

# **Royal Borough Windsor and Maidenhead Adult Social Care**

## **Our Approach to Commissioning - Market Shaping Principles and Plan**

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## Our strategic vision

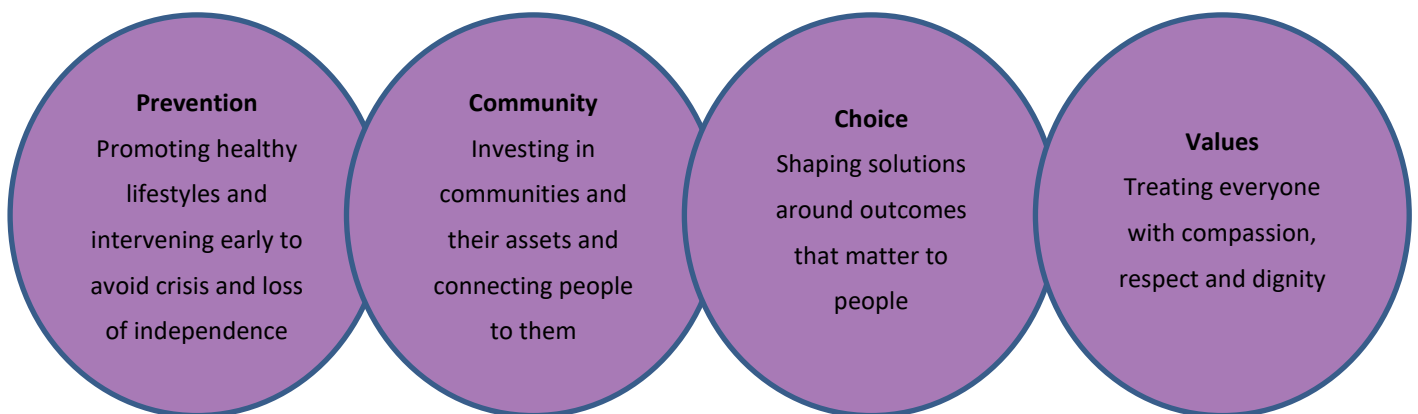
The Royal Borough of Windsor and Maidenhead is committed to the delivery of high-quality services that residents value. The council puts residents first, securing best value in how it uses resources and works with public, private and voluntary sector partners to ensure that the borough is fit for the future.

Our vision for adult social care is:

***To enable people in the Royal Borough of Windsor and Maidenhead to live independent and fulfilled lives.***

We recognise that our vision is about people and its delivery depends on people, carers, both informal and formal, staff, providers, partners and leaders.

Therefore, to deliver our vision, we will focus on:



We will achieve this by:

- Promoting a strengths-based approach to working with individual people
- Delivering in partnership with our staff, our providers and other council and health services
- Focussing on quality and continuous improvement and celebrating success
- Keep people safe from abuse and neglect
- Investing in digital innovation and technology enabled care
- Maximising the use of our financial resources to secure efficiency and value for money

## Market shaping and commissioning

Effective commissioning has necessitated a change of approach from “market management” and “market control” to “market shaping” and “market facilitation”. Market shaping prioritises outcomes and wellbeing and covers services for adults who have a need for care and support and services to meet the needs of carers; it means that commissioners work with people, providers and other partners to understand how people want to have a good life. They work together to make sure that different types of support are good quality and are available at the right price to achieve this now and in the future.

Unlike NHS services, social care is not free at the point of access. Local authorities currently fund those people who cannot afford to pay for their care; many people in Windsor and Maidenhead pay all or some of their care costs themselves. The Council's market shaping duties cover:

- Services arranged and paid for by the Council
- Services arranged and paid for by direct payments
- Services arranged and paid for by people themselves (self-funders)

The duties of Councils in market shaping are covered in Section 5 of the Care Act 2014.

A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access the market:

- Has a variety of providers to choose from who (taken together) provide a variety of high quality services; and
- Has sufficient information to make an informed decision about how to meet the needs in question.

To meet our statutory duties under the Care Act 2014, the council produces an Adult Social Care Market Position Statement (available on the Council's website) that sets out how we intend to work with the market to deliver high quality care and support that is accessible to the people in the borough.

Central to the efficient and effective operation of the local market is the need to ensure sustainability and to have an oversight of the provision of care in the local area. The Care Act 2014 additionally sets out the responsibilities of local authorities in ensuring the sustainability of the market and provision of care. The results of the Fair Cost of Care exercise and the council's Market Sustainability Plan (available on the Council's website) accompanies this document summarising our approach to assessing opportunities and risks and the actions we will take to ensure a stable and sustainable market for people who are funded by the council and those who fund their own care and support.

