

**Appendix 1**  
**Health & Wellbeing – (Adult Social Care) - Commissioning Strategy and Intentions**  
**2019 - 2021**

**1. Purpose**

- 1.1 This document is intended to outline the commissioning strategy and commissioning intentions of Bradford Metropolitan District Council's (BMDC) Health & Wellbeing department, adult social care over the next two years. The overall ambition for the council is to maximise the independence of the residents of Bradford so they can live as independently as possible, preferably in their own homes, with our commissioning approach supporting greater personalisation and personal control.
- 1.2 In achieving this ambition, BMDC wants to work in partnership with CCG commissioners to consider wider system solutions and ways of working to improve the health and wellbeing and independence of the people of Bradford ensuring residents are enabled to be 'Happy, Healthy and at Home'.

**2. National Context**

- 2.1 The 2014 Care Act set out a number of key responsibilities of local authorities in ensuring the right support and advice is offered to adults who may need adult social care support, with a key focus on seeking to prevent, reduce or delay the escalation of people's needs. This includes ensuring that local people:
- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
  - can get the information and advice they need to make good decisions about care and support
  - have a range of provision of high quality, appropriate services to choose from.
- 2.2 In taking on this role, local authorities need to work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available and helping people to access them.
- 2.3 There has been a variety of research and analysis that has also shown that providing the right support is a complex system issue with a number of dependencies across the health and social care interface. This is particularly so for those at risk of going into hospital or being discharged from hospital, ensuring they receive the right services at the right time to promote their independence at home, wherever it is possible to do so.

**3. Local Context**

- 3.1 Bradford has one of the youngest but fastest growing populations in the United Kingdom which presents its own challenges for how the Council offers the right support and infrastructure to support the Care Act. There are a high proportion of young carers in Bradford, for example, which means we need to consider their longer term capacity to provide such care as they approach adulthood as well as the support networks around them. Research from recent case reviews in Bradford have shown carer breakdown to be a key risk factor that leads to people requiring longer term care packages.

3.2 Bradford also has a very diverse population requiring a unique understanding of the different types of information, advice, guidance and broader support needed for different population groups.

#### **4. Local Strategies**

4.1 The Bradford Health and Wellbeing Strategy, 'Connecting People and Place for Better Health and Wellbeing (2018-2023)' references the shared system vision, previously articulated in the Bradford District plan and the Sustainability and Transformation plan, that people will be supported to be Happy, Healthy and at Home – *'A happy, healthy Bradford District, where people have greater control over their wellbeing, living in their homes and communities for as long as they are able, with the right support when it is needed'*.

4.2 The Department of Health and Wellbeing's 'Home First Strategy (2016-2020)' articulates the approach that Adult Social Care is taking to promote wellbeing, independence, choice, prevent delay and reduce the need for support - this approach has now been endorsed and accelerated by the 2018 review by Impower (a public sector consultancy) and subsequent delivery plans. A key element of this approach is the full role out of strengths and assets based conversations around three potential social care intervention points – help to help yourself (information advice and signposting) , help when you need it (crisis intervention and enablement) and on-going support (choice and control, good quality & outcome focussed support).

4.3 Health and Wellbeing contributes to a number of the partnership programme boards that sit under the Integration and Change Board and the Health and Wellbeing Partnerships including the Mental Wellbeing, Transforming Lives (LD & Autism), Dementia, Out of Hospital, Emergency Care and Self-Care. This strategy and intentions reflects the partnership commissioning intentions that have been put forward by those programme boards.

4.4 Historically the Council and its partners have offered a number of high volume traditional services for people in the city and surrounding area, such as day care for those with Learning Disabilities. Whilst some people find these services of value, our analysis has shown they have often not maximised the independence of those engaged in them and not connected them to their communities. In fulfilling our obligations of the Care Act and providing the very best support possible with the funding available to us, the Council is committed to growing community led support to help people to help themselves wherever possible to do so.

4.5 Where people will require more direct support, the council will seek to help people when they need it focusing on personalisation and personal control, with flexible support plans that clearly set outcome goals designed to help people to live free from help where this is possible.

#### **5. Adult Social Care Commissioning Priorities**

Key priorities for 2019-2021 will be delivery in five areas:

- Increased focus on early intervention and prevention
- Further development of our approach to personalisation, choice and control
- New commissioning, procurement and contracting arrangements for specific statutory accommodation and support services

- Improved quality of services
- Market facilitation and sustainability.

## **5.1 Early Intervention and Prevention (EIP)**

### **Adult Social Care EIP**

5.1.1 Support the development of Voluntary and Community Sector early intervention and prevention offers to vulnerable adults and carers through small grants schemes, commissioning activity (e.g. carers service, statutory advocacy, one off direct payments for respite and equipment), increased inclusion of social value in contracts, market shaping activities and working in partnership with other parts of the council, health and VCS organisations to maximise capacity and strengthen community resilience.

### **Other EIP activity**

5.1.2 Undertake commissioning & procurement support for public health funded EIP services.

5.1.3 Work with Strategic Housing and Housing Options re: Vulnerable Adults housing needs assessment and strategy development. Review existing housing related support contracts in light of the strategy.

