

# Adult Social Care Commissioning Strategy

2022 - 2027

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## Purpose

This document is intended to outline the adult social care commissioning strategy for Bradford Metropolitan District Council's Health & Wellbeing department, adult social care over the next five years. The overall ambition for the Council is for Bradford residents to be happy, healthy and at home and to create a place where people have choice about their health and wellbeing.

To achieve this we need to work collaboratively with people who receive support, our providers, other partners and the wider community to understand our population, commission services that meet need and help people to achieve their goals and develop our local market in Bradford.

## National Context

This strategy has been developed in time of significant pressure and change for adult social care. The COVID-19 pandemic has drawn further attention to the difficulties faced by those that use care and support services and the organisations that support them.

Much of our work is governed by the 2014 Care Act which sets out a number of key responsibilities of local authorities. These include ensuring that:

- People's wellbeing is promoted, independence is improved and that care providers and givers promote a person-centred approach to the care and support they provide.
- People receive services that prevent their care needs from becoming more serious, or delay the impact of their needs.
- People can get the information and advice they need to make good decisions about care and support.
- There is range of provision of high quality, appropriate services to choose from.
- Safeguarding duties are in place to protect adults at risk of abuse or neglect.

Going forward how, and what we will commission, will also be influenced by:

- The Health and Care Act: which introduces two-part statutory Integrated Care Systems and a new legal duty for the CQC to assess the performance of local authorities in discharging their 'regulated care functions' under the Care Act 2014.
- People at the Heart of Care White Paper: which sets out the Government's 10-year vision for transforming support and care in England, including funding reform and fair costs of care, a strong focus on the use of technology, improved integration between housing and health and social care and support for the social care workforce.
- Health and Social Care Integration; Joining Up Care for People, Places and Populations White Paper: which focuses on integration arrangements at place level and aims to accelerate better integration across health, adult social care and housing services.

## Local Context

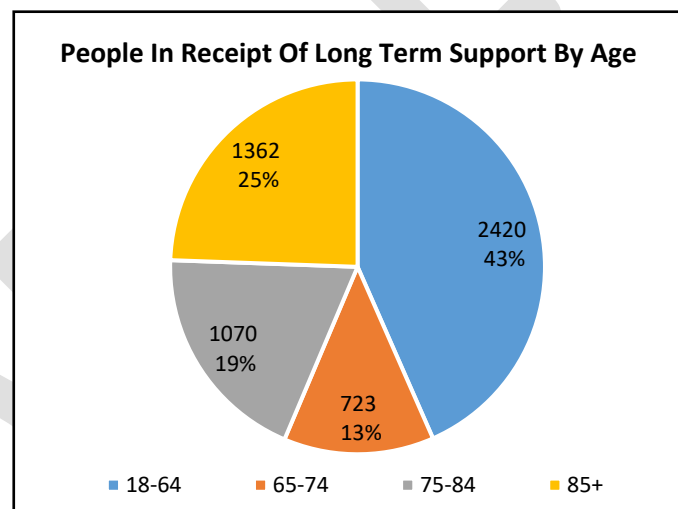
This strategy is informed by a range of local work plans and strategies, including:

- The Bradford Health and Wellbeing Strategy, 'Connecting People and Place for Better Health and Wellbeing (2018-2023)
- The Bradford Council Adult and Community Services 3-Year Plan 2021-2024
- Health and Wellbeing's 'Home First Strategy' (2016-2020)
- Buy for Bradford: A Strategy for the Bradford District Economy (2021 – 2025)

Commissioning work contributes to a number of partnership programmes with the West Yorkshire ICS and the Act As One Health and Care Partnership

