



**Reading**  
Borough Council  

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Working better with you

**Adult Social Care**  
**Commissioning Intentions 2016-17**

DRAFT

December 2015

## 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. It will be supported by an operational commissioning work plan, which is currently under development.

### Key focus areas include:

- Using an asset-based approach to service provision which capitalises on the resources and support that people already have around them
- Integration with Health via a range of projects which are designed to align services and the processes behind them
- Embedding the Care Act 2014 requirements
- Making smarter use of data and intelligence to understand the needs people have and how effective we are at achieving their desired outcomes
- Re-shaping our accommodation offer to give more people an alternative option to residential care
- Furthering personalisation and maximising independence, in particular through increasing Direct Payments
- Developing our support for carers, especially our information and advice services
- Use of technology, both in front line services and back office functions
- Using our Adult Social Care Transformation Programme to achieve identified savings and deliver services within a balanced budget
- Providing quality services which keep people safe, prevent or delay escalation of needs and allow people to be in control of their lives

### 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** supporting this transformation are:

The Care Act	Integration	Savings and Finance
<ul style="list-style-type: none"> <li>• National eligibility criteria</li> <li>• New rights for carers</li> <li>• Legal right to a personal budget and direct payment</li> <li>• Introduction of the 'wellbeing duty'</li> <li>• Lifetime cap on care costs (deferred to 2020)</li> <li>• Responsibilities for councils to develop and manage the local market for services under the market management duty</li> <li>• Expectation that services will be co-produced with providers and customers in strategy development, contract awards and quality assurance</li> </ul>	<ul style="list-style-type: none"> <li>• Better Care Fund – pooled budgets to support local health and social care integration</li> <li>• Berkshire West 10 Integration Board</li> <li>• Reading Integration Board</li> <li>• Reablement and recovery focus</li> <li>• Delivering key performance indicators which are relevant to the whole system (e.g. Delayed Transfers of Care, 'Discharge to Assess', 'Fit List' )</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Social Care savings target of £6,709,000 over 3 years to March 2018</li> <li>• Fair Price for Care</li> <li>• National Living Wage</li> </ul>

## 2) Our Commissioning Priorities

### *Accommodation*

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

2. We will work with providers who develop efficient and effective supported living options to offer care and support in the community, wherever that is feasible to meet someone's needs.
3. We will continue to work jointly with health partners in delivering the Learning Disability Transforming Care Programme, which enables people to live in their own homes rather than hospital or institutional settings.
4. We will reduce number of beds in residential care homes by 20. This may in part be achieved through shorter duration of stay.
5. We will re-commission the care element of our Extra Care Housing provision across all sites during 2016-17, as well as our block contracts for residential and nursing services. This is to ensure adequate supply at calculated value for money to specified quality and scope.
6. 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.
7. We will ensure sufficient supply of nursing home care provision, to include services for people with dementia
8. We will work across Berkshire West to review and develop provision for people with learning disabilities and challenging behaviour
9. We will review and re-commission our suite of services relating to domestic abuse, to include refuge provision.

### ***Personalisation and Independence***

10. We will use 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 will 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
11. 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.
12. We will support younger adults with a learning disability who have sufficient ability to maximise their independence by moving into work environments
13. 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
14. We will have a revised offer for voluntary sector preventative support via the Narrowing the Gap Framework which is currently open for bids.

## **Carers**

15. We will lead 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.

## **Integration**

16. We will review the use and effectiveness of our current 'Discharge to Assess' provision to determine whether additional capacity will support more effective discharge from hospital and sustainable care in community settings
17. We will support our providers to engage with the Rapid Response and Treatment service currently being piloted to reduce unnecessary hospital admissions
18. We will continue to develop our range of wellbeing services in alignment with our duties under the Care Act and with the principles of the national Living Well Pioneer Programme.
19. 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.
20. 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

## **Home Care and Day Services**

21. 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 include scoping and planning for an Electronic Time Recording system across home care providers, as well as the use of telecare, and other services and equipment to reduce the need for multiple carers.
22. Following on from the review and transfer of the Maples Day Service<sup>1</sup> 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 and support from community services to others.
23. We will review our support for mental health day opportunities to focus on a Recovery approach
24. We will continue to work with providers on the Home Care Framework to implement the Ethical Care Charter in Reading. We wish to ensure that our workforce is valued and respected and in receipt of fair wages and decent conditions of employment

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

### 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 elements of the **Berkshire West CCGs Commissioning Ambitions 2016-17**:

- Better Care Fund
- Frail Elderly Pathway Redesign
- Support for Carers
- Berkshire Interoperability Project (Connected Care)
- Personal Health Budgets
- Transforming Care
- Placement Budget and the governance of Mental Health and Learning Disabilities
- Mental Health Crisis Concordat
- Place of Safety
- Transition
- Care Homes Enhanced Support
- 'Transforming urgent and emergency care services in England. Safer, faster, better good practice in delivering urgent care and emergency care. A guide for local health and social care communities'.

