

Policy Committee Decision Report

Title of Report:	Adult Care & Wellbeing: Market Sustainability & Commissioning Update
Date of Decision:	30 th October 2024
Report To:	Adult Health and Social Care Policy Committee
Report Of:	Catherine Bunten Assistant Director Commissioning, Partnerships
Report Author:	Catherine Bunten Assistant Director Commissioning, Partnerships and Mubarak Darbar Adults Strategic Commissioning Programme Lead

Executive Summary:

This report is to provide Committee with an update on Adult Care and Wellbeing Commissioning priorities in 2024/25.

The report seeks to provide assurance on how we are delivering our market sufficiency responsibilities as set out in the Care Act 2014, covering progress made on our commissioning strategies and our planned activity to ensure that people living in Sheffield who need care and support continue to have a choice of high-quality provision available in the City.



Council Plan outcomes:

[People live in caring, engaged communities that value diversity and support wellbeing](#)

[Great neighbourhoods that people are happy to call home](#)

Policy Committee remit:

This report is to be considered by the Adult Health and Social Care Policy Committee as its remit includes Adult social work, care and support – including specialist social work.

Does the report contain confidential or exempt information? Yes

Recommendations:

Adults Health and Social Care Policy Committee is recommended to:

1. Note the work underway on refreshing the Market Position Statement for 2025/26
2. Note the progress made on our Living and Ageing Well Commissioning strategy, including the transition to our new model of home care: the Care and Wellbeing Service
3. Approve commissioning intentions for Living and Ageing Well, including the intention to progress a 'Care Suites' model of provision.
4. Approve a contract variation with Carewatch to deliver Brunswick Gardens Extra Care provision
5. Note the ongoing work to meet our duties under the Care Act 2014 to ensure market sustainability with regards to quality assurance and fee rates
6. Request that the Strategic Director Adult Care and Wellbeing continue to bring regular commissioning strategy updates to the Adult Health and Social Care Policy Committee.

Financial Implications: Yes Approved by: Laura Foster 22/10/24]

Legal Implications: Yes Approved by: Patrick Chisholm

Equality and Inclusion Implications: Yes Approved by: Ed Sexton

Full Equalities Impact Assessment: 2702

Climate Change Implications: Yes

Care and Wellbeing Home Care CIA

Background Papers:

Appendices:

- **Appendix 1: Market Position Statement Development Plan**
- **Appendix 2: Adult Care and Wellbeing Commissioning Programmes: 2024/25 Quarter 2 update, progress and milestones**
- **Appendix 3: Care and Wellbeing Service Update**
- **Appendix 4: Care Suites Sheffield**
- **Appendix 5: Extra Care Contract Variation Briefing**
- **Appendix 6: Contract Register Qtr 2, 24/25**

1. Background to the issue

Policy and regulatory context

- 1.1 Our Adult Health and Social care vision, as set out in our strategy: "[Living the life you want to live](#)", is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.
- 1.2 Adult Social Care Commissioning has a key role in achieving our strategic vision and priorities through the development, purchasing, and monitoring of services for people in Sheffield.
- 1.3 The commissioning process also ensures we are able to deliver upon our statutory duties. Specifically, our legal duty under Section 5 of the Care Act 2014 to:
 - “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 services in the market:
 - a. has a variety of providers to choose from who (taken together) provide a variety of services.
 - b. has a variety of high-quality services to choose from.
 - c. has sufficient information to make an informed decision about how to meet the needs in question.”
- 1.4 The [Health and Care Act 2022](#) gave the Care Quality Commission (CQC) new powers to allow an assessment of care at local authority and integrated care system level. The CQC will use a new [assessment framework](#) to assess how well local authorities meet their duties under the Care Act 2014.
- 1.5 Theme 2, Providing Support, which covers market shaping, commissioning, workforce capacity and capability, integration and partnership working is particularly relevant for commissioning.

2. Proposal

Sufficiency and Stability: Commissioning strategy progress and future intentions

- 1.6 Together with our partners, we have delivered good progress in our commissioning strategies in 23/24 and 24/25, developing and improving care and support service provision in Sheffield.
- 1.7 Now that several of our key activities have been completed, it is right that our Market Position Statement is refreshed and updated. This intention was reported to committee in June 2024, and a delivery plan is attached at Appendix 1 as an update.