### **Who receives support from commissioned services**

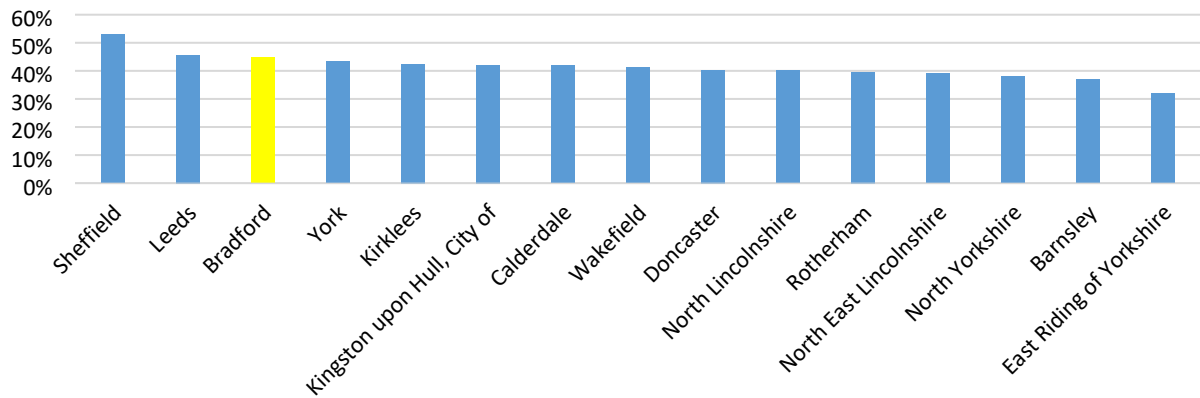
In 2021/22, there were over 5,500 people receiving long term social care services in the District.



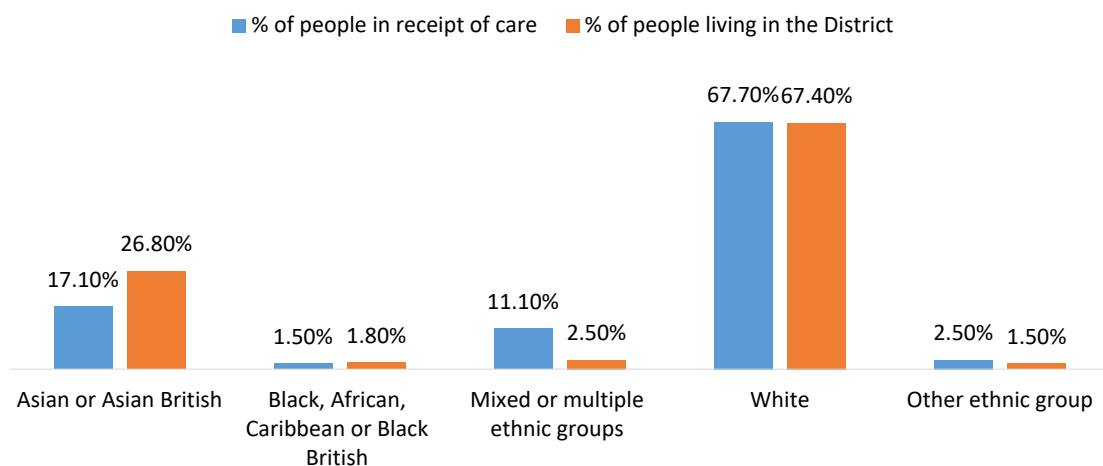
The majority of long-term services are provided to older people – 57% of people receiving support are over 65.

43% of people accessing long-term support are aged between 18 and 64. This is the 3<sup>rd</sup> highest percentage when comparing with other areas of Yorkshire and Humber, although the table below indicates that across the region most authorities are within a narrow range between 37% and 46%.

% People Accessing Long Term Care and Support who are aged 18-64. Bradford v Yorkshire and