# Market Shaping - Values and Principles

## Values

**“Quality is about doing it right, especially when no one is looking”**

*Think Local, Act Personal*

We know that that people and carers who use services are best placed to say what good quality care, support and customer service really is. As such, services can only be considered high quality if:

- it places the person at its centre
- it enables personal outcomes to be achieved
- the relationship between the person who is using the services and the people who deliver it is based on dignity and respect

Providers are key to ensuring that care and support services meet the needs of people; our ethos in Windsor and Maidenhead is that providers are our strategic partners to be treated with respect, trusted and supported when needed.

National Voices ([www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)) has developed, with its members, a set of principles for health and social care services. These principles have been adopted as commissioning principles by the borough; the Market Position Statement focuses on how people can be supported through achieving the “I Statements”.

## Principles

The commissioning principles guiding market shaping in Windsor and Maidenhead are:

- Improving outcomes for people and carers is at the heart of what we do; we will focus on ensuring equality in access, experience and outcomes
- We will commission in partnership, promoting a sound relationship with providers and respecting their independence
- We will understand and analyse the current and future needs and priorities for people in our community
- Engagement with people and our partners is meaningful and embedded at all stages of the commissioning cycle
- The provision of quality services is central to effective commissioning
- We will deliver efficiency and value for money, including through social value and taking a strengths and asset-based approach.

## Market Shaping Plans 2023-2025

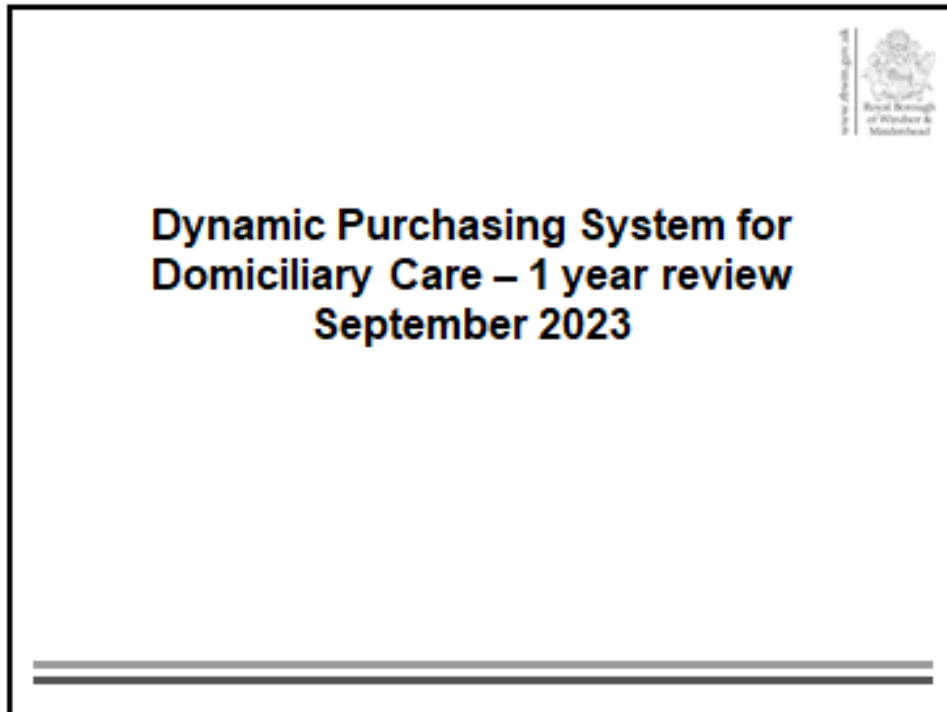
To achieve the maximum impact to improve outcomes for people, we have prioritised our market shaping activity to deliver the Adult Social Care Strategic Plan. The activities in the plan will be added during the lifetime of the projects.

