Somerset County Council

Three year Commissioning Plan including Commissioning Intentions 2014/15 – 2016/17

Service: Adult Social Care

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Contents

1.   Executive Summary

Somerset County Council has adopted a new operating model which involves a separation between day-to-day operational service delivery and the strategic commissioning of services. This document sets out the commissioning intentions for **Adult Social Care** services for the next three years, 2014/15 – 2016/17.

Adult Social Care is going through transformational change as we aim to move away from a traditional model of assessing peoples needs and having these met through directly procured services to a system of self directed support where people have choice and control over resources and care and support solutions.

There is a national programme of transformation called Towards Excellence in Adult Social Care (TEASC) which aims to co-ordinate and support transformation. We have recently completed a supported self assessment to establish a clear picture of where we are against the national programme descriptors of what a good Adult Social Care service should be providing. The self assessment has been used as the basis for this process of setting our commissioning intentions for the next three years.

In addition to this the Care and Support Bill and the Better Care Fund will result in fundamental changes to adult social care over the next three years. The preparatory work on assessing the implications of the Bill and planning changes under the Better Care Fund are in the early stages but these plans will have implications for our commissioning intentions and as plans are formulated we will modify these intentions to reflect these.

There are a number of MTFP efficiency and saving initiatives that have implications for our strategic commissioning intentions and these have been highlighted within the plan.

This programme is constructed around six themes and our commissioning intentions are outlined using the same themes as follows:

- Prevention
- Recovery
- Long Term Support
- Business Processes
- Partnerships
- Contributions

Prevention
Preventing and delaying the need for formal care and support is an important element in keeping people independent. Commissioning plans involve providing more effective access to information and advice service, promote volunteering and community and voluntary groups, Develop self help tools

and supports including self assessment systems, and support for carers and expand the use of Tele-care.

Recovery

Supporting people through a life event such as illness is important and we need to commission more services and improve what we currently do to deliver better results. This means commission an effective approach to reablement in partnership with health commissioners, commission intermediate care and rapid response services, develop integration plans under the Better Care Fund that deliver against the national outcomes of reduce hospital admissions and residential and nursing care placements.

Long Term Support

Increasing numbers of people will eventually need some form of ongoing support. We want to improve people experience of care and support as well as give them more choice and control. This means developing the market to genuinely offer a diverse array of service to ensure choice and control. Commission more personal budget/direct payment infrastructure organisations that can support more rapid increase in take up of personal budgets and direct payments covering, Engagement of social care stakeholders to better understand how to ensure that personal budgets offer people real choice and control, Develop systems to support third party agencies undertaking assessments as Trusted Assessor organisations and introduce Individual Service Funds where third parties can manage personal budgets on behalf of service users.

This approach means refreshing all our strategies such as the Health and Social Care Mental Health Commissioning Strategy and those in areas such as for Carers, Dementia, and Autism.

Improving arrangements to Safeguarding Adults is even more crucial as the new personalised Care and Support arrangements are developed with people taking more responsibility in a increasingly diverse market place.

Business Processes

The new operating model needs to be lean, efficient and effective. It needs to help deliver on our financial efficiency targets. This means commissioning a leaner care and support and personal budget process as a key priority, changing the culture and reviewing policies and procedures, processes and systems, and training and ensuring we have the right staff skills mix, it means improving our information systems and data management and quality assurance. This includes improving government statistical reporting and performance management arrangements. It also means reviewing unit costs and how we allocation of care and support resources.

Partnerships

Delivering joined up solutions for people is even more important as we become more customer focused and need to deliver efficiencies. This means developing integration plans under the Better Care Fund, introducing new delivery arrangements for the Learning Disabilities Provider Service, procuring

more integrated solutions such as covering Housing Improvement Agency and the Integrated Community Equipment Service, and it means contribute to the strategic development of Symphony Project and any work to revise care pathways.

Contributions
Our approach acknowledges people have tremendous resources to be promoted, supported and used to ensure they live full and independent lives. We wish to promote greater community activities and supports and encourage greater engagement. This also means developing a local engagement strategy with partners, introduce co-production techniques such as involvement of User Led Organisations (ULOs), use of peer support, timebanks, circles of support, community navigators, neighbourhood networks and the promotion of volunteering generally. It also means implementing agreed changes to charging policy and develop a new contributions policy.

2. Purpose of this Document and Summary

Somerset County Council has adopted a new operating model which involves a separation between day-to-day operational service delivery and the strategic commissioning of services. Importantly it puts Commissioning at the core of activities, and our customers at the heart of everything we do.