People In Receipt of Long Term Support By Ethnicity



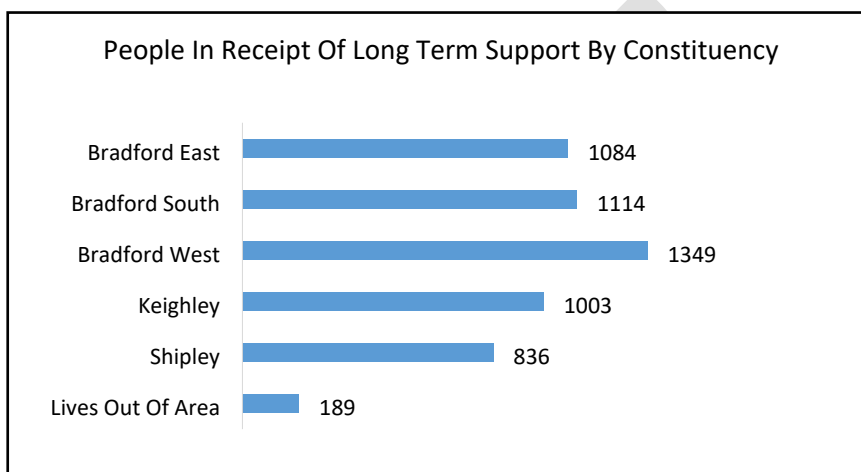
People in receipt of long-term services broadly reflect the wider population of Bradford in terms of ethnicity, except for people from an Asian or Asian British background where a smaller percentage are in receipt of support. The majority of services are currently commissioned on a District-wide basis and providers are asked to ensure services are accessible to the whole of the communities they are there to support. Within this strategy we set out our intention to improve our focus of equality and inclusion which includes understanding the potential barriers to support for some parts of our population and designing services that suit particular needs better, for example, additional support for family carers where older people are supported in multi-generational households.

In addition to those people receiving long-term support, around 500 people a year are also supported with short term social care services, such as reablement support and support following discharge from hospital.

We also commission services that support 2,000 people a year with housing related support and over 6,000 people to access their communities through early help and prevention services with many more supported through access to information.

### **Where people receive support from commissioned services**

When looking at where people live, Bradford West has the greatest number of people accessing long-term services (1349) which is the equivalent of 16 adults per 1,000 in receipt of support. Shipley has the least (836) which is 11 adults per 1,000 receiving support.



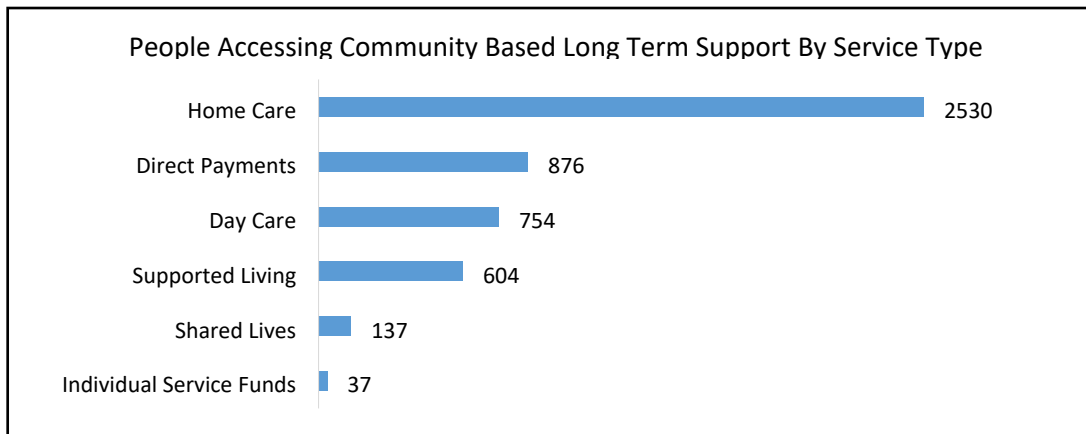
189 people living out of area also receive long-term support. These are people who have a local connection to Bradford and the Council have responsibility for under the Care Act, but who are living and using services in other local authority areas.

Links between levels of deprivation and long-term care needs need to be better understood. Exploration of the pattern of services and support across the District will be a consideration in our commissioning work.

Constituency	Share of Lower-layer Super Output Areas (LSOAs) that are "highly deprived"	No. adults receiving support per 1,000
Bradford East	58%	12.9
Bradford West	43%	15.5
Bradford South	34%	14.3
Keighley	23%	13.2
Shipley	5%	10.9

While the number of people accessing services has been relatively stable in the last 3 years, there has been a shift in the proportion of people accessing this support while living in their community. At 1<sup>st</sup> April 2019 70% of people accessing long term support lived in their

community, this rose to 75% by April 2022. This reflects our strategy of Healthy, Happy, at Home. We aim to continue this trend.



