid-19 vaccination. This was felt across all sectors, including the retail, hospitality, and warehouse fulfilment (geographically important in North Cambridgeshire), resulting in a rise in wages. Competitive wages from industries where the costs can be transferred to the consumer are manageable, however not possible in statutory funded homecare.
- 2.3.4. Further providers, particularly smaller and voluntary sector ones, are telling us that they are having issues remaining financially competitive due to:
- rising competition for labour from other sectors able to pay increased rates to attract staff. An inability to retain staff has led to a reliance on the use of agency which is both expensive and can impact on quality due to lack of consistency and turnover.
  - the unprecedented inflationary costs during past two years, providers have been proactively flagging with CCC officers the exceptional pressure that they are facing. The main themes that have been reported by aside from staffing are rising fuel, utility, and salary costs.
  - the legacy effect of some learning disability packages. Older care packages are often synonymous with lower weekly fees. These package fees levels are being scrutinised by providers and considered unsustainable. The consequence could be higher prices to align these packages to market norms.
- 2.3.5. There is currently a shortfall of nursing care home capacity across the county but with most significant gaps within East Cambridgeshire. This shortfall has led to 11% of Council placements being made out of county with the highest proportion of these out of county placements being nursing and nursing dementia.
- 2.3.6. It remains difficult to place people with complex needs and behaviours that challenge services. The next part of the report outlines the key pressures and associated mitigations.

## **2.4. Opportunities to improve market sufficiency and resilience levels**

- 2.4.1. Commissioning plans for 2023/24 has been formulated to prioritise work on these challenges and improve the sufficiency of service to our service users. These include the development areas set out in para 2.2.4 and para 2.2.5.

2.4.2. We plan to provide information and transparency to help the care market target their investments and services in the right place. This will include publishing:

- Cost of Care assessments;
- Market Sustainability Plans;
- Market Position Statement incorporating the 2021 Census; and
- District Demand Profiles for all accommodation-based service.

2.4.3. We plan to increase collaborative working to make it easier for the care market to understand commissioning requirements, increase capacity, and engage with the public sector. This will include:

- co-produce our services with people with lived experiences. This will help us assure we avoid service features which add cost and no value;
- enhance collaboration with health commissioning colleagues to promote a more joined up approach to market shaping and management;
- creating capacity through voluntary, community or social enterprise organisations wanting to get into homecare. by partnering with the Health and Social Care Academy; and
- working with and supporting care homes to deliver the highest level of service possible by promoting the work the Council has established through the Care Home Support Team and the Living in a Care Home review team.

2.4.4. We want to develop a social care workforce that is skilled, feels valued and experiences lower levels of turnover. We therefore propose to move forwards with the policy objectives, for our own workforce but also work to support the care workforce more widely across the county, to create:

- a well-trained and developed workforce;
- a healthy and supported workforce;
- a sustainable and recognised workforce; and
- a plan to incorporate the roll-out of the real living wage investment into how we manage price uplift negotiations with care providers.

2.4.5. We want to develop a more collaborative care market which delivers value from collective problems solving and creating innovative solutions. This will include:

- increasing the identification and implementation of social value;
- exploring how with economic development assistance we can support resilience and growth within the local market.
- increasing partnership working with providers and care associations;
- improve resilience through our fee uplift process and use of the Market Sustainability Fund focusing funding to those packages and providers which are demonstrably at risk.
- reduce the number of empty beds which cannot be used because referrals are not compatible to the residents of a care home; and



- growing the community-based homecare, personal assistance, and care micro enterprise market.

### 3. Alignment with corporate priorities

#### 3.1 Environment and Sustainability

There are no significant implications for this priority.

#### 3.2 Health and Care

The report above sets out the implications for this priority in paragraphs 2.3.2

#### 3.3 Places and Communities

The report above sets out the implication for this priority in Appendix A – Self Assessment of commissioned services.

#### 3.4 Children and Young People

There are no significant implications for this priority.

#### 3.5 Transport

There are no significant implications for this priority.

### 4. Significant Implications

#### 4.1 Resource Implications

There are no significant implications for this priority.

#### 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

All procurement activity will be compliant with the Council's Contract Procedure Rules

#### 4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

#### 4.4 Equality and Diversity Implications

There are no significant implications within this category.

#### 4.5 Engagement and Communications Implications

There are no significant implications for this priority.