<b>Project</b>	<b>Activity</b>	<b>Timescale</b>
Development of supported accommodation for people with a learning disability at the Imperial Road site	<ul style="list-style-type: none"> <li>• Complete a market testing exercise with development companies pre-tender</li> <li>• Engage with people with a learning disability and carers to develop the specification for the build</li> </ul>	July 2024  July/August 2024
Commissioning Strategy for people with a learning disability	<ul style="list-style-type: none"> <li>• Undertake a needs analysis with partners</li> <li>• Engage with people with the Learning Disability Partnership Board, Speaking Out Group, Hear Our Voice Group and Parent Carer Group to co-design consultation and engagement activity to inform the development of the strategy</li> <li>• Consult with people and partners</li> </ul>	May - August 2024  July 2024  September – December 2024
Nursing home provision for older people	<ul style="list-style-type: none"> <li>• Commission RBWM Property Company to market test existing care home providers in the borough</li> </ul>	August 2024
Adult Social Care Workforce Strategy	<ul style="list-style-type: none"> <li>• Engage with Berkshire Care Association to inform the national workforce strategy</li> <li>• Contribute to the development of the strategy with Skills for Care</li> </ul>	March 2024  tba 2024
Develop the local offer to support people to use direct payments	<ul style="list-style-type: none"> <li>• Engage with people, including carers, and staff to understand the barriers to people taking a direct payment and the support needed</li> <li>• Analysis of current services available in the borough to support people using a direct payment</li> <li>• Develop commissioning approach to support people to use direct payments to engage with providers and community resources including voluntary sector provider</li> </ul>	September 2024  September 2024  November 2024
Independent Living for people with a learning disability	<ul style="list-style-type: none"> <li>• Following contract implementation for Shared Lives, engage with Learning Disability Partnership Board and advocacy groups to develop the delivery plan</li> <li>• Commission a Dynamic Purchasing System for people with a learning disability</li> </ul>	June 2024  December 2024

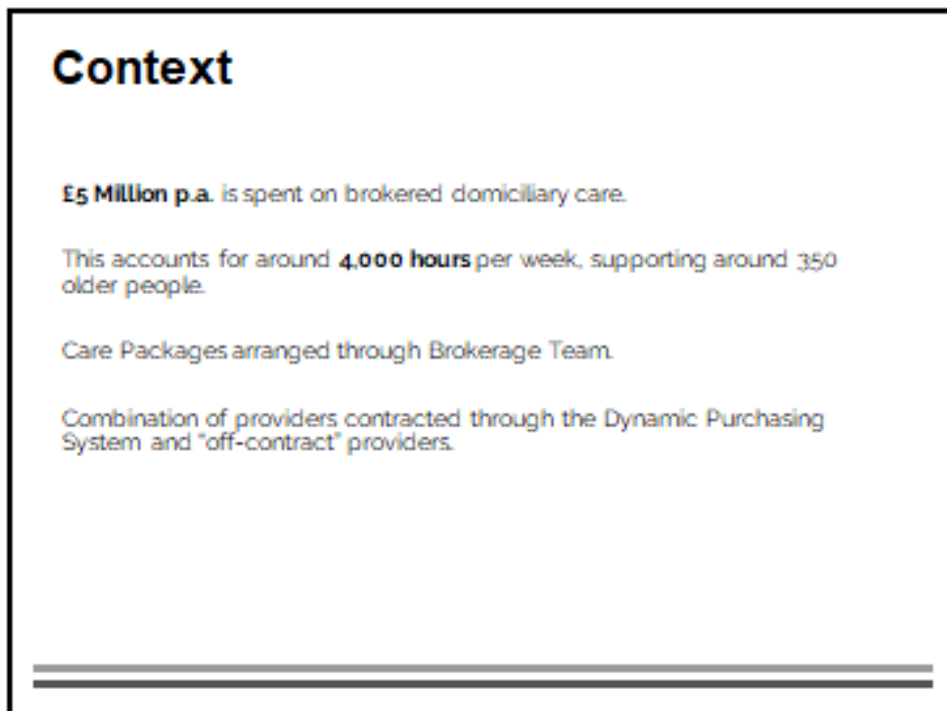
Intermediate Care and Reablement Services	<ul style="list-style-type: none"> <li>• Co-produce a new a new specification for services in partnership with people and NHS partners</li> </ul>	September 2024
Supporting people with mental health support needs	<ul style="list-style-type: none"> <li>• Undertake a needs analysis with partners, people and carers</li> <li>• Co-produce and commission a Dynamic Purchasing System for people with mental health support needs</li> </ul>	September 2024 November 2025

# Example of Market Shaping in Windsor and Maidenhead

## Case Study – Recommissioning of domiciliary care



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## Background

In 2016, the borough awarded a single supplier contract for the provision of domiciliary care. The provider was contracted to act as the broker for all arrangements with the expectation that up to 40% would be sub-contracted to other providers.