## The ways we will work

The commissioning process is a set on interrelated activities to:

- Understand need of our local population
- Understand the organisations that could provide care and support ('the market')
- Design and develop models of services and ways to buy them that meet need, improve wellbeing, keep people safe and help them achieve their goals.

We have committed and skilled teams of commissioners and contract and quality managers working to develop better and better services and partnerships. We aspire to continue to improve, innovate and deliver best value over the next 5 years.

A Service Plan and Commissioning Intentions will be developed in each year, to set out the key priorities and deliverables for the Commissioning and Contracts and Quality Teams in the coming year. This strategy sets out the principles which will inform the ways we will work to deliver on our plans and intentions.

### **Co-producing commissioning and quality**

- With the support of the new Co-Production Partnership, we will work to build co-productive approaches into all elements of commissioning and quality.
- This means that we will ensure that those who use services, their carers and families will be involved in the review, design and delivery of our work.
- We will ensure that the language we use and how we communicate with people using services, our providers and other partners is inclusive and accessible.
- We will make sure we have the right skills and access to resources within our team to do co-production properly.

- We will listen and learn, improving the way we work and ensuring we tell people about the difference their contribution has made.

### **Promoting equality and inclusion**

- We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within the District.
- We will work to improve the scope and quality of our equalities data across all protected characteristics, and how we use it identify need and spot room for improvement.
- We will complete meaningful Equality Impact Assessments that will inform the way we work.
- We will look at how we work as a team, so everyone feels welcome, supported and able to work to the best of their ability for the people of the District.
- We will be active in addressing inequalities in the District.

### **Outcome-focused services driven by choice**

- We will commission services that take strength-based approaches.
- We will work with those who use services, their carers and families to design services that focus on outcomes, rather than outputs – ensuring that people get the right amount of care and support to meet need and achieve their ambitions.
- We will commission services that are flexible, and work when and where people need and want them.
- We will promote and improve Direct Payments and Individual Service Funds as key mechanisms for choice around support.
- We will work with social workers to ensure the range of services on offer are understood, accessible and respond to needs and outcomes identified in assessments and reviews.
- We will work with providers who put people who use services at the centre of what they do by handing over choice and control and ensuring their voices are heard.
- We will look at how we use outcome-based reporting so we can identify good and bad performance.

### **Recognising points of transition and life changes**

- Although the team works primarily with adults we will recognise the role services we commission play in people's lives over time – and the different ambitions and needs people may have in early, middle and later adulthood.
- We will work alongside Children's Commissioning and the Preparing for Adulthood Team to ensure young people experience a smooth transition between children and adult service provision.
- We will work with the market to further develop a range of services that give people different options as their lives change and develop.

- We will ensure our services give everyone opportunities to develop skills and build relationships.
- Some people, and particularly older people, first access care services at a point of crisis, for example following a hospital admission. We will work with services to consider the impact this has on individuals and will promote support that helps people to retain or regain choice and control in their lives.
- We will develop our understanding of how services can support people through a wider range of life changes, such as bereavement, loneliness and ill-health.

### **Delivering innovation and creativity**

- We will take the time to learn what has worked well for people using services in the Bradford District and elsewhere.
- We will actively engage with providers, researchers, think tanks and support organisations to be at the forefront of thinking in adult social care.
- We will use procurement and grants effectively to promote new ways of working.
- Where significant change is needed, we will take phased approaches to ensure we can bring everyone with us and support shifts in culture.
- If pilots are used, we will set realistic timetables and have a plan for longer term delivery if they are successful.

