CARE MARKET STRATEGY 2017-21

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THE STRATEGY

PURPOSE

This strategy sets out how the health and social care market in Essex needs to develop over the next 4 years. It was developed by Essex County Council in collaboration with a range of statutory, voluntary and commercial health and social care partners (see Appendix 1).

OUR VISION

We will facilitate a diverse, vibrant and sustainable health and social care market that is able to offer choice and build upon people's strengths to ensure they are able to achieve the outcomes that matter to them and are kept safe.

OUR MISSION

We wish to work with existing and new providers to stimulate a different type of care market in Essex. Building on the existing commitment, expertise and knowledge of providers, we aim to create a care market that is focused more on prevention and personalisation, and enables people to live independently for as long as possible.

OUR ROLE

At the moment we largely act as a purchaser of care and support services from a large number of providers. In the future we will need to become 'the shaper' of a health and care market where individuals purchase care and support themselves.

This means we need to enable the 'market' to respond to the changing requirements of adults and carers which will involve sharing better quality market intelligence with providers; stimulating new types of providers and solutions; and ensuring the market overall remains viable and sustainable to meet the needs of all citizens, including self-funders. In the future, we see ourselves purchasing fewer services directly from providers.

OUR DIRECTION OF TRAVEL: FROM 'THEM AND US' TO PARTNERSHIP

The Care Act (2014) places duties on local authorities to promote the efficient and effective operation of the local market for adult care and support as a whole. We believe we can only do this by working more collaboratively with providers, adults and carers, as well as other key partners. This will require a new way of working together built on a greater level of trust and information sharing.

We acknowledge that the County Council's role in this partnership working has not been good enough in the past and this will need to change.

We also recognise the need to 'free up' providers to ensure they can provide a higher level of care and support by reducing bureaucracy and streamlining our processes and procedures. This will also make it easier for us to build upon and introduce new ways of working that improve outcomes for people in a financially sustainable way and within the financial constraints in which we are now operating.

OUR PRINCIPLES

In order to help us work better we have agreed to work to a set of principles that will also inform the way we work with adults and carers (see also page 5):

1. **Outcomes Focused**
2. **Promote Independence**
3. **Collaborate**
4. **Safe**
5. **Engage**
6. **Innovate**

OUR FOCUS

In order to develop and manage the care market, we will focus on:

- Developing a market that is sustainable and resilient
- Increased personalisation
- Independence, prevention, early intervention and recovery
- Greater integration
- Best use of technology and innovation
- Improving day to day working
- Supporting workforce development
- Managing and helping to improve quality.

The Care Market Strategy and Care Market Framework (p.6-7) explain how we will do this; what our priority areas of focus will be; and how we will work together to deliver the vision we have set ourselves.

OUR PRINCIPLES IN DETAIL

OUTCOMES FOCUSED	SAFE
We will stay focused on what people need to achieve in order to meet outcomes they require.	We are committed to keeping people safe – free from abuse and neglect, working collectively to manage and improve quality.
PROMOTE INDEPENDENCE	**ENGAGE**
We will enable /support citizens to live as independently as possible by helping them make best use of their own strengths and the assets around them, focusing on their progress and recovery wherever possible.	We will work with citizens and communities to understand their problems and jointly design and test solutions with them to achieve the right outcomes.
COLLABORATE	**INNOVATE**
Will work in partnership to ensure the whole system, including providers enables and supports the effective delivery of solutions for all citizens.	We will seek out opportunities to create, innovate and learn from best practice as a core part of what we do, always staying focused on citizen outcomes and be aware of risk.

OUR CARE MARKET FRAMEWORK

The Care Market Framework describes the things we want to achieve; how we will work together to deliver these; and what actions we need to take. The framework addresses the management of the market now as well as defining how it needs to develop to meet the needs of the future. There are numerous interdependencies between all the elements of the framework.

<table>
<tr><th>HOW WE WILL WORK</th><th colspan="4">THE AREAS WE WILL WORK ON
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<tr><td rowspan="5">OUR PRINCIPLES
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2. Promote Independence
3. Collaborate
4. Safe
5. Engage
6. Innovate</td><td>Personalisation</td><td>Independence, Prevention, Early Intervention & Recovery</td><td>Integration</td><td>Technology & Innovation</td><td></td><td rowspan="5">Our priorities
1. Reshape the market to be able to respond to increased personalisation, independence and prevention.
2. Agree a clear approach for investing in the market to ensure sustainability and improve quality.
3. Create a clear engagement framework to ensure we have the right conversations, at the right time and in the right place, with care providers.
4. Work with service users and providers to develop collaborative models of working in commissioning and assessing services.
5. Develop approaches that promote the voice of the user and support coproduction to promote self-management and/or community solutions.
6. Work with providers to help recruit and retain more care staff.
7. Develop a joint strategy to develop and upskill care workers and care managers, building on existing approaches such as ‘My Home Life’ and ‘Prosper’.
8. Ensure providers are paid on time.
9. Develop trusted assessor approach and home to assess model across Essex to improve transfers of care and make better use of provider skills.</td><td rowspan="5">Outcomes
1. Increased user and carer confidence and satisfaction with care providers.
2. Increased robustness and confidence in the market.
3. Shared intelligence to manage risk, facilitate choice and manage resources.
4. Market development – innovation & use of technology.
5. Greater evidence individual outcomes are being met.
6. Increased choice.</td><td rowspan="5">Our vision
We will facilitate a diverse, vibrant and sustainable health and social care market that is able to offer choice and build upon people’s strengths and assets to ensure they are able to meet their outcomes and are kept safe.</td></tr>
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2017 ◄——► 2021

KEY MESSAGES TO THE MARKET

1. Demographic change will significantly increase demand for care and support, especially among frail elderly people and working age adults with learning disabilities over the coming years, but will not be matched by increases in public funding. Increasingly, therefore, there will be a growing emphasis on prevention and early intervention work.
2. We will be working with providers to build stronger relationships and setting up better ways to engage with you and seek a higher level of collaboration.
3. We will be looking for more cost effective ways of facilitating care and support and we are keen to work with providers who can offer innovative solutions, flexibility and value for money.
4. We will increasingly be focusing our work on prevention, early intervention, recovery and enablement looking to develop service models and invest in areas such as independent living, supported living, technology and preventive services.
5. We will be working with partners to ensure there are responsive and flexible models of support that prevent hospital admission and/or support timely and effective discharges.
6. We want to move towards outcome-based commissioning and develop more person-centred models of support that are outcome focused.
7. In the future we will act more as 'a shaper' of the care market where individuals purchase care and support themselves. We will be buying fewer services from providers directly and will be helping the 'market' to respond to the changing requirements of adults and carers as we continue to promote self-directed support and increase the numbers of people taking up personal budgets and direct payments.
8. We want to restructure the existing market by focusing more on our framework suppliers and developing more localised provision based on more micro-provision of specialist services and making better use of existing community and voluntary groups and organisations that already support adults and carers.
9. We will continue to invest in quality initiatives to improve the quality of the market in pursuit of an aspiration that 100% of care providers are rated good or outstanding.
10. We need providers to help us to help them to tackle the shortage of care workers.
11. We will resolve the payment of invoices issue.

OUR PRIORITY ACTIONS (18 MONTHS) AND CRITICAL PATH

SUSTAINABILITY, RESILIENCE AND INVESTMENT	WORKFORCE
We will: 1. Start to reshape the market to be able to respond to increased personalisation, independence and prevention. 2. Agree a clear approach for investing in the market to ensure sustainability and improve quality.	**We will:** 1. Work with providers to help them recruit and retain more care staff. 2. Develop a joint workforce strategy to develop and upskill care workers and care managers, building on existing approaches such as 'My Home Life' and 'Prosper'.
DEVELOPING COLLABORATION	**ENABLING GOOD BUSINESS**
We will: 1. Create a clear engagement framework to ensure we have the right conversations, at the right time and in the right place, with providers. 2. Work with adults, carers and providers to develop collaborative models of working in commissioning and assessing services, including considering co-production to promote self-management and/or community solutions.	**We will:** 1. Ensure the provider payment issue is resolved. 2. Develop trusted assessor approach and home to assess model across Essex to improve transfers of care and make better use of provider skills.

ISSUES AND DEPENDENCIES

1. Working collaboratively will require a greater effort from all sides and establishing a greater level of trust than currently exists. We need to build the right mechanisms to do this and make it much easier for providers and communities to engage with us.
2. Investment in the market will have to be affordable and focused on meeting key priorities, as well as helping providers to want to do work with commissioners. This will be a challenging undertaking and will require time and effort from all sides.
3. There are a number of ideas that might help the pressing issue of workforce recruitment and retention and skills development. However, success will depend on a higher degree of collaboration between providers and partners to implement ideas and share resources.
4. Improving hospital discharges will require closer co-operation.

