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To: Kent Health and Wellbeing Board

Date: 26 March 2014

Subject: ADULT SOCIAL CARE COMMISSIONING PLAN EXECUTIVE SUMMARY

Classification: Unrestricted

Summary: This report presents the Adult Social Care Commissioning Plan Executive Summary against the backdrop of KCC's 'Facing the Challenge: Whole Council Transformation, the Adult Services Transformational Programme, the Better Care Fund and Pioneer initiatives.

The Commissioning Plan is also informed by the relevant key priorities described in the Kent Joint Health and Wellbeing Strategy.

The Strategic Priorities Statement for 2014/15 (the Business Plan) and the Adults Transformation Portfolio Blueprint are the vehicles for delivering the objectives contained in this executive report.

Recommendation(s)

The Health and Wellbeing Board is asked to COMMENT on the Adult Social Care Commissioning Executive Summary

1. Introduction

(1) The purpose of this report is to present the Adult Social Care Commissioning Plan Executive Summary as part of the full spectrum review being undertaken by the Health and Wellbeing Board.

(2) The Families and Social Care Directorate, in particular Adult Services takes an active role in the current work being taken forward under the Better Care Fund and Pioneer programme.

(3) Adult Services has the lead role in discharging KCC's statutory responsibilities for social care. The principal responsibilities of the service include undertaking needs assessment, commissioning and the provision of a range of services and safeguarding vulnerable adults.

(4) Our aim is to ensure that Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues and their carers live healthy, fulfilled and independent lives and are socially and economically included in the community. We consider that individuals

should be at the heart of joined up service planning, and be empowered to make choices about how they are supported.

2. Background

(1) In connection with the main responsibilities described above, Adult Services

- provide care for over 6000 people enabling them to live safely in their own homes,
- enable over 3000 older people and those with disabilities and mental health issues, choice and control over their care needs through personalised budgets and direct payments,
- support 400 people a month following discharge from hospital into intermediate care
- support over 3000 adults with telecare services, maintaining independence and reducing hospital admissions,
- provide day care services to over 2000 adults, including social and educational activities enabling people to live healthy and fulfilled lives,
- support over 2500 adults with a learning disability live independent lives in their own homes or with family carers
- support 60 18 year olds with a learning disability to achieve their goals as they move into adulthood,
- provide supported accommodation for over 700 adults with a learning disability enabling them to have choice about where they live,
- have increased the proportion of people with mental health needs who live in a stable environment, on a permanent basis to 85%
- have reduced admissions to permanent residential or nursing care to 120 per month; ensuring people can continue to live safely in their own community.

3. Priorities

(1) The commissioning intention is to drive, promote and support transformational change through commissioning strategically in order to ensure that there is provision of a range of high quality, cost effective, outcome based services for adults with care and support needs and their carers.

(2) We have adopted the following guiding principles in the effort to realise the objectives found in the Commissioning Plan These principles are as follows:

- Maximising independence
- Managing the market and demand
- Maximising value for money
- Integrating services

4. Commissioning Plan

(1) The context of the taking forward the objectives of the Commissioning Plan is that in 2014/15 Adult Services must achieve a £13million

saving (excluding Supporting People). The long term aim is for Adult Social Care to put in place sustainable model of integrated Health and Social Care services which offer integrated access, integrated provision and integrated commissioning. Managing this well will mean that we will have improved outcomes for people across Kent by maximising people's independence and promoting personalisation. Furthermore, we will seek to maximise value for money through effective demand management and shaping the market through strategic engagement with key suppliers.

(2) The Commissioning Plan is based on four core components of the programme covering (1) home care, (2) residential market, (3) enablement provision and (4) telecare installations and monitoring.

(3) Specifically, we are taking steps to reshape the provider markets and externalise a broader suite of services throughout the support pathway. The services involved will be commissioned through prime providers, who will work with a network of local supply, judged on the achieving service user outcomes by moving away from 'time and task' contracting arrangements.

(4) We are also placing greater emphasis on services that support self-care, recovery, rehabilitation and recuperation which reduce the need for high intensity care and supporting people to live independently in the community within the acceptable bounds of their changing needs and circumstances".

(5) Enablement based care service therefore form a centre piece of how we are 'shifting the gravity' of spend towards planned packages of time-limited support (personal (integrated) budgets / choice & control) away from long term care. The underpinning policy intention is that such services will focus on increasing the chances of people retaining or regaining independence and avoiding, or at the very least delaying, the need for a permanent move into a residential setting or temporary move into hospital care. Enablement based services will be, where appropriate integrated with NHS based rehabilitation services

(6) Where KCC seeks to retain direct provision this will incorporate the integration of front line services, as well as the development of joint strategic commissioning arrangements. Integration, both in direct provision and commissioning, will build on the foundations of the changes we have already made regarding alignment with CCG boundaries.

(7) We intend shaping the market to ensure outcome-focused service delivery models aligned with current and future service requirements, this includes integrated commissioning with partners, pooled budget arrangements and strategic commissioning and better procurement.