## **5.2 Personalisation, Choice and Control**

5.2.1 Develop a clear and shared understanding (Health and Wellbeing Department & Integrated Personalised Commissioning) of our approach to balance choice and control with risk (to individuals and to the council) and costs.

5.2.2 Develop new mechanisms for offering choice and control including early intervention and prevention small grants, Individual Service Funds (ISFs) and expert Brokerage models.

5.2.3 Develop the market to deliver greater personalisation such as working with VCS regarding new individualised support offers, and developing approaches to stimulate & support the Personal Assistant market.

5.2.4 Review personalisation support resources: Support Options capacity and business processes; Connect to Support (one version of the truth services and assets directory); Direct Payment audit capacity.

5.2.5 Systematic gathering of service and support gap analysis from front line services.

## **5.3 Accommodation and Support Services**

5.3.1 Deliver commissioning and procurement of key statutory services for people with social care eligible need through a coordinated approach within the commissioning team and engaging with CCG commissioning colleagues and other relevant stakeholders. During this 2 year period the following areas are highlighted:

- Home Support – implementation of new locality based contracts
- Residential & Nursing Care – new contract arrangements
- Development of progression and recovery focussed models of Supported Living and Community Floating Support for people with Learning Disability, Mental Health needs, Autism, Physical Disability, Acquired Brain Injury and other similar needs.

5.3.2 Work with Strategic Housing and Housing Options re: Vulnerable Adults housing needs assessment and strategy development. Develop Extra Care plans, strategy and market engagement.

5.3.3 Deliver the Learning Disabilities Day opportunities project – moving from large block contract model to personalised support offers.

5.3.4 Review/redesign older people’s day opportunities services.

5.3.5 Develop a strategy for residential short breaks (respite) provision – review and consult on the current model, developing new non-residential options and responding to accommodation related issues.

#### **5.4 Contract and Quality Management and Financial Administration services**

5.4.1 Review the existing arrangements and develop an overarching contract management and quality assurance approach and process that is proportionate, risk based, robust and covers all contracted services.

5.4.2 Further improve the interface between the Safeguarding team and front line safeguarding managers and the contract and quality management function.

5.4.3 Ensure Financial Administration services processes are aligned and involved with new commissioning projects from and early stage.

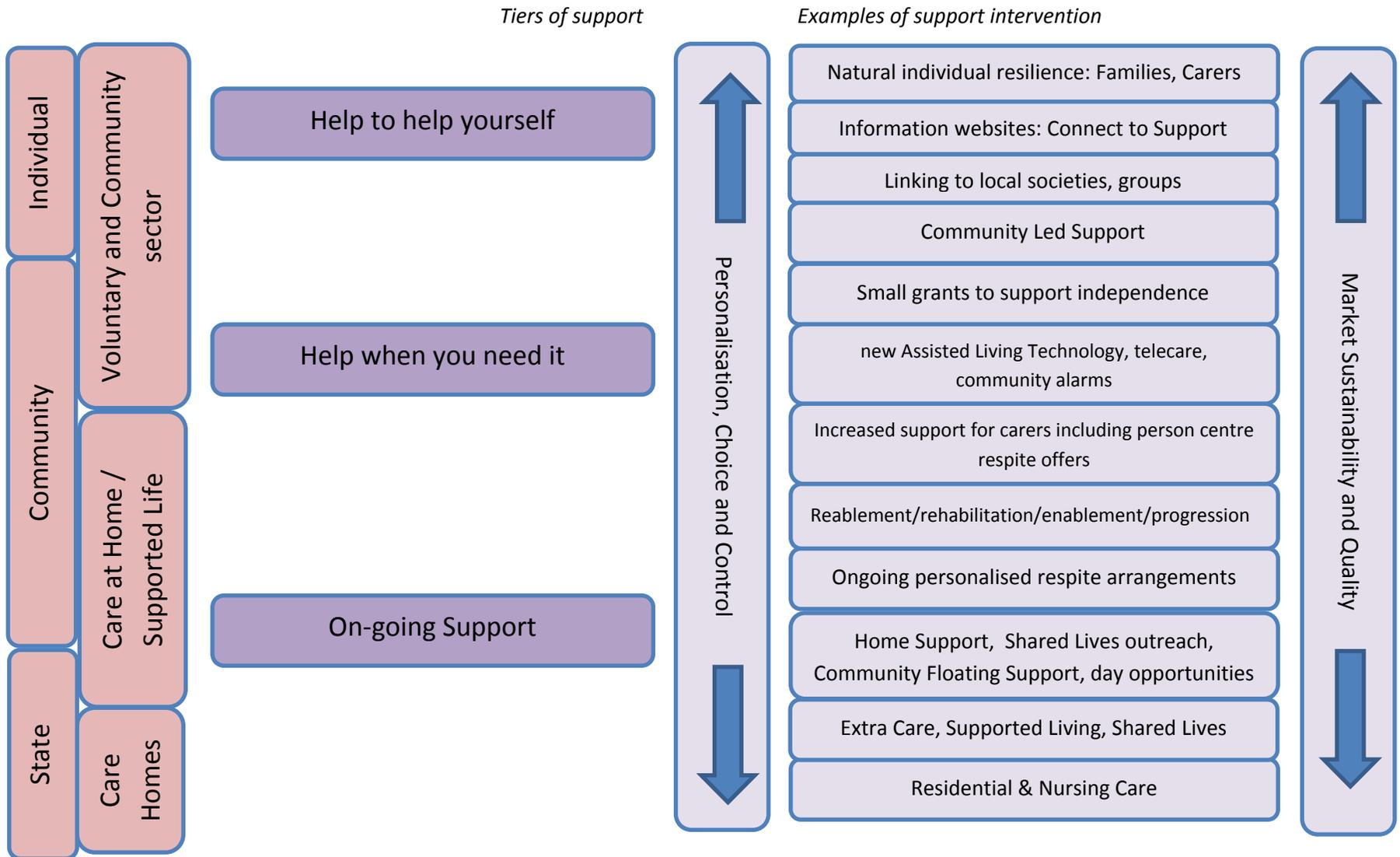
#### **5.5 Market shaping, facilitation and sustainability**