CARE MARKET STRATEGY 2017-21: CRITICAL PATH

BY DECEMBER 2018	BY DECEMBER 2019
1. Start to focus on developing strategic partnerships with providers that deliver increased personalisation, independence, progression and prevention, using framework providers as appropriate. (Procurement, Commissioners and Operations).	1. Published more data and intelligence on the provider portal to ensure market sufficiency and highlight potential business opportunities (Procurement).
2. Clarified further commissioning intentions by market segment and/or service user cohort (Commissioners).	2. Published and made clear to providers our expectations and plans for increasing personalisation building on current work and approaches (e.g. ISFs, payment card) (Commissioners).
3. Published BCF plans and engaged providers in relevant projects and activities (Commissioners and Operations).	3. Refreshed the BCF proposal (Commissioners and Operations).
4. Made significant progress in paying providers on time (Corporate Operations and Procurement).	4. Embedded the engagement framework (Procurement).
5. Published refreshed market strategy giving greater clarity on commissioning intentions and gaps and opportunities for the market to move into (Procurement).	5. Developed a joint approach with providers to help recruit and retain care staff (Commissioning, Procurement and Skills Unit).
6. Agreed an approach to investing in the market to ensure sustainability and quality (All).	6. Developed and agreed with providers a joint care provider workforce strategy. (Procurement, Commissioning, Operations and Skill Unit).
7. Invited providers to identify where they feel there are opportunities to progress models such as 'embedded workers' to support the assessment and review of adults and carers and the hospital discharge process (Procurement and Operations).	7. Ensured any learning and evaluation from the current trusted and impartial assessor pilots are shared with providers and, where these are mainstreamed, providers are fully involved in influencing this work (Commissioners).
8. Increased the number of disability confident employers externally. (Commissioning, Procurement and Skills Unit).	9. Identified areas where commissioners and providers would like to try an outcomes based approach linked to incentives (Commissioners).

BY DECEMBER 2020	BY DECEMBER 2021
1. Stimulated new types of providers to enter the market in response to increased personalisation (Commissioners, Procurement and Economic Development).	1. Refreshed of BCF (Commissioners and Operations).
2. Set out community approaches to supporting adults and carers and providers to be piloted (Commissioners, Corporate and Procurement).	2. Developed a new care market strategy for 2021-5 (Commissioners and Procurement).
3. Developed approaches that promote the voice of adults and carers and support coproduction to promote self-management and/or community solutions (Commissioners).	
4. Worked with adults, carers and providers to develop collaborative models of working in commissioning and assessing service(Commissioners).	
5. Reviewed all actions/projects taken to promote independence, prevention and recovery and share these with providers (All).	
6. Refreshed of BCF (Commissioners and Operations).	
7. Considered how to assess and monitor provider performance in the light of increased personalisation and more personal budgeting (Commissioners and Procurement).	
8. Carried out a 'deep dive' review of the care market strategy (Commissioners and Procurement).	

THE STRATEGIC PICTURE

INTRODUCTION

The care market is an enabler that helps commissioners in both health and social care deliver a range of outcomes based on a set of clear objectives and priorities.

HEALTH AND WELLBEING STRATEGY

The Joint Health and Wellbeing Strategy 2014-18[1] sets out a partnership vision to give all residents and local communities in Essex greater choice, control and responsibility for the health and wellbeing services they use. Its aim is to improve life expectancy overall, and to reduce inequalities within and between communities. It wants every child and adult to be given more opportunities to enjoy better health and wellbeing.

By ensuring that all partners work together to improve the health and wellbeing of Essex, the strategy promotes a shift from acute services to the prevention of ill health, to primary health care, and to community-based provision. It aims to do this by supporting investment in early intervention and the prevention of risks to health and wellbeing to deliver long-term improvements in overall health and wellbeing.

The strategy seeks to enable local communities to influence and direct local priorities for better health and wellbeing, strengthening their resilience and using community assets to reduce demand. It promotes integration across the health and social care systems to ensure that services are planned and commissioned in an integrated way.

The strategy also recognises that all public services need to work together to recognise and support vulnerable adults and carers to develop solutions that best suit the needs of individuals.

ECC STRATEGY

The County Council's vision is to focus on solutions not services in order to enable adults and carers to get on with their lives. They have set three strategic aims that are relevant to providers:

- **Enable inclusive economic growth**
- **Help people get the best start in life and age well**
- **Help create great places to grow up, live and work**

In the next four years the County Council wishes to transform the way it works moving from 'crisis to empowerment'. It will do this by focusing on:

- **Prevention**
- **Early intervention and Recovery**
- **Enablement**
- **Safeguarding**

The experience of citizens, their carers and those who are actively engaged in supporting networks and services, will be used to inform the County Council's actions and how it will co-produce solutions wherever possible.

We also know that we can only deliver our ambitions by working effectively with partners, including providers.

[1]The strategy is currently being refreshed and will be relaunched in the spring of 2018.

THE CARE MARKET IN DATA

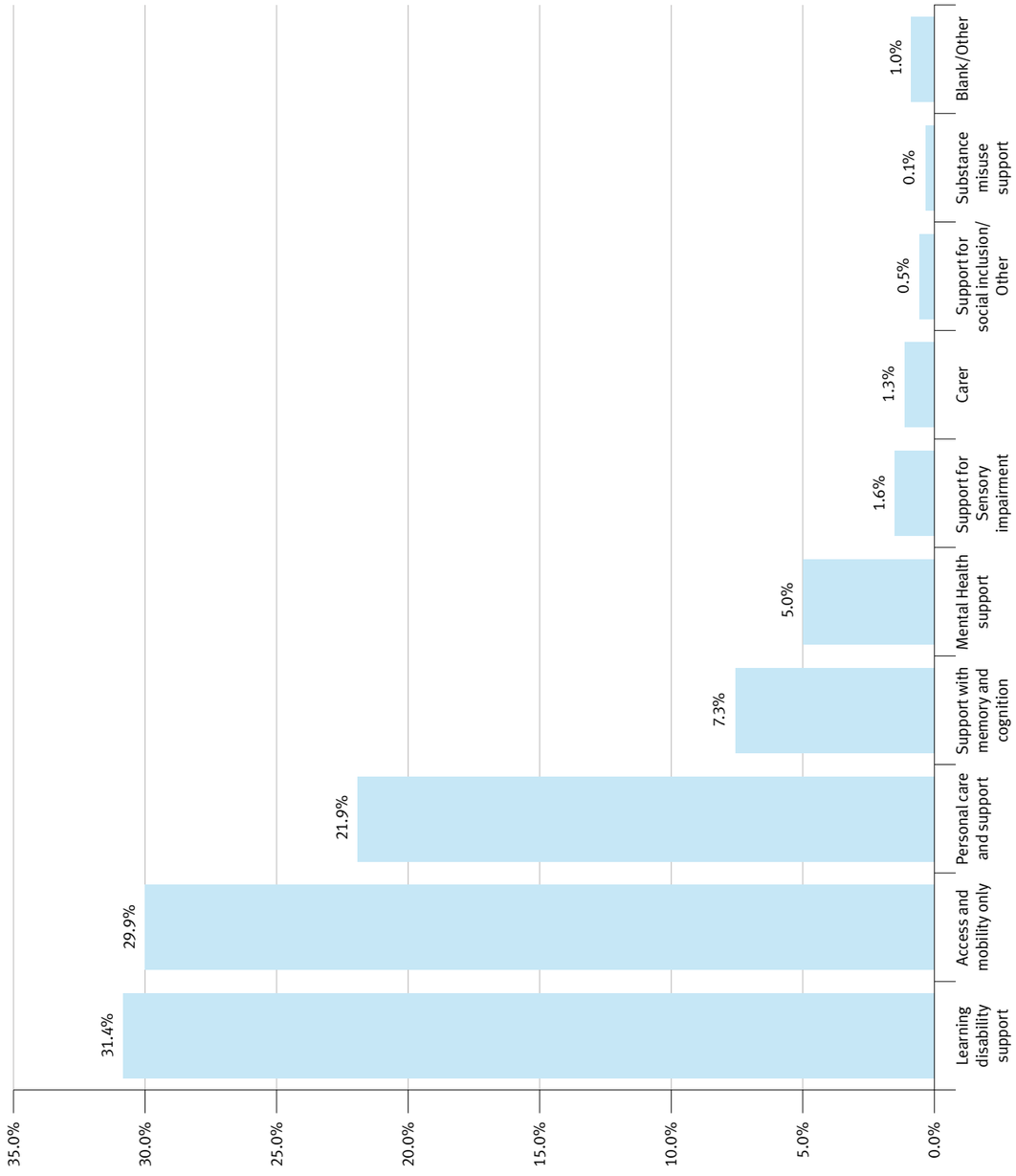
NEED

There are currently 16,000 adults with care and support needs in Essex.