- 1.8 We will develop our Market Position Statement in partnership with providers and our system partners to bring together information about the Council's vision for Adult Social Care, the local context, and our commissioning intentions and direction of travel. The Market Position Statement outlines:
- What support and care services people in Sheffield need and how they should be provided - now, and in the future
 - The support and services available at present, and what is not available but needs to be,
 - What the future of care and support in Sheffield will be like and how it will be funded and purchased
 - Our commissioning intentions and the opportunities that will be available
 - The key challenges that we need to work with partners to address
- 1.9 The Market Position Statement therefore creates an overarching commissioning strategy and helps providers to shape their business to support the Council's vision and identify how to develop their services to meet local needs and demand now, and in the future. It also supports providers to identify potential opportunities that they may tender for.

Commissioning Strategy and Intentions: Adult Care and Wellbeing

- 1.10 A summary of progress and future milestones for all Adult Care and Wellbeing Commissioning programmes is provided in Appendix 2 for information.
- 1.11 This report to committee is focused on a more detailed update and decisions needed relating to our Living and Ageing Well commissioning strategy.
- 1.12 Committee are asked to approve the direction of travel in developing a Care Suites model for older people's accommodation with care, with paragraphs 2.11-2.20 and Appendices 4 and 4b providing the rationale for this.
- 1.13 Committee are also asked to approve a variation to the Council's contract with Carewatch to provide care and support at Brunswick Gardens Extra Care Scheme, with paragraphs 2.21-2.38 and Appendix 5 providing the rationale for this.

Commissioning Strategy and Intentions: Living and Ageing Well

- 1.14 Our Living and Ageing Well Commissioning programme is aligned with the [Living and Ageing Well Strategic Delivery Plan](#), and our current [Living and Ageing Well Market Position Statement](#).
- 1.15 In the delivery of our commissioning programme, we aim to secure the following broad categories of social care support:

Category of Support	Overview of current service provision and commissioning programmes
<p>Preventative, Enabling and Community Based Support. This includes services and resources that help to avoid the need for ongoing care and support developing, and where those needs are present, preventing escalation of need.</p>	<ul style="list-style-type: none"> • Provision of information and advice via Sheffield Directory • Provision of Technology and Equipment • Day care, including Dementia Day Activities • Short-term support to unpaid carers • Reablement • Short-term care (e.g. respite)
<p>Ongoing Care and Support at Home This is support provided on an ongoing basis in the persons own home which includes home care and supported living.</p>	<ul style="list-style-type: none"> • Care & Wellbeing Service Contract (Appendix 3 provides an update on the implementation of this new service)
<p>Ongoing Care and Support with Accommodation This includes care and support provided with accommodation, including care homes, extra care and shared lives.</p>	<ul style="list-style-type: none"> • Standard Residential and Nursing Care Home Framework • <i>Residential Complex Care (in development, with dedicated Committee report presented in October 24)</i> • <i>Care Suites (in development)</i> • Extra Care provision

Care Suites

- 1.16 'Care Suites' is a model of care and support for people with eligible care and support needs aged 65 years and over. People would live in apartments with private bathrooms, social space so that people's family and friends can spend good, quality time together in their own space, and kitchenette facilities and dining space, so that residents can prepare drinks, food and enjoy meals in their own apartments. People would also have access to communal bistros and restaurants and other facilities on the site.
- 1.17 The key difference with residential care homes is that Care Suites are based on a tenancy model, designed so that people can maintain their independent living as long as possible and as far as possible in an 'age-friendly' way providing varying degrees of planned and unplanned care and support. The care and support provider would be able to provide both personal and nursing care to people.
- 1.18 Care Suites offer a permanent home where residents do not need to worry about moving if their care needs increase.

- 1.19 The Care Suite model draws on funding streams such as Housing Benefit and Department of Work and Pension (DWP) income for the person, subject to them being financially eligible to receive it. Where tenants in Care Suites are entitled to claim housing benefit as well as other DWP benefits, the accommodation related cost will not be funded through Adult Care and Wellbeing as this would fall outside of The Care Act 2014 principle. Where people are not entitled to benefits, they would likely be self-funders due to personal income and pay for the service just as they would do in any other care and support setting.
- 1.20 Officers have begun demand and needs profiling, along with financial analysis to understand the viability and benefit of a Care Suites model in Sheffield. It is proposed that any financial benefits be shared between Adult Care and Wellbeing and care and support provider(s) as this will promote financial viability in the care sector and encourage the investment needed to meet the delivery model – including capital costs.
- 1.21 Further financial modelling will be undertaken to inform a final proposal brought to committee for approval.
- 1.22 Local care and support providers and housing providers have shown an encouraging interest in Care Suites, and we are developing the model in partnership with providers and with housing colleagues in the council.
- 1.23 Following approval at committee, the development plan and timeline is as follows:

Stage	Task	Timeframe
1	Collaboration and engagement to design the specification and model with partners. This will include people with lived experience, care and support and housing providers and the ICB.	Autumn2024/Spring 2025
2	Agree and finalise the commercial method of the contract, the terms & conditions of the contract and prepare ITT.	Late Spring 2025
3	Advertise the contract, responding to clarification queries and questions as part of the bidding process.	Summer 2025
4	Evaluation of tenders received.	Autumn 2025
5	Contract award process.	Winter 2025

Extra Care

1.24 Extra Care Housing developments comprise purpose built, self-contained homes with onsite support and care services to enable independent living.

1.25 The key features of an Extra Care Scheme are that:

- People live in their own self-contained living space, e.g. an adapted flat or bungalow. They have the rights that usually go with having their own home, the same rights to choose who supports them with social care needs, and the right to deny entry to a care and support worker.
- Homes are situated around a core of communal facilities available to all tenants, which members of the local community are also able to access. For example, a lounge, dining area, cafes, gardens. Activities in a community setting are also provided, offering opportunities to socialise.
- A consistent onsite team of staff provide flexible care and support to those tenants who have a need to draw on such support.
- All tenants have access to 24-hour unplanned care and support if required, regardless of whether they have an assessed need for social care. The availability of overnight support is crucial to providing reassurance and a sense of safety for people living in the scheme and their families.
- There is an ethos of promoting and supporting people to remain independent, safe and well, while enabling people to remain or become active citizens in their community.

1.26 The Council currently supports five Extra Care Housing schemes in the city, providing 359 homes:

Scheme	Location	Landlord	No. of Units
Brunswick Gardens	Woodhouse	Your Housing Group	217
Buchanan Green	Parsons Cross	SCC	140
Guildford Grange	Norfolk Park	Places for People	40
Roman Ridge	Wincobank	Sanctuary	80
The Meadows	Shirecliffe	South Yorkshire Housing Association	39
White Willows	Jordanthorpe	South Yorkshire Housing Association	60

1.27 At each of the schemes the Council is able to nominate people for places that have been allocated to people with an eligible care need. Allocated placements are broken down into different 'Levels of Care'.

1.28 In five of our Extra Care Housing schemes (all but Brunswick Gardens), we have 365 tenants, of whom 166 have an eligible care and support needs.

- 1.29 Onsite care and support at these schemes is contracted to Carewatch, who provide:
- Planned, pre-assessed care and support services between 7am and 10pm for those tenants with an eligible care need.
 - Onsite, unplanned care and support 24 hours a day to all tenancies regardless of social care needs.
- 1.30 Each scheme additionally has a team of staff provided by the Landlord to deliver housing related support.
- 1.31 The contract model and provision of care at Brunswick Gardens is different to the other Extra Care Housing schemes in the city, with the Extra Care Charitable Trust funded to deliver care services via a grant agreement.
- 1.32 Extra Care Trust have given the council notice of their intention to end their services by 31 January 2025, and it is recommended that the Council varies its contract with Carewatch to ensure ongoing provision of care and support to residents at Brunswick Gardens.
- 1.33 This will align the care services in Brunswick Gardens with the other Extra Care Schemes supported by Sheffield City Council and provide an efficient and sustainable service overseen by a single, experienced management team. It will also support consistency of practice and improvement.
- 1.34 It is proposed that the transfer of care services takes place on 2 December 2024.
- 1.35 Committee are asked to approve the contract variation.

Contract Register

- 1.36 The implementation of our commissioning strategies has supported many new contractual arrangements over the last two years.
- 1.37 We hold a local ASC Contract Register to support effective planning and governance. A summary of our contract register is provided at Appendix 6 for information.

3. Ensuring Market Sustainability: Quality and Fee Rates

- 3.1 Under the Care Act 2014, local authorities have specific duties to ensure market sustainability in Adult Social Care. These duties are designed to promote a diverse, high-quality, and sustainable care market that meets the needs of the local population.

