

From: Penny Southern, Corporate Director of Adult Social Care and Health

To: Graham Gibbens

Decision No: 18/00041

Subject: **COMMUNITY NAVIGATION SERVICE (CARE NAVIGATION AND SOCIAL PRESCRIBING)**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team -11 July and 22 August 2018
Strategic Commissioning Board - 23 July 2018
Adult Social Care Cabinet Committee – 27 September 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report details the approach for progressing a Wellbeing and Resilience Strategy with focus on Care Navigation and Social Prescribing services with Health services. The report also provides an outline plan to establish appropriate arrangements for a high number of current grant arrangements. The new arrangements will ensure full compliance with KCC and national policy.

This paper therefore recommends a decision to approve the commencement of a tender process for the provision of Care Navigation and Social Prescribing services. It also recommends a decision to establish interim arrangements throughout 2019 for the remaining grant arrangements to allow for a tender or appropriate process for a Community Based Wellbeing Service during 2019.

Recommendation(s): The Cabinet Member for Adult Social Care and Public Health is asked to work with commissioners to:

- a) **UNDERTAKE** an open tendering process for a Care Navigation and Social Prescribing Contract;
- b) **ESTABLISH** interim arrangements from 1 April 2019 for a minimum period of nine months for the majority of the remaining historic grants to allow for the full tender or appropriate process by 2020 in relation to community-based wellbeing services; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 Kent County Council's Adult Social Care and Health (ASCH) Directorate currently provides grant funding to 53 organisations in the voluntary and community sector. (see appendix 1a and 1b). These grants fund a range of community-based support for Older People, People living with Dementia, People with a Physical Disability and People with Sensory Impairments. There are also interim contracts for support services for carers. Some grants are historic arrangements dating back over ten years, and the current practice of awarding them places the ASCH Directorate in non-compliance with the Council's Voluntary, Community and Social Enterprise (VCSE) Policy.
- 1.2 Work undertaken during 2017-18 to commission a Core Offer of Community-based Wellbeing support for Older People and People living with Dementia, and an offer for People with a Physical Disability was halted to achieve savings against the voluntary sector budget. Recognising the impact that the reduced budget would have on existing proposals, the Adult Social Care Cabinet Committee agreed at its meeting of 23 November 2017, that a new approach was needed to end the remaining grants and to commission wellbeing support.
- 1.3 This paper outlines the proposed new two stage approach. Specifically, that the Council will commission care navigation services that connect people to the support that they need by 1 April 2019, and then commission the support that people are navigated to for 1 April 2020. (see Appendix 2). This approach will necessitate interim arrangements for historic grants from 1 April 2019 (see section 7).

2. Financial Implications

- 2.1 The proposed Care Navigation and Social Prescribing Contract will be funded by ending existing historic grants for community care navigators and the contract for carers assessment and reinvesting the money into the new contract.
- 2.2 Dartford, Gravesham, Swanley and Swale Clinical Commissioning Group (CCG) have gained agreement to invest £200k and will jointly commission care navigation with adult social care for their locality.
- 2.3 The proposal is to increase funding in this service by £411,242, effectively doubling the number of care navigators commissioned by ASCH. Additional funding will be sourced from ending existing grants and the predicted underspend in the adult social care demand led element of the carers contract, creating a total contract value of £5,931,861 per year (£23,727,444 over four years) - see appendix 3 for details.

3. Strategic Statement and Policy Framework

- 3.1 This proposal supports the strategic outcomes of the Council by providing a support service which works with people to identify their aims and aspirations,

connects them to community resources and activities that promote wellbeing and reduce social isolation.

- 3.2 It will support the Your Life, Your Wellbeing Strategy 2016 – 2021 through enabling people to remain well and independent through the delivery of sustainable services and managing demand on social care services.
- 3.3 The proposal supports the development of Local Care Models as outlined in the Kent and Medway Sustainability and Transformation Plan by commissioning care navigation and social prescribing to reduce demand on health and social care and improve outcomes for people through the use of non-medical interventions.
- 3.4 The proposal will enable the Council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.