This document sets out the commissioning intentions for **Adult Social Care** services for the next three years, 2014/15 – 2016/17, and will be refreshed, at the minimum, on an annual basis. It sets out what the key pieces of work are, and where we intend to get to on the Commissioning Cycle. It also looks at what is coming up in the future to highlight what commissioning challenges are on the way.

The recent Towards Excellence in Adult Social Care (TEASC) supported self assessment recommended Adult Social Care plans should "be consolidated into an overarching business plan, owned by both commissioners and operational managers, and underpinned by a performance framework that will allow progress to be more rigorously monitored". This commissioning plan aims to meet this recommendation. Work is also underway to develop a performance framework to ensure effective monitoring of progress.
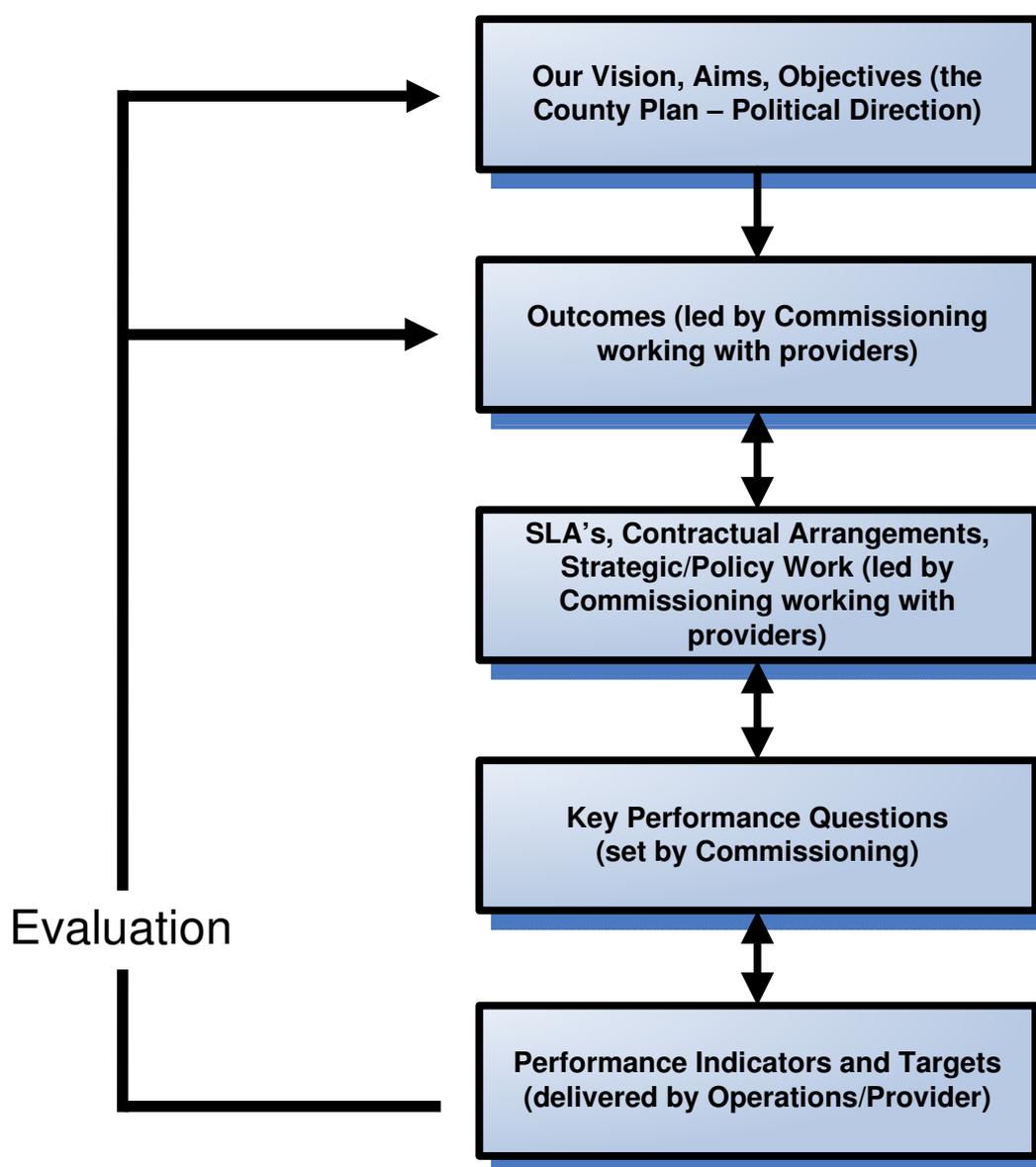
Commissioning Principles