#### 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

#### 4.7 Public Health Implications

There are no significant implications within this category.

#### 4.8 Environment and Climate Change Implications on Priority Areas

There are no significant implications within this category.

##### 4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: Neutral

Explanation: There are no significant impact

4.8.2 Implication 2: Low carbon transport.

Status: Neutral

Explanation: There are no significant impact

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Status: Neutral

Explanation: There are no significant impact

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Status: Neutral

Explanation: There are no significant impact

4.8.5 Implication 5: Water use, availability and management:

Status: Neutral

Explanation: There are no significant impact

4.8.6 Implication 6: Air Pollution.

Status: Neutral

Explanation: There are no significant impact

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Status: Neutral

Explanation: There are no significant impact

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial?

Yes

Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes

Name of Legal Officer: Linda Walker

Have the equality and diversity implications been cleared by your EqIA Super User?

Yes

Name of Officer: Lisa Sparks

Have any engagement and communication implications been cleared by Communications? Yes

Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Emily Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

## 5. Source documents guidance

### 5.1 Source documents

None

## **Appendix A – Self Assessment of commissioned services**

### **1. Accommodation Based Commissioned Services**

<b>Commissioning Portfolio</b>	<b>Description of Good Practice</b>
Care Homes	<p>In 2020, Cambridgeshire County Council made the decision to launch a large- scale block bed procurement. This not only responded to growing vacancy levels which created a risk of instability across the market but also enabled the service to address significant deficits in supply within some areas of the County whilst controlling escalating costs to the Council due to the rising costs associated with higher proportions of spot purchasing. However, ultimately by expanding both the number of beds and mix of care homes we block purchased beds with the tender enabled us to provide more choice and control to people who need a permanent placement.</p> <p>The block tender also introduced the use of flexibility clause enabling the Council to access vacant block bed capacity for short term usage on discharge from hospital or when somebody is in a crisis in the community to prevent admission where appropriate. This has enabled Cambridgeshire to decommission some interim block capacity which was not well utilised and did not achieve value for money whilst continuing to service this need.</p> <p>Detailed, system wide discharge and placement flow have been developed and agreed to enable both existing and new care home residents to be discharged from hospital to their care home of choice in a timely manner resulting in a better experience and individual outcome for the service user. This is promoted using Care Home Trusted Assessor service commissioned to prevent delays due to the need for a care home to allocate time and capacity to assess the service user in hospital. Rather a trusted assessor working with health and social care agencies as well as providers undertakes this function.</p> <p>Routine contract monitoring arrangements for care homes is in place and working in close partnership with the Council's in house Care Home Support Team and NHS Partners any concerns whether individual or organisational are proactively identified and managed to prevent an escalation of events wherever possible and ensure people continue to receive a good standard of care and support within these settings. Where individual concerns are identified during the process referrals can be made to other services such as the falls prevention service or technology enabled care to ensure they are addressed.</p>

Independent Living Service	<p>Cambridgeshire County Council's Independent Living Service (ILS) model aims to provide prospective tenants with complex Health and Social Care needs an affordable home for life. The ILS will offer up to 64 individual tenancy based self-contained suites with a focus on enabling and maintaining independence. It is expected that the suites will be accessed primarily by older people, but any adult who has a need for self-contained housing with access to care and support with nursing can be considered.</p> <p>LS aims to offer greater choice, control, and independence leading to positive personal outcomes and to address a gap in the current market at the point that a decision is made to move into a new home. ILS will be fully accessible, secure, attractive, and homely. The model focused on those with a need higher than extra care but who can still maintain some independence. The accommodation will be designed to be adaptable and will be available not just to single people but couples, siblings living together and elderly parents and their adult disabled children. Access is based on need, not on age.</p> <p>The first ILS will be developed by the County Council in collaboration with the NHS. Within this ILS there will be a standalone inpatient rehabilitation ward which will be leased to the NHS. The ILS housing management services and care and support with nursing services providers can influence the design and layout of the building.</p> <p>The project team undertook extensive market research and service user engagement to ensure that the project is developed with those who have lived experiences. Focus groups took place, facilitated by Healthwatch to obtain insight and feedback from a spectrum of service users, as well as their families, friends, and carers. It also engaged with a wide variety of professionals from the outset and their expertise helped to inform and refine the design. We also engaged with providers utilising a variety of methods to maximise opportunities to seek their input and expertise.</p>
Focus on improving utilisation - Care Homes	<p>The Brokerage Team effectively monitor the utilisation of back bed capacity within Cambridgeshire. Where utilisation requires improvement, intelligence is shared with Contract Managers who then actively manage performance through routine monitoring and meetings. This approach has resulted in funding being clawed back where the Council are unable to access beds within the terms and conditions of the contract increasing value for money.</p>
Extra Care	<p>Across the Council 18 Extra Care Schemes are commissioned with plans to expand the use of provision in line with projections developed as part of the accommodation needs assessment. Extra care housing enables people to live independently in their own flat and yet benefit from the provision of 24/7 care team on site which can meet their personal care needs outlined in their individual support plans and respond to emergency calls should the need arise.</p>

