



Reading
Borough Council

Working better with you

**Adult Social Care
Commissioning Intentions 2017-18**

**Draft Report – Pending Alignment to
Separately Produced NHS Commissioning
Intentions**

February 2017

Commissioning Intentions Key Messages

These Commissioning Intentions form part of Reading Borough Council's suite of documents which outline the approach and activities we expect to take to review, improve and commission services for Reading citizens during the next financial year, and to demonstrate compliance with the market management duties as set out in the Care Act 2014.

The document is a high level indicator of our key commissioning priorities and of the strategic direction that our commissioning activities will take over the coming year.

Our Key Priorities for 2017/18 are:

1. **Maximising Independence and recovery** - we will use reablement, assistive technology, and aids for daily living as a first response.
2. **Personalisation** - we will support personalisation through personal budgets to ensure that people requiring longer term care can take as much control over their lives as their needs allow, in line with Care Act requirements.
3. **Home Care** - we will seek to support sustainable homecare in the borough by working proactively and building on relationships with our Home Care Framework providers (HCF).
4. **Reshaping Accommodation** - we will continue to shift the balance of accommodation provision from residential care to extra care housing and supported living options.
5. **Integration with Health Partners** – we will continue to build upon partnerships with our colleagues in the health service in order to work closely together to meet the needs of our population.
6. **Effective Commissioning and Sustainability** – we will transform the way that we commission, ensuring that we have a service that is fit for purpose and able to play a key role in supporting the council to maintain a balanced budget.

1) Strategic Priorities

The commissioning ambitions described in this document are aligned with the new priorities outlined in our Corporate Plan for 2016-19, in particular:

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and healthy living
- Remaining financially sustainable to deliver these service priorities

Adult Social Care in Reading is transforming the way we commission and provide social care services over the next few years. This work will be informed by the Reading Adult Social Care Vision:

- Our purpose is to **support**, care and help people to stay safe and well, and **recover independence** so that they can live their lives with purpose and meaning.
- We do this **collaboratively** with customers, carers, communities and partners; **tailoring** a response to meet needs and to **effectively** deliver targets and outcomes.
- In delivering these services we will be **fair**, **efficient** and **proportionate** in allocating our resources.

The **key drivers** under-pinning this transformation are:

The Care Act	Integration	Savings and Finance
<ul style="list-style-type: none"> • National eligibility criteria • New rights for carers • Legal right to a personal budget and direct payment • Introduction of the 'wellbeing duty' • Lifetime cap on care costs (deferred to 2020) • Responsibilities for councils to develop and manage the local market for services under the market management duty • Expectation that services will be co-produced with providers and customers in strategy development, contract awards and quality assurance 	<ul style="list-style-type: none"> • Better Care Fund – pooled budgets to support local health and social care integration • Berkshire West 10 Integration Board • Reading Integration Board • Reablement and recovery focus • Delivering key performance indicators which are relevant to the whole system (e.g. Delayed Transfers of Care, 'Discharge to Assess', 'Fit List') 	<ul style="list-style-type: none"> • Adult Social Care requirement to support the council to achieve a balanced budget • Fair Price for Care • National Living Wage

2) Our Commissioning Priorities

2.1 Maximising Independence and recovery

We will use reablement, assistive technology, and aids for daily living as a first response. In this way our aim will be to provide a short-term intervention which supports people to be independent for longer.

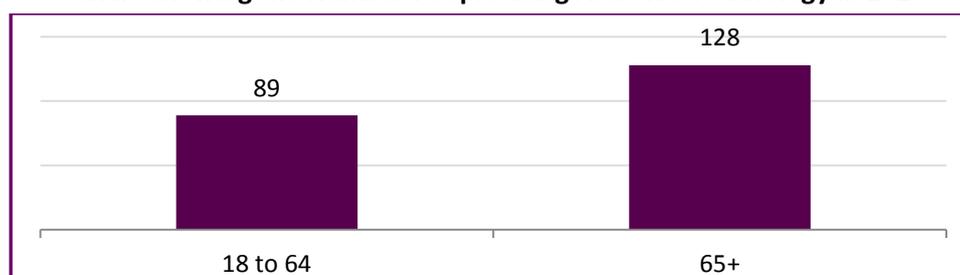
Progress to date:

- Discharge to Assess (Willows) – we have commissioned a number of ‘step down’ beds in one of our residential homes that enable more timely discharge for those residents that no longer need acute care and support but would benefit from a period of reablement and time to assess the most beneficial long term support.
- Rapid Response and Treatment to care homes – with our Berkshire Local authority and CCG colleagues, established a rapid response service to support local care homes to support residents to remain in their home, rather than needing hospital treatment, and enable a more timely return home following an episode in hospital.

Objectives for the year ahead:

- We will develop an assistive technology strategy – exploring opportunities to enhance our approach and including supporting people to make use of existing technology within the home.
- We will build upon our community based reablement service to develop bed based reablement, supporting people at an earlier stage in their recovery
- We will increase the use of assistive technology in people’s care, ensuring their independence and dignity are promoted and preserved.
- We will review the effectiveness and efficiency/unit costs of our current ‘Discharge to Assess’ provision to determine whether additional or alternative capacity will support more effective discharge from hospital and sustainable care in community settings.

Chart Showing the Number People using Assistive Technology in 2016



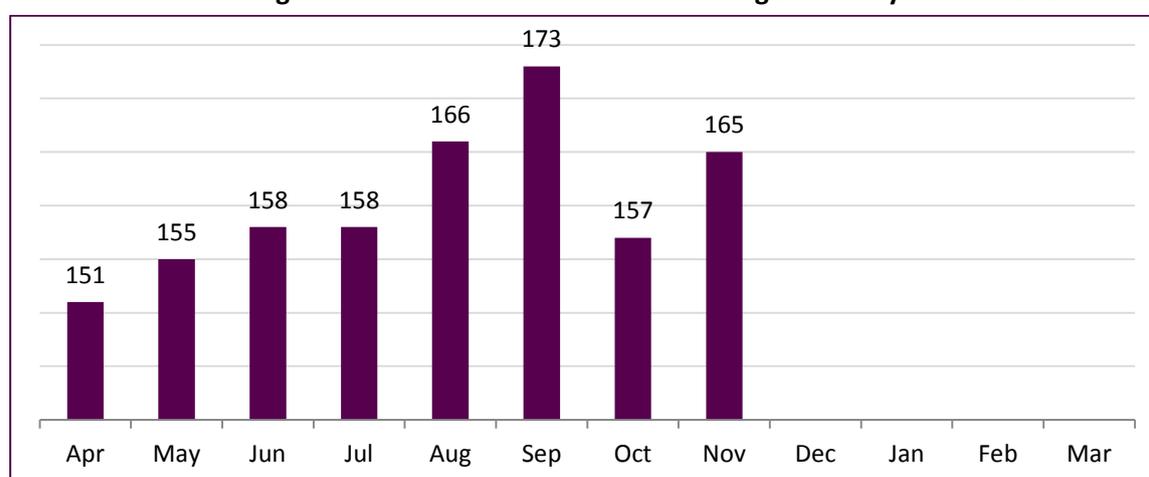
2.2 Personalisation and Independence

We will support personalisation through personal budgets to ensure that people requiring longer term care can take as much control over their lives as their needs allow, in line with Care Act requirements. We continue to review our approach to Direct Payments to increase take-up, including assessing the provision of a pre-paid card option and review of the related support services.

Progress to date:

- We have introduced prepaid cards for direct payments users, which will make the process of managing a direct payment simpler and easier. The first users go live in January, and we will gradually introduce further existing and new service users across a range of need over the coming months.
- We are currently re-commissioning a new Direct Payments Support Service, which will aim to offer direct payment users a range of choice in selecting organisations to assist them in employment of personal assistants and managing the financial elements of their direct payment.
- Our rate of direct payments has increased to 12% in the past year, and we have plans to increase this in line with national average over the next 12 months.