### **Promoting support that acts early**

- We will actively consider ways to act as early as possible to prevent or delay the need for further care and support across all our service areas.
- We will commission services that offer support at the right time to help people learn or re-learn skills, build confidence and live as independently as possible.
- We will develop our own Early Help and Prevention Strategy to support this work.
- We will work with colleagues across the Council, including Place and Public Health, to commission in localities, join up services and consider where services and funding can have the biggest impact.
- We will consider how we can support wider Council priorities and strategies such as Anti-Poverty Strategy, the Bradford District Food Strategy, the Local Plan and work around Living Well.

### **Improving quality**

- We will improve quality monitoring systems, processes and intelligence to support a proactive approach to improving quality.
- We will provide on-going support to the care sector to build effective relationships and support sustainability of provision.



- We will continue to re-shape the work of the expanding Contract and Quality Team to bring renewed focus on quality.

### **Identifying need and tracking impact**

- We will review how we carry out needs analysis and set baselines to help us better understand the impact of what we commission.
- We will work with colleagues to improve data quality available to us in the Council and from our providers.
- We will support providers to tell us about their successes and areas for improvement.
- We will work alongside Health and Public Health colleagues to make better use of population health and health inequalities data.
- We will ensure we have the right support, skills and resource to effectively understand need and track impact and use data to inform decision-making.
- We will take action to promote what works, and stop what doesn't.

### **Promoting Voluntary, Community and Social Enterprise (VCSE)**

- We will work to create a relationship with the sector based on trust and learning.
- We will promote the role of the VCSE in the delivery of services.
- We will develop the COMPACT in conjunction with VCSE colleagues.
- We will support the development of inclusive procurement approaches.

### **Supporting workforce development**

- We will recognise and value the care sector workforce through the way we commission and pay for services, and the support we offer to the sector.
- We will take a strategic approach to workforce planning, shaping and commissioning when reviewing or designing services.
- We will work with providers to create representative and diverse workforces.
- We will take forward our Workforce Development Strategy.

### **Partnership working with Providers**

- We will continue to work in partnership with the Bradford Care Association as the voice of providers in Bradford.
- We will foster open and positive relationships and communication with our providers.
- We will actively engage with the market throughout the commissioning process and encourage the development of new and innovative services in partnership.
- We will develop a new approach to our Market Position Statement to make it easier to be kept up to date, and more useful for providers thinking about working in the District.

### **Partnership working with Health**

- We recognise our role in the wider Health and Social Care system and are committed to working in partnership with our colleagues in health services.
- We will continue to develop opportunities for genuinely integrated commissioning, lead provider arrangements and pooled budgets.
- We will work in partnership to together improve quality and performance in services.
- We will take an active role in the Planning and Commissioning Forum and Commissioning Community Practice as ways of embedding information sharing, shared learning and decision making.
- We will engage with the work of the Inequalities Alliance and look at how we can help reduce health and social inequalities faced by people who use services and the staff that deliver them.
- We will refresh and maintain formal mechanisms, such the Section 75 Agreement, for partnership working with Health.

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## Plans of a page - introduction

The Commissioning Team works within portfolio areas covering:

- Older People, Physical Disabilities and Sensory Impairment
- Learning Disabilities, Autism and Neurodiversity
- Early Help and Prevention, Housing and Homelessness and Carers
- Mental Health

Each part of the team has developed top-level plans for the next 5 years, set out on a page, to describe the main priorities and ambitions for their work, which will be delivered in the ways described above.

Whilst focused within portfolio areas, the Commissioning Team also work as one where priorities overlap, to give support, share learning and build skills. The Commissioning Team will work closely with Contracts and Quality, Procurement and Legal, Operational and Finance colleagues to deliver on our plans.

We will work with other commissioners from Health, Childrens Services and Public Health where we are undertaking joint or integrated commissioning projects.

## Services for older people – plan on a page

We currently commission support for over 3,000 older people across the District at cost of £1,218,870 per week. The highest proportion of support is Home Support followed by Residential Care Homes.

The distribution of elderly people in the District is uneven and needs to be factored into how we develop support across the District. Over 20% of the population in Ilkley, Craven, Baildon and Wharfedale are 65 or over, compared to only 5.3% in City ward, 6.5% in Little Horton and 6.6% in Bradford Moor. This also impacts on the workforce available to support people with social care needs. The 65+ population is estimated to grow to 116,800 people by 2041 which will equate to 21% of the population.