(8) Above all, will make changes to the existing operating model by putting a much stronger emphasis on the role that prevention and early intervention can make as part of the offer that people in Kent should receive before they are assessed as being eligible for longer term care and support.

(9) In this endeavour we are considering a suite of preventative based services delivered by community or voluntary sector organisations funded by KCC

and /or the NHS or local councils to help people to maintain independence and maximise their ability to self-care. We intend to revisit our approach and engagement with the voluntary and community sector, especially in the context of the implementation of the Care Bill requirements regarding the new preventative duty.

For those who seek a Direct Payment we will arrange for support and advice to be available.

(10) In brief, our Commissioning Plan looks to develop local services that can assist whatever anyone's circumstance – this may include specific services and support to assist older people with dementia, will help those who have longer term conditions, will help frail elderly people, or those with past chaotic lifestyles. We will assist those recovering from mental ill health, people with autism and with learning or physical disabilities and support young people in during transition into adulthood. For people in transition billed on the 0-25 integrated direct payments arrangement and apply the lessons learned in other areas. We will work with informal carers at all times to ensure that we are clear on the part that the Adult Services can play in helping them care for the person their relative or friend. Finally, we will safeguard vulnerable adults and provide advocacy for them and their carers.

5. Links to Pioneer and Better Care Fund

(1) The integration of Health and Social Care services is being managed as part of a wider Adults Transformation within the Care Pathway work stream, meaning that the redesign of our services will facilitate integration with the NHS. This is now fully reflected in Pioneer and Better Care Fund activities. We believe that by bringing together CCGs, KCC, district/borough councils, acute services and the voluntary sector we will move to care and support provision that will promote greater independence for patients, whilst reducing care home admissions. In addition, a new workforce with the skills to deliver integrated care will be in place.

(2) We are advancing plans for the Better Care Fund during 2014/15. This represents a significant opportunity to invest in preventative and intervention activity and support our strategy to manage demand for adult social care.

(3) We have made the case that to deliver whole system transformation, social care services need to be maintained as evidenced through Year of Care. Current funding under the Social Care Benefit to Health grant has been used to enable successful delivery of a number of schemes that enable people to live independently.

(4) We support and have taken steps in commission a model of community based integrated health and social care provision, which is accessible

24.7

(5) For 14/15 and beyond these schemes will need to continue and be increased in order to deliver 7 days services, increased reablement services, supported by integrated rapid response and neighbourhood care teams. Further emphasis on delivering effective self-care and dementia pathways are essential to

working to reduce hospital readmissions and admissions to residential and nursing home care.

(6) As part of the move forward consideration will be given to the workstreams of the Adult Transformation Programmes to ensure that activity to transform adult social care is aligned with the reforms being brought in by the Care Bill which is a component of the Better Care Fund.

6. Engagement of Local Health and Wellbeing Boards

(1) At a local level there is been sustained involvement with the public through participation groups and the local health and social care integration implementation groups. Health and Social Care Integration Steering Groups at the local level have patient and service user representatives and as part of the operational integration programme regular surveys on integrated care are undertaken.

7. Links with the Health Wellbeing Strategy and the JSNA

(1) The commissioning intentions relate well to the priorities of the Health and Wellbeing Strategy. In particular, Priority 4 which is to do with “Transforming services to improve outcomes, patient experience and value for money”. Similarly, four of the outcomes, namely Outcomes 2, 3, 4 and 5 emphasises prevention, long term condition, mental health and people with dementia.

(2) It is notable that the JSNA priority of “Shifting care closer to home and out of the hospital (including dementia and end of life care) and improving quality of care are all essential fabric of the commissioning work that Adult Social Care is mounting.

8. Stakeholder Engagement

(1) As part of the development of the BCF plan engagement events have taken place with providers via our existing Health and Social Care Integration Programme, the Integration Pioneer Steering Group and through a facilitated engagement event led by the Health and Wellbeing Board under the Health and Social Care system leadership programme.

(2) Adult Social Care has undertaken a survey with service users on their current experiences of integrated care and support. The outcomes of this survey will be used to inform further development within integration and can help inform implementation of the BCF plan.

9. Summary

(1) This report has provided a summary position of the commissioning plans being taking forward by Adult Social Care. The story of the success of the commissioning changes whether by KCC alone or in partnership will be demonstrated by fewer people needing long term help but people still having their needs met in a timely and appropriate manner.

10. Recommendation

(1) The Health and Wellbeing Board is asked to:

A) **COMMENT** on the Adult Social Care Commissioning Executive Summary

Background documents

Adults Transformation Portfolio, 2014 (draft)

Kent Better Care Fund Submission, 2014 (draft)

'Facing the Challenge: Whole Council Transformation, the Adult Services Transformational Programme, 2013

Adult Social Care Transformation Programme Blueprint and Preparation Plan, 2012

Social Care, Health and Wellbeing Directorate Strategic Priorities Statement 2014/15 (draft)

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