

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny **DATE:** 23rd September 2010

CONTACT OFFICER: Mike Bibby – Assistant Director, Personalisation,
Commissioning & Partnerships – 01753 875800

Su Davy – Joint Commissioning Manager – 01753 5864 (For all enquiries)

WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

NEW ADULT SOCIAL CARE COMMISSIONING STRATEGY

1 Purpose of Report

- 1.1 To inform, consult and seek the views of Scrutiny Panel Members on the Draft Commissioning Strategy for Adult Social Care;
- 1.2 To inform Panel of key recommendations to be presented to Cabinet for decision to implement the strategy

2 Recommendation(s) / Proposed Action

- 2.1 That Panel notes the information contained in this report and the attached draft commissioning strategy.
- 2.2 That Panel considers and comments on the draft strategy

3 Community Strategy Priorities

- 3.1 Implementation of the Adult Social Care commissioning strategy will contribute to the delivery of Community Strategy priorities in a number of ways:

Community Cohesion

- Promotes involvement in community activities;
- Reduces inequalities and promotes fair access to high quality services.

Health and Wellbeing

- Help people make positive informed choices;
- Intervene early to tackle serious health issues and promote healthier life styles;
- Maintain a person centred approach to service provision;

- Provide effective and tailored services for adults to allow them to live independent, socially inclusive lives;
- To work, often with other agencies, to provide support for improved health including early intervention

Community Safety

- Improve public information and help people have an active role;
- Within the overall provision of support and care services to ensure that the most vulnerable are protected and safeguarded.

4 Other Implications

(a) Financial

The total gross budget in 2010/11 for adult social care and Supporting People to fund externally provided services is £25,732,000. This is through a combination of contracted services, grant funding underpinned by service level agreements and 'spot' purchased care packages for individual service users.

The table below illustrates the current pattern of funding

		£	£
Supporting people			3,970,000
Block purchased services			
	Residential / Nursing	7,651,000	
	Domiciliary	2,111,000	9,762,000
Community based services			
	Advice and support (e.g. advocacy, carers support etc)	467,000	
	Care and respite (e.g. day care, lunch clubs, respite for carers etc)	716,000	
	Living at home (e.g. meals service, handyperson, equipment loans)	660,000	
	Out and about (e.g. transport etc)	56,000	1,899,000
Spot purchased services			
	Residential / Nursing	9,500,000	
	Domiciliary	265,000	
	Day Care	336,000	10,101,000
Total budget - externally commissioned services			25,732,000

There are savings identified in the medium term financial plan relating specifically to commissioning and supporting people which total £924K for the period 2011/12 to

2013/14. A further £100K in 2011/12 is identified relating to residential care block commissioning. In addition measures arising from changes to commissioned services will also contribute to other agreed savings plans.

Future commissioning activity will be funded from within agreed cash limits.

(b) Human Rights Act and Other Legal Implications

Commissioning of new services and the termination or extension of existing contracts will be carried out in accordance with relevant legislation and guidance including the council's constitution.

Contracts and service level agreements will be put in place for all commissioned services.

(c) Equalities Impact Assessment

An Impact Assessment will be carried out on the final strategy prior to formal approval and implementation.

Equalities Impact Assessments will also be completed for specific de-commissioning / commissioning actions.

(d) Workforce

There will be no workforce implications for the council arising from the implementation of the commissioning strategy with the necessary work being undertaken within the existing staffing arrangements.

However, as a consequence of the decommissioning and commissioning activities there will be workforce implications for provider agencies.

5 Background:

- 5.1 The local authority commissions services from a range of provider agencies in the private, voluntary and community sectors to deliver adult social care services.
- 5.2 There are significant developments to the way that adult social care services are to be delivered arising from the implementation of 'Putting Me First' – the strategy for the implementation of personalised adult social care services in Slough. The type of services that will be commissioned and the resulting contracts will need to change to support the delivery of more person-centred services.
- 5.3 The draft Commissioning Strategy for Adult Social Care identifies the key priorities for commissioning in coming years to support the delivery of 'Putting Me First'.
- 5.4 The challenging financial climate and the reduction in resources available to local authorities make it more important than ever that robust, coordinated and effective commissioning arrangements are in place to ensure the availability of high quality and cost effective services which deliver improved outcomes for residents while making the best use of available resources.

