

# Statement of Regional Priorities for Care Market Development

Draft stakeholder  
engagement version

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# Introduction

Over the summer months we want to work alongside stakeholders, people who access care and support services, their carers and families, to listen to and learn from what is important to them, so that we can decide whether or not the regional priorities we have written are the right ones.

The regional priorities are developed for adult social care (ASC). They set out how support should be provided so adults of all ages with physical or learning disabilities, autism, frailty, mental illnesses, or substance misuse are enabled to live a fulfilling life and realise their potential to contribute to their local community.

ASC is responsible for assessing and meeting needs through councils and provider organisations, carers, relatives, and the voluntary and community sector (VCS). For further information see: [www.futureasc.com](http://www.futureasc.com).

## Who are we?

We are the Market Shaping and Commissioning Network. The Association of Directors of Adult Social Services (ADASS) asked us to develop some priorities for care market development within the eastern region. All local authorities (LAs) in the region are part of our network. The local authorities in our region are: Bedford Borough Council, Cambridgeshire County Council, Central Bedfordshire Council, Essex County Council, Hertfordshire County Council, Luton Borough Council, Norfolk County Council, Peterborough City Council, Southend Borough Council, Suffolk County Council and Thurrock Borough Council.

Together we looked at the evidence on what's working and what could be improved in the care market. This is because the Care Act 2014 sets out the duties of LAs to help create a diverse, sustainable, high quality market for our people, including those who pay for their own care. Also, it requires the promotion of an efficient and effective operation of the adult care and support market.

This has led to our thinking at regional level about the kind of vision and principles that we believe should inform future care market development and priorities.

As part of this process, we are very keen to listen to people who draw on or buy care services and support. We want to know what people think of the principles and priorities identified so far. It is very important to us at regional as well as local level – to really engage with communities in order to understand what people think. To do this we recognise we need to start listening and engaging with our stakeholders differently.

## Stakeholder engagement

To start this process, we asked Curators of Change to host a workshop of a small group of people who access care and support services. The task was to sense check the principles and priorities that have been proposed before we included them in this version of the document. One of the things that this group agreed was to include reference to the Think Local Act Personal (TLAP) Making It Real Framework.

*“Making it Real is not just another thing for organisations to do. It is a vision, inspiration and a guide that, if used in the way intended, will help people to lead their lives to the fullest”*

**Sally Percival, Making it Real Framework**

## This document outlines the

- Vision
- What the services and support are that we talk about when we say we want to develop the care market
- The principles we are committed to working with
- The priorities we think are necessary for the best future market development.

# The vision

Social Care Future co-produced this vision together with people who access care and support services. It is also the vision within The Future of Adult Social Care Report – [www.futureasc.com](http://www.futureasc.com).

*'We all want to live in the place we call home, with the people and things that we love, in communities where we look out for each other, doing what matters to us...'*

We know that this is not always the experience that people have and are committed to working directly with people who draw on care and support to make sure that we are all working together to co-produce care and support that is right for everyone who needs it.

# The Services

## What is the provider care market?

The provider care market is a term used by ASC to describe any care and support you need to be able to “live the life you want to and do the things that are important to you as independently as possible” (Making it Real October 2018).

The provider care market includes services that are provided by: local authorities, private providers or community groups for adults (age 18+ years old) and older people.

## What is care market development?

Care market development is the work that ADASS, Local Government Association (LGA), local authorities and other health and care organisations do to make sure that they are ‘commissioning’ the services and support they believe people need to draw on or buy for themselves and are available locally.

This work is done to make sure that people with care and support needs have a wide range of options when it comes to meeting their needs.

Locally and regionally a lot of work is needed to develop the range of services provided by the care market. We want to ensure there is a much greater choice of care options to meet individual needs and circumstances. We also want to support people to have choice and control about how their care and support needs are met.

## What does the care market include?

Accommodation based solutions for adults of working age and older people including those with learning disabilities, physical disabilities and those with mental ill health, to support them in managing everyday tasks and with independent living.

**Carers – informal:** we have included here because carers provide an invaluable level of care in the community. They provide unpaid care and support in the family home. They are usually family members but could also be friends and/or neighbours.