The full extract from the Berkshire West CCGs' document is attached at Annex 1

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

The principles underpinning our commissioning approach include:

- a) Assessing our commissioning functions against the **standards** outlined in 'Commissioning For Better Outcomes'<sup>2</sup>
- b) **Asset-based approach.** With specific focus on our 'Right for You' model of care, we will pay particular attention to the resources and support that people already have around them, within their family, community, universal and preventative services. This model seeks to resolve problems that the individual and their families / carers perceive as barriers to wellbeing and independence – enabling a wider range of options to be offered. Our diagram representing the Right for You model is found below:

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<sup>2</sup> 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

## The Model



- c) **Measured risk model.** We will review our packages of care to ensure that we are not over-providing and creating unnecessary dependence. We will work with providers to develop a measured risk model.
- d) **Co-production.** Building further on our consultation work we will develop models to enable service users and their carers / families to co-produce services directly with us, and to participate in monitoring and evaluation
- e) **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. This will also involve changes to our contracting approach to develop clearer expectations from providers in relation to quality, performance, use of technology, reporting expectations etc. We will make use of the Berkshire-wide shared intelligence function provided by Public Health to support this aim
- f) Specifically, in home care, we will expect information **on time recording and consistency of carers** – the two quality factors that our service users report are most important to them
- g) We will work closely with providers to improve or maintain good quality services that demonstrate **value for money**, ensuring that service users are safe, well cared for and involved in their own care. Our contracts will set out expected **quality standards** and how **performance** against those standards will be measured.

- h) We will focus our efforts on supporting more service users through the use of providers on our **approved frameworks** (Home Care Framework and Supported Living Accredited Select List) for improved efficiency
- i) We will review and develop our **Market Failure Protocol**<sup>3</sup> in collaboration with partners and providers so that we have sound monitoring and early warning of changes requiring action
- j) 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
- k) 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
- l) We will undertake commissioning and re-commissioning exercises with **improved timeliness**, to enable us to proactively source appropriate services in a considered and informed manner, with specific focus on reducing instances of contract extensions
- m) We will actively review and **consider de-commissioning** services that do not meet required expectations relating to quality, performance and customer outcomes
- n) 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

The overall strategic direction in this document derives from values which:

- Puts adult social care services within the context of the community and neighbourhood that the person requiring care lives within
- Recognises service users who require support as being people who still contribute to their family and community
- Is centred on the person – not on the convenience of service providers
- Promotes independence and focuses on what people can achieve
- Values and recognises the central role that carers play
- Safeguards people
- Promotes a ‘good life’, and
- Plans for and enables a ‘good death’

## Annex 1 (attached)

Extract from Berkshire West CCGs Commissioning Ambitions 2016-17

<sup>3</sup> 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.



### Extract from Berkshire West CCGs Commissioning Ambitions 2016-17:

#### Principles

- To put a greater emphasis on prevention and putting patients in control of their own care planning including through the expanded use of technology enabled care, multi-disciplinary care planning led by GPs here (under Anticipatory Care CES), and proactive support for carers and families. This will underpinned through CCG Programme Board led pathway redesign, service line reviews and the development of the CCG QIPP programme for 16/17.
- We will commission services which provide our populations with more information and choice about the full range of service providers, ensuring care closest to home is offered wherever possible.
- We will work with providers to implement new models of care which better support better integration which expand and strengthen the role of primary and out of hospital care, whilst ensuring our acute providers are equipped to treat patients who require in-hospital care.
- We will work with our providers to ensure that appropriate levels of care and diagnostics are available across the week which enable achievement of improved health outcomes for our populations.

#### Commissioning Ambitions

- **Better Care Fund:** We have worked with local Health and Wellbeing Boards on the creation of schemes that form our Better Care Fund (BCF) plans and as part of the development process we have engaged with our local providers. In preparation for 16/17 we will be formally reviewing performance against the metrics included in BCF planning requirements to we full understand the impact of the investment in 15/16. As responsible commissioners we will seek to minimise any commissioning risk to the provider in relation to transfer of services or funding into the BCFs.
- **Frail Elderly Pathway Redesign:** The Frail Elderly work is system wide across the 10 BW partners. The intention is to determine the optimal pathway for this cohort of the population, identify how investment would need to change to deliver this, identify the optimal delivery model or new model of care, and recommend an appropriate contracting and funding approach. Frail elderly were selected as the cohort following the work by Capita two years ago which should that this group are the biggest cost driver in the system. The rationale was that this group would be an exemplar and the learning could be extrapolated more widely to determine the right model of care across the whole system. A contract has been let to the CSU in partnership with Ernst Young to undertake this work. The outputs of this programme which will be emerging over the coming months including identified opportunities for “quick wins” will be used where possible to inform commissioning decisions for 16/17 and these will be explored with providers over the coming months.
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- **Support for Carers**