AS AT – JULY 2017	LEARNING DISABILITIES	MENTAL HEALTH	OTHER PEOPLE	PHYSICAL & SENSORY IMPAIRMENT	TOTAL
Cash Payments	1282	311	872	1117	3582
Homecare	1619	122	4486	844	7071
Nursing	5	14	560	53	632
Residential	847	251	3734	141	4973
Total	3753	698	9652	2155	16258

CONDITIONS OF ASC SERVICE USERS REVIEW ALLOCATION – OCTOBER 2017

They experience a range of conditions with around 1 in 3 receiving support for learning disabilities and 1 in 5 receiving personal care and support.



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DEMAND

There is rising demand for health and social care services from a growing and ageing population and we know that rising demand is closely correlated to low income, areas of high deprivation and to the effectiveness of primary care. Demand is not spread evenly across the county.

OLDER PEOPLE

In Essex, by 2025 we expect the number of people aged over 65 to increase by 14% and the number aged 85 and above to increase by 30%. Also, as people live longer there is an increase in the number of people who are developing more complex needs, particularly in later life.

There are around 302,600 people aged over 65 in Essex – about 20% of the Essex population, which is higher than the national average. Despite this Essex already has the second lowest rates of admissions to residential care per 100,000 population at 475 per 100,000. The England average is 628.2 per 100,000.

Currently 2,700 people receive just 0-7 hours of care a week (or up to 1 hour a day) and a further 2,900 people receive 8-14 hours a week, showing the potential to ensure people are receiving the right type of support. The over 85s dominate demand. Of current live homecare packages, 52% are for people aged over 85. Around 61% of residential packages are for the over 85s.

Population growth among older populations is high but variable over the next 20 years:

- The largest growth in the next three years is among those aged 75-79 (+14.7%) and those aged over 90 (+11.9%)
- The population aged 65-69 is actually set to fall by 5% over the next three years but then grow by 10% in the years from 2020-25
- The largest growth over the next 20 years is among those aged 85-89 (+100%) and those aged over 90 (+130%)
- The highest growth for the over 85 population is forecast to be in Maldon (156%), Uttlesford (146%), Braintree (138%) and Castle Point (137%) over the next 20 years.

We are also seeing a significant rise in older people with dementia. The number of people over the age of is 65 estimated to have some form of dementia is expected to increase by 5,800 (+28%) over the next few years to 2025, and by 15,900 people (+75.1%) in 20 years to 2035.

ADULTS WITH LEARNING DISABILITY (LD)

The population of people with learning disabilities is relatively stable, but does account for a significant proportion of adult social care expenditure.

Demand is variable by age group. In the period to 2030, it is forecast that:

- The total Essex LD population (18-64) is projected to grow 1% by 2020 and 3.8% by 2030
- Though the number of 18-24 year olds is expected to fall in the mid-term (in line with overall population projections), 18-24 numbers are expected to increase over the longer term (by 2030).

Fluctuations in LD population for certain age groups, therefore, are not expected to translate to an overall lower demand for LD support. Improved life expectancy is also expected to contribute to population growth in higher age bands and the raise potential for additional complexity.

Currently 13% of LD service users have low to medium needs and receive 0-14 hours of care a week. 47% of service users have high and intensive needs – receiving over 57 hours a week care. 21% have very low needs and 20% have medium needs (receiving 15-56 hours a week). In 2015/16, adults with LD in secure employment stood at 9%, which was higher than the national average of 6.6% but still low.

Of the 937 young adults entering adult social care in the last 5 years, 692 (74%) had a Special Educational Need. Around 270 (28% of the total) had a Severe Learning Difficulty or profound multiple learning disabilities; 173 (18%) were on the autistic spectrum and 89 (9.5%) had Moderate Learning Difficulty.

ADULTS WITH MENTAL ILL HEALTH

About 1 in 6 of our residents (150,000) is known to be living with mental illness. 50% of mental health illnesses arise in someone by the age 14 and 75% by age 18.

The prevalence of mental health problems is even higher among vulnerable groups:

- Around a third of people suffering from long-term physical health conditions have a mental health issue
- Between 25 and 40% of people with learning disabilities also experience mental health issues
- 20-25% of people over 65 experience symptoms of depression, with mental health needs increasing to 50% among older people in hospital and 60% in care homes.

Just 6.4% of those with mental health issues were in employment in 2013/14 compared with 75.2% in the general population. Less than half of Essex people receiving secondary mental health services are living in stable/appropriate accommodation, worse than national (59.7%) and regional (56%) levels.

The suicide rate in Essex has been generally climbing from 2007 to 2014, against regional and national trends. The most recent figure of 9.1 per 100,000 is worse than the regional (8.1) and national (8.9) averages.

UNPAID CARERS AND FAMILIES

Carers work long hours to support loved ones and provide substantial financial benefit in Essex but they lack social contacts and struggle to access information and advice.

Carers provide an estimated benefit to the Essex public sector of £2.5bn a year. The mean age of a carer is 66 while the mean age for cared-for is 75. Over 50% of carers look after their loved ones for more than 100 hours per week. 17% of carers are “not in paid employment” which suggests they may like to work if able to balance their caring responsibilities.

11% of carers look after someone with LD, many providing care for years or even decades.

QUALITY

Comparatively Essex performs well. CQC rates 82% of providers as good or above and we have only a small, persistent number of providers that are at risk of failure at any given time. 64% service users are satisfied with the care services they receive and 61% report a good quality of life.

Working with the service user planning groups in 2015, service users and carers reported that good care services and solutions needed to:

- Be person centred
- Able to keep them safe
- Involve family members and carers; and
- Provide access to services and solutions that included real choice, were local and provided adequate information and guidance for them to help themselves wherever possible.

PERSONALISATION AND INDEPENDENCE

Adults want their needs met within their own homes and communities and to live independently and healthily, and will increasingly be using personal budgets to purchase the care and support that they need. People have told us that they do not always find it easy to access and find the support they require.

HOSPITAL ADMISSIONS

For older people Essex already has the second lowest rates of admissions to residential care per 100,000 population at 475 per 100,000. The England average is 628.2 per 100,000.

We believe there will be a continuing national focus on reducing growth in emergency admissions to hospitals and reducing delayed transfers of care, both of which will have a direct impact on providers.

THE CURRENT CARE MARKET

Many providers are finding market conditions difficult with some significant financial pressures. Supply remains fragile but has stabilised in the past year. Choice and quality remain an issue with little innovation in the market and investment largely being directed at the self-funder market.

There is a shortage of skilled workers in social care and nursing. 1 in 4 care worker posts are vacant which is above the regional and national figures. There are approximately 70 registered care manager vacancies at any given time. Providers are reporting that they are recruiting a lower calibre of staff in Essex compared to 2 years ago and fewer students undertaking care qualifications are entering the profession. Pay remains a significant issue but is not the only barrier to attracting more staff.

BUDGET

We currently spend £419m on Adult Social Care (net of income & specific grants) supporting adults and carers across the county, including:

Older People	**£104m**
Learning Disability	**£189m**
Mental Health	**£20m**
Physical and Sensory Impairment	**£47m**

Essex County Council has already delivered significant savings to deliver a balanced budget in 2017/18 but the work isn’t done with a further £159m to find by 2019/20; NHS partners also face significant financial challenges.

PART 2:

THE CARE MARKET FRAMEWORK IN DETAIL

SUSTAINABILITY, RESILIENCE AND INVESTMENT

OVERVIEW

To make the market more sustainable and resilient we think that we need to:

- Consolidate our work with existing providers, giving a greater emphasis to our framework suppliers and reducing the number of overall contracts we have with providers
- Ensure there is sufficient supply in the market to meet current demand and future changes in demand
- Support business to be able to adapt to the needs of commissioners, e.g. greater focus on personalisation, prevention and maintaining independence etc.
- Support the growth of businesses in response to changing need, adult and carers looking for different solutions to meet their outcomes, financial constraints and the need to innovate
- Develop further the role of voluntary and community groups and services in building the capacity to meet need; and
- Create greater community reliance as a contributory factor to developing a more sustainable care market to support an ageing population
- Ensure our investment and resourcing plan for the market is able to support market sufficiency and quality as well as being able to support those areas where there is the greatest pressure and the highest risk of provider failure.