	<p>Extra Care provision commissioned within Cambridgeshire is commissioned as a core block service with additional care hours purchased based on an assessment of need. There is also Housing Related Support funding to support development of activities and other support within schemes.</p> <p>Extra Care is key to prevention and a key alternative to delaying entry to residential care. Whilst we commission extra care support within a scheme from a single provider, tenants do have the right to exercise choice and control through choosing to receive their support from an alternative provider via direct payment. However, this is not common due to the consistency and quality of support received from commissioned providers.</p> <p>Local extra care provision has also proven flexible to meeting the needs of people as they become increasingly more complex with extra support being funded in a temporary basis where necessary to enable individuals to stay in situ rather than go into nursing/end of life for a brief period of time.</p>
Specialist Accommodation – Learning Disabilities	<p>Accommodation and associated support for people with Learning Disabilities is commissioned through a number of different routes. Within Cambridgeshire, support is sourced through a standard and complex supported living framework, as well as a complex and standard residential framework. This approach is complemented by a range of in-house provision. This approach has enabled the needs of individuals across a broad spectrum to be met. The structure of the frameworks provides the flexibility to be re-opened on a regular basis enabling the Council to expand the market and increase capacity where required.</p> <p>Where the frameworks or local market cannot meet an individual's needs, Commissioners are able to undertake bespoke to commissioning which is tailored to everyone ensuring their needs and outcomes are met. More recently, Commissioners have also worked within in house services to insource a scheme where the provider had served notice. Quick and flexible action has resulted in the needs of people continuing to be met with greater value for money being achieved.</p>
Housing Related Support - Cambridgeshire	<p>In 2018 a Housing Related Support needs assessment was completed in partnership with District Council and City Council Housing partners. Findings from the needs assessment informed the development of an integrated and robust housing related support strategy which set out the vision for service provision in the future and plans to progress this. The vision was more person centred and focused on the delivery of increased flexibility to ensure positive outcomes are achieved across a range of diverse needs.</p> <p>Existing homelessness services across the County were then redesigned and recommissioned through use of co-production with a range of partners and stakeholders. Work was also undertaken with the</p>

	<p>Counting Every Adult Team using a human learning system approach to engage experts by experience in the process and this was carried right through the evaluation of the tender. In addition to this specific surveys and engagement sessions were also used. Use of the local Housing Board which has representation from District Councils, Peterborough City Councils, and other agencies throughout the commissioning cycle proved important to ensuring collaboration within these areas. Finally, the project also achieved good political member engagement throughout through the using a member reference groups and specific briefing sessions.</p> <p>Through this project, the Council took a lead role in driving forward an entire system approach to innovating and developing services within this area. The new service designs were informed by best practice for Children's and Adults including St Basils Pathway and Housing First and both a Trauma and Gender Informed support approach. It has also proven successful in receiving additional funding to establish Countywide Housing First offer, has enabled local providers to work in partnership to deliver services differently and has made significant financial savings.</p>
Hospital Discharge Support Pathway - Housing	The Council was successful in bidding for funding to support the development of housing options for people who are experiencing or at risk of homelessness and need to be discharged from hospital to enable system partners to manage demand within this area in a more effective and outcome-based way through identifying people with accommodation challenges earlier.