- 3.2 As part of this duty, we maintain good oversight and understanding of the local care market, including assurances of quality standards and encouraging continual improvement in the quality of care, and setting rates that we believe, based on the evidence, will support a quality, flexible and sustainable market, providing choice to those who purchase care.
- 3.3 This duty is balanced with the budget planning requirement for Adult Care and Wellbeing/Sheffield City Council and fee rates are set within a context of increasing costs for the Council's other essential services and a budget balanced through use of reserves and ambitious savings in 2024/25.
- 3.4 **Quality Assurance**
- 3.5 Since the update report in June 2024, officers have reviewed business continuity arrangements, including our policies and processes to identify risks and manage provider exit or failure.
- 3.6 We continue to work with the ICB and colleagues across Adult Care and Wellbeing to ensure effective oversight of care delivery.
- 3.7 We are also refreshing our Brokerage and Payments service and processes, improving our use of data and increasing capacity to manage provider relationships, including the use of Care Cubed to understand the value of care provided.
- 3.8 **Residential Fee Rates**
- 3.9 Following the completion of the Fair Cost of Care exercise in Autumn 2022, and ongoing engagement with the residential sector, the Council has taken several steps to ensure the long-term viability of care services, which must consider both the resources available and the costs of care.
- 3.10 Activity includes market shaping and the development of new models of care, such as Care Suites; partnership working with providers to understand areas where collective action may deliver efficiencies; and above inflation increases to fee rates.
- 3.11 As previously reported to Committee, the standard rate for 65+ residential care increased to £700 per week from 8th April 2024. This was an 11.11% uplift to the 23/24 rate and equates to an additional £14 per week over an inflation only uplift.
- 3.12 Further, this was applied to the in-year uplift given in 2022/23 of £18pw, and the above inflation uplift provided in 23/24 of £10pw.

3.13 Over the last two years, we have reduced the gap between fee rates and the Fair Cost of Care, alongside responding to inflation, from 44% to 35%

3.14 Without these steps, the 24/25 standard rate would be £643pw, and so we have closed the gap between our 2022 rates and the Fair Cost of Care output by £57pw

Provision Type	FCOC output 22/23 (median rate)	FCOC output 23/24 (9.8% increase)	FCOC rate in 24/25 (8.89% increase)
Standard residential care homes	£787.54	£864.72	£941.59
Enhanced residential care homes	£806.06	£885.05	£963.73

Provision Type	Gap b/n FCOC and SCC rate 22/23 (£547)	Gap b/n FCOC and SCC rate 23/24 (£630)	Gap b/n FCOC and SCC rate 24/25 (£700)	Gap b/n FCOC and SCC rate 24/25 without additional uplifts (£643)
Standard residential care homes	£240.54 / 44%	£234.72 / 37%	£241.59 / 35%	£298.59 / 46%
Enhanced residential care homes	£259.06 / 47.5%	£255.05 / 40%	£263.73 / 38%	£320.73 / 50%

3.15 In June 2024, we set out some key steps to further work with the market prior to proposing fee rates for 25/26. An update is provided below.

Milestone	Action	Update
June 2024	Publication of MTFs by Sheffield City Council	MTFS Committee Report July 2024
September 2024	Review of acceptable profit margins by August 2024 for decision at Committee.	<ul style="list-style-type: none"> Workshops with providers to be held in Autumn and Winter 2024, as part of Market Position Statement development and to inform fee setting for 2025/26
April – November 2024	Deliver workshops and a collective action plan with standard and non-standard residential care providers to review opportunities for: <ul style="list-style-type: none"> energy and fuel efficiency workforce resilience – including use of agency nutrition management of voids future models of delivery for accommodation with care 	<ul style="list-style-type: none"> We have conducted soft market testing and invited providers across the country to engage with us and share their experience and knowledge of delivering complex care models for older people with complex needs, including Care Suites. This is presented in a report to Committee in October 2024 Following approval from Committee, the aim is to progress this model further through engaging with providers and people with lived experience and their carers to design the specification. A series of webinars have been held with providers covering: <ol style="list-style-type: none"> Energy saving in the care sector.