CONSOLIDATION

We think there is a need to ensure we place more work and develop stronger relationships with our framework providers, and to work with providers to develop the right type of strategic partnerships and working relationships that will enable us to deliver the vision we have set ourselves in this strategy. We recognise we have too many contracts (and contract variations to these) to enable the care market business to work as efficiently and effectively as it might in Essex as whole. We do, of course, need to ensure we have sufficient supply and choice in the market and a range of quality services and solutions for adults and carers to choose from. In the next 12 months we will work openly with the whole market to see how we can meet these objectives and how, working collaboratively, we can help ensure you can grow and sustain your businesses successfully.

STIMULATING NEW BUSINESS AND HELPING EXISTING PROVIDERS TO ADAPT

We know we are not as good as we need to be in encouraging new businesses into the market and in helping businesses to adapt and grow. We think we can do more by:

- Being much clearer about what we see the demand for services is and to present this more clearly as business opportunities to the market
- Looking at how we can grow businesses in key sectors and focus on higher growth opportunities linked to our wider Economic Plan For Essex 2014 and
- Looking at stimulating various business models, including social enterprise.

THE ROLE OF THE VOLUNTARY AND COMMUNITY SECTOR (VCS)

There is recognition of the importance of the voluntary sector and of building community resilience to help shape, influence and deliver different models of care and support to vulnerable adults and older people in the future.

It is our intention to develop community resilience models which enable the third sector, carers and local communities to develop local arrangements to meet local needs and reduce the need for statutory provision. Developing a strategic approach to supporting communities to develop their capacity and resilience requires a partnership approach. We need relevant providers to work with us to develop a market development strategy to support the social enterprise sector and identify ways to increase capacity and resilience within communities.

There has already been some success in involving third sector groups and communities in shaping and delivering services (e.g. Community Agents, Good Lives (see Appendix 2) and Futures in Mind). Building on ECC's overall approach and the commitment of partners to build 'bottom up approaches', we think there are various ways in which the VSC can be involved in social care, including: paying VCS to deliver specialist services; prime provider/ supply chain models; working with VCS to identify and meet defined unmet needs; to build capacity in communities more generally (including giving more

choice for individual budget holders), and to identify specific social care packages which might be prevented or initially met by communities and the voluntary sector as ECC and partners collectively make a clearer ask of the voluntary sector, and by extension, communities themselves.

We have seen a growing interest in place-based approaches to mobilising community assets and developing resilient communities that would fit in well with the Good Lives approach (see Appendix 2). Asset based community development (ABCD) offers the opportunity to mobilise the assets of individuals, families and communities (e.g. relationships, skills, buildings and finance) to help communities identify and develop their own resources to meet their needs. The Building Collaborative Places work already undertaken by Essex and other County Councils sets a case for more place-based approaches to improving outcomes for people with 'multiple disadvantage.'

There are a number of ways we can look at to supporting social and community enterprise to nurture the growth of the care sector market in the future. These are mostly linked to wider actions that will develop the social enterprise sector in Essex and the plans to develop the voluntary and community sector more widely. There is potential that the market opportunities within the care sector and the need to create access to the supply chain for social enterprises can help to drive this wider economic development.

Potential interventions include the development of an Essex Social Enterprise Network as a focal point to:

- Provide business support and capacity building to the Essex social enterprise sector
- Increase networking, business to business sales, clustering and support
- Provide information and capacity building to enable access to ECC markets and supply chains (care and others); and
- Build capacity.

We are keen to explore how already successful voluntary organisation and/or community operations might wish to develop further into a social enterprise, a mutual, a charitable trust, or some other form of traded organisation. We also think there is merit in models such as:

- Enabling voluntary and community enterprise to bid collectively as a consortium for larger contracts on behalf of smaller organisations
- Social investment models for the delivery of care support, working with a lead contractor (responsible for all outputs) who would also manage a contract/ grant funded model to deliver – through a range of partners enabling social enterprise and VCS partners – to access the market through offering them capacity building and business support; and
- Community companies.

VOLUNTEERS

We understand there is an appetite for expanding the role of volunteers in Adult Social Care but the Essex Compact recognises that volunteering is 'freely given but not cost free', with infrastructure costs to facilitate volunteers (e.g., support, development and promotion). We are keen to understand more about the role volunteers and unpaid carers play in supporting vulnerable adults and older people across Essex, and what more can be done to give them the resources and support they need to continue to play their valuable role.

INVESTMENT

We recognise that the current financial climate is challenging for both providers and commissioners and we need to keep under constant review our fees and ensure we focus resources in the areas of greatest pressure both in terms of supply and quality. We will aim to use an additional funding we attract to support our strategic priorities, i.e. Prevention, Early Intervention and Recovery, Enablement and Safeguarding. We think there are more opportunities to work collaboratively with regional and national organisations, particularly our universities and colleges, to attract more funding for skills and leadership training and the development of care models that will improve outcomes and reduce demand.

A number of investment ideas have been identified throughout the development of this strategy. Investing in:

- Small organisations (VCS and non-VCS) deliver outcomes locally
- Business development and start-ups to allow new types of businesses to get established and innovate
- More activities to support quality and innovation
- Supporting workforce recruitment e.g. ECC could host a 'recruitment portal for the market' and facilitate collaboration between providers (e.g. sharing CVs)
- Care worker skills development and aligning the training offer to provider needs
- Schemes that build resilience, prevention and early intervention
- Developing Personal Assistants support to people with Personal Budgets more
- Supporting the market to work better with commissioners e.g. facilitating joint working between the private and voluntary sector; encouraging the development of consortiums offering a range of activities across the spectrum of needs – exploring alliance contracting; and developing strategic partnerships to work with commissioners to tackle the issues within the market; and
- More short term recovery and support.

We are keen to take these ideas, and others, to develop a more cohesive approach to identifying sources of additional funding and using existing resources to help achieve our priorities and ensure, where the market is under greatest pressure, it is appropriately supported.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• We will place a greater focus on framework providers and the development of appropriate strategic partnerships with other key providers in the coming months. (Now and to Dec 2019) • For other sectors of the market we will seek to 'stimulate' a wider choice of services and solutions by encouraging a greater mixture of business models and more localised provision. This strategy will involve actions to encourage community and volunteer organisations to form part of the care market and encourage more social enterprises and other micro providers to enter the market. (Now and to Dec 2020) • We would like to explore building localised community-based approaches to support providers more effectively perhaps by targeting a single aim such as prevention, tackling loneliness or ensuring people can access mainstream services. (Now and to Dec 2020) • We will explore an investment and funding approaches that help develop a more stable and sustainable market and supports the improvements we need to make. (Dec 2018).	• To work with us to develop better ways of working in partnership with providers, including greater collaboration between commissioners, providers and other service providers, including voluntary and community groups • To let us know how a localised response may be of assistance to you and your service users both in terms of stabilising your business and achieving better outcomes. We would be interested in hearing from groups of providers working in a particular locality that would be interested in working collaboratively with us to develop a localised community based pilot scheme.

KEY CONTACT(S):
Andrew Spice (Andrew.Spice@essex.gov.uk)
Nicole Wood (Nicole.Wood@essex.gov.uk)

PERSONALISATION

OVERVIEW

The personalisation of health and social care services is integral to all types of provision and we remain fully committed to this approach. The circumstances which lead people to self-fund or choose either a commissioned service or a direct payment are unique to the individual. We aim to achieve personalised solutions, with informed decisions being made based on an individual's needs, preferences and aspirations.

The proportion of eligible service users receiving self-directed support as at March 2017 reached 11,460 (88%). Of these 4,466 (39%) people took a direct payment to organise their own care. Broken down, 898 (20%) were older people, 1,143 (26%) were people with a physical disability, 941 (21%) were people with a learning disability, 246 (6%) people had a mental health condition and 1237 (28%) were carers. Although there were overall fewer carer assessments in 2016/17 than in 2015/16, a higher proportion of these 16/17 assessments went on to receive services (of the 5,901 carers assessed in 16/17, 1,237 went on to receive direct payments).

We have seen growing requests for Direct Payments (DPs) and they are starting to become the normal way of doing business as the County Council seeks to enhance the level of information and advice that helps promote informed decision making. Moving forward, commissioning intentions and procurement approaches will now recognise and/or enable service users to occupy one of 3 categories:

- Self-funding their care
- Eligible for a personal budget, taken as a Direct Payment which the individual manages and spends themselves; and
- Eligible for a personal budget, set up as a Managed Service administered on the individual's behalf by the County Council.