At this time, we are working against a back drop of substantial challenges around recruitment and retention of care staff and the perceived value of care. We wish to develop our commissioning offer so we can capitalise on opportunities to work differently with our partners in Health

Over the next 5 years, we want to:

- Co-produce and explore ways to engage Older People meaningfully in our commissioning work earlier in the process, strengthening their voice and impact to shape provision. This will include engagement through community consultation.
- Develop data sets for collection to support the work we are doing, with better use of technology to spot patterns and predict need for both the individual and sector.
- Support the workforce in the District using commissioning to generate opportunities for entry into social care roles and career progression.
- Explore and develop opportunities for more integrated Health and Social Care.
- Commission services that support a safe and timely discharge from hospital.
- Facilitate robust and high quality market provision that meets the needs of the District.

**For our accommodation-based services** we want to improve our understanding of what the current availability of accommodation is for Older People in Bradford and where there are gaps. We want to expand our offer to ensure individuals have choice and control over where they live as they age, reducing the need for residential care through improved housing options. We will work to achieve a 100% sign-up to the jointly commissioned Provider List within the District. We

will also work with Care Homes so that they, and their residents, are fully linked into the community as much as they wish.

**In our communities**, we will change our approach to Home Support, so that isn't just a reactive service for personal care but support that proactively promotes an individual's resilience, links to their community, and uses strengths based and community led support. We will continue to work with our colleagues in Health to ensure closer links between social care at home and health care at home, improving and simplifying the support people receive to help them live at home.

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## Services for Physically Disabled people and people with Sensory Impairment – plan on a page

The introduction of Physical Disabilities and Sensory Impairment as a specific lead area in the Commissioning portfolio offers an improved opportunity to support this service area.

Our initial ambitions are to review the current offer to service users and identify gaps so that we can build this in to our commissioning plan.

We will:

Establish the PDSI commissioning team with Social Workers, providers and people accessing services, ensuring we are linked in strategically to relevant groups.	Develop a thorough understanding of the service area that can be shared and built on with partners, including number of people affected, spend, distribution, service provision and gaps.	Improve the quality of lives for people in the District living with hearing and or sight loss and Deaf BSL users; making Bradford a Sensory Friendly City in which to live and work.
Facilitate opportunities for people to integrate into their chosen communities (interests or place or both).	Remove barriers of access to services and facilitate inclusion improving choice and control.	Through commissioning develop the market so that there is a range of providers to meet need, including through Direct Payments.
Support the Co-Production Partnership, to ensure that sensory issues and the Joint Sensory Plan are firmly on the agenda.	Collaborate with people with lived experience to enhance the support offer available.	Contribute to the aims of the Joint Sensory Plan.

## Services for people with Learning Disabilities – plan on a page

**We will recognise people with learning disabilities as equal citizens who can live the lives they wish to lead.** *Vision for learning disabilities services in the District*

Our priorities for the next 5 years are:

We will work together with people with learning disabilities to commission services that:

- Ensure that people with learning disabilities get the right support, at the right time, and are supported to live within their own homes and within their own communities.
- Utilise a strengths based approach to support people with learning disabilities to maximise their independence, enjoy choice and control, and achieve their wellbeing goals.
- Meet the outcomes that people with learning disabilities want to achieve in areas of life they have told us are important to them; including support to get an interesting paid job, to organise their own activities close to home, to have their own home and feel safe, and to spend time with friends and develop relationships.
- Uphold people's rights, ensure people are treated with respect and take a person-centred approach to safeguarding practices.
- Ensure that people with learning disabilities are given the opportunity to contribute to service improvements and co-production activities.

We will also work together with our health partners across the health and care system and with people with learning disabilities to reduce health inequalities and ensure that people have access to good healthcare when needed.