Milestone	Action	Update
		<ol style="list-style-type: none"> 2. Digital Innovation 3. Recruitment and Retention 4. Bid Writing 5. Banking 6. Financial Assessments <p>A programme of workshops are being delivered together with Sheffield University, bringing together providers and partners to develop practical steps to address our workforce challenges, and meet our aims and ambitions.</p>
April – November 2024	Re-open Standard Care Home framework to support more Homes to be successful and undertake market shaping to support consistently high occupancy levels and reduce voids.	<ul style="list-style-type: none"> • Our Standard Care Home contract was reopened this summer and closed at the end of Aug 2024, evaluations of providers underway in Sept/Oct 24. • The number of Care Homes currently on the framework is 45 (25 providers)
November 2024 – February 2025	Use of Care Cubed to produce a refreshed and more in-depth Cost of Care exercise to understand the costs of different provision and efficient models of delivery.	<ul style="list-style-type: none"> • We have purchased Care Cubed and are recruiting to a project lead. This is to support non-standard residential care, complex placements and supported living.
December 2024	Development of options for flexible care and rates, supported by enhanced brokerage and contract management, to increase the number of people who do not have to change providers should their care needs change, and to ensure rates support the care delivered.	<ul style="list-style-type: none"> • Care Cubed project to inform options for differential care rates • Service design and workshops to develop model for the future • Brokerage function is being reviewed and a new structure and design work is underway.
December 2024	Propose Fee Rates for 25/26 as part of Business Planning.	<ul style="list-style-type: none"> • On forward plan for committee – December 2024 • Will be informed by October & November workshops
December 2024	Review of and decision about use of Novation and VAT through relevant Committee.	<ul style="list-style-type: none"> • Position statement included within December 2024 committee
March 2025	Bring forward proposals based on activity set out in 24/25 for longer term trajectory for a fair cost of care across the sector.	<ul style="list-style-type: none"> • Market Position Statement to be launched following collaboration work with providers and Committee approval.

4. How does this decision contribute to the Council Plan?

4.1 Council Plan outcome

- 4.1.1 Great neighbourhoods: By enhancing community-based care and reducing dependency on residential settings, we support better integration of individuals into their homes.
- 4.1.2 Caring and engaged communities: Through wraparound support for people with high care needs, we aim to provide a pathway to recovery.
- 4.1.3 A city on the move: The focus on sustainability ensures that services are adaptable, flexible, and responsive to future challenges.

4.2 People – Prosperity – Planet

4.2.1 People: The proposal supports people by ensuring those with complex needs receive timely and appropriate care. Prosperity: By managing beds effectively and reducing over-reliance on emergency spots, financial sustainability is improved. Planet: Efficient use of resources supports sustainable care systems.

4.3 City Goals

- 4.3 The proposal contributes to Sheffield's City Goals in the following ways:
- Resilient and Determined City: The refinement of the Care Homes Offer aligns with Sheffield's resilience by ensuring the city has robust systems for managing health and social care transitions and a robust care home provision across the City. By improving care pathways and reducing reliance on long-term residential care, the city strengthens its capacity support its most vulnerable residents with new and innovative models such as Care Suites.
 - Our City, Our Community: The plan focuses on supporting individuals to in care home situations into less restrictive environments through the development of Care Suites, which enhances community care and encourages mutual support. By promoting community-based solutions and reducing the need for institutional care, the city fosters an environment where residents take care of each other, building a more engaged and supportive community.
 - Dream Big: The proposal reflects the city's aspiration to create a forward-thinking, sustainable model that meets the needs of future generations and a home for life. By driving change and improving long-term care solutions, Sheffield is positioning itself as a leader in innovative and sustainable care for its citizens.
 - Note the work underway on refreshing the Market Position Statement for 2025/26 and the Market Position Statement Development Plan to help market shape and to stimulate a diverse range of high-quality services both in terms of the types, volumes and quality of services and the types of provider organisation to ensure the market remains vibrant and sustainable.

5. What community or partner engagement has been undertaken and how has it informed the proposal?

- 5.1 The work on the Living and Ageing Well commissioning programme, and specifically the Care Suites model, has included out extensive engagement with local providers as well as providers and peers across the country. This exercise has been extremely beneficial in showcasing the variety of Care Suite models operating and how they are managed, whom they support, what it is costing, what is the makeup and what outcomes they are expected to deliver. We have also commissioned local groups such as Enrichment for the Elderly to seek views of people with lived experience, family carers, voluntary sector groups and other professionals.