Commissioning Portfolio	Area of Development
Mental Health Supported Accommodation	<p>Current contracts for supported accommodation are very historical and there is a need to review and recommission this to ensure a pathway which is more person centred. Work on this already underway and has piloted alternative referral pathways, amended the structure and complexity of need managed by the service and has engaged in co-production in development of an alternative approach in the lead up to a procurement in 2023.</p> <p>The Council also commission supported accommodation for people with Mental Health and/or Autism. Whilst this represents positive progress in addressing the needs of people who present with a range of need and often a dual diagnosis, there are only a limited number of providers operating on the framework. Work is currently underway to plan for the re-opening and variation of the framework to explore the option of expanding it to learning disabilities further increasing flexibility in meeting individual outcomes and engaging with the market to create more choice and control.</p>

Development of the Mental Health Brokerage Function	Additional resource has been recruited to support the mental health brokerage function. Alongside this a standard operating procedure has been developed which enables more consistent access to the market and control over governance for high-cost placements. This is currently being embedded.
Planned and Unplanned Respite – Learning Disabilities	<p>A shortfall in capacity has been identified within this area and a review has been completed. Findings from the review have identified need for single service not just shared support. Younger people with higher needs and requirements for nursing care also coming through. Commissioners are currently progressing a procurement approach which will aim to source provision able to deliver better outcomes for individuals needed support, their families and wider respite usage.</p> <p>As part of this approach, extensive engagement has been conducted with experts by experience and people currently accessing services to ensure their views are heard in design and delivery of innovative approach. This was primarily completed through surveys and existing partnership boards. Soft market testing is being undertaken at present to harness the views and identify opportunities within the local market.</p>
Crisis Accommodation – Learning Disabilities	The closure of inpatient facilities and secure units has resulted in a lack of capacity to meet the increasingly complex needs of people in a crisis. This is a national trend which we are seeing in Cambridgeshire. Work is underway in collaboration with NHS Colleagues to put in place an action plan to address the capacity gap through focusing on short-, medium- and long-term solutions allowing organisations to address immediate risks whilst longer term developments are considered and pursued. This will aim to ensure people appropriate preventative intervention is in place to manage crisis including support to providers, but accommodation is made available for use where necessary.
Technology Enabled Care in Care Homes	There is a need to develop a more robust approach to rolling out Technology Enabled Care within the Care Home Sector. Work with in-house Technology Enabled Care Teams across both Councils needs to be undertaken with more explicit linked made to the Integrated Care Board to ensure a joined-up approach to this area. This will be addressed through the development of the Accommodation Needs Assessment and Strategy.
Integration and Joined Up working with the NHS	There is more work to be undertaken to ensure NHS partners and the local Integrated Care System (ICS) are engaged in the delivery of a joined-up approach to managing the housing and accommodation needs of our local population as well as identifying opportunities to commission in a more joined up way at both a macro and micro level. Whilst early discussions have taken place as part of the accommodation needs assessment focus, the focus of local NHS partners has been on managing the transition to the new ICS structure. However, regular feedback on progress and



	opportunities for alignment in this area is fed in through relevant governance meetings. Given this is also a key requirement of adult social care reforms we will be moving to progress this further as the new structures and ways of working begin to embed.
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## 2. Community-based commissioned services

Commissioning Portfolio	Description of Good Practice
Care Together	<p>Care Together is a Cambridgeshire County Council led programme to help more older people remain living independently and happily in their own home for longer. Care Together will transform the way care and support for older people in the community is commissioned and delivered. Care Together has three objectives:</p> <ol style="list-style-type: none"> <li>1. Introduce a place-based approach to commissioning care and support in the community for older people</li> <li>2. Improve the homecare offer available to local people</li> <li>3. Improve older people's early intervention and prevention services, helping to delay people's need for long term health and social care</li> </ol> <p>During 2021, a Care Together pilot began in East Cambridgeshire. Following 3 months of engagement with local people and partners, 12 projects were developed and are now underway to improve care and support for older people living at home. These range from accessible public transport to more holistic homecare and even trialling use of GP Frailty information to reach some of the most vulnerable older people. These projects are led by different Council departments and partners (including East Cambridgeshire District Council and South Integrated Care Partnership), demonstrating a new level of collaboration and joint working around a specific 'place.' Extensive co-production with local residents, communities and service users has also been completed. Funding is now in place to expand the programme across the remaining districts in the county. This will begin in 2022/23 and continue over a four-year period.</p> <p>If successful, Care Together will achieve the following outcomes:</p> <ul style="list-style-type: none"> <li>• Contribute to a reduction or delay in the need for health and social care support</li> <li>• Stimulate new employment opportunities and smaller enterprises contributing to localised economic growth and community wealth building</li> <li>• Older people live well at home for longer</li> <li>• Older people have more choice and control about the care and support they receive</li> <li>• Older people's satisfaction with council funded homecare improves</li> </ul>