**Care homes:** homes (sometimes called residential care homes) that people live in with other people, with staff providing care and support.

**Community micro-enterprises (CMEs):** are very small community-based organisations delivering social care services in local communities. They employ five or fewer staff. See *Micro-enterprises: small enough to care* for more information.

**Day opportunities:** a planned program of activities or support for adults who require this additional support during the day.

**Domiciliary care:** care provided by either the local authority, voluntary community services (VCS) or private agency, to a person in the place they call home to support their independence.

**Interim care:** intermediate care and reablement services providing support for a short time to help the person recover and increase their independence to remain at home.

**Nursing homes:** care homes that also employ registered nurses to provide nursing care. Nursing homes may be privately owned or they may be run by a charity or a local council.

**Technology enabled care services (TECS):** includes the range of health and care technologies such as: telecare; telehealth; environmental controls; health; telemedicine.

The following are not direct services but are included as they are important because they provide money to people to enable them to purchase their own services:

**Direct Payments (DPs):** money that is paid to an individual (or someone acting on their behalf) so they can arrange their own support.

**Individual Service Funds (ISFs):** a supported way of managing a personal budget from the council. The funds can be held by a particular provider. The individual remains in control of making decisions about how they receive their support.

**Personal Budget (PB):** money that is allocated to an individual by the local council to pay for care or support according to results of a needs assessment.

Once a personal budget is worked out it then becomes a direct payment if that is a suitable way of people receiving their personal budget. The Care Act says a personal budget should be worked out based on unmet needs and it can either be commissioned as a direct payment, commissioned by the LA as for example a managed service, or be taken up as an individual service fund. The personal budget also includes what people are contributing themselves towards their own care and support.

## Making it Real

'Making it Real' is a framework for good personalised care and support co-created by members of the National Co-production Advisory Group (NCAG) and the Think Local Act Personal (TLAP) partnership.

It includes a series of 'I' and 'We' statements that were co-produced with people that set out what good, personalised care and support should look like for people themselves (I statements), and from the perspective of the organisations who commission or provide care and support (WE statements), for example:

*"I can live the life I want and do the things that are important to me as independently as possible"*

The framework is based on the following principles and values of personalisation and community-based support:

- People are citizens first and foremost
- A sense of belonging, positive relationships and contributing to community life are important to people's health and wellbeing
- Conversations with people are based on what matters most to them. Support is built up around people's strengths, their own networks of support, and resources (assets) that can be mobilised from the local community
- People are at the centre. Support is available to enable people to have as much choice and control over their care and support as they wish
- Co-production is key. People are involved as equal partners in designing their own care and support
- People are treated equally and fairly and the diversity of individuals and their communities should be recognised and viewed as a strength
- Feedback from people on their experience and outcomes is routinely sought and used to bring about improvement.

*(Making it Real: Launched Oct 2018)*

# The principles

The principles we have developed are about:

- The direct impact on the people who access services and support as well as family, friends and carers
- What organisations and services need to do to make that happen.

During the workshop convened by Curators of Change, people struggled to understand how the principles could make sense to them. It was felt that the Making it Real statements helped people and others to make sense of the principles. As a result of this we have included some of the 'I' and 'We' statements alongside the principles.

**The following are our draft principles – what 'good market development' needs to look and feel like from the perspective of people, carers and families:**

## 1 Person centred

- One size does not fit all. Each of us has different needs that depend on age, gender, disability, religion, ethnicity and sexual identity.
- Shaping care markets should include:
  - Knowing what matters to people and what good looks like for people
  - Putting people and communities at the centre of planning and decision making
  - Working alongside people, communities and health and care organisations who provide support
  - Supporting people to meet their needs now and in the future.

### Making it Real statements

**I** am treated with respect and dignity.

**I** am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.

**We** have a 'can-do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.

**We** work in partnership with others to make sure that all our services work seamlessly from the perspective of the person accessing services.

## 2 Wellbeing and independence

- It is important that people can be as independent as possible in their own home or community home for as long as possible.
- Nursing and residential care should only be an option when the person or family want this.
- Keeping people socially connected and well, and those who support them well, is also important.
- Moving between settings (someone's home to care, or a hospital stay for example) should be easy. People should be included in any decisions about what is best for them.