The following principles summarise the key accountabilities and responsibilities of Commissioners:

- Commissioners are responsible for setting all outcomes and the associated outcome performance measures.
- Commissioners will be **accountable** for delivering outcomes, and service providers will be **responsible** for managing performance against agreed outcomes, which will mainly be set out in Service Level Agreements and contracts.
- Whilst Commissioners are responsible for setting the strategic framework for service delivery it will be the responsibility of the service provider to deliver services, drive continuous improvement, set performance management outputs and be as efficient as possible in the interests of putting customers at the heart of everything we do.

Where relevant, separate commissioning plans, or project plans, will be developed to provide more detail for commissioning activities than that set out here.

3. Putting Commissioning at the core of what we do – Our approach to performance and ensuring services deliver against outcomes

Our Vision, Aims, Objectives (the County Plan – Political Direction)

Outcomes (led by Commissioning working with providers)

SLA's, Contractual Arrangements, Strategic/Policy Work (led by Commissioning working with providers)

Key Performance Questions (set by Commissioning)

Evaluation

Performance Indicators and Targets (delivered by Operations/Provider)

Commissioning is outcome focused, and our Service Level Agreements (SLAs) are based on assigning outcomes to each service to make sure we are contributing towards the Council's aims and objectives, mainly communicated through its County Plan.

With the new operating model in place, and the split between commissioning and operational delivery still relatively new to many people, it is important that our activities evolve to put commissioning at the core of how we do things.

Part of this work involves the following:

- Where contracts are in place Commissioning Officers are working with providers to ensure that their activity and performance is targeted towards contributing to the relevant outcomes.

- Service Level Agreements have been pulled together to cover most services provided in-house. These provide the detail of what services are to be provided and what outcomes they are expected to contribute towards. To do this a new performance management system is put in place which:-

  o sets out the outcomes which the activity will contribute towards;

  o lists the performance outputs that contribute towards the outcomes (in most cases there will be a number of these which will contribute to each outcome), and

  o asks key performance questions about whether the performance outputs are actually making the right contribution.

  o These details are recorded on a comprehensive spreadsheet, which is updated monthly, quarterly etc depending on when the performance information is collected. Commissioners make a judgement on performance against each key performance question and this is reported to the Lead Commissioner using a RAG status, noting any proposed action to improve performance.

- Commissioners are taking a lead role in exploring what opportunities there are for service areas, including those where we currently may not have any resource available.

4. The Current Position and Commissioning Intentions

Below is the County Council's Commissioning Cycle. Customers are at the heart of the Council's activities, and Commissioning is the driver to make sure we achieve the best outcomes for our customers.
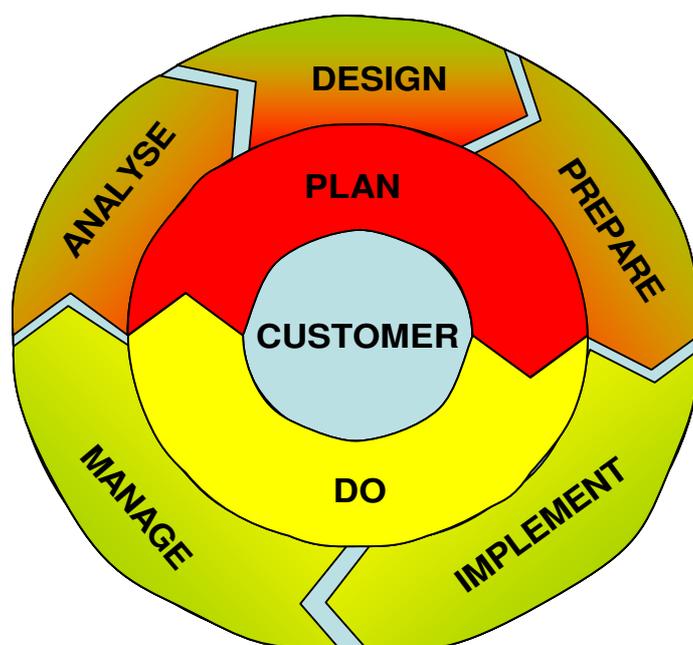
The following pages set out the position for Adult Social Care. It shows what our key activities are and what is on the horizon, showing where we are on the Commissioning Cycle and where we hope to get to.

The information shows a range of activity and delivery models and commissioning activities may be further developed or amended in due course