5.5 The changes that will result from implementing the commissioning strategy will have significant impacts on current provider organisations as the range of services commissioned will change. Some existing services will be de-commissioned while others may change in terms of the nature of the service and who provides it as a result of re-commissioning. There will also be changes to the nature of contracts for service provision.

5.4 **Detail:**

5.4.1 **Development of the Commissioning Strategy for Adult Social Care**

The local authority commissions a wide range of agencies to provide adult social care services to the residents of Slough. These include services and support that form a part of an individual's care package to meet eligible needs following a Fair Access to Care assessment, as well as preventative community based services which can be accessed directly. Services such as Supported Housing and Floating Support are commissioned and funded through the Supporting People programme. The commissioning strategy covers all these services and relevant funding.

The services are provided by private and voluntary sector or not for profit organisations. The currently commissioned services in Slough have developed over time resulting in a historical pattern of generally 'traditional' services.

Commissioning takes place in a variety of ways dependent on the funding source and the price or volume of the service provided. In some cases formal tender processes governed by legislation, including European Union procurement guidelines, apply which result in formal contractual arrangements covering a number of years. In other cases grant funding is provided on an annual basis, these being underpinned by Service Level Agreements.

In addition to these arrangements, individual support for service users is 'spot' purchased from private and voluntary sector agencies.

The council is in the process of finalising policy, protocols and best practice guidance relating to commissioning which will be adopted when implementing this strategy. These will include proportionate, consistent and transparent arrangements for the commissioning and subsequent monitoring of commissioned services. Outcomes which are clearly defined and measurable will be set out for each commissioned service and where possible and appropriate funding will be agreed for a defined number of years dependent on performance. Services commissioned will deliver agreed priorities.

5.4.2 **Why do we need to make changes?**

There are significant issues which have been taken into account in developing the Commissioning Strategy for Adult Social Care for Slough. These include:

- The development of person centred social care services through the Slough "Putting Me First" programme.
- Significantly reduced resources as a result of the national financial climate, including reductions in public sector resources, the extent of which is not yet fully known.

- Savings already agreed within the medium term financial plan.
- Increased partnership working to meet needs and deliver agreed priorities, both with other organisations and within the “One Council” approach.
- Demographic information including data on current and future needs

These factors mean that commissioned adult social care services have to be reshaped to deliver flexible services which are responsive to individual needs and choice and to ensure that they are targeted appropriately to meet the needs of vulnerable people. Commissioning also has to ensure that services deliver agreed priorities and make the best use of available resources.

The way that services are commissioned and procured by the local authority will also need to change. For example, contracts with provider agencies are likely to move away from block contract arrangements with fixed and guaranteed volumes to more flexible framework agreements. Guaranteeing the flow of business to providers will be far more challenging than in the past and will require those services to adapt.

5.4.3 **Commissioning principles and priorities:**

The Commissioning Strategy sets out the priorities and principles for the commissioning of adult social care services over the next three years.

We will promote, develop and commission care and support that:

- Is innovative and flexible in times of change and responsive to the needs and risks of our most vulnerable residents.
- supports and enables people to live independently within their own communities for as long as is possible and appropriate.
- Achieves agreed outcomes and promotes choice and control in the planning and delivery of those outcomes.
- Is delivered to defined measurable and controllable quality standards.
- Demonstrates continuous effectiveness and efficiency to make the best use of the resources available to the Council.