We will commission services that:

- Always ensure that reasonable adjustments are made to enable access to mainstream health services and health related activities.
- Work in partnership across the health and care system to facilitate pathways that maximise good health outcomes and independence.
- Provide good quality community-based crisis support options so that people are supported to remain out of hospital whenever possible.
- Ensure appropriate support when in hospital.
- Contribute to national agendas such as [Building the Right Support](#), [STOMP/STAMP](#) (reducing over-medication) and taking action to prevent avoidable deaths ([LeDeR](#)).

## Services for neurodiversity – plan on a page

**Our vision is to transform the lives of autistic and neurodiverse people in Bradford. We will do this to enable them to live the lives they choose, achieve their personal goals, feel valued and know their voices are heard. *Vision for autism and neurodiversity services in the District***

Our priorities for the next 5 years are:

### **Improving our understanding**

We will respond to the key recommendations of the Autism Act by working together with people with lived experience to commission services that:

- Enhance our understanding of neurodiversity and autistic spectrum conditions by contributing to our objective of improved data collection and analysis that drive the pace of change.
- Contribute to a multi-disciplinary approach to the needs, diagnosis and development of services for people with autism across the integrated health and care system.
- Improve access to the services and support that people with neurodiversity and autistic spectrum conditions need to live independently within the community.
- Support the development of a district wide 5-year Training Plan so that we can upskill our workforce to better understand and meet the needs of people with neurodiversity and autistic spectrum conditions.

### **Preparation for Adulthood**

We will work with our partners, operational teams and with people with lived experience to commission services that offer better support for young adults including high quality information, advice and guidance at key transition points and educational and vocational support for young people with autistic spectrum conditions and neurodiversity.

### **Employment Support**

We will commission services that close the employment gap for autistic and neurodiverse people in Bradford through support for the journey into employment and to stay in work and support for local employers to improve confidence in hiring and supporting autistic and neurodiverse people, and to recognise their skills as an organisational asset.



**Health Inequalities**

We will work together with our health partners across the health and care system and with people with lived experience to reduce health inequalities and ensure that people with autistic spectrum conditions and neurodiversity have access to good healthcare when needed.

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## Services for early help and prevention – plan on a page

Around 6,000 people a year access services that are specifically designed to delivery early help and prevention. These services support people who have care needs, or are likely to have care needs if support was not available and those that need care now to delay or prevent the need for further support. Within this strategy we also recognise that there is a role for all services to act early and work in a preventative way, and so we will work together as a team across all service areas to promote positive approaches to early help and prevention.

### **We will support a preventative approach by having a focus on people's wellbeing.**

We will do that by:

- Improving the quality of information available for people so they can find their own solutions to challenges they face.
- Working with colleagues in the Council and in other organisations to develop a locality approach and access to activities and opportunities.
- Funding community activities that help people connect with each other.
- Identify funding to make buildings more accessible, so that people can join in local activities.
- Developing services that support people to develop confidence and skills and reduce loneliness.
- Supporting people into work.

### **We will support people to delay or reduce their care and support needs through offering early targeted help.**

We will do that by:

- Supporting carers with a range of options.
- Supporting work on falls prevention.
- Investigating options for increasing the number of adapted properties available for people.
- Increasing the options for user led support.

### **We will support people to minimise the effect of their disability health conditions where people have established or complex health conditions, supporting people to regain skills and manage or reduce need where possible.**

We will do that by:

- Supporting work on reablement.
- Offering alternatives to traditional respite.

## Housing and Homelessness Support Services – plan on a page

Our aim is to reinvigorate this area of work, moving away from traditional models of support to newer evidence based interventions. We want to:

- Develop a range of options for people. We plan to pilot a housing led approach (similar to Housing First) whereby long term accommodation is available for people and the level of support is varied according to that person's need.
- Ensure we can avoid people having poor health and care needs at a young age because of their experience of rough sleeping. It is likely that this change in provision will mean reducing the amount of hostel accommodation we have and ensuring that where it is provided it is appropriate to the person's needs. It will also mean re-defining floating support so that it is for everyone and not just people with low level needs.
- Ensure all commissioned provision takes a trauma informed approach, managing risk well, targeting support to those people who need it the most and exploring all options to avoid placement breakdown and evictions; with the aim of supporting people to find long term, sustainable solutions that prevent them from repeatedly re-entering services.
- Review our services to determine whether they are culturally appropriate, have a good geographical spread across the district and whether people can access local support in communities.
- Re-develop the partnership structures needed to make sure we are all working together. This will help us to develop a much stronger focus on prevention, working with other Council departments and organisations to support people so that they do not become homeless. As well as improving connections across the different provisions irrespective of who they are commissioned or funded by. We hope working in partnership will mean we can identify and locate funding to further develop services to meet our vision.

## Services for Carers – plan on a page

60,000+ unpaid carers in the district.	Nearly $\frac{3}{4}$ of unpaid carers are working age.	13,500 unpaid carers provide 50+ hours of unpaid care each week.	Unpaid carers contribution in time is the equivalent of £1 billion a year.
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We will support the unpaid carers in the District by focusing on the themes of prevention and resilience – commissioning services that provide support to carers before they reach a crisis point and enabling people to continue in their caring role for as long as they wish to.

We will commission services for unpaid carers that:

- ✓ Are well placed to identify people with caring responsibilities and support them in their caring role.
- ✓ Encourage conversations with carers about their situation and skills or services that could help.
- ✓ Make it easier for services to share information to improve support for carers, including carers in groups that are often furthest from support e.g. from BAME communities.
- ✓ Give carers more choice and control over support for their individual health and wellbeing encouraging services to adopt community led support and whole family approaches to supporting carers.
- ✓ Make it easier for carers to look after their health and wellbeing and promote creating carer friendly places in the District.
- ✓ Explore ways to make it easier for carers to continue with activities that they enjoy and to take up new activities.
- ✓ Encourage practical workplace support and changes in culture so that carers can continue to contribute and be rewarded at work.
- ✓ Support carers to make an informed choice about whether to work and to obtain employment if they wish to do so.
- ✓ Support carers to plan for emergencies and to plan for bereavement.
- ✓ Make it simpler to arrange a short break from caring ensuring short breaks are as flexible as possible.
- ✓ Provide straightforward information about different types of assessment and support.
- ✓ Make it much easier to obtain advice and information at an early stage, well before any crisis occurs so that everyone with caring responsibilities will know where to find help and advice including advice on finance and benefits.

## Mental Health Services – plan on a page

Our vision is to promote mental wellbeing, resilience and good mental health for everyone in the District. We commission a wide range of home support, supported living and care homes services that support over 500 people in the District with severe and enduring mental health needs.

Over the next 5 years, our focus will be on:

<p><b>Prevention:</b> working in partnership to tackle the wider determinants of health and health inequalities that can affect people’s mental wellbeing.</p>	<p><b>Access to information about support:</b> ensuring information is accessible and easy to understand to improve access to support.</p>
<p><b>Integrated Support:</b> working towards services being joined-up and coordinated to avoid fragmented or duplicated care and meet people’s needs holistically. This includes housing services as well as Public Health, Health and Social Care.</p>	<p><b>Providing the right support at the right time, right place:</b> particularly during time of transitions. Timely care will take a person-centred approach, focussing on people’s strengths and abilities to ensure long-term improved outcomes.</p>
<p><b>Provision of personalised &amp; culturally appropriate services:</b> tailored so people’s individual cultural needs and personalised needs will be met.</p>	<p><b>Giving people an active role in designing support:</b> including through co-productive approaches and ensure good access to advocacy.</p>
<p><b>Healthy, Happy and at Home:</b> People will be supported to live independently in high quality housing with their own front door.</p>	<p><b>Supporting people to thrive within communities:</b> services to help people connect with their local communities in meaningful ways to them.</p>
<p><b>Supporting people to find, remain and thrive in work:</b> service to help people access employment, volunteering, education or training opportunities, to reach their potential and feel valued.</p>	<p><b>Trauma Informed Services:</b> developing a trauma-informed approach across service provision with changes to environment, culture, and staff attitudes and approach.</p>