	<ul style="list-style-type: none"> <li>Changes to council funded homecare will reduce car travel and contribute towards the Council's climate change aspirations.</li> </ul> <p>Further detail can be found within the document pack provided.</p>
Homecare	<p>A Homecare Vision is in place for Cambridgeshire. In line with the approach taken in Care Together (above), the vision aims to move the commissioning of homecare provision towards a more holistic, placed based model which is focused on maximising independence for individuals. It also seeks to address gaps in service provision in areas such as mental health, learning disabilities and autism. The approach will also see to explore how introducing place-based commissioning and microenterprises can diversify the market, offering more choice and control to service users.</p> <p>Current provision is commissioned through a Dynamic Purchasing System in Cambridgeshire which covers all client groups and all ages and was originally commissioned to include continuing healthcare. Provision is of good quality and Contract Management is undertaken with providers on a monthly basis – this is determined by risk, in terms of quality concerns, hours delivered, which naturally informs us of spend information. This element forms just a part of the overall contract management of providers. A monitoring tracker exists and forms part of the contract management process which plots out the quality monitoring reviews of our providers and when they will be. This tracker allows the team to plan resource to ensure timely reviews are undertaken and where appropriate, reviews are moved forwards to a sooner date if concerns exist around those providers.</p> <p>The Home and Community Services Contracts for Cambridgeshire detail the quality monitoring process and how the contract will be quality monitored, which includes defaults. This quality monitoring allows us to understand and establish whether the provider delivers a service for the client that is personalised, and person-centred always, in line with the requirements of the contract and specification. Following a quality monitoring visit, whether in full or focused, it will determine the next steps where individual care needs are not be appropriately met and the Contract Management Team can take necessary action to remedy such concerns.</p> <p>Cambridgeshire also commission a range of block homecare provision which enables the Council to respond quickly where shortfalls in capacity is identified and support hospital discharge in a timely manner. More recent development of the hospital discharge service includes an incentivisation payment for enabling service users to increase their independence and achieve better outcomes whilst also ensuring swift movement into mainstream care on discharge from hospital. Through this work we have also introduced electric vehicles making the service more environmentally friendly to deliver.</p>

	<p>Commissioners have also led on development of a national informal homecare commissioning network established and utilised to inform commissioning intentions, benchmarking and share best practice/innovations. In addition to this, joint Forums are in place with Health and Social Care targeted to changes in guidance, legislation, key improvement themes and requested support from providers. The forums are planned and can be influenced by feedback and evidence from service users and forums.</p>
Microenterprises - Cambridgeshire	<p>Cambridgeshire County Council initially commissioned Community Catalysts in 2021 to develop a market of community based micro-enterprises to support the provision of adult social care services within East Cambridgeshire. This vision aims towards a place based model, focusing on helping people to stay happy at home for longer. It explores how introducing place-based commissioning and microenterprise can diversify the market, offering more choice and control to service users. The Care Micro-Enterprise provider model will enable individuals to coproduce their own care and support through a more flexible and personalised approach. This aligns with the introduction of Individual Service Funds for Local Authority funded clients.</p> <p>There has been a 4-year investment (starting 22/23) with a commitment to expand Community Catalysts across the remaining districts through the Care Together programme. Care Together commits to diversifying the Adult Social Care market to offer more choice to individuals. This also aligns with the introduction of Individual Service Funds. To date, this has led to the establishment of 9 microenterprises, 6 of which are delivering homecare within local areas.</p>
Voluntary and Third Sector	<p>Cambridgeshire are working in partnership with NHS partners to commission voluntary and third sector provision through an Early Intervention and Prevention Pseudo Dynamic Purchasing System. The approach has enabled us to combine contracts under a single lot which can be commissioned under 3 different lots:</p> <ol style="list-style-type: none"> <li>1. Lot 1- Avoidance and discharge support</li> <li>2. Lot 2 - Information and Advice</li> <li>3. Lot 3 - Community Support</li> </ol> <p>The approach taken is person centred and not solely based on one client group. It has been set up to call off based on provider skills and outcomes under a process which will ensure commissioners are adopting a person-centred approach. We currently have a wide mix of contracts and grants which have responded to local area of needs over time and are very much person centred in their delivery with returns from providers to assure of this. The approach also provides commissioners across the system to review and refine areas of duplication to ensure value for money and an integrated approach to commissioning</p>

