

Commissioning Strategy 2024-2029

Introduction

This strategy sets out the Adult Social Care contribution to promoting wellbeing of adults and unpaid carers and the shifts required in investment and service delivery to achieve this over a five-year period. It is aligned with our overarching Health and Wellbeing Strategy for the Borough, and our Corporate Plan. It will be the subject of consultation, along with a related market position statement, with service providers to enable them to be responsive to commissioning requirements.

Adults and unpaid carers with lived experience will be consulted about changes to support services arising from this commissioning strategy and about how they want to see services delivered in future.

An overview of our population

The latest 2021 Census results indicate that the borough has a population of approximately 136,500 inhabitants. Data shows that 97.7% of the population identified as White: English, Welsh, Scottish, Northern Irish or British, a much higher figure than the national average of 74.4%.

The most recent government data shows that Redcar & Cleveland continues to be among the top 20% most deprived local authority areas in England. In the latest release of the Index of Deprivation we are ranked 33 out of 152 local authorities with regards to deprivation ranking and we have the highest level of deprivation in Teesside, with 34.2% of households classified as deprived in one dimension.

We have more older people than the national average and the gap is continuing to grow. There are estimated to be 32,381 over 65s in Redcar and Cleveland, the England average for our population size would be 25,520, so we have 27% more over 65's than the England average. This means we have disproportionately fewer working age adults, who make up most unpaid and paid carers. Despite this, we have just about enough care capacity with our borough, although there are challenges at times with nursing care home provision, and home care capacity in some of our rural areas.

The health of our borough

Alongside deprivation, the health of people in Redcar & Cleveland is generally worse than the England average. People in Redcar & Cleveland can expect a healthy life expectancy of 60.2 years for males and 60.3 years for females, compared with 63.2 years for males and 63.5 years for females nationally.

Early intervention, prevention, diagnosis, and treatment of disease can help to improve quality of life and reduce rates of premature mortality. There are several diseases which contribute to health inequality and premature death in Redcar & Cleveland, including incidences of cancer, cardiovascular disease and chronic obstructive pulmonary disease being higher than the national average. Redcar &

Cleveland has one of the highest rates of suicides in England. The overall rate of illness and disability is higher than the England value and 20 wards have rates over 20%. Low life expectancy, higher rates of premature mortality and higher rates of emergency hospital admissions can be seen in the most deprived wards in Redcar & Cleveland.

The demand for care and support continues to increase as people are generally living longer due to medical advances, and the transition into old age of the baby boomer generation. Since the census in 2011 to new data from the 2021 census there has been an increase of 21.1% in people aged 65 years and over, a decrease of 4.9% in people aged 15 to 64 years, and in the 90+ population that increase is more than 33%. There will continue to be a significant increase in the number of people over 85, and an increase in the number of people living with dementia.

These continued rises will not be matched by resources available to councils. Therefore, new and more cost-effective approaches to supporting individuals are needed.

- In 2024/25 the costs of providing adult social care in Redcar & Cleveland is £45.3m.
- 43.3% of the care budget is spent on care home places, of which 72.5% (£14.2m) will be required to meet the cost of residential care for older people.
- 27.8% of the budget is spent on care at home.
- Overall adult social care costs account for approximately 34.2% of the council's total 2024/25 revenue budget of £132.5m

Our plan and vision

Our Corporate Plan 2024-2027 is public health-led and sets out our priorities for the borough where people start life well, live and age well, prosper and flourish in a borough that is clean and tidy. The work we do in Adult Social Care directly links to the Live and Age Well priority.

It is important that we recognise the impact of good health and wellbeing, a strong local community where there is access to leisure, culture and healthy pastimes alongside providing support when required. These elements play a significant role in influencing quality of life and as such as a Council:

- we will work hard to improve health and wellbeing
- we will encourage community participation and volunteering
- we will empower people to live independently

Our Adult Social Care vision complements our corporate plan. It is inspired by the #SocialCareFuture people-led movement and its vision for 'A Brighter Future', reimagining social care to deliver on our duties under the Care Act 2014 and aligned to the white paper People at the Heart of Care, whilst prioritising what local people tell us is important to them. Our four commitments are values-led, inspired by the Think Local Act Personal Making It Real framework for care and support, empowering people and those they care about to live their lives their own way, while contributing to feeling part of their communities.

Our Adult Social Care vision:

We will help you live safe and well, in the place you call home, with the people and things you love, connected to your community, doing the things that matter to you.

Our commitments to adults and unpaid carers:

We will:

1. Listen to you, so you shape your own support.
2. Provide you with information and advice when you need it.
3. Enable you to regain your wellbeing and independence.
4. Ensure you have quality care that is value for money.

Our commissioning and market shaping responsibilities

The Care Act 2014 introduced the prevention agenda and places responsibilities on local authorities for commissioning and market shaping. Commissioning is the local authority's cyclical activity to assess the care and support needs of its local population, then designing, delivering, monitoring, and evaluating those services to ensure appropriate outcomes and value for money. Market Shaping is the strategic actions undertaken to influence and shape the market of social care providers and services within their area. In 2021, the Government published its white paper 'People at the heart of care' which builds on the Act. Our commissioning approach aims to put people at the heart of commissioning, so we actively support choice and enable adults and unpaid carers to have control over their own lives.