Chart Showing the Number of Service Users Receiving Direct Payments in 2016



Objectives for the year ahead:

- We will further develop the Reading Services Guide, whilst also reviewing the overall design, content and functionality with a view to including a broader range of providers and supporting the move towards self-directed support and an e-marketplace. This project will include evaluating the potential for supporting access to assessments for small packages of care, facilitating networks, provision of mentors and opportunities to connect with others.
- We will support younger adults with a learning disability who have sufficient ability to maximise their independence by moving into work environments
- We will review advocacy provision across all our adult social care services in order to be able to offer a more cohesive and efficient service from 2017
- We will review the Narrowing the Gap process for voluntary sector preventative support, following which there will be a revised process.

2.3 Home Care

We will seek to support sustainable homecare in the borough by working proactively and building on relationships with our Home Care Framework providers (HCF). Our aim will be to ensure availability of high quality, flexible home care services to vulnerable people in Reading. We will seek to integrate with other services, including health services to provide seamless services.

Progress to date:

- We have a responsive home care market that has avoided impacting on delayed discharges from hospitals.
- We have entered into an agreement with CM2000 for Electronic Time Recording and will develop and embed this with all of our Home Care Framework providers this year.
- We have re-procured equipment services across Berkshire and will review the new contract in 2020. We will continue to explore how new technological solutions can give residents better care, ensure their safety and enable us to deliver services more efficiently. This will prioritise the use of telecare, and other services and equipment to reduce the need for multiple carers.
- The Council wish to ensure that the workforce is valued and respected and in receipt of fair wages and decent conditions of employment and have adopted the Unison Ethical Care Charter. Providers have committed to the principles of the Charter and have achieved stage one.

Objectives for the year ahead:

- We will undertake more detailed work to better understand future demand on the local market in line with the requirements of the care Act, and in particular assessing the financial sustainability of the market as a whole.
- We will continue to build on relationships with providers on the homecare framework, supporting them to develop sustainability resilience. This will include supporting recruitment and workforce strategy (including recruitment and capacity building).
- Following on from the review and transfer of the Maples Day Service¹ for older people, we will expand this work to include learning disability, physical disability and mental health day services. The new model will provide professional care to those who need it.
- We will re-commission our support for mental health peer support aligned to the Recovery College and on a Recovery approach.
- We will develop Outcome based commissioning of individual packages. Providers will be presented with the outcomes an individual needs to achieve and tender

¹ Improving Day Opportunities in Reading (Adults, Children's and Education Committee 5th November 2015)

how they will work with the individual to achieve these outcomes within a pre-allocated budget.

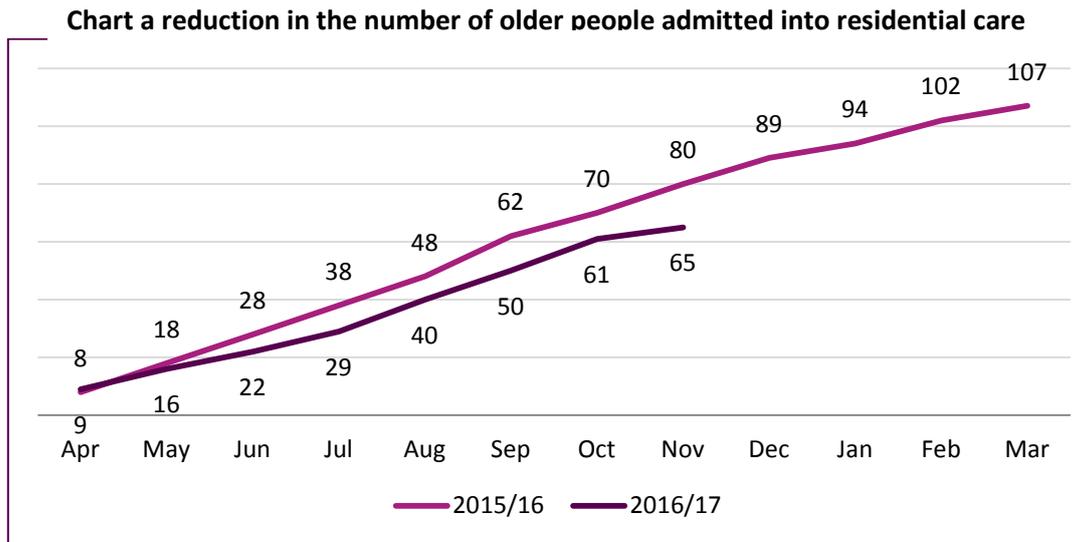
- We will be exploring the possibility of Council Support Plans and Provider Support Plans within a single shared plan. The Council will give an indication of support needed (Council Support Assessment) and Providers will create a detailed Support plan which will need to be agreed with care management. Responsibility of the standard, management and updating of the Support Plan will lie with the Provider.
- We will continue to work with providers on the Home Care Framework to implement further stages of the Ethical Care Charter. This includes providing occupational sick pay and guaranteed hours to employees.