	<p>provision within this area. A recent example of this is commissioning services to support discharge to assess pathways. The DPS can also be re-opened enabling new providers to join and diversify over time.</p>
Occupational Therapy	<p>The community Occupational Therapy Service which delivers support to adults over the age of 18 in Cambridgeshire has been provided as an integrated health and social care service since 2004. The delivery of the social care element of the service is governed by a Section 75 Agreement with the provider, Cambridgeshire &amp; Peterborough NHS Foundation Trust (CPFT). Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations and authorities.</p> <p>The Occupational Therapists and Therapy Assistants provide a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor and major housing adaptations. This ensures that, in most cases, one practitioner can support them through their health and social care journey. The OT service is delivered as an integral part of the CPFT Neighbourhood Teams with the OT staff working alongside physiotherapists, community nurses and liaising closely with the County Council's Social Care teams.</p>
Community Equipment	<p>The Community Equipment Service has recently been recommissioned with the incumbent provider retaining the contract. The service is focused on maximising independence for longer through provision of a range of equipment which both prevents the need for long term support but also supports people with long term conditions to remain at home for longer and the specification was reviewed to ensure it remained person centred, and outcome focused.</p> <p>The service is commissioned in a fully integrated way across Cambridgeshire, Peterborough, and the ICB and is also an all-age provision sitting across adults and children. There is a robust understanding of how the Council benchmarks against other Local Authorities both for TEC and community equipment. There is also a robust understanding of key areas of pressure and demand. The Local Authority have led on regional work undertaken within this area which local authorities have adopted nationally.</p> <p>The contract is subject to robust, routine contract management and monitoring with any areas of concerns and issues being addressed proactively. The split in funding between partners was also recently reviewed using an evidenced based approach relating to activity. This resulted in a saving within Cambridgeshire County Council being achieved.</p> <p>Key Activity Trends (based on June 2022 data):</p>

	<ul style="list-style-type: none"> <li>• Waiting times are beginning to return to pre-pandemic levels (average wait of 9.5 weeks for an assessment compared to 5 weeks pre-pandemic)</li> <li>• Longest wait remains high at 46 weeks but is reducing month on month</li> <li>• The response to the most urgent referrals is being maintained at above target (see KPIs below)</li> <li>• OT interventions continue to deliver outcomes in terms of reduced care hours and demand management avoided costs.</li> </ul> <p>There is also a robust governance structure in place to ensure ongoing management and oversight is maintained to proactively address any risks and issues arising.</p>
Carers Support	<p>An All-Age Carers Strategy is in place and was developed in partnership with NHS Partners. Under this new strategy the carers support service was recommissioned in 2020. It was commissioned in a more joined up and person- centred way with the procurement taking place across three lots to ensure the development of an all-age service. The three lots include:</p> <ol style="list-style-type: none"> <li>1. Adult Carers (including variation for additional support for carers)</li> <li>2. Young Carers</li> <li>3. Carers of Adults with MH needs</li> </ol> <p>The specification is centred on the 'I thrive' Model which is preventative in nature and focused on maximising outcomes.</p> <p>The Council has placed carers at the heart of programmes for improvement for the last three years with emphasis placed on increasing the identification of carers and ensuring person centred, outcome focused approaches are adopted to supporting them. The Council are now taking a leading role in exploring more creative and innovative ways to build upon this work through working with local communities and exploring how we identify populations of hidden carers. This is supported through additional investment allocated in 2022/23.</p> <p>In addition to this, Think Communities are currently seeking to engage with local communities to stimulate development of informal support networks. This has culminated in the development of a carers buddying pilot in East Cambridgeshire</p>
Mental Health	<p>The Council deliver a range of services designed to support people with mental health challenges. These services have been commissioned with evidence of need and are designed to deliver person centred outcome focused support. A summary has been included below:</p>