Our commissioning framework

All statutory agencies are obliged to work to their own Contract Regulations, Standard Financial Instructions and national and European Procurement legislation which applies to buying goods, works and services on behalf of statutory organisations. These have the following aims:

- Ensure we achieve best value for money for Redcar & Cleveland residents through appropriate market competition
- Help us to be transparent to our residents about how we spend their money
- Ensure we spend public money legally and fairly, and to protect us from undue criticism or allegation of wrongdoing
- Help us to support sustainability and social value objectives

While we will work within these regulatory frameworks we are also committed to a proportionate and consistent approach that will include:

1. An analysis of what local needs there are in the population concerned.
We will use information such as our Joint Strategic Needs Assessments, which will be available online to everyone, and continue to develop our Market Position Statement as part of an ongoing dialogue to access the expertise of both the statutory and voluntary and community sectors. We are committed to developing a better understanding of local needs and how they can be met or prevented effectively.
2. We will put outcomes at the heart of the commissioning process.

We will aim to understand how services work most effectively and get the best outcomes for the money being spent. We will be flexible in the length of our contracts as we recognise that the best efficiencies are often developed over time.

3. We will consult with potential providers in advance of planning a new service and work in partnership to set priority outcomes.
4. We will advertise our plans to spend money and invite organisations to bid in different ways depending on the scheme or amount of money involved. We will ensure contracting processes are transparent and fair.
5. We want to encourage small and new organisations to bid to run services, especially those working with hard-to-reach groups. We will specify this requirement in large contracts, we will enable and encourage partnership working in all its formats and we will run training events, open to all, on how to bid for funds and how to work in partnership.
6. We will monitor how public money is used, proportionate to the amount of money being spent and the level of risk being managed by each provider organisation. We will use best practice guidance, measure impact, and develop online resources which are available to everyone.

Improving outcomes through more innovative use of resources

As we continue to face tighter budgets, an ageing population with increased care needs, workforce shortages, and cost of living pressures, we must adapt and actively seek alternative ways to shape and grow a diverse and responsive care market. As the population of the borough ages, we know there will be growth in the number of people needing support to maintain some degree of independence. If these needs are to be balanced with our reducing resources our priority must be to seek the solutions that support people to live the life they want to as independently as possible, in partnership with them, their families, social networks and their own communities.

We will support people to be responsible for their own care as far as possible and have their needs met in ways that maximises their independence, opportunities and choice, in turn reducing reliance on traditional support services. This is a change in culture in terms of the expectations some residents have of the council, and the way the council operates to enable people to do things for themselves. We will enable people to live life the way they want to, rather than the council providing a limited menu of support options and doing things for people within a set of prescribed commissioned support services.

Underpinning this, there will be a much stronger focus on achieving better outcomes for adults with social care needs. This will include:

- Promoting wellbeing and independence to delay and reduce the need for formal care
- Growing genuine self-directed support
- Investing in digital technology to maintain independence and improve quality of life and wellbeing
- Co-producing new and innovative solutions with lived experience experts
- Empowering active and supportive communities to support local people and local economies

Research provides us with strong evidence of how community-based, innovative, and flexible support delivers far better outcomes and value for money than some traditional services. Doing things ‘with’

rather than ‘to’ people enables them to find their own solutions. Peer support can further strengthen this, including sharing ideas, information, and growing confidence. Responding in human ways, being agile, problem solving and keeping people at the heart of their communities is paramount.

It’s time for our commissioners to follow the evidence and develop plans to support and scale what works including:

- Shared Lives
- Direct payments for accountable flexible support
- Social enterprises and micro-providers
- Flexible and holistic support for carers.

By modernising the way we commission services to focus on outcomes whilst making best use of existing community assets we can:

- Deliver preventative person-centred care
- Improve service quality and flexibility
- Enhance community engagement and empowerment
- Strengthen the local economy and create jobs
- Deliver cost-effectiveness and market sustainability

Whether we are looking to commission new or existing services, we will seek to understand the services that are already in place and how they support people. We will learn from our own monitoring and contract management, and we will aim to build on the gaps in provision identified through real activity. We will consult with both the providers and users of services on our specific service requirements, and we will aim to co-produce specifications for new services where that is appropriate.

We will work to Think Local Act Personal principles which ensure people have greater independence and choice enabling enhanced wellbeing within stronger and more resilient communities. We will review regularly how we are spending money, and we will aim to be clear about how what we are buying meets the priorities set out in our strategies and plans. If we want to change what we commission, we will give as much notice as possible to the organisation currently providing that service and to other organisations who might be interested.

