



Report of: Director of Adult Social Services

Scrutiny Board: Adult Social Care

Date: 17 September 2008

Subject: Adult Social Care Commissioning Update

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

In line with the requirements stipulated by the Health and Social Care Scrutiny Board in December 2007, this report provides an update on progress made during 2008 on the development of Adult Social Care commissioning in the city.

The Government White Paper "Our Health, Our Care, Our Say" set out four key outcome objectives for social care commissioning:

- Better prevention and early intervention for improved health, independence and wellbeing
- More choice and a stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long term needs

The task for commissioners is to break these general aspirations down into specific outcomes for local populations and then define what systems and services are required to achieve them. Commissioners also need to clarify which services are not working towards these outcomes and take appropriate action, either through supporting organisations to re-orientate their activities or by reinvesting resources in provision which does meet the specified outcome objectives.

Thus the White Paper has set out the essential terms of reference for Adult Social Care commissioning and this report seeks to demonstrate how this has been translated into practice in Leeds. A new focus on outcomes has been adopted which is less concerned with specifying the nature of the service procured and more with the resultant benefits for individuals and communities in terms of improved health and wellbeing, maintaining independence and self-determination for as long as possible, improving the choice and accessibility of services as close to home as possible,

prevention being available as well as care, and tackling the inequalities in service provision and in the experiences of service users.

This is a hugely ambitious agenda and it is being embarked upon jointly, in partnership with other commissioners in the Council and the Primary Care Trust, with the aim of delivering positive outcomes not only for individuals who need services, but also for communities and the city as a whole. Early progress has been made in the fields of Mental Health, Physical Disability, Sensory Disabilities, Learning Disabilities and Older People's Services and is referred to in greater detail in the body of this report. In addition, a range of underpinning strategies have been introduced to drive up the quality and effectiveness of commissioning. These include a commissioning development programme for commissioning staff in Adult Social Care, Children's Social Care, Neighbourhoods and Housing and the Primary Care Trust, the introduction of more robust contract monitoring and management arrangements to ensure that Independent Sector deliver, according to contract requirements, a comprehensive set of in-depth reviews of Third Sector organisations, increased support to Third Sector organisations to enable them to thrive in a more exacting commissioning environment, and a renewed emphasis on securing development partnerships with other organisations, eg Housing Associations, in order to replace traditional residential care with a diverse range of supported accommodation in the community for all service user groups.

1.0 Developments in Health and Social Care Commissioning

- 1.1 Work on the Joint Strategic Needs Assessment is now well advanced and commissioners will be using this to ensure that areas of the city with experience the greatest health inequalities are targeted for investment and improvements to the accessibility of services. For example, new investment in Mental Health Services for Black and Minority Ethnic communities has just been agreed in response to the fact that these communities are over-represented in the system, but they commonly experience difficulties in accessing preventative and supportive services.
- 1.2 In recognition of the value and potential for development of the Neighbourhood Network Schemes in Leeds, a major joint review with the PCT is underway with the aim of sharply focusing the schemes on outcomes which deliver improved health, independence and wellbeing and thereby preventing increased reliance on Health and Social Care support systems. The piecemeal development of the Networks over time has meant an unequal and uneven distribution of investment. It is therefore intended to pursue new resources and encourage collaborations between the Networks to provide greater equity of provision across the city. It is acknowledged that this process presents many challenges for organisations used to a grant funding system which has hitherto allowed them to operate without significant monitoring arrangements. However, joint Health and Social Care investment approaching £2m per annum requires a more robust commissioning approach. In order to support the Networks to thrive in this new environment, a range of initiatives are being put in place which will assist them in learning about what is required and how they can go about meeting these requirements.
- 1.3 The widescale review of the Third Sector mental health services is now underway. The organisations concerned are well engaged with the process and have taken on board the need to develop other services in a sufficiently flexible manner in order that they are able to respond to the personalization agenda, particularly Individual Budgets. Workshops have been convened with the service providers to successfully develop a consensus on what outcome-focused commissioning and personalization will mean for mental health services in the future. Once the reviews have been concluded, options appraisals and new service specifications will be developed prior to a formal tendering exercise being undertaken next year.