Commissioning Portfolio	Area of Development
Homecare - Cambridgeshire	<p>Through the Care Together programme, a placed based and more holistic approach to homecare will be tried, tested and adopted. This will commence with the following initiatives being initially undertaken within East Cambridgeshire:</p> <ol style="list-style-type: none"> <li>1. Holistic Homecare – providers will be commissioned to delivery a more holistic homecare model which not only seeks to deliver personal care but also funds them to undertake a more holistic assessment of an individual’s wider wellbeing and support them to access local preventative and inclusive provision. This could range from technology through to day opportunities or access to local community groups and assets. The pilot has been developed in partnership with local provider and service users and will run from October 2022 to April 2023 with an evaluation and lessons learning informing the ongoing expansion of the approach.</li> <li>2. Placed Based Homecare – the Council are aiming to move away from county wide commissioning to a more localised approach with the development of a more outcome focused specification and Key Performance Indicators which balances this against the challenges of payment based on outcomes. This approach will look to generate localised, more efficient capacity. The tender for this approach is due to commence in April 2023 with the pilot going live from October 2023.</li> <li>3. Skills Development - A partnership between PCC &amp; CCC and the Social Care Academy has created opportunity for providers to access free training, specialist training and market roadmaps for VCSE organisations who would like to become CQC registered, as well as career pathways for those entering care to boost interest in those joining social care.</li> <li>4.</li> </ol>
Day Opportunities Older People and Learning Disabilities - including employment	<p>The Day Opportunities Review Project covers external and in-house provision of Day Opportunities, for people with Learning Disabilities and/or Autism, as well as Older People, across Cambridgeshire. The vision and key objectives agreed for the project <i>to achieve a Person-centred, localised, and co-produced offer which connects people to their local communities according to their interests and aspirations, to maximise independence and reduce social isolation.</i></p> <p>The project is aligned to the strategic direction of Adult Social Care, increasing outcome-based commissioning, and supporting the Care Together objective to introduce a place-based approach to commissioning care and support in the community for older people. It is also developed to consider environmental impacts and increased social value in line with corporate objectives.</p>

	<p>At present, OP services are delivered through a range of grant agreements and in house services. LD services are delivered through a framework approach for both standard and complex needs in Cambridgeshire, as well as in house provision. Performance in relation to LD Employment is also not optimal. To date, the project has undertaken an extensive co-production and engagement exercise across all areas of these services to understand what is working well and what is not working so well to shape the next steps.</p> <p>Using this intelligence, improvement will be delivered across 4 different workstreams in a phased approach:</p> <ol style="list-style-type: none"> <li>1. Phase 1 will take place between August 2022 and March 2024 and will see delivery of <ol style="list-style-type: none"> <li>a. Develop a Day Opportunities Framework targeted at Older People to ensure people with statutory support needs have access to the right level of provision across the County and this complements rather than duplicates in house capacity.</li> <li>b. Re-design the grants model so it is focused on developing preventative provision within place and covers both LD and OP. This will see funding combined within a wider grant funding budget to enable more strategic decisions to be made on allocations in accordance with need.</li> <li>c. Review of in-house service provision from an OP perspective to ensure it aligns and complements commissioned provision as part of a wider offer</li> <li>d. Review and improvement to current referral routes and access points to make this more consistent and user friendly</li> <li>e. Improving routes to Employment for adults with Learning Disabilities and/or Autism focused on an all-age approach to mapping existing provision, pathways, and capacity with a view to improving current performance.</li> </ol> </li> <li>2. Phase 2 will take place between April 2024 and April 2025 and will look to review LD In House Services across both Councils to identify whether any further market shaping activities are required.</li> </ol>
Self-Directed Support	<p>Recognising the need to improve performance in the use of direct payments across both Councils, a strategy was developed prior to the pandemic which addressed all areas of improvement required across operational processes and commissioning. The strategy places personalisation, choice and control at the heart of care and support as individuals are free to use their personal budget in any way, and with any provider, that meets agreed eligible care needs. It also seeks to increase uptake of DPs as an alternative to commissioned care packages, thus supporting demand management in sectors with capacity issues such as Home Care.</p>