The CCGs, Reading Borough Council and West Berkshire Council will be re-commissioning the advice and information service for Carers. Following Carers consultation a new commissioning model was agreed that will focus on developing the market through offering 2 year grants to voluntary organisations. This has been developed from previous discussions and intended to offer a consistent level of service, ease of access/referral across Berkshire West, and the opportunity to draw on local knowledge and expertise. To date, the bulk of our carers information advice and support services have been delivered by a single provider operating across Reading, West Berkshire and Wokingham.

From April 2016, it the commissioners' intention that carers across Berkshire West (wherever they live) will be able to access local services that adhere to the same specifications and deliver the same high-quality standards, These services will be accessed through a common access number to simplify referrals and signposting into carers support by other agencies.

- **Berkshire Interoperability Project (Connected Care):**

Interoperability is key to the delivery of the CCG strategy, underpinning our plans for Integration, our Better Care Fund plans and key programmes. It will enhance patient safety and quality of care, improve patient experience and provide significant opportunity for efficient use of clinical time. We are committed to rapid progress within and between providers and it is our expectation that all providers support the implementation in this critical enabler to all system strategies.

- **Personal Health Budgets:** The CCGs are committed to working with our Local Authority colleagues to implement Personal Health Budgets. We have commissioned external support for this work. Scoping work across our three local authorities has taken place. Areas of focus will include Learning Disabilities / Children with Complex Needs. Pilot sites will be identified and a Berkshire West Personalisation Steering Group is being set up and a co-design Workshop in being held.

- **Transforming care:** We recognise the scale of change required to transform the care for adults and children with learning disabilities. Our Post Winterbourne Transformation Plan is being delivered through a multi-agency working group including our Local Authorities. The key deliverables include delivery of the 6 elements of the Positive Living Model which includes positive behaviour/support, intensive intervention service, special social care, advocacy, carer support and person led transition plan.

- **Placement Budget and the governance of MH and LD:** We wish to continue to carry out a collaborative review of approaches to the management of mental health and learning disability placements.

- **Mental Health Crisis Care Concordat:** The national Mental Health Crisis Concordat launched in 2014/15, provides a blueprint for an effective pathway for people with mental health problems. We wish to explore opportunities to further strengthen the approach to crisis management across the whole system, and, to that effect expect as part of the signatories of the concordat declaration to continue working collaboratively.

## Annex 1

- **Place of safety:** As part of its commitment to improve mental health services, we intend to work with the Provider to review Section 136 place of safety arrangements. The CCGs and LAs have already invested in a one year Street Triage Pilot Scheme which was launched in June 2015, with the aim that this will reduce inappropriate use of Section 136 and decrease use of place of safety; we will evaluate this service in Q3 and with a view to considering funding this service as recurrent investment.
- **Transition.** CCGs will work with providers to implement the expected NICE guideline on transition from children's to adults' services for young people using health or social care services (draft for consultation came out Sept 2015). This will improve the planning, delivery and experience of care of young people in their move from children's' to adults' services using person centred approaches.
- **Care Homes Enhanced Support.** Further work will continue to address current issues around high admission rates from care home, including early detection of Urinary tract infections and pneumonia through further enhanced support to care homes in the Berkshire West geography
- **“Transforming urgent and emergency care services in England. Safer, faster, better: good practice in delivering urgent care and emergency care. A guide for local health and social care communities”:** This is a practical summary of the design principles that local health and social care communities need to adopt to deliver safer, faster and better urgent and emergency care. These principles are drawn from good practice, which have been tried, tested and delivered successfully by the NHS in local areas across England. We will use the guidance to inform commissioning decisions for the coming year, alongside the recently published NHSE/Monitor document on new payment models for Urgent and Emergency care.
- **Connected Care:** The CCGs are working with the Berkshire East CCGs to jointly procure an interoperability solution which will enable health and social care data to be shared across care settings, thereby supporting delivery of the national requirement that by 2020, all care records will be digital, real-time and interoperable. A full portal solution will be procured using previously identified BCF funding together with funding identified through the Primary Care Infrastructure Fund. It is our expectation that savings benefits identified and realised with provider organisations will be released and utilised to contribute to the funding of this programme. The solution will allow for interoperability and information exchange between organisations as well the creation of a person-held health and social care record enabling the individual to hold and manage information about their care. The procurement exercise is due to be completed by March 2016.