Key priority areas for commissioning to deliver agreed objectives and priorities have been identified and are set out in the strategy. These are:

- Advice and Information across all care groups including carers;
- Brokerage and advocacy across all care groups for those who meet the adult social care eligibility criteria;
- Assistive technology for all care groups;
- Support and respite for carers;

- Dementia services to ensure they are more accessible for those under the age of 75 and are more community based;
- Residential, nursing and dementia care services reconfigured to reflect future demand;
- Day opportunities for older people reviewed and re-commissioned to enable greater choice and independence;
- Community based mental health services focusing on promoting independence and choice;
- Domiciliary care services to deliver greater independence for older and disabled people by encouraging people to do things for themselves, rather do things for them;
- Remodelled meals service
- Support for substance misuse and HIV clients commissioned in partnership with other Council service areas
- Community transport
- Emergency alarm response service
- supported independent and 'extra care' type housing schemes for people with more complex and challenging needs; including those with mental health problems, physical disabilities, sensory loss, learning disabilities and autism.
- Shared Lives schemes to include a greater number of people who are at risk of social isolation and/or losing their independence.
- Supported living services for people with learning disabilities to enable service users to move from residential care to community based provision and for those placed outside the Authority to return to live as independently as possible within Slough.
- Work and employment opportunities for people with a learning or physical disability.

5.4.4 **What impact will the commissioning strategy have?**

Implementing the new commissioning strategy will impact in a number of ways.

These include:

- Ensuring the provision of services that deliver agreed priorities
- A focus on promoting independence and where possible reducing the need for long term care
- Enabling service users to have greater choice and control over the support they receive

- Improving outcomes for local residents
- Making best use of the resources available

There will also be significant impacts on current provider organisations as the range of services commissioned will change.

Some existing services will be de-commissioned, while others may change in terms of the nature of the service and who provides it as a result of re-commissioning. There will also be changes to the nature of contracts for service provision.

Difficult and challenging decisions will have to be made as the strategy is implemented and new and different services commissioned while others decline.

5.4.5 **Implementing the strategy:**

The changes that will need to be made in the range of services provided and the contracting approaches adopted will take time to implement. It will be important that this work is carried out in a planned way to maintain stability within the market during the transitional period.

A detailed plan is being developed which sets out the actions needed in relation to all existing externally purchased services, including those where new contracts are required. This will include de-commissioning of some services and re-letting of contracts on a new basis. The programme will identify in more detail the timescales for commissioning and decommissioning of services. It is not possible to forecast the cost of individual contracts at this stage.

It is anticipated that the major part of the programme will be delivered in the next 18 months, with completion by April 2012. As many of the Councils contracts would normally expire in the next year, it may be necessary for some existing contracts to be extended while new arrangements are put in place in line with the detailed programme.

There will be extensive and on-going engagement and consultation with key stakeholders including service users, carers and provider agencies throughout the implementation of the strategy. This will include discussions at relevant Partnership Boards, the regular Providers forum and other events.

The Commissioning Strategy will be presented to Cabinet in October 2010 with a recommendation that Cabinet resolve to agree the identified priorities and the commissioning and tendering of these services.

6. **Conclusion**

The draft adult social care commissioning strategy sets out the priorities for coming years.

The strategy has been developed to reflect and respond to changing demographic needs, the developments in the provision of adult social care services as a result of 'Putting Me First', and the prevailing financial climate.

Delivering the strategy will involve a complex programme of work over the next two years. This will have significant impacts on current provider organisations as the range of services commissioned will change. There will also be changes to the nature of contracts for service provision.

Delivery of the strategy will ensure that commissioned services deliver the council's agreed priorities and deliver high quality and cost effective support which make the best use of available resources. The services commissioned will improve outcomes for local residents and support the delivery of person-centred support that enables people to live independently in their own homes for as long as possible.

Health Scrutiny Panel is asked to:

- note the information contained in this report and the attached draft commissioning strategy.
- consider and comment on the draft strategy

7. **Appendices Attached**

Draft Commissioning Strategy for Adult Social Care - August 2010;

8. **Background Papers**

- 1 Slough Borough Councils Strategic Commissioning Framework – June 2010;
- 2 Joint Strategic Needs Assessment for Slough - October 2009;
- 3 Joint Commissioning Strategy for Slough 2007 – 2015.
- 4 Putting People First (PPF) DoH December 2007;
- 5 Our Health, Our Care, Our Say DoH 30 January 2006;
- 6 PPF related Circulars issued in January 2008, March 2009 and March 2010.