	<p>Post pandemic the governance for this has been re-established and a review of the strategy is taking place to determine next steps and timescales.</p> <p>In addition to this, under the Care Together Programme Individual Service Funds are being developed. Individual Service Funds increase personalisation and choice by allowing a third party, chosen by the service user, to pay for care and support from a variety of different providers on behalf of the service user, relieving them of the burden of responsibility of being an employer of a PA or the passivity of depending on a single form of commissioned care such as Home Care. Instead, the personal budget can be used to pay for a plethora of services that complement one another and meet a wider range of care and support needs than currently possible. At the start of 2022, a group of providers to deliver ISF's were commissioned, and this approach is being rolled out currently with significant system developments being agreed and progressed.</p>
Occupational Therapy	<p>Over the years, the model has proven successful in improving waiting times and reducing hand-offs between health and social care, with most service users only requiring contact with one OT practitioner for all their health and social care needs. However, the pandemic has had a significant impact on the service following the large-scale redeployment of staff to support discharge to assess pathways to ensure people were able to be discharged from hospital in a timely manner with appropriate support in place. Whilst the service continued to meet any urgent needs for OT intervention, those individuals requiring planned or preventative intervention were placed on a waiting list which has grown significantly throughout this period. This will undoubtedly have an impact on both the outcomes for these individuals and the ability of the Council to prevent and delay the need for formal support –a key priority for adult social care.</p> <p>This has led to the Council commissioning an independent review being recommissioned to ensure this model continues to meet adult social care priorities, achieve value for money and funded to meet current and future demand. This work will be managed in collaboration with CPFT through the section 75 governance structure</p>
Learning Disability Section 75 Arrangements	<p>The Learning Disability Partnership (LDP) was established in 2002 to deliver countywide, integrated specialist health and social care services to adults with a learning disability across Cambridgeshire. The service aims to ensure that people with Learning Disabilities, their families and carers can live safe and happy lives as part of their local community and feel supported and empowered to pursue their individual aspirations, interests, and choice. The support provided is joined up, high quality and places</p>



	<p>the individual at the centre of their care ensuring the right level of support is delivered at the right time, in the right place and by the right people to meet their needs.</p> <p>The service is delivered through a Section 75 Agreement between Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Integrated Care Board with CCC being both the lead commissioner and provider of the service. The Agreement covers both the delegated responsibilities for operating as a fully integrated service delivering both health and social care statutory functions and the pooled budget arrangement. The funding in the pooled budget includes staffing and provision of both health and social care packages of care.</p> <p>Work across the ICB and Council has been undertaken to review and refresh existing documents to ensure they reflect the current services being delivered and the strategic priorities and outcomes for all partner organisations involved. The aim across the agreements was to form an accurate baseline from which we could develop a future countywide offer which more effectively addressed local health inequalities and gaps in provision. It also introduced a more robust governance structure and monitoring arrangements.</p> <p>In addition to this work is being undertaken to review the pooled budget within Cambridgeshire following sample evidence suggesting that the split is not reflective of current need due to the rising complexity of cases being managed by the service.</p>
Carers	<p>The current carers support strategy is under review and process of co-production will take place with people with lived experience to inform development of a refreshed version. This work is also taking place in collaboration with NHS Colleagues to ensure that current approach and strategy aligns to Nice Guidance on best practice. The recommissioning of this service beyond 2023 will be informed by the development of the strategy.</p>
Advocacy	<p>The current contract for advocacy services is under review and the contract is to due end and be recommissioned in October 2023. At present, the advocacy service is an integrated arrangement able to meet the needs of all ages across health and social care, it is compliant with statutory responsibilities and person centred in delivery and there is a robust contract management structure and monitoring arrangements in place.</p> <p>The service is currently under review and consideration needs to be given to how organisations integrate advocacy into existing strategies as should become a feature across the entirety of adult</p>

	social care, as well as reducing risk and reliance on a single provider operating within a relatively small market. The review will also consider development of transformation and improvement within this area.
Integration and Joined Up working with the NHS	There is more work to be undertaken to ensure NHS partners and the local Integrated Care System (ICS) are engaged in the delivery of a joined-up approach to managing the housing and accommodation needs of our local population as well as identifying opportunities to commission in a more joined up way at both a macro and micro level. Whilst early discussions have taken place as part of the accommodation needs assessment focus, the focus of local NHS partners has been on managing the transition to the new ICS structure. However, regular feedback on progress and opportunities for alignment in this area is fed in through relevant governance meetings. Given this is also a key requirement of adult social care reforms we will be moving to progress this further as the new structures and ways of working begin to embed.