5.5.1 Produce a Market Position Statement that provides our current and potential future care and support market with a clear understanding of the overall strategic direction, our commissioning intentions and what that will mean in relation to patterns of demand and the models of service and support needed.

5.5.2 Develop and maintain a coordinated programme of market engagement/facilitation activities.

5.5.3 Engage with the finance team and wider partners to understand and agree sustainable costing models.

6 . Adult Social Care Commissioning Intentions & Strategy - Diagrammatic representation



## **7. Detailed Commissioning Intentions**

7.1 A commissioning intentions/plan has been developed which provides more detail on the specific work elements within each category. This plan will also provide indicative timescales and interdependencies as well as indicative resources required. The plan will be used to determine the focus of the work of the team and to maintain the schedule of work to the required timescales. It also sets out the procurement activity that will be undertaken to deliver the commissioning intentions.

## **8. Tracking our impact**

8.1 The delivery of the plan will be monitored by the Team Managers and Assistant Director in the senior management team meetings

8.2 We will develop a clear description of the outcomes we expect to realise as a result of the planned commissioning activity and a trajectory of outcome delivery.

8.3 Key impacts will include:

- More people living independently
- More people with LD in work
- More older people safely living at home, independently for longer
- Reduced numbers of adults (under 65) living in residential care
- Reduced numbers of older adults living in residential care and shorter average length of stay for those who do.
- Increased social care spend with VSC targeted early intervention & prevention services
- Increased numbers of people choosing Direct Payments
- More Bradford Care Homes and Home Support providers rated good and outstanding

8.4 Tracking the shift of spend from higher cost statutory services towards increased early intervention and preventions support and increased personalisation will be a key metric to demonstrate the realisation of the Happy, Health and at Home strategy. A high level breakdown of adult social care spend aligned to the three tier model will be monitored and the baseline position will be added to this document.

## **9. Delivering on our priorities**

9.1 In order to deliver an effective Commissioning and Contracting function the team will demonstrate commitment to, and work by, the following important principles:

## **10. System & partnership working**

10.1 We will support a one council approach and the one system vision for health and wellbeing. We will be alert to opportunities for improving alignment and integration with our commissioning partners in the CCG and in other departments in the council. We will work hard to understand the implications of our activity and plans on other services and pathways and to articulate to other partner our intentions and rationale. We will analyse the plans of other partners and highlight areas of mutual interest, benefit and potential concern.

## **11. Communication, engagement and co- production**

- 11.1 In all our conversations even when we think we are speaking the same language and are explaining our approach clearly we often miscommunicate with one another and the more 'technical' and 'specialist' we get the harder it can be for others to understand us. The team will maintain a focus on this issue and will make every effort to communicate in ways that our colleagues, service users and carers, providers and partners can understand. We will consider our audience and what messages we need to get across and craft our communication accordingly; we will use plain English and give examples to help connect; we will learn from behavioural science to help with our communication methods; we will listen, ask for feedback, check out understanding and reflect back what people have told us.
- 11.2 We will employ a variety of ways of listening to, engaging with and co-producing commissioning, procurement and contract and quality monitoring approaches with experts by experience and people who need and use our services.

## **12. Market Engagement**

- 12.1 We will listen to and engage with current and potential providers of health and wellbeing services and the wider network of services and community assets with the aim of achieving innovation, creativity, mutual benefit, better alignment, and inclusion.
- 12.2 We will promote a fair and open approach to working with our Independent Sector and Voluntary and Community Sector providers and partners through communicating our strategy and intentions and by supporting wider council and system approaches to VCS partners.
- 12.3 We will support and challenge our adult social care in house services to deliver high quality services where there is evidence that this is the best approach to meeting specific social care needs.
- 12.4 We will work with our corporate procurement colleagues to design and deliver good, fit for purpose and proportionate procurement practices and processes and we will support our smaller local VCS and not for profit organisations to be able to deliver adult social care support offers by championing the 'keep it local' agenda.