2.4 Reshaping Accommodation

In order to support the vision of cohesive, attractive and vibrant neighbourhoods, we will continue to shift the balance of accommodation provision from residential care to extra care housing and supported living options. We will continue to reduce the number of residential beds, with specific focus on learning disability.

Progress to date:

- In 16/17 we successfully developed and fully populated two new supported living residences for residents with learning disabilities. This has enabled our clients to live more independent and socially connected lives, away from traditional residential provision. We will continue to find more opportunities to develop supported living and 'shared lives' for people with learning disabilities within the Reading area during 17/18.
- In the last year we have reduced the number of younger adults admitted to residential units by half, and the number of older people admitted to residential units by over two thirds. We expect to maintain this low level of admittance to residential units, and continue to work on moving existing residential placements out to the community wherever this would benefit the person.
- We have purchased new nursing provision in Dwyer Road, which enables additional capacity and opportunity for competition within this previously limited market in the borough.



Objectives for the year ahead:

- We have re-procured the care element of our Extra Care Housing provision across all sites during 2016-17, with the exception of our in-house provision, Charles Clore Court. We expect to tender for this within the next year. The new Extra Care contracts will next be reviewed in 2020.
- We will re-procure catering provision across all our Extra Care Housing provision during 2017, and will confirm the terms of this after a consultation ending in early 2017.
- We will expand our Shared Lives model of care to offer support to a wider range of people, including Mental Health clients. This will involve further developing models to support people living in the community under their own tenancies wherever possible.
- We will review and re-commission our suite of services relating to domestic abuse, to include refuge provision.

2.5 Integration with Health Partners

We will continue to build upon partnerships with our colleagues in the health service in order to work closely together to meet the needs of our population. This will include range of projects which are designed to align services, pathways and the processes behind them.

Progress to date:

- In partnership we have developed a new Integration Board that will oversee the operation and impact of the local Integration programme, including the Better Care Fund

- We have embedded and refined our Better Care Fund, which has a particular focus on integrated / joint initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care. Key BCF developments:
 - **Connected Care** – Our West of Berkshire Interoperability Project, which enables professionals to share case information and planning intelligence has been established across key health partners (GPs and Acute) with Reading social services due to join in 2017.
 - **Multi-disciplinary discharge forum** - established a weekly multi-disciplinary forum to address all delayed patients / users individually and assign clear leads and actions to promote timely move on

Objectives for the year ahead:

- We will continue to develop our range of Wellbeing Services (which includes Public Health) in alignment with our duties under the Care Act and with the principles of the national Living Well Pioneer Programme.
- We will participate fully with Health partners in the delivery of the West of Berkshire Interoperability Project (Connected Care), to enable professionals to share case information and planning intelligence.
- We will ensure that the Transforming Care initiative is fully embedded within our Learning Disability Services Transformation project and will apply relentless focus to moving remaining clients out of long term assessment facilities and into real homes.
- We will provide the AMHPS service within an integrated crisis and home treatment team, providing as part of the psychiatric liaison service providing in early intervention into acute hospitals as part of our prevention strategy
- We led on the re-commissioning of a revised Carers Information and Advice service across Reading and West Berkshire Local Authorities and the associated CCGs for a 2 year period from April 2016. The revised service is designed to accommodate new requirements relating to carers under The Care Act. We will continue to evolve carers services.