### Making it Real statements

**I** have a place I can call home, not just a 'bed' or somewhere that provides me with care.

**I** live in a home which is accessible and designed so that I can be as independent as possible.

**I** am supported to plan ahead for important changes in life that I can anticipate.

**We** make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology and medical equipment.

**We** talk to people during and after significant changes to find out if their requirements for care, support and housing have changed and to review their aspirations.

## Necessary infrastructure to support person centred services, wellbeing and independence:

### 3 Place, diversity and innovation

- What matters to people is the most important – where they want to live, who with, and who supports them.
- The care market should include lots of different options for people. This includes what is available to people in their local area/community.
- Creating new opportunities for people and removing the barriers and blocks that stop people being able to do the things they want to do.
- Listening to what people and communities are saying and help to make things happen in ways that make sense to them.
- Test all new ideas with people and learn from them about what works best, and what does not work so well.
- Share what works for people across the region.

#### Making it Real statements

**We** see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.

**We** invest in community groups, supporting them with resources – not necessarily through funding – but with things like a place to meet or by sharing learning, knowledge or skills.

**We** have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.

**We** welcome ideas about using personal budgets flexibly and creatively.

## 4 Partnership and integration

- Co-producing with people who access care and support, communities, commissioners, providers, planners, education and housing from the start.
- Work with the NHS to join up the care and support that people need.
- Recognise that people's lives are not separated into health, care, private and community. People are individuals with lots of ideas about how they want to be supported to live their lives. Starting with the strengths, listening to what matters to people, sharing decision making power, valuing each other's expertise is important.
- Develop strategies that are based on what matters to people, working with what is already there and helping to keep people well and living the lives they want to.

### Making it Real statements

**I** have a co-produced a personal plan that sets out how I can be as active and involved in my community as possible.

**I** know how much money is available to meet my care and support needs. I can decide how it's used – whether it's my own money, a health or social care personal budget, or a budget managed on my behalf.

**We** work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them.

**We** work with people as equal partners and combine our respective knowledge and experience to support joint decision-making.

## 5 Collaboration, reciprocity, subsidiarity and transparency

There are lots of common issues and challenges in relation to contracting. Local authorities should talk to each other when working with organisations who provide services across their boundaries.

Transparency and trust is very important. Local authorities should talk openly about plans, share intelligence, insight and proposals. For example:

- Be open about rates of pay and respect other providers payment rates
- Expectations from providers
- Contract standards
- Workforce Pay

They should also talk about how we are working to join up processes across the region in relation to:

- Safeguarding
- Procurement
- Mutual Aid

Being clear about what happens at a local, regional or national level.

### Making it Real statements

**I** feel safe and am supported to understand and manage any risks.

**I** know what my rights are and can get information and advice on all the options for my health, care and housing.

**We** make sure we share information about what we do and how people can access our service with other relevant organisations so we can all work more effectively.

**We** make sure that people, and those closest to them, know what to do and who to contact if their health condition, support arrangements or housing conditions are deteriorating and a crisis could develop. We respond quickly to anyone raising concerns.

## 6 Evidence, quality, outcomes and value for money

- Creating an automated and integrated reporting system that informs local commissioning, supports providers and helps regional level understanding, prioritisation, planning and action.
- Providing relevant up to date knowledge at local and regional level – and making sure the evidence that informs decisions is based on what matters to people.
- Making sure that ‘outcomes’ relate to what matters to people and what people want as the market develops. Including more non-regulated service contracts to enable micro-enterprises / community-based services to become viable service providers.
- Ensuring quality and evidence is at the heart of market development and service delivery and investing in what is known to deliver good outcomes.
- Developing new systems of care that ensure better value for money and that money is used locally and wisely.

### Making it Real statements

**I** can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.

**We** make sure that our organisational policies and procedures reflect the duties and spirit of the law and do not inadvertently restrict people’s choice and control.

