

ADULTS AND COMMUNITIES SCRUTINY COMMITTEE	AGENDA ITEM No. 7
16th January 2018	PUBLIC REPORT

Report of:	Wendi Ogle Welbourn, Executive Director People and Communities	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
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ADULT SOCIAL CARE COMMISSIONING ARRANGEMENTS

RECOMMENDATIONS	
FROM: Wendi Ogle Welbourn, Executive Director People and Communities	Deadline date: N/A
It is recommended that the Adults and Communities Scrutiny Committee notes the contents of this report for information.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Adults and Communities Scrutiny Committee at the request of the Committee

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report is being presented to provide information on the commissioning arrangements within adult social care.
- 2.2 This report is for the Adults and Communities Scrutiny Committee to consider under its Terms of Reference No.2.1, Functions determined by Council, 1. Adult Social Care.
- 2.3 The commissioning programme of work aligns to the Council's Medium Term Financial Strategy.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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4. BACKGROUND AND KEY ISSUES

4.1 Adult Social Care Commissioning Arrangements

The Adults and Communities Scrutiny Committee received two reports on the 14th November 2017, which outlined the impact of the Transformation and Savings programme and the current performance of Adult Social Care. In both reports there was consideration given to the outcomes of the Adult Social Care Commissioning arrangements in Peterborough and the Committee requested a follow on report providing further information.

The commissioning arrangements in Peterborough have been reviewed over the last twelve months to encompass the statutory principles of the Care Act 2014 and the NHS Five Year Forward View. As a consequence, Commissioning has developed a Strategic Approach based on “early help” and an accordant operational to deliver its strategic outcomes. Important to this approach is the appropriate level of governance and accountability of the Commissioning activity. The governance arrangements have also been reviewed and additional vehicles for scrutiny introduced.

4.2 **Strategic Commissioning-** The Peterborough Adult Social Care Commissioning Team have undertaken a number of activities to inform their strategic direction:

- **The Prevention and Early Intervention Strategy-** The new Peterborough Prevention and Early Intervention Strategy was ratified by the Commissioning board in November 2017. Full approval is due at the Health and Wellbeing Board in the New Year. Its development is in accordance with the Care Act 2014, which states “Local authorities must provide, or arrange services that help prevent people developing needs for care and support, or delay people deteriorating such that they would need ongoing care and support.” The current demand for services commissioned by Peterborough Adult Social Care is focused on traditional social care services and lacks a strong outcome focus. This is not only a limited offer for the older population in Peterborough, it is also unsustainable, as the demands and complex demography of the older population increases and the costs fall on Adult Social Care. Clearly there needs to be a shift towards a more personalised offer for older people which can, at the earliest opportunity, prevent the need for traditional/institutional support. This strategy begins the conversation of how that could be achieved and will develop a framework of initiatives to deliver a measured approach to early intervention and prevention. This will not only reduce the financial strain on Adult Social Care in Peterborough, but also deliver a more personalised offer for older people that will support them to thrive. It is also important to note that the success of this strategy is dependent on Peterborough recognising that supporting an older, more complex, population is the business of everybody and not just social care, and as such it will link closely to the Community Resilience Strategy.
- **Market Position Statement (MPS)-** The Market Position Statement is currently being refreshed to include a Cambridgeshire perspective. It is designed to outline the approach to:
 - What support and care services people need and how they need them to be provided.
 - The support and services available at the moment, and what is not available but needs to be.
 - What support and care services the Council thinks people will need in the future.
 - What the future of care and support will be like locally, how it will be funded and purchased.
 - How commissioners want to shape the opportunities that will be available.

Key to its success, is engagement with providers (including those from the voluntary sector) and as a result, over the last year, through its engagement strategy the Commissioning Team has hosted a number of forums, events and consultations aimed to understand what it could do differently to have the maximum impact. The MPS is available on the Commissioning Webpage and has its own Twitter site.

- **Self Funders Strategy-**The Care Act 2014 set out specific duties to support Self-Funders within the Social Care Market. Specifically it allows Local Authorities to provide information and advice for Self-Funders on services they could purchase locally, the process of accessing care and support, where to find and how to access financial advice and how to raise concerns about the safety and well-being of someone who receives care. The Care Act also places a

duty on Local Authorities to facilitate and shape the care market so that it is able to meet the needs of local residents who need care, whether or not the Council pays for that care. The aim is to help develop a sustainable and diverse range of providers and care from which people can choose. The Council also has a temporary duty to meet people's needs if their provider of care is no longer able to do so because of business failure. This duty applies to any failed provider that was meeting needs in the local area, irrespective of whether the Council had a contract with the provider or who was paying for the care. This means that self-funders are included in this duty. It has also become increasingly important for Local Authorities to invest resources in working with Self-Funders to allow them to stay at home longer. This benefits Local Authorities in a number of ways, but specifically financially as the burden on care costs is reduced as their entry into institutional care is delayed. As a result Peterborough will be working closely to develop a strategic approach to working with Self Funders in the New Year.