INDIVIDUAL SERVICE FUNDS (ISFs)

We need to keep on evolving the options for people to receive their personal budget and to this end we are exploring the option of introducing Individual Service Funds (ISFs) with providers, with a view of developing this into a tangible offer over the coming years.

To summarise, through an ISF:

- Service users design their support plan directly with the provider in terms of outcomes to be achieved
- The provider manages a person's direct payment and may provide some or all of the direct support
- The provider commits to spend the money only on the individual's service (not into a general pooled budget) as directed by the support plan; and
- The provider can also contract other services on behalf of the individual if the funding body agrees.

PAYMENT METHODS

The County Council recognises delays in progressing direct payments have occurred due to the need to establish a prepayment card scheme that can be used to buy goods and services over the web, telephone, or in person and critically, does not allow a person to spend more money than they have, reducing the risk of getting into financial difficulties. Such a card, we believe, will make people feel more in control and less anxious about the administration of their finances. Over time we think such a card could be used to support personal health budgets and possibilities for children, carers and direct payments funded by education are currently being considered.

MEASURING PERSONAL OUTCOMES

National research evidences the value of Direct Payments in terms of increasing choice and control. Our own evidence from local survey results suggests:

- The majority of Direct Payment users reporting a positive impact on their wellbeing
- 74% of Direct Payment users in Essex report having good or very good levels of control over the support they use; and
- 87% of Direct Payment users feel that the support they access using a Direct Payment is good or very good, slightly higher than in other parts of England.

Such data helps us to understand the experience of Direct Payments from the perspective of individual purchasers, identify strengths and weaknesses in the 'local offer', inform strategic planning and introduce benchmarking. This will provide a rich picture of experience which will be beneficial for direct payment recipients, self-funders and service providers in the future. Similarly, data from any card system we introduce will increasingly become an important tool for analytical data related to usage of Direct Payments. This will be included in future market strategies to inform provider business plans targeted to meet the demands of personalisation for all customer types, including self-funders.

SUPPORT DIRECTORY

Since January 2017, the County Council has been developing a support directory to allow any provider of services to adults and carers to register their services free of charge. Linked to the Living Well website, the aim of the directory is to establish a 'one stop shop' whereby adults and carers (self-funders or otherwise) can search and access the services they require. Overtime, the directory will be linked to the payment scheme, so services can be purchased directly on line. The directory is voluntary and requires providers to take ownership for uploading and updating their service details. So far, we have been encouraging regulated services to enter their details but over the next six months the County Council will be encouraging any type of service provider to register their details and to set up links to voluntary, community and other groups that offer services to vulnerable adults and older people. Over time, the support directory will provide insights as to the types of services people are looking to purchase and access, and will highlight any gaps in provision. This information will be made known to providers as they might represent a business opportunity to develop new types of services.

PERSONAL ASSISTANTS (PAs)

Purchasing support from a Personal Assistant is one of the most frequent ways that people make use of their Direct Payment in Essex. Achieving quality assurance in unregulated provision requires specific measures to create an appropriate standard for the benefit of both individual employers and Personal Assistants. It is our intention to establish a directory for Personal Assistants linked to the care provider services directory.

The County Council is committed to further developing the resources available to people who become employers or who are employed through direct payments and these will apply equally to self-funders.

BROKERAGE

Some individuals using a Direct Payment do not have a support network around them to assist in making effective use of their Direct Payment. These individuals may have a requirement for a brokerage service identified in their support plan. Brokerage services will support the individual in making use of their Direct Payment by helping to engage, set up and manage services for the individual to use.

There are around 40 individuals in Essex who currently use a brokerage service. We currently have no contractual relationship with Brokerage providers, individuals use their Direct Payment to engage with them directly.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• We will work with providers to continue to understand what personalisation means in practice and how approaches may need to change to ensure it is progressing appropriately. (Between now and 2021) • Explore with providers the contractual implications of personal budgets. (2019-2020) • Explore with providers ISFs and how these might work in practice. (2018-2019) • We will develop an effective payment mechanism (Dec 2018) • We will start to publish data on the Provider Portal about how service users are using their personal budgets to help inform the market about future business opportunities (2019) • We will start to publish data from the support directory to help inform the market about future business opportunities (2019) • We will provide access to a PA register to support the market for PAs and to facilitate the PA recruitment process in Essex.	• Engage with us in ensuring personalisation becomes more embedded and robust including helping us to make the vital link to the service user experience • Helping us to make the practical implications of personalisation work as efficiently and effectively for you as possible • Register your service on the support directory and to keep your details up to date.
KEY CONTACT(S): **Andrew Spice** (Andrew.Spice@essex.gov.uk) **Anna Saunders** (Anna.Saunders@essex.gov.uk)	

INDEPENDENCE, PREVENTION AND RECOVERY

We are committed to promoting independence and wherever possible and we will encourage solutions that will help people to remain independent for as long as possible. This starts with working on community wide solutions to promote the health and wellbeing of all citizens and trying to encourage people to make healthy lifestyle choices to remain fit and well for as long as possible [HWB Strategy]. Investing in prevention leads to better outcomes for individuals, families and communities and delays, reduces and avoids the need for more expensive services.

Where people do require support, it will be designed on the presumption that they can recover, and will build upon their strengths and assets, i.e. what they can do and the resources that are around them to help them recover and regain independence. However, there is an understanding that some people will require ongoing care and support.

We are committed to developing a joint approach with clinical commissioning groups for developing 'intermediate' care services that can:

- Ensure crisis situations are avoided or responded to quickly
- Avoid unnecessary hospital admissions
- Ensure that where hospital admissions are unavoidable, people only stay for as long as needed
- Reduce delays in transfers of care
- Support people being assessed for their long term care needs at their optimal point and not at the point of crisis; and
- Help people to develop resilient support networks to enable any ongoing care need to be minimised or prevented wherever possible.

The 'intermediate care' offer is based upon the principles of 'Discharge to Assess' and the 'Good Lives Approach' and as a result we will not assess for people's long term care needs whilst they are in hospital or until their crisis situation has been resolved.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• We will continue our current approaches to supporting people to live as independently as possible, including developing options for all citizens, e.g. independent living schemes. (Between now to 2021) • Develop more ways to ensure adults with disability are able to live independently and gain access to employment. (Between now 2021) • Continue to give appropriate support to carers and access to information and advice • Explore the use of peer-to-peer networks and community assets to support people to recover. (Between now to 2021) • Ensure appropriate housing offer and alternatives to residential care are available. (Between now to 2021) • Focus on 'progression models' to enable people to recover fully wherever possible supported by payment mechanisms which incentivise this. (Between now and 2021).	• Help us develop our approaches to independence, prevention and recovery and think about how you can add value to existing approaches • Identify what opportunities you can give people to help them recover more quickly and progress when able • Support people with disabilities into work • Form links with local organisations to help build community resilience to help people help themselves and prevent them from needing long-term support.
KEY CONTACT(S): **Andrew Spice** (Andrew.Spice@essex.gov.uk)	

INTEGRATION OF HEALTH AND SOCIAL CARE

HEALTH AND WELL BEING STRATEGY

The Joint Health and Wellbeing Strategy sets out a vision to give all residents and local communities in Essex greater choice, control and responsibility for the health and wellbeing services they use. Its aim is to improve life expectancy overall and to reduce inequalities within and between communities. It wants every child and adult to be given more opportunities to enjoy better health and wellbeing.

By ensuring that all partners work together to improve the health and wellbeing of Essex, it promotes a shift from acute services to the prevention of ill health, to primary health care, and to community-based provision, supporting investment in early intervention and the prevention of risks to health and wellbeing to deliver long-term improvements in overall health and wellbeing. The strategy seeks to enable local communities to influence and direct local priorities for better health and wellbeing, strengthening their resilience and using community assets to reduce demand. It promotes integration across the health and social care systems to ensure that services are planned and commissioned in an integrated way.

BETTER CARE FUND (BCF) AND SUSTAINABILITY AND TRANSFORMATION PLANS (STPs)

The integration agenda is further embedded in the Better Care Fund (2017-19) which has been approved by NHS England. Whilst this recognises that 'one size does not fit all', the model and the approach to integration see a desire to move towards:

- Locality-based multi-disciplinary neighbourhood teams, bringing together GPs, social workers and other professionals to co-ordinate care
- Taking forward new models of care from the NHS 5 Year Forward View, such as multi-speciality community providers, integrated Primary and Acute Care Systems, and Enhanced Health in Care Homes
- Population Health Management approaches to support better risk stratification and preventative work.