4. Current Arrangements

- 4.1 The Council currently commissions 12 community-based care navigators, one per district. Funding for these roles will end on 31 March 2019. The CCGs in Kent also commission a range of care navigation and social prescribing services that reflect the needs and demands of their populations. District councils have invested in care navigator roles to support people specifically in relation to their housing needs.
- 4.2 As a result, demand for these services is being met through a range of different care navigation models and roles across the county. These are not all linked up or coordinated creating duplication, lack of clarity regarding remit and a disjointed pathway for professionals and people.

5. Proposed model

- 5.1 Care Navigation has a key role to play in managing demand on health and social care services. It is defined as a role providing a proactive link between different parts of the system; being both a first point of contact for individuals, carers and health and social care professionals, as well as guiding and co-ordinating the individual's journey through the care system.
- 5.2 Social prescribing is a way of linking people to sources of support within the community, providing health and social care professionals with non-medical/non-service focused options that can operate alongside existing treatments or care packages to improve health and well-being.
- 5.3 These roles work with people to identify the type of support that they need to be as well and independent as possible. Care navigators and social prescribers connect people to community-based support and activities, reducing social isolation and minimising dependence of health and social care services, except

where necessary. They work with people to maximise their benefits, enabling people to be financially independent and be able to afford to attend activities and groups. Care navigators can also act as a trusted assessor for small equipment and telecare.

- 5.4 Following engagement with a range of stakeholders, the Council intends to commission a care navigation role, which embeds an ethos of social prescribing at its heart. The role will support older people, carers and people living with dementia not only to identify community assets that can support them but to initially engage in those activities recognising that some people will need this. Carers needing a carers assessment will be able to receive one through this service.
- 5.5 While the preferred option would be to have an agreed county wide model of care navigation and social prescribing, it is recognised that commissioned models need to reflect the needs of local populations and that existing arrangements prevent a fully jointly commissioned model being implemented at this time. Therefore, the proposal is to jointly commission where possible and coordinate services and align pathways where not.
- 5.6 The inclusion of carers assessments within the scope of this contract will mean that care navigators can work with people as a family unit, identifying support for the individual with care needs as well as their carer and providing a statutory carers assessment if required.

6. The Contract

- 6.1 As part of the new contract, commissioners will expect to see more people being connected to local community assets, arts, culture and heritage groups and sports and physical activities, rather than community based 'services'. The role will seek to work with people taking a holistic approach, identifying issues before they arise as opposed to simply focusing on the reason for referral. Care navigators will be closely aligned to GP clusters and multi-disciplinary teams (MDTs). In addition, there will be stronger links between community care navigators and community teams within District Councils to encourage information sharing especially on local services, assets and gaps in support. Local groups will be able to advertise and promote their services with the care navigators and networks so that local people with specific interests are directed to groups. There are good examples where this has worked successfully where networks are established, particularly with arts, culture and heritage groups not traditionally considered as services.
- 6.2 Engagement has been undertaken both in relation to current proposals and in relation to the predecessor of this proposal, the Older Person and People Living with Dementia Core Offer.
- 6.3 The following options were considered to implement this proposal included:
 - block contract
 - framework contract
 - framework with a block element

- moving existing grants onto interim contracts, essentially maintaining the status quo
- 6.4 Following an appraisal of these options, the preferred option is to commission using a block contract.
- 6.5 To support movement towards joint commissioning, the block contract will be set up for an initial four-year period with clear break and extension clauses. It will include the facility to vary the contract in relation to value and specification, enabling the CCGs to utilise the contract where appropriate as their existing commissioning arrangements end.
- 6.6 The contract will be lotted geographically aligning to CCG boundaries i.e. East Kent, West Kent and Dartford, Gravesham, Swanley and Swale and there will be two service lots (Community Care Navigation and Carers Care Navigation).
- 6.7 It is proposed that, following a competitive tendering process, the Corporate Director of Adult Social Care and Health will agree to award the contract(s) under the Council's Officer Scheme of Delegation.