6. What alternative options did we consider?

- 6.1 Do Nothing: Continuing only existing offers of care and support leads to a stagnant marketplace that stifles variety for the people of Sheffield. Additionally, this exacerbates existing operational challenges and increased budget pressures. Traditional models of care are showing a decline.
- 6.2 Commission New Models: There is a need to ensure new innovative models and provision such as Care Suites are commissioned and that the commissioning offer is fit for purpose using innovative solutions for an ever-changing customer need.

7. How has equality, diversity and inclusion been actively considered?

- 6.3 As a Public Authority, we have legal requirements under the Equality Act 2010. This includes the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:
- eliminate discrimination, harassment, victimisation, and any other conduct that is connected to protected characteristics and prohibited by or under this Act.
 - advance equality of opportunity between those who share a relevant protected characteristic and those who do not; and
 - foster good relations between those who share a relevant protected characteristic and those who do not.
- 6.4 The broad ambitions set out in the report are consistent with this duty. These include securing and developing a range of different types of provision for older people with people with more complex needs; aiming for enabling support.

- 6.5 Older people represent the majority of people who draw on Adult Care and Wellbeing. New models of care and support will offer people more choice and control as well as prevent out of area placements when emergency placements are required often resulting from a crisis when existing care homes for older people cannot manage.
- 6.6 The award of the Healthwatch contract and Advocacy contract will strengthen citizen's voice with a priority on ensuring that people from all communities are able to be represented and engaged.
- 6.7 The Equality Impact Assessment can be found at Appendix 4.

8. Financial and Commercial Implications

Care Suites

- 8.1 Development of a Care Suites model of provision is currently underway, with further financial modelling to be undertaken to inform the final proposal.
- 8.2 Delivery of this model will need to be within available resources. A further paper will be brought to committee to detail the financial and commercial implications and seek the relevant approval.

Extra Care Contract Variation

- 8.3 Sheffield City Council currently provide funding of £446,567 per year to Extra Care Trust via a grant agreement. Extra Care Trust additionally receive contributions income from residents receiving care and support.
- 8.4 The proposed contract variation and model will mean that care will be provided at a rate of £22.37 per hour, costing £505,000 per year. Financial assessments will be managed by the Council, with contributions income received directly.
- 8.5 It is anticipated that this change in delivery will represent better value for money. An exact savings total will only be possible following all financial assessments being completed.

9. Legal Implications

- 9.1 The Care Act 2014 sets out the law around market development in adult social care. It enshrines in legislation duties and responsibilities for market-related issues for various bodies, including local authorities.

9.2 Section 5 of the Care Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole. The statutory guidance to the Act suggests that a local authority can best commence its market shaping duties under Section 5 of the Care Act by developing published Market Position Statements with providers and stakeholders.

9.3 The proposals are therefore in line with the Council's legal obligations.

10. Climate and Environmental Implications

10.1 The commissioning of care and support services for Adults in Sheffield can have a large impact on Sheffield's Climate goals. This was set out in the Climate Statement approved at Committee in January 2024.

10.2 Considerations in the development of our care markets and work with partners includes:

- Care workforce – the care workforce is significant and is required to travel across the city, working together to create better opportunities for 'active travel' can help to reduce emissions from transport.
- The energy efficiency of the buildings in which care is delivered (such as day services, or residential care) provides a significant opportunity to reduce our carbon emissions, and commissioning should encourage and enable improvements to environmental standards and promote renewable energy.

10.3 Climate Impact Assessments will be undertaken as a key element of our commissioning approach, and we want providers and partners to align with our Net Zero ambitions and will be looking to work with them to identify key areas of impacts in their activities and how we can reduce, monitor, and measure these.

11. Other implications

11.1 No other implications are anticipated from this report.

12. Reasons for decision

12.1 The Market Position Statement creates an overarching commissioning strategy and helps providers to shape their business to support the Council's vision and identify how to develop their services to meet local needs and demand now,

and in the future. It also supports providers to identify potential opportunities that they may tender for.

- 12.2 It is a key tool for local authorities to meet their Care Act 2014 duties around market sustainability.
- 12.3 The commissioning intentions for Living and Ageing Well, including the intention to progress a 'Care Suites' model of provision and to issue a contract variation with Carewatch to deliver Brunswick Gardens Extra Care provision ensure that the Council supports long term sustainability of our care provision for older people. In the case of Brunswick Gardens, it also ensures continuity of care for existing residents.
- 12.4 Regular updates to Committee provider assurances on how we are meeting our statutory duties and deliver upon our value of openness and transparency.

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