The aim is to build on the commitments made in CCG and local authority plans and align with the priorities for the sustainability and transformation plans (STPs) that focus on the following areas:

1. Join services together to provide more care closer to people and where they live
2. Promote self-care and independence and community based care
3. Support 7-day working
4. Working together across the system , including opportunities to share expertise and back office costs
5. Preventing the onset of ill health, helping people to adopt healthier lifestyles and live well with long term health conditions
6. Making primary and community and social care services work together more effectively and efficiently
7. Providing health and care more efficiently and sustainably.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• Make it clearer when and how we are seeking to integrate health and care pathways and highlight the opportunities for providers. (Between now and 2019) • Jointly commission services where this is of greater benefit to service users. (Between now and 2021) • Continue to develop integrated approaches that will improve delayed transfers of care, e.g. introduce trusted assessor schemes. (Now and 2018) • Communicate clearly with providers the final BCF programme and details of each scheme and ensure that providers are engaged in the development and implementation of these schemes. (2018).	• Engage with any approaches that facilitate integration • Support the implementation and further refinement of the BCF.
KEY CONTACT(S): **Peter Fairley** (Peter.Fairley@essex.gov.uk)	

INNOVATION, TECHNOLOGY AND BEST PRACTICE

We have stated that we will seek to innovate as one of our principles of working together. In developing this strategy, however, we have concluded we are not making the best use of existing innovative practices and technologies that are able to improve outcomes for service users and potentially save money. We believe care technology in particular can be a key enabler of health and social care transformation and increased integration with our partners in the NHS as well as delivering better outcomes for the individual, their carer and care professionals.

INNOVATION

We recognise that there are elements of innovation occurring throughout the system but as yet we do not share this innovation or prioritise where innovation is needed most. We understand that there are barriers that prevent more innovation taking place. These include:

- Commercial sensitivities
- Lack of investment
- Alignment to priorities
- Understanding impact and effectiveness
- Different degrees of risk appetite; and
- Regulatory obstacles.

TECHNOLOGY ENABLED CARE (TEC)

The County Council has recently reviewed its current approach to technology enabled care and wishes to make better use of a range of technological solutions that exist as well as maximise the use of digital solutions, e.g. electronic and shareable care and support plans.

BEST PRACTICE

Providers have been keen to stress that there are already many examples of innovation and good practice happening but we are unable to share this and spread it more widely across the system. It was felt that, as well as improving outcomes for service users, it would also give greater recognition to the quality of work undertaken by many providers.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• Through the care provider portal start to collect examples of innovation and good practice that providers are already undertaking. (2018-2019) • Where we identify good ideas from other places, we will promote these through the care provider portal to stimulate the spread of best practice. (2018-9) • We will seek to explore with providers the best way to stimulate innovation linking this to our priorities and plans to invest in the care market. (2019-19) • We will engage providers in our TEC project to ensure they are involved in the way it is taken forward. (2018-2019) • For the next version of the care market strategy we will test technology solutions on 40 LD service users to test its ability to support independent living and will seek to give greater shape and clarity about the approach to innovation in the care market. (2019).	• To share examples of innovation and good practice that you think you are already doing and are happy for others to adopt • Let us know if you have any new ideas that you would like to introduce to see how we might help you introduce them.
KEY CONTACT(S): **Richard Smith** (Richard.Smith@essex.gov.uk)	

IMPROVING DAY TO DAY WORKING

We recognise that we need to improve the way we do business with providers. Last year we worked with providers to see how we could improve relationships [Relationship Management report] and have continued to listen carefully to the concerns of providers. We propose to take the following actions to begin to improve the way we do business with providers. We will:

- Ensure the payment of invoices is improved
- Establish and work with providers to develop a comprehensive provider portal to enhance the way we communicate and inform providers about what is happening and how you can contact us to discuss ideas or raise issues of concern
- Share with, and help you make better use of, the data we have about where there are gaps in provision, demands for services and what service users are looking for
- Ensure commissioners and adult operations work more closely with providers to maximise the opportunities to improve practice, save money and develop better outcomes when commissioning new services
- Improve the overall way we engage and work with providers to foster greater trust and collaboration; and
- Make improvements to the way we manage safeguarding issues with providers.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• Made significant progress in improving the payment system (Dec 2018) • Seek feedback on the care provider portal and make ongoing improvements • Ensure that commissioners create specific opportunities to discuss in detail their commissioning intentions for the market to help you shape these and plan for the future. (2018) • We will create a number of formal strategic engagement groups to work with care owners more closely to influence the way we work together (2018) • We will continue to hold and improve quadrant based provider forums for care managers and care workers. (2017 onwards) • We will repeat the providers' satisfaction survey so you can tell us how we are doing. (2018).	• To use and give feedback on the care provider portal • Help shape and participate in any engagement events or groups we create helping us to make them a success and useful for all parties • Continue to tell us what you think we are doing well and not so well.
KEY CONTACT(S): **Steve Ede, Head of Procurement** (Steve.Ede@essex.gov.uk)	

CARE PROVIDER WORKFORCE

We acknowledge a skilled and motivated workforce is vital to maintaining and developing a successful care market. But equally, we also understand it represents one of our biggest challenges. In 2016-17 we developed a care provider workforce strategy aimed at making care work more attractive to new and existing care professionals as well as carers and volunteers. We set 3 objectives:

- Focusing on recruitment and retention
- Developing a well-trained, developed and motivated workforce; and
- Developing future workforce and capacity.

The involvement of providers and partners in developing this strategy was limited and we would like to ensure that this is not the case moving forward. Our long-term aim is to develop a joint workforce strategy with providers and all partners to help facilitate an even more skilled workforce. The Essex Employment and Skills Board (EESB) Care Sector Group also exists to help providers to work together to tackle workforce issues. This group needs a greater level of support and involvement of a wider range of providers.

There is also a need to work more closely with providers to identify how future changes to the care market will impact upon the workforce and what development needs this might give rise to, e.g. caring for those with dementia, supporting people with more complex needs, the skills required by PAs.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• Continue to develop the 'Gift of Care' campaign as a way of promoting care provision across Essex. (2017-2018) • Continue to support providers to recruit care workers in response to your requirements. (Now and to 2021) • Continue our work with schools and colleges to help students to successfully enter the care profession. (Now and to 2021) • Continue to build the leadership capacity and resilience of care managers through the My Home Life Programme (Ongoing) • Help develop the skills of care workers though specific initiatives such as Prosper. (Now and to 2021) • Explore with providers opportunities to help providers access quality training more easily. (2018-2019) • Develop and agree with providers a joint care provider workforce strategy looking at current and future requirements. (2018-19).	• To give us feedback on the Gift of Care campaign and as many examples as possible that we use to promote the care professions • To work together with us to identify joint opportunities to improve recruitment and retention issues in the sector • Work with us to identify what future actions we might take together to attract more people into the care profession • Work with us to develop a more robust care provider workforce strategy • Get involved in the Essex Employment and Skills Board (EESB) Care Sector Group.
KEY CONTACT(S): **Simon Harniess** (Simon.Harniess@essex.gov.uk)	

QUALITY AND QUALITY MANAGEMENT

Essex aspires to having the best possible providers to meet adult and carer outcomes and wishes to be recognised for the quality of its providers both locally and nationally. It wishes to see all regulated providers rated either 'good or outstanding' by 2021. Through the care market strategy we will lead and develop interventions to support care provider improvement, building on our current approaches such as Prosper and My Home Life. Quality is best improved through shared learning and understanding of what works well from the practitioners' perspective.

Working with the service user planning groups in 2015, service users reported that good care services and solutions needed to be:

- Person centred
- Able to keep them safe
- Involved family and carers; and
- Provide access to services that include real choice, availability and the provision of information and guidance.

Whilst service users generally reported an overall satisfaction with the quality of services, reliability and timeliness of services (including assessments and reviews) was a concern. Recent survey data for 2016-17, suggests 64% of service users are satisfied with the care services they receive and 61.6% report a good quality of life. According to the results of the Survey of Adult Carers in Essex (SACE) 2016/17, 71.6 % of Carers are overall satisfied with social services they receive and approximately one-in-five Carers reported a negative outlook on quality-of-life measures, such as time to enjoy, having a social life or control.

The shift to greater personalisation and personal budgeting will increasingly mean providers will have to demonstrate the quality of their services directly to service users, carers and family members as much as to commissioners. We believe this will require developing new ways of assessing and measuring quality and starting to make this information more easily accessible to the public, as well as moving beyond standard performance measures and focusing more on assessing outcomes and risk.

