

From: Emma Hanson, Head of Strategic Commissioning, Adult Community Support

To: Select Committee, Commissioning and Procurement, 7 February 2014

Subject: **Commissioning for Community Support**

Classification: Unrestricted

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**Background:** The new commissioning structure in Families and Social Care was established in October 2012 with three distinct teams; Children's Commissioning, Adult Community Support and Adult Accommodation Solutions. This report covers the commissioning function for Adult Community Support Services; this portfolio includes all services designed to support and enable people to live as independent as possible lives in their own homes in the community. We commission for the following adult client groups; older people, people with physical disabilities, people with learning disabilities, people with mental health needs, people with autism and people with sensory disabilities. The community support unit is organised into three teams: ***Community Support Services; Home Care and Enablement*** and ***Integrated Commissioning***.

**Key Challenges:** Ensuring that all services are strategically aligned to KCC Vision and FSCs Transformation Blueprint. Strategically commissioning to end the postcode lottery and ensure that equitable services are available across Kent. Ensuring that we have a firm grip on cost and quality and we develop and embed a culture of performance management with all providers. Developing a better understanding/evidence base regarding return on investment, including how to monitor preventative services for their impact in demand management and prevention. Promoting and supporting collaboration and joint working with providers across sectors to ensure we develop circles of support or networks of supply designed to support independence and reduce crisis situations.

**Community Support Services** - this team is currently designing a programme to explore and better understand the role that informal community support plays in preventing or delaying the need for statutory services. This will lead us to developing a commissioning strategy for community capacity including a core offer or menu of services to support wellbeing, social inclusion and independence across the county. The core offer will consist of a range of services for each client group developed through co-production principles and built on an understanding of what people need to remain active, well and connected to their communities. All services will be designed to support self-management, enabling people to find their own care and support solutions and prevent or delay the need for statutory assessment and services. For those who do require statutory services, the core offer will offer cost effective alternatives to traditional social care provision, providing increased choice and control.

This is not a programme of voluntary sector transformation rather a programme to ensure the right community based services and support are available across Kent to promote independence and wellbeing, delaying or preventing the need for statutory services. However, in reality most of these services are currently provided by the voluntary sector and predominantly through grant funding (circa £14 million annually). Our aim is to where possible move away from grant funding and secure services via contracts.

**Home Care and Enablement** - Kent County Council spends £43m on home care with the majority of our provision provided by the private and sector; only enablement provision remaining an in-house provision. We are currently in the process of re-letting all our home care contracts which are ten years old and no longer fit for purpose. Since the contracts were let there has been significant growth in the home care market at the point of going out to tender we were doing business with 147 providers. However, the top twenty providers have 71% market share and 30% of business is supplied by 3 large providers.

Our current commissioning strategy has been designed to rationalise the market in order to gain control of quality and cost. The new contract has a revised service specification with new terms and conditions and a robust performance management framework. Working with fewer providers will ensure that we can more closely monitor care standards and work to develop more innovative and responsive services. The next stage of our commissioning strategy will allow us to move away from time and task orientated home care to outcome focussed support where we incentivise providers to reduced dependence and support recovery and reablement wherever possible.

We will look at breadth of services provided and further develop our thinking about key strategic partners and developing local networks of supply. We will also consider the future commissioning of reablement services into the private sector and jointly commissioning these services with the NHS.

**Integrated Commissioning** - this team focusses on developing commissioning strategies and plans with all seven of Kent's Clinical Commissioning Groups. Over the last year the team has worked to develop networks and relationships with NHS commissioners and district and borough council commissioners. There are now well established integrated commissioning groups whose focus is on looking for opportunities to jointly commission support services. This developing programme of commissioning will support and underpin Kent's pioneer status and will ensure the Better Care Fund is used to support change across the whole system. The integrated commissioning team also leads on the commissioning of assistive technology and community equipment two key areas for future development and joint investment with the NHS.

Priority is to understand each organisation priorities and where they affect or compliment the other organisations key transformational priorities. A mixture of ensuring Kent wide initiatives such as addressing the implementation of a falls programme to support people to continue to live independently so they do not have to access long term support or a hospital admission as well as addressing local priorities such as supporting rise in health inequalities in some areas. Another priority is identifying where there is duplication to commission jointly and makes most effective use of resources. Challenges are trust and sharing of information, different language meaning the same thing and time required to make it work.

**Supporting Providers** – the costs of entry into KCC commissioning and procurement exercises are minimal, but it does require skills and expertise in order to understand and respond to tender invitations. We recognise that there is a significant skills gap with some organisations and to this end we are working to develop a business case for joint funding by KCC and local CCG for a Market Development Service. This service will support and work towards improving the abilities of voluntary and community organisations to tender for contracts and where appropriate grants with contract and grant awarding bodies (especially KCC) for the benefit of vulnerable adults in Kent. The overarching outcomes to be reported upon will be: Training and/or mentoring provided to organisations to identify potential funding opportunities, writing competitive bids and completing tendering processes. Networks and collaborations are developed amongst voluntary and community sector organisations working with vulnerable adults and with the business sector and evidence that organisations are helped to develop their professional and business skills.

**Use of Social Value Act** in all recent commissioning activities we have included stipulations in our evaluation criteria regarding the Social Value Act. We are working with corporate procurement to understand and develop commissioning guidelines, consideration including adopting the Birmingham City approach and having a charter that all contracted providers sign up to.

**Co-production** is at the heart of the ethos of the community support unit we seek to work with a wide range of stakeholders to understand need and ensure that services are developed to reflect what people need to live independent lives. We work with providers and people using services to develop our commissioning strategies, service specifications and evaluation criteria. In recent commissioning activities people using our services formed part of the evaluation process their perspective being weighted and used as part of overall scoring.

**Emma Hanson Head of Strategic Commissioning 22 January 2014**