**We** work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.

**We** don’t make assumptions about what people can or cannot do and don’t limit or restrict people’s options.

# Regional priorities

The network has identified the regional priorities we believe are necessary to make the right changes in the care market.

The priorities outlined here are informed by the vision and principles.

The priorities have been categorised according to whether they are:

- A) in progress  
or
- B) a new development

## A) Priorities already in progress

Work has already started on some priorities which are included here for completeness and transparency.

### 1) **Implement the Eastern Regional ASC Workforce Development Strategy**

A Strategy has already been developed and was approved in October 2020. Six priorities for action were identified: recruitment and retention; parity of esteem; career pathways; sector promotion; skills and values and wellbeing; equity and diversity. Work to implement this strategy is ongoing.

### 2) **Develop the Regional Provider Assessment Market Management System (PAMMS) market intelligence system to also include market insight tool and reporting**

This will give us much more information on what is happening across the care market in the region so we can understand better what is going on and what the issues are.

It includes the capacity for the LAs and the region to do demand and capacity tracking, a benchmarking function, a provider risk dashboard, differential costs of care, a standardised approach to performance monitoring, and information on providers such as ownership and financial structure.

**3) Share local authority care market and digital innovation strategies and market position statements (MPS)**

Through this work we have started to log and share innovative approaches with regards to market sustainability and development so we can each learn from what is working well in other local authorities.

In time we hope also to include test and learn sites and to share the learning from those.

**4) Lobby national level**

The Market Shaping and Commissioning Network will continue to raise care market and housing issues at a national level.

A Network member will join the national markets commissioning forum in future.

**B. Newly identified priorities**

**5) Stakeholder engagement on market priorities**

A stakeholder engagement process on the regional priorities for care market development will run from July to September 2021 with the purpose of listening to people who have used the services, their carers, local communities and providers.

Sense-making and stakeholder events will be held in September / October 2021.

The vision, principles and market priorities will be revisited following this process.

**6) Create a regional approach to housing**

In March 2021 this process was started by testing ideas with six of our LAs to develop a regional approach to housing during 2021. The proposed approach would incorporate all future housing for people with a variety of care needs and be developed taking account of community, social care, health, public health, planning and housing.

**7) Develop the specialist skills of commissioners involved in care markets and housing in order to ensure the choice of systems and services needed are provided so that people will have a place they can call home, not just a bed or somewhere that provides care**

Support ongoing learning through action learning groups about Direct Payments, ISFs, micro-enterprise development and carers. Future topics include digital technology and assistive technology in housing and more (Building Positive Futures Programme).

We will develop resources to include relevant publications, further learning materials, evidence, tools, contacts and learning opportunities to build knowledge, skills and confidence within LA market and housing commissioners.

We will also work with the Local Government Association (LGA) who are currently developing a market commissioning toolkit.

We will explore training and development opportunities for new market commissioners, including commissioning for wellbeing programmes, secondments, development opportunities, coaching and mentoring.

#### **8) Agree common regional market commissioning approaches**

This will include provider uplifts, intelligence sharing, identification of provider at risk, markets risk etc. We can learn from existing approaches across the region. We will consider how to include the community voluntary sector (CVS) in this as we expand from the traditional provider base to new providers and care models.

#### **9) Establish a regional purchasing consortium**

Using an existing supply organisation where possible. Possible options include bulk purchase of provider supplies, energy consortium, benefits for market care sector workforce, support for providers to reduce costs, low-cost loans, buying buildings and renting back, lending capital, capital investment to support market reshaping, and so on.

#### **10) Agree a regional approach to collaborative commissioning with the NHS**

Reshaping the market is part of the agenda for the Integrated Care Systems (ICS) and we need to develop collaborative approaches between citizens, local authorities, health and the community and voluntary sector (CVS).

#### **11) Co-produce a regional provider engagement process**

We will work with people who access care and support and providers to co-produce a method of engaging and working with a range of different small and large providers across the region.

# What next?

## Stakeholder engagement

### Listening events

We have asked Curators of Change to work alongside us to create listening events to do this. They will help to ensure there are open and honest conversations with people who access care and support, with service providers and with people from other sectors and anyone who is interested.