2.6 Effective Commissioning and Sustainability

We will transform the way that we commission, ensuring that we have a service that is fit for purpose and able to play a key role in supporting the council to maintain a balanced budget. We have a range of pre-agreed projects underway to deliver savings in the council's Medium Term Financial Plan, and will work to ensure these are delivered effectively, whilst identifying opportunities to achieve further efficiencies.

Progress to date:

- We have a range of projects within the Adult Social Care Transformation programme which are contributing savings to achieve a balance budget.
- We have a successful track record of providing quality services which keep people safe, prevent or delay escalation of needs and allow people to be in control of their lives.
- We have improved the quality and rigour of commissioning process and practice in the past year through two commissioning improvement projects. This included assessing our commissioning functions against the standards outlined in 'Commissioning For Better Outcomes'².

Objectives for the year ahead:

- We will undertake a thorough Assessment of the current commissioning approach, leading to a Design of a new and transformed approach.
- We will explore opportunities to integrate commissioning functions with partners in health and other local authorities.
- We will review and develop our Market Failure Protocol³ in collaboration with partners and providers so that we have sound monitoring and early warning of changes requiring action.
- We will make changes to our contracting approach to develop clearer expectations from providers in relation to quality, performance, use of technology, and reporting expectations.
- All of our commissioning decisions will be in alignment with savings targets previously published for Adult Social Care which will enable us to deliver a balanced budget for the year.
- As we develop our commissioning approach we will ensure that the principles of co-production, and the development of community capacity are a core aspect of all areas of our work.

3) Working with Health Partners

We will wherever relevant align our commissioning priorities and activity with health partners, having particular focus on supporting the following taken from the West Berkshire CCGs Operating Plan:

- Better Care Fund
- Frail Elderly Population

² A template for good practice devised jointly by Department of Health, Local Government Association, Think Local Act Personal, Association for Directors of Adult Social Services and University of Birmingham

³ The Care Act 2014 places new duties on Councils relating to market oversight, response to provider closures (planned and emergency) and a 'temporary duty' to ensure that needs are met in the event of provider failure. The Market Failure Protocol is a key tool in the contingency planning process.

- Long-term conditions and self-care
- Urgent and Emergency Care
- Mental Health
- Support for Carers
- Transforming Care
- Transition

4) Principles – how we will support delivery of our Commissioning Intentions

The following principles underpin our commissioning approach. As we work to further develop the effectiveness of commissioning we will review these and establish effective means to ensure our principles are implemented through the way that we work.

- **Asset-based approach.** With specific focus on our ‘Right for You’ model of care, we pay particular attention to the resources and support that people already have around them, within their family, community, universal and preventative services.
- **Measured risk model.** We continue to review our packages of care to ensure that we are not over-providing and creating unnecessary dependence.
- **Co-production.** We will strive to enable service users and their carers / families to co-produce services directly with us, and to participate in monitoring and evaluation.
- **Intelligence / performance management.** We will aim to become an intelligence rich commissioner, so that we have reliable and relevant knowledge on which to base our commissioning decisions.
- We will work closely with providers to improve or maintain good quality services that demonstrate **value for money**.
- We will focus our efforts on supporting more service users through the use of providers on our **approved frameworks**.
- We will apply a model of **full cost recovery** in line with the national eligibility criteria, ensuring that those who can afford to pay for their care do so.
- Any service changes resulting from delivery of the Commissioning Intentions will be undertaken with **sensitivity and consideration** of the impact on individual service users and their carers / families.
- We will undertake commissioning and re-commissioning exercises with **improved timeliness**, with specific focus on reducing instances of contract extensions
- We will actively review and **consider de-commissioning** services that do not meet required expectations relating to quality and performance