- 1.4 The sustainability plan for older people's mental health services pilots (POPPs) is well advanced. Work continues on gathering evidence of the need for sustainability and funding has been secured where indicated for 2008/09. The programme management team are confident that those schemes which merit continued investment will be sustained in the longer term.
- 1.5 Too many people with long term needs still go into residential care and thereby lose their independence and capacity for self-determination. Rapid developments in assistive technologies linked to the Extra Care method of delivering support to all service user groups offer the opportunity to reverse this trend and offer greater choice and control of how needs are to be met. Discussions are underway with a number of organisations in order to create development partnerships to deliver Extra Care supported living to groups, including those with acquired brain injuries, physical disabilities, and older people. A recent bid to the Department of Health to fund an Extra Care Housing scheme for older people in South Leeds has been successful. This is focused on an area of high deprivation and a community with significant numbers of Black and Minority Ethnic residents. At the same time, a much more ambitious collaboration for the development of Extra Care Housing across the city is being planned with commissioners in Neighbourhoods and Housing in line with the concept of "lifetime homes".
- 1.6 Building on the success of the Keeping House project, work is underway to scope opportunities for further development of social enterprises which will contribute considerable additional community benefits as well as delivering services in a more creative and flexible manner. They will offer increased choice to those who benefit from them, as well as the opportunity for service users and community members to take genuine control of the services they need. Another notable recent commissioning success has been the decision to invest in the Community Interest Company, Articulate Advocacy, for the provision of independent advocacy to people who lack the mental capacity to make important decisions for themselves and who have no-one to speak for them. The Local Authority has a statutory duty in this regard under the terms of the Mental Capacity Act 2007.
- 1.7 A comprehensive programme of service modernization is underway, and as part of the change programme, which will focus the directly provided service more clearly on specialist support services, including re-enablement, recovery and rehabilitation. This will better align the directly provided service with independent sector contractors, intermediate tier service provided by the Leeds PCT, will more fairly reflect the costs of providing this service, and better specify the scope of its business. Contracts with independent sector providers for personal care focused on providing longer term support and maintenance were let in April 2006 for three years in the first instance (with a maximum duration of five years). In this financial year, we will be reviewing the efficacy of the current contracts with service recipients and the providers before coming to a view about the most appropriate way forward in 2009. A service-user forum is now well established, as part of the contract monitoring process, which meets on a quarterly basis with officers from Commissioning and each of the independent sector providers. Further developments in this area will be the provision of dignity monitoring within home care contracts. The dignity monitoring process is currently being discussed and agreed between Commissioning officers and members of the service-user forum.
- 1.8 In order to ensure that only the highest quality and best value services are invested in, a programme of market management has been initiated and examples have been referred to above. Without this, greater choice and control will remain an aspiration and service providers will retain a disproportionate influence over market conditions, not only in terms of price but also what is provided. These conditions are exacerbated when the market is under-developed or providers of services are scarce. For example, in the past some providers of Learning Disability services have been able to name their price which has led to soaring costs for individual packages of care. Demographic factors indicated significant increased demand in this area in the future. Consequently, commissioning staff are introducing a Fairer Pricing toolkit which will deliver value for money as well as ensuring that providers are recovering their costs. This initiative is to be adopted for other service user groups.

- 1.9 The new personalisation agenda will require commissioners to facilitate developments which lead to greater choice and control for individuals and their carers. This will involve creating new systems which will enable self-directed support through Individual Budgets and ensuring that a sufficient range of quality services are available for people to purchase to meet their needs. A brokerage system will be developed in order to connect service users and carers with providers.
- 1.10 Service users and carers will be central to influencing and directing all these commissioning developments. The role of “expert by experience” has been devised so that service users can act as consultants. In addition, the views of the wider community are being canvassed on initiatives which they may well require themselves in the future. For example, the Citizens Panel is being used to garner widescale views on the future of the Neighbourhood Networks scheme.

2.0 Recommendation

- 2.1 Scrutiny Board Members are invited to consider this update on progress made in 2008 on developing Adult Social Care Commissioning services.

3.0 Background Documents

Government White Paper “Our Health, Our Care, Our Say”
Mental Capacity Act 2007
Fairer Pricing Toolkit