The contract was based on an untested complex financial model with the expectation that individual packages would decrease year on year to provide savings.

The model failed for a number of reasons:

- The single supplier was inspected as "requires improvement" shortly after the commencement of the contract and gave notice on the brokerage aspect of the contract
- In 2019 the provider restructured the company and gave notice that it could no longer sub-contract.

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## Background (cont.)

In addition to the problems experienced by the provider, the model did not deliver the financial efficiencies for the council or the quality outcomes for the resident for the following reasons:

- The model was based on savings from individual packages over a three year period, in reality people did not receive the same care arrangements for more than a year. They either had a personal set back, setting the term back to day one, or moved to care a care home or passed away.
- Providers had difficulties attracting staff - this resulted in poor quality in some providers and lengthy delays in brokering care.
- The single provider model did not provide diversity in the market or choice for people

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## Approach to recommissioning

### New contract – principles

- Final model to be co-produced with people, providers and other partners including elected members through a scrutiny task and finish group
  - Ensure the new service is outcome focused and makes a difference to people who need support in their own homes
  - Partnership approach with providers to support and grow the market to improve the cost effectiveness, quality and availability of services
  - Ensure that people are prevented from going into hospital and can leave hospital quickly
  - A service and approach that maximises people's independence and a reablement approach is taken
  - Provide best value for the public purse
  - Developed reflecting best practice from other Local Authorities
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## New contract – key features

Effective from August 2022, operating a "Dynamic Purchasing System framework" with the following features:

**Only open to providers** holding a CQC rating of "Good" or above. Any providers who are downgraded below "Good" are no longer eligible to bid for new packages of care and may be removed from the framework.

**Previous providers** who hold a CQC rating of "Good" or above automatically transferred into the new arrangements.

**Fixed price** of £20.18 per hour / pro-rata for smaller packages. Minimum is 30 minutes.

**No bidding on price by providers.** DPS operated by Brokerage team. Pen Picture of new care package sent out to all eligible providers simultaneously – with no "first past the post" allocation of care packages. All eligible "bids" received for each care package are assessed against a clear scoring matrix, contained in the contract documentation.

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## New contract – key features

**Electronic Call Monitoring mandatory.** Minimising risk of short / missed calls.

**Key Performance Indicators** - understandable, deliverable with hard work and regularly monitored.

**Emphasis on** reablement where practical; focus on Think Local Act Personal "I Statements" in the specification.

**First 8 weeks based on commissioned hours;** thereafter review of the care package to "right size" based on functional gains achieved by the individual towards their goals and move to payment based on banding mechanism.

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## New contract – key benefits

**No "race to the bottom"** as price is fixed – bids by eligible providers are assessed on ability to take on new POC (timeliness, start date / geography / any special preferences etc.) using a clear and transparent set of assessment criteria.

**Ability for new providers to join at any time.** DPS remains open for new providers throughout the 5+2 year life.

**This creates a vibrant provider market** – and minimizes risk to the Council and individual through increased choice of care provision.

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## New contract – what we have observed

**Strong interest from local providers to join the DPS.** August 2022 – 7 providers were approved. There are now 11 providers on the DPS with a further 4 providers expressing interest to join.

**Recruitment of international care staff** through the Home Office Sponsorship scheme has been successful in this geographical area.

Of the 15 providers (current and prospective); only 1 is a large national company; all others are locally based, with good local networks and knowledge of the market.

**The hourly rate of £20.18; broadly in line with neighboring authorities.**

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## New contract – what we have observed

- **Providers are quick to respond** with relatively few packages outstanding at the end of the week (3 on average).
  - **Home First hours** (block of 370 per week) was commissioned within 14 days in December 2022.
  - **58 people supported by a failing provider** was re-commissioned within 4 weeks (June 2023).
  - **Percentage of people supported by "off-contract" providers decreased** from 40% in August 2022 to 19% in June 2023 and to 9% in August 2023.
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## New contract – work still to do

**Rightsizing new care packages.** The new contract emphasises a strong focus on self reliance by the individual and supporting them to support themselves. At the end of week 8 the expectation is that the Care package is reviewed by both the provider and the social care practitioner, in order to evidence self-care gains made and to reduce the size of the package where appropriate from week 9.

This process has not gained the traction we would like, due to lack of resources within the practitioner team. Reviewing project has been commissioned through Flex360.

Dynamic Purchasing e-procurement system: Initial problems with the system have delayed the introduction. Now working on solution through Mosaic.