Over the next few months the network would like to know:

- what matters to you
- whether you think we have the right vision and principles
- what your views are on all the priorities

To this end we have created two different versions of the draft regional priorities:

- an easy read version
- a slightly longer fuller version

We would like the feedback process to be as inclusive as possible so we have created a few different ways for you to tell us what you think.

### Workshops for providers of local authority and private social care and support services

Please register in advance by clicking the link for the session you want to attend:

[Monday 26 July, 10am - 12 noon](#) **OR** [Wednesday 8 September, 10am - 12 noon](#)

After registering, you will receive a confirmation email containing information about joining the meeting.

### Open workshops

These are for people with lived experience of receiving care services, carers, people from the NHS the voluntary and community sector. Anyone at all who is interested would be very welcome.

Please register in advance by clicking on the link for the session you want to attend:

[Monday 26 July, 2-4pm](#) **OR** [Wednesday 8 September, 2-4pm](#)

After registering, you will receive a confirmation email containing information about joining the meeting.

### Online survey so you can tell us your thoughts in writing

If you are not able to attend the workshop times, we have created a space for you to share your thoughts in writing on the priorities here:

Click [here](#) to access the survey – which will be open from 16 July – 30 September 2021.

## People with lived experience

### Story style workshops for people who need help accessing services and support

Please register in advance by clicking on the link for the session you want to attend:

[Tuesday 10 August, 1-3pm](#) **OR** [Tuesday 10 August, 6-8pm](#)

After registering, you will receive a confirmation email containing information about joining the meeting.

If you are not able to attend the workshop times, we have created a space for you to share your thoughts in writing on the priorities [here](#), which will be open until **30 September 2021**.

### Community Reporter training – a series of four workshops

People who want to do the training and become members of the Institute of Community Reporters should attend all four sessions.

Trained Reporters will gather stories from their networks about peoples' experiences of care and support.

If you want to be involved in learning more about Community Reporting and how you can get involved in telling your story in a safe and supported way, and also learn how to gather stories from other people, then please sign up to join one of the story telling workshops and/or the Community Reporter training. Curators of Change will be sending a separate flyer with more information about this.

### Making sense of the stories

In September there will be some sense-making workshops, working with the stories gathered by Community Reporters during July and August.

### Sharing the learning and deciding actions

In the Autumn there will be a bigger event to share the learning and how this has influenced the draft priorities. The engagement process will lead us to the point of agreed regional vision, principles and priorities.

*For more information about the engagement process and to register your interest in being involved with the community reporting or the ongoing work please email [cat@curatorsofchange.com](mailto:cat@curatorsofchange.com)*

*For any general queries about the market priorities themselves please email Gill, ADASS East Markets Support at: [gill@gpkconsulting.co.uk](mailto:gill@gpkconsulting.co.uk)*

# Glossary

Taken from **Think Local Act Personal**'s online *Jargon Buster*.

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<b>Commissioning</b>	The process of planning services for a group of people who live in a particular area. It does not always mean paying for services, but making sure that the services people need are available in that area.
<b>Independent living</b>	The right to choose the way you live your life. It does not necessarily mean living by yourself or doing everything for yourself. It means the right to receive the assistance and support you need so you can participate in your community and live the life you want.
<b>Integration/ integrated care</b>	Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and their family. This may also involve integration with other services for example housing.
<b>Market development</b>	The way in which a council looks at what people's care and support needs are in the local area, considers what care and support services are available in that area, and works out where the gaps are and how they can be filled. The aim is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences.
<b>Market position statement (MPS)</b>	A description of what care and support services are available in a particular area, what services will be needed in the future, and what the commissioner will do to make sure that the services people need are available (regardless of who funds them). Every council has to produce a MPS, which should contain detailed information on what is needed in the area and what the council's plans are.
<b>Provider</b>	An organisation that provides services, such as care and support services.
<b>Stakeholders</b>	People or groups who have an interest in what an organisation does, and who is affected by its decisions and actions. When an organisation such as your local council or NHS trust is planning to make changes to the way it works or the services it offers, it may hold a consultation with stakeholders, to find out what you think and what your experiences are.
<b>Wellbeing</b>	Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.

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