Investing in commissioning for better outcomes

Commissioning should be about improving lives, working creatively with communities to understand needs, shape responses and meet ambition. However, some people see commissioning as being out of touch, too complex and slow-moving. This may especially be the case when much of a commissioner’s role is driven by contract-focused work, mainly dealing with contract end dates, extensions, tenders and governance processes. This takes time and ties up resources, which means they have less capacity to properly co-produce and strategically plan with communities.

Commissioners needs to be facilitators of change rather than controllers of resources. Sometimes the complexity of procurement-focused commissioning prevents commissioners from being open and talking to people on the ground. We need to reflect on what we are doing and why, and who are we

doing it for. We need to know if what we are doing works, and we can only know that by listening to people, by being visible and accountable to local citizens.

In Redcar & Cleveland we have recently invested in our Commissioning service, increasing resources to focus on and deliver the things that matter most. To ensure this happens we have invested in training for our commissioners which will be delivered in summer 2024 by the Institute of Public Care. This training focussing on commissioning as a change activity, will start with a self-analysis of our organisational arrangements to promote effective commissioning in a way that serves all our diverse communities. It will give commissioners the tools using outcome-focussed commissioning techniques to develop innovative service responses, improve the effectiveness of our purchasing of services, recognise the importance of social value, deliver more personalised services through the ambition of co-production, support intelligent decommissioning where services are no longer used, and improve market sustainability.

We will continue to invest in and improve our data so we can more easily undertake longer term forecasting and planning. This will help us be more specific with future commissioning intentions so we can better shape the market and meet the future needs of our population.

Investing in effective partnerships

Through our Health and Wellbeing Board, we will work with our health partners to align, as far as we can, our strategic commissioning priorities and engage with other partners to develop our detailed commissioning plans. Where possible, opportunities will be sought to integrate services with the NHS to deliver more streamlined and higher quality services and to reduce the costs of duplication.

A key area for development is integrated commissioning, which presents us with an opportunity to work with providers to ensure that gaps in services are addressed and improved experiences and outcomes for adults and unpaid carers are promoted. The Better Care Fund is a national programme which supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and unpaid carers. It encourages integration by requiring integrated care systems and local authorities to develop pooled budget arrangements and agree an integrated spending plan. The pooled funds are used for interventions which reduce non-elective admissions to hospital and untimely discharge from hospital.

Locally, joint funding arrangements through the Better Care Fund have supported our drive toward joint commissioning and achieved better system working to provide streamlined support across organisational boundaries. But we have more to do, and with public sector budgets being stretched, we will need to work more closely with our NHS partners to embed integrative principles to achieve better outcomes for our population.

Models for integrated commissioning that we will explore with our partners include:

- Outcomes-based commissioning opportunities, focusing on outcomes rather than outputs, using a population approach with co-ordinated delivery across providers.

- Personal health and social care budgets that give an individual a pot of funding from which people can commission their own services directly.

Investing in the voluntary, community, faith & social enterprise sector

The role of the voluntary, community, faith and social enterprises sectors (VCFSE) will be developed, with support to build capacity, and investment made to ensure that there are more local low level support options available for people to prevent or delay the need for social care. We fully recognise the value of our VCFSE and we are actively working in partnership with Public Health, The Woodsmith Foundation, Lloyds Bank Foundation and Tees Valley Rural Authority to jointly invest in a comprehensive VCFSE infrastructure organisation. This new approach will support and grow our local sector, enabling community groups and social enterprises to flourish and meet the needs of local people within their communities, preventing, reducing, and delaying the need for formal support services.

The tender will go out in July 2024, and the new contract will start in November 2024. A partnership steering group will support the infrastructure organisation to develop a vibrant and innovative VCFSE market over a 3-year period. The Council's commissioning service will meet with the infrastructure organisation in advance of any new contracts going out to tender so there is an opportunity for support to stimulate growth and innovation and ensure our VCFSE is strong and sustainable for the long term.

Conclusion

This Commissioning Strategy represents the development of thinking about the ways in which Adult Social Care commissioning in Redcar & Cleveland can improve outcomes for adults and unpaid carers and make best use of resources available. It is focused on ensuring there is investment across a continuum of support for people, and for that investment to shift over time to allow more people to be helped at an earlier stage and to reduce or delay their need for continued support. Not all this investment will come from the council; and efforts will be made to make better use of existing community assets, as well as secure funding from a range of sources, aligning resources with partners, and working with government departments, national groups, and the VCFSE and private sectors.

There are undoubtedly challenges in implementing our ambitious strategy, and it provides a coherent and strategic approach to commissioning which keeps us accountable to people with lived experience, Elected Members, our partners and the wider public. Commissioning plans will be developed to provide a 'road map' to achieve the ambitions of the Commissioning Strategy, which will be refreshed on an annual basis and used to inform the council's budget setting process.

The strategy will be reviewed on an annual basis and take account of updates to the local Joint Strategic Needs Assessments, Our Plan, Health & Well-Being Strategy, Better Care Fund Planning template and other key strategic initiatives and policy changes, together with evidence obtained from analysis of existing service investments and the lived experience of adults and unpaid carers.