7. Interim Arrangements for remaining grants from 1 April 2019

- 7.1 As noted above (section 1.3), the Wellbeing Strategy outlines a two-stage process whereby the Council will commission care navigation services by 1 April 2019, and the support that people are navigated to, by 2020. The proposal will necessitate interim arrangements for the remaining historic grants from 1 April 2019.
- 7.2 Once grants for care navigation are removed, the remaining historic agreements, and hence the interim measures, will involve 48 organisations and a total of £5.9m funding per year. Interim measures will clearly detail the terms and conditions of the funding provided, include a performance monitoring framework, information requirements and will be General Data Protection Regulation (GDPR) compliant. A financial assessment of organisations will be undertaken to understand the impact of interim measures.
- 7.3 In line with the Kent Compact, commissioners will write to the organisations affected by the end of September 2018 to detail what interim arrangements will mean for them and will work with providers to have interim arrangements in place for 1 April 2019.
- 7.4 It is proposed that the current funding arrangements are established via a grant arrangement from 1 April 2019, for a minimum period of nine months, to 31 December 2019. Additional performance measures information exchange and General Data Protection Regulation compliance will be established so that the specification for the Wellbeing and Resilience Contract is well informed. This will be for a minimum of nine months whilst a tender or other appropriate process for the Community Based Wellbeing Contract which is expected to be in place from 2020.

7.5 Once the arrangements are in place, monitoring will be undertaken to establish how and what the demand is for services for people eligible for social care, the types of activities undertaken and the overall design for the tender for future community-based wellbeing services.

8. Legal Implications

8.1 Given the nature of the current grant agreements, it is likely that TUPE will apply for a contract from 2020. The specific arrangements established for the impacted organisations will need legal advice, which is being explored.

8.2 Advice is being sought on requirements for General Data Protection Regulations and proportionate performance monitoring information.

9. Equality Implications

9.1 An Equality Impact Assessment had been completed and is attached as Appendix 4.

9.2 The people most likely to be impacted by changes to this service are older people and carers who are the recipients of the current service. The service to this group will continue and because it is a short-term intervention, people are unlikely to experience a change in provider as part of a handover process, although there may need to be a waiting list implemented while transition between providers occurs. Overall the positive impact is likely to outweigh the negative as the service is more integrated, with reduced duplication of roles and pathways. Increasing investment will enable more people to receive support.

10. Conclusions

10.1 Care navigation and social prescribing can play a key role in promoting wellbeing and improving outcomes for people by connecting them to assets and resources within their local communities. The Adult Social Care and Health Directorate benefits from people being less dependent on their services.

10.2 Kent's CCGs, district and borough councils and adult social care all invest in care navigation and social prescribing services to different degrees resulting in a patchwork of provision across the county and different models that, while meeting demand, is disjointed, unclear and creating duplication.

10.3 The proposal is to commission a Care Navigation and Social Prescribing Service to support older people, carers and people living with dementia which will improve outcomes for people, reduce duplication and create clearer pathways. There will be an emphasis on aligning community care navigators to GP clusters and MDTs as well as closer working with District Council Community Teams. The service will be jointly commissioned where possible and coordinated where existing arrangements prevent joint commissioning.

10.4 Given the increasing evidence regarding impact, the proposal is to increase Adult Social Care investment in this service. The new contract will take effect on 1 April 2019.

10.5 Following the implementation of this contract, work will begin to design a range of community-based services promoting wellbeing and resilience that people can be navigated to. This new service will be in place in 2020.

10.6 This will require interim measures for existing historic grants agreements.

11. Recommendation(s)

11.1 Recommendation(s): The Cabinet Member for Adult Social Care and Public Health is asked to work with commissioners to:

a) **UNDERTAKE** an open tendering process for a Care Navigation and Social Prescribing Contract;

b) **ESTABLISH** interim arrangements from 1 April 2019 for a minimum period of nine months for the majority of the remaining historic grants to allow for the full tender or appropriate process by 2020 in relation to community-based wellbeing services; and

c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

12. Background Documents

Older People and People Living with Dementia Wellbeing Core Offer

<https://democracy.kent.gov.uk/mglIssueHistoryHome.aspx?IId=45456&Opt=>

Physical Disability Wellbeing Core Offer

<https://democracy.kent.gov.uk/mglIssueHistoryHome.aspx?IId=46001>

13. Report Author

Samantha Sheppard

Senior Commissioner

03000 415488

Samantha.Sheppard@kent.gov.uk

Relevant Director

Anne Tidmarsh

Director Older People/Physical Disability

03000 415521

Anne.Tidmarsh@kent.gov.uk