ECC will continue to assess provider risk and take action to intervene with those providers who represent the highest level of risk to service users. We will continue to address provider failure by taking preventive action and, wherever possible support providers to make the necessary improvements. Where providers fail, provider alternatives will be found.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• Give greater public recognition to high performing providers and care workers. (Now and to 2021) • Work with providers to understand and share best practice. (2018-21) • Define further interventions to help improve quality in the care market & look at ways of incentivising and rewarding higher quality. (2018-19) • Consider how we can assess and monitor provider performance in the light of increased personalisation and more personal budgeting in a manageable way. (2019-2021) • Address provider failure openly and rigorously through our stated approach. (Ongoing) • We will continue to ensure sufficiency of supply so that we are able to exit poor quality providers more easily and quickly when required. (Ongoing).	• Tell us about what you do well and help to identify and promote best practice • Help develop our improvement plan by telling us what works well and what you need help with • Work with us to develop new ways of assessing and monitoring quality • If you have concerns about the quality of the services you are able to offer, make contact sooner rather than later so we can work together on an improvement plan.
KEY CONTACT(S): **Steve Ede, Head of Procurement** (Steve.Ede@essex.gov.uk)	

PART 3:

COMMISSIONING INTENTIONS

COMMISSIONING FOR OUTCOMES

INTRODUCTION

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support. We recognise that this is an area where we need to do more and are now committed to exploring a range of possible approaches, including co-producing and commissioning new models of outcome-based care. These will offer financial rewards to providers for the delivery of cost-saving preventative interventions to provide better outcomes for the people of Essex. We are interested in exploring how we can reward providers for achieving the outcomes that matter for people and will be developing pay mechanisms that provide the appropriate incentivisation.

We recognise that our commissioning approach requires strengthening and needs to involve adults and carers, citizens and partners more effectively. Furthermore, personalisation is likely to require us to commission services very differently in the next few years and we also need to give greater consideration to jointly commissioning more services, particularly with Health. We also know we need to be clearer and more consistent about our commissioning approach and about specific outcomes that we are looking to deliver for Essex residents.

STRATEGIC OUTCOMES

On page 8 we have set out the strategic outcomes we wish to achieve with our partners (i.e. Personalisation, Independence, Recovery and Enablement) and have embedded these into the Care Market Framework itself.

OUTCOMES BY COHORT

The outcomes we wish to deliver by individual cohorts over the next 4 years are as follows.

OUTCOMES FOR OLDER PEOPLE AND THEIR CARERS

- Reduce the risk of a person's needs deteriorating
- Support people with needs to self-manage and live independently, reducing the need for more intensive packages of support
- Reduce loneliness for older people
- Foster independence.

OUTCOMES FOR ADULTS WITH DISABILITIES

- Promote independence, choice and community living – exploring opportunities for telecare and supporting adults with disabilities to live independently, in their local communities
- Achieve for people with more serious learning disabilities access to appropriate accommodation in Essex
- Achieve a radical step change in the proportion of adults with LD who can access employment.

OUTCOMES FOR ADULTS WITH MENTAL HEALTH

- Build resilience among rising risk areas
- Support whole system approaches and provide a focus for co-production to support people with 'lived experience' of mental health to design, develop and deliver their own solutions
- Support prevention of, and recovery from, mental health problems by developing transformational and holistic approaches, addressing:

a) Risk factors – such as low income, unemployment, insecure housing, early pregnancies, abuse, and social isolation
b) Protective factors – such as good public health, personal empowerment, and community support networks

- Promote mental health 'first aid' training for professional groups – from health visitors to care home staff and domiciliary providers – so they have basic skills in identifying where people might have problems to support prevention and early intervention at relatively low cost by making better use of existing resources
- Improve access to employment
- Improve access to stable housing
- Reduce the number of suicides in Essex.

OUTCOMES FOR CARERS

- Ensure the physical and the emotional health and wellbeing of carers is maintained
- Carers are able to continue to work
- Young carers have the same life opportunities as their peers without caring responsibilities.

SOCIAL VALUE THROUGH COMMISSIONING

The Public Services Social Value Act came into force in January 2013. It requires commissioners of public services to think about how they can secure wider social, economic and environmental benefits through their commissioning endeavours. The Act is a tool to help commissioners get more value for money when commissioning services. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems. We have done little work in this area with regards to adult social care and would be interested in working with providers and partners who may have suggestions on how this might work in practice or who are working with other commissioning bodies to deliver Social Value. Providers who are able to offer 'social value' in their models of care and support will increasingly become attractive to us.

DELEGATION OF DUTIES

The Care Act allows us to delegate some, but not all, of our care and support functions to other parties. This ability provides greater flexibility for a more local approach to be developed in delivering care and support, and permits us to work more efficiently and innovatively in providing better quality care and support for people. However, we retain ultimate responsibility for how delegated functions are carried out by other parties and delegation does not absolve the County Council of its legal responsibilities. The Act is clear that anything done (or not done) by a third party in carrying out the function is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle in allowing delegation of care and support functions.

We are keen to start exploring with providers what opportunities there might be to delegate functions, where evidence shows this can be done effectively and safely. We wish to create different and exciting commissioning opportunities where tasks we once had to perform ourselves are delegated as part of our commissioning strategy. We think there is a link between delegated duties and trusted and independent assessor models as well as 'embedded' worker approaches. We have made some progress in the area of trusted and independent assessors but with variable results. We need to bring this work together more by understanding what works best and why, fully utilising the input and feedback from those providers who have been involved in these schemes. We need to collaborate more closely on how the skills and expertise of care staff, County Council staff and health staff can work together both in assessing and reviewing adult and carer needs and in the delivery of services and solutions to them.

WHAT WE WILL DO NEXT	WHAT WE WOULD LIKE YOU TO DO
• We will continue to ensure we regularly keep you up to date about the wider vision for health and social care as set out by commissioners and any key transformational approaches, such as Good Lives (see appendix 2) that are developed. (Ongoing) • Through our new engagement framework we will ensure important strategic and policy items are made available much earlier on for you to influence. (Ongoing) • Lead commissioners will hold discussions with key service user and provider groups to refine our future commissioning plans and publish these as a clear set of outcomes to inform the future commission of services and solutions. (2018) • We will identify one or two areas where we would like to try an outcomes based commissioning approach linked to incentives and ensure we do this in good time for providers to help shape our intentions. (2019) • We will ensure any learning and evaluation from the current trusted and impartial assessor pilots are shared with providers and, where these are mainstreamed, providers are fully involved in influencing this work. (2018-2019) • We will invite providers to identify where they feel there are opportunities to progress models, such as 'embedded workers' to support the assessment and review of adults and carers and the hospital discharge process. (2018-2019) • As we are at the early stages of considering delegated authority and social value based commissioning, we will publish our initial thoughts and ensure providers are involved in how these might work in practice. (2018-19).	• Through the new Care Provider Portal keep yourselves informed about the wider health and social care picture and give us feedback on our ideas • Help us to shape our commission approach as it develops • Help us shape our commissioning intentions by sharing your experience and examples of what works well and what might be improved • Help us to involve adults and carers and others in shaping our future plans • Share with us any experiences or ideas you have on any of the following: trusted and impartial assessors, embedded workers and delegated duties.
KEY CONTACT(S): **Andrew Spice** (Andrew.Spice@essex.gov.uk) **Peter Fairley** (Peter.Fairley@essex.gov.uk)	