- **Strategic Winter planning-** The strategic Commissioning Winter Plan was prepared in September 2017 and covers a number of support options that allow clients to avoid hospital admission or increase the speed of hospital discharge. The Winter Plan includes the introduction of reablement Step-Down beds, increased capacity in the home care sector, expanding the offer provided by the British Red Cross in the Acute Trust and the commissioning of a lifting service through the Lifeline function to allow people to remain at home rather than going to hospital through an ambulance admission. The Winter Plan also promotes an improvement in the transfer of care of patients to care homes through the employment of a Trusted Assessor to speed up hospital discharge where appropriate. In addition, the employment of a Moving and Handling Coordinator will help to facilitate a reduction in the requirements for double-up packages of care. Increased provision of reablement is supported by a 20% increased investment in the service to support the winter plan and maximise opportunities for patient's to have targeted support to improve their health following discharge. These initiatives aim to reduce the number of excess bed days and delayed transfers of care (DTOCs) which are a significant pressure for the health and care system.
- **Better Care Fund (BCF) and Sustainability and Transformation Programme (STP) -**
The local BCF plan for 2017-19 builds on the following agreed principles:
 - To support Greater alignment across Cambridgeshire and Peterborough
 - A single Cambridgeshire and Peterborough system wide Integrated Commissioning Board (ICB)
 - Greater alignment with the STP and local authority transformation plans

The BCF continues to build on the work undertaken in previous years plans, with a focus on the following priority areas:

- Prevention and Early Intervention: including a countywide falls prevention programme, further work to ensure a comprehensive approach to equipment and assistive technology, and development of joint VCS commissioning opportunities.
- Community Services (MDT/ multi-agency discharge teams Working): including wider roll out and embedding of case management, to include data sharing to support risk stratification and pro-active identification of service users. Development of integrated hospital discharge and admission pathways and enhancement of intermediate care and reablement provision.
- Enablers: continued development of consistent, accurate and reliable information and advice to support the concept of 'no wrong front door'.

- High Impact Changes for Discharge: A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes.
- The Improved Better Care Fund (iBCF) is a new introduction to BCF plans this financial year and is considered to be part of the ongoing BCF programme and is supporting investment in supporting system DTOC plans and development of housing for vulnerable people, as well as offsetting some of the Adult Social Care cost pressures of the Council.

4.3 **Operational Commissioning-** The Strategic approach that has been developed over the last twelve months is now starting to inform operational Commissioning.

- **Direct Payments-** Prior to the Care Act 2014 coming into force on 1st April 2015, the obligation for a local authority to provide Direct Payments was to be found in sections 57 and 58 of the Health and Social Care Act 2001 and the regulations made under that being The Community Care, Services for Carers and Children's Services (Direct Payments)(England) regulations 2009 S.I. 1887. That legislation is now superseded by sections 31-33 of the Care Act 2014 and the regulations made under that being, The Care and Support (Direct Payments) Regulations 2014 S.I. 2871. The obligation on a local authority to provide Direct Payments has not changed and if certain conditions are met, then a local authority is obliged to provide Direct Payments to a person, if a request is made. Peterborough Council for Voluntary Services (PCVS) were awarded the contract for the new Direct Payments Support Service and they are required, in line with the strategic approaches outlined above, to expand its delivery to allow people to maintain their independence longer with greater control over the care they receive. They will also be required (and monitored) to develop a quality driven service that will have an ethos of continual improvement; and a real partnership approach to working with the Council and the people receiving Direct Payments. There will also be a requirement that they will develop and manage a Personal Assistance Register to ensure the numbers of people receiving Direct Payments can be substantially increased through the development of greater awareness of their benefits by service users and professionals involved in their care.
- **Homecare-** The Homecare Framework is currently out to tender and is due to be awarded in the summer of 2018. The new Framework will expect Homecare providers to think differently about how they deliver Homecare, with an increasing focus on supporting people to meet specific outcomes that allow them to maintain independent longer. This will enable Homecare providers work in partnership with statutory Health and Social Care services, as well as community based voluntary sector organisations. They will also need to develop and recruit staff with greater skills and expertise to meet the increasingly complex aging population and this will require a closer working relationship with the providers and education bodies.
- **Assistive Technology** - A review of Assistive Technology has recently been undertaken. The review objectives were to establish the current use of Assistive Technology within Peterborough, review opportunities to increase the role of technology in supporting service users and to propose recommendations for future commissioning intentions and delivery model. The conclusions of the Review were that Assistive Technology should be increasingly positioned at the heart of both the prevention offer across Peterborough and the care and support of those supported through social care. Attention is now being focused on how this can be achieved operationally and what should be the targets for ambitious expansion, for example:

- increase the level of community based packages with Assistive Technology as an integral element to a target of 60% by end of 19/20
- Increase Assistive Technology provision to 500 packages per year from 18/19 (35% uplift on 16/17 level)
- **Carers-** Section 10 of the Care Act 2014 introduced a duty on a local authority to assess a carer's need for support, where it appears that the carer may have needs (whether currently or in the future) for support and if so, what those needs may be. Supporting Carers is one of cornerstones of the Prevention and Early Intervention Strategy. Although the Governments refresh of the National Carers Strategy has not yet materialised, Commissioners from Peterborough, Cambridgeshire and the Clinical Commissioning Group are currently developing a new partnership Carers Strategy which will be completed in the new year. The current provider of Carers services, the Carers Trust, has been encouraged by Commissioners to expand their offer to increase impact across the wider community (through Carers Hubs). The result has seen an increase in the number of Carers supported and favourable results in the recent Carers survey.

4.4 **Governance and Accountability-** To manage the new evolving strategic and operational Commissioning, a new approach to governance has been introduced to provide scrutiny and accountability, including the introduction of the following integrated commissioning boards:

- **Integrated Commissioning Board** - The Cambridgeshire and Peterborough Integrated Commissioning board was established to bring together Strategic Leaders across the System to consider and agree opportunities for a common approach to commissioning across the Cambridgeshire and Peterborough system; and provide oversight of the BCF plans. The board aligns with the wider governance of the STP.
- **Peterborough & Cambridgeshire Councils Joint Commissioning Board-** The Joint Commissioning Board for Peterborough and Cambridgeshire has senior representation across the two councils, as well as the Clinical Commissioning Group. Its role is to provide oversight and approval of strategic initiatives and allied operational commissioning delivery and it is chaired by the Director of Commissioning.
- **Partnership Boards-** The seven Partnership Boards in Peterborough have been refreshed over the last twelve months to have a greater consistency of approach and to deliver a new rigour of scrutiny for Commissioning outcomes. Further work to increase the visibility of these boards will be undertaken over the next twelve months and the membership of the boards will receive training to equip them for their evolving role. A recent addition to the Boards structure has been the introduction of the Sensory Board to serve the strategic but often neglected directed for people with a sensory impairment.
- **Healthwatch** - Healthwatch was introduced by the Government to have a statutory overview of the delivery of Health and Social Care in any given area. The two separate Healthwatch providers in Peterborough and Cambridgeshire have now combined under one contract to deliver a single service across the patch. Their role will be critical in holding Commissioning to account as services are modernised and reshaped to help people to stay independent longer.
- **Safeguarding and Quality Team** - The Council has developed a team of Quality officers that support the Homecare and Care Home market to develop an ethos of continuous improvement. They also link closely with the Care Quality Commission and the Adult

Safeguarding Teams to carefully monitor the performance of providers and in doing so provide a three hundred and sixty degree approach to quality monitoring.

4.5 **Conclusion**

The evolving aging/complex population aligned to the statutory responsibilities within the Care Act 2014 have required a new approach to the commissioning arrangements in Peterborough. This required a review of the historical arrangements based on contractual management towards a new approach based around outcomes for clients and greater partnership working.

This required a new Strategic Commissioning Approach based around early intervention that is designed to support people to remain at home independently as long as possible. Clearly this will only be possible if operational Commissioning mobilise the community and the wider partnerships to adopt this strategic approach and design person centred specifications (with the input of clients) and services to support the approach.

In undertaking this approach there requires an intensive level of scrutiny and discipline to support its delivery. As a result the new Commissioning Board has become the focus of decision making with the reviewed Partnership Boards a barometer of impact and effective implementation.

Clearly this approach is in its infancy and further work needs to be undertaken with the Community and Health to embed the approach. Furthermore, as the partnership with Cambridgeshire grows stronger the strategic approach adopted needs to inform the wider approach of Commissioning. Critically the approach also needs to be evaluated to understand what is working and what requires further review and this will form another element of the work of Commissioning (or external academic partner) in the next twelve months.

5. **CONSULTATION**

- 5.1 Care Homes Forum
Older People's Partnership Board
Carer's Partnership Board
Learning Disabilities Partnership Board
Winter Pressures meeting has been established with home care providers to develop a joint approach to system demands/pressures.

6. **ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 Not applicable. The contents of this report provide an update to the Board to note.

7. **REASON FOR THE RECOMMENDATION**

- 7.1 The report is to provide information to the Adult and Communities Scrutiny Committee.

8. **ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 *Not Applicable*

9. **IMPLICATIONS**

Financial Implications

- 9.1 The commissioning arrangements are closely linked to delivering the Council's medium term financial strategy (MTFS).

Legal Implications

- 9.2 There are no legal implications related to this report. The Care Act 2014 and associated regulations provides the legal and statutory framework that delivers the basis of adult social care commissioning

Equalities Implications

- 9.3 There are no equalities implications related to this report.

Rural Implications

- 9.4 There are no rural implications related to this report..

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 *N/A*

11. APPENDICES

- 11.1 *N/A*

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