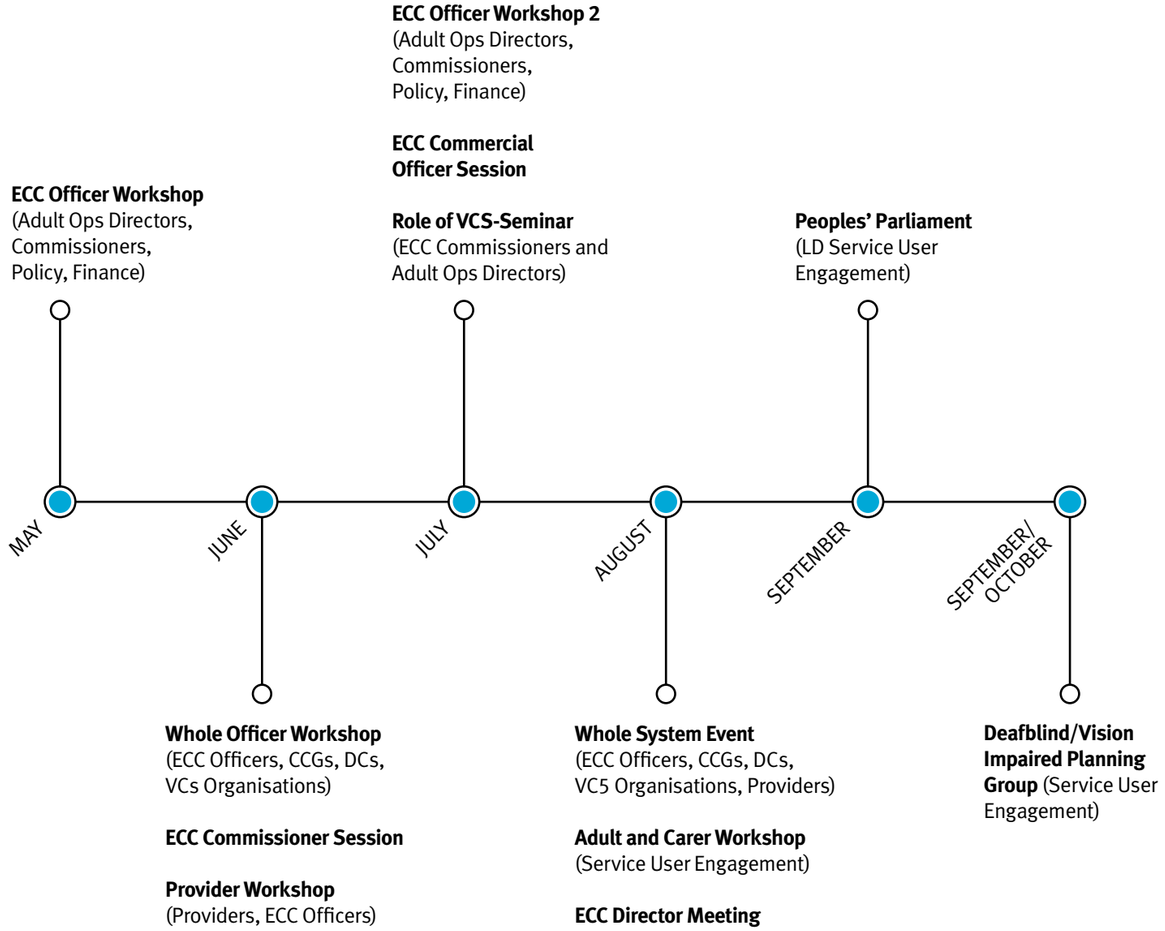
MEASURING SUCCESS

We will measure our success by:

1. Assessing the robustness and confidence in the market as measured by CQC, sufficiency of quality supply and service user feedback
2. A robust engagement framework established via strategic provider forums and providers reporting through the Relationship Management survey an improvement in ECC sharing information with them as well as an increase in trust and responsiveness
3. Commissioners increasingly work collaboratively with adults, carers and providers to design, commission and review services
4. Increased satisfaction of providers with ECC as measured by ECC Relationship Management survey
5. Significant progress made in paying providers on time
6. Progressing key workforce issues with providers results in agreed joint workforce strategy and a reduction in the number of care worker vacancies
7. Progressing personalisation through an increase in the number of individual outcomes that are being met and people having increased choice and control
8. Trusted assessor / delegated authority approaches progressed in at least two areas and improving hospital discharges and 'flow' through the system.

The first review of the strategy will take place in the spring of 2018.

APPENDIX 1: CARE MARKET STRATEGY ENGAGEMENT



PARTNERS

Partners, including Health and District Councils were informed about the project and invited to express opinions and share ideas. Their views were sought in a half-day 'Whole Officer Event' on 05 June 2017, and in subsequent ongoing engagement via email. Partners also took part in the 'Whole System Event' on 21 August 2017 that brought together CCGs, District Councils, VCS organisations, Providers and ECC Officers.

Health

- Basildon and Brentwood CCG
- Castlepoint and Rochford CCG
- Mid Essex CCG
- North East CCG
- West Essex CCG
- Southend CCG

District Councils

- Brentwood District Council
- Colchester District Council
- Epping Forest District Council
- Harlow District Council
- Maldon District Council
- Rochford District Council
- Southend District Council
- Tendring District Council
- Thurrock District Council
- Uttlesford District Council

VOLUNTARY AND COMMUNITY SECTOR (VCS) ORGANISATIONS

Views of the key 'umbrella' Voluntary and Community Sector organisations in Essex were sought during the 'Whole Officer Event' on 05 June 2017 and subsequent ongoing engagement via email. Providers also took part in the 'Whole System Event' on 21 August 2017 that brought together CCGs, District Councils, VCS organisations, Providers, and ECC Officers. VCS organisations also took part in the 'Whole System Event' on 21 August 2017 that brought together CCGs, District Councils, Providers, and ECC Officers.

- Chelmsford CVS
- Essex Community Foundation
- Community Agents

ECC OFFICERS

ECC Officers were engaged principally at Director, Commissioner and Head of Service level. Engagement was managed through a series of workshop events, prior to a draft plan made available for comment. Dedicated 'ECC Officer' workshops were held on 15 May and 11 July, with ECC Officers also attending all sessions with other stakeholders. ECC officers also took part in the 'Whole System Event' on 21 August 2017 that brought together CCGs, District Councils, VCS organisations, and Providers.

ADULTS AND CARERS

Service User Workshop

'Service User Workshop' was held on 14 August 2017. Twenty three adults attended the workshop session and this saw representation from Adults with sensory needs, learning disabilities and mental health needs. Carers and voluntary sector organisations also attended to represent the views of people with autism, learning disability and substance misuse. The event was facilitated by the Citizen Insight Team and support by the wider project team.

Planning Groups

Views of Adults and Carers were also sought via existing planning groups:

- Face to face engagement of the Deafblind/Vision Impaired Planning Group on 11 September 2017
- Virtual engagement of the Older People/ Physical Impairment Planning Group via email (the intention was to attend the session on 27 Sep 2017 in person but it was cancelled due to circumstances outside of our control).

People's Parliament

Views of Adults with Learning Disabilities were also sought through face to face engagement of the People's Parliament on 27 September 2017.

PROVIDERS

Care Providers were engaged via the creation of provider reference group. Direct invitations were made to Tier One providers to be part of this group. All providers were informed about the project and invited to express opinions and share ideas. Provider views on the future of the care market in Essex were sought in a half-day workshop, supported by Commissioners and ASC Directors on 28 June 2017, and in subsequent ongoing engagement via email. Providers also took part in the 'Whole System Event' on 21/08/2017 that brought together CCGs, District Councils, VCS organisations, and ECC Officers. Providers who engaged in the project:

MARKET	PROVIDER	MARKET	PROVIDER	MARKET	PROVIDER
Domicillary	AMD Care	Residential	Brooklyn House	Residential/ Domicilliary	Estuary Housing Association
	Carewatch		Bupa	Residential/ Supported Living	Hamelin Trust
	Caring Direct		Corner Housecare	Supported Living	L&Q Living
	Complete Care Services Ltd		J & S Healthcare Services Ltd	Supported Living	Autism Anglia
	ECL		Mistley Manor	Supported Living/ Domicilliary	Aldanat care
	Essex Dementia Care		Nellsar	AWD	Dimensions
	Golden Hands Home Care Ltd		Silverpoint Court Residential Care Centre		Independent Excel Care Consortium Ltd
	Interserve Healthcare		Sonnet Care Homes		Consensus Support
	JM Carehomes Ltd		Tlc Care Homes		Livability
	Personal Assistance for Life Skills	Hospice	St Helena Hospice		Vibrance
	Right at Home	Consultancy	Corner Housecare		Zero three Care
	Thera East	Housing	Colchester Borough Homes		

APPENDIX 2: GOOD LIVES

WHAT IS GOOD LIVES?

Good Lives is a "three-conversations" model that aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional support packages offered only when other options have been exhausted.

THE THREE CONVERSATIONS: HOW IT WORKS

Conversation 1: initial contact
"How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?"

Conversation 2: when people are at risk
"What needs to change to make you safe and regain control? How can I help make that happen? What do I have at my disposal, including small amounts of money and using my knowledge of the community, to support you? How can I pull them together in an emergency plan and stay with you to make sure it works?"

Conversation 3: when long-term support is needed
"What is a fair personal budget and what are the sources of funding? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in support planning?"
Since its implementation 24 months ago the proportion of people who ended up requiring a formal service dropped from 11% to around 6.5%.

We would be interested in working with providers who are able to apply and extend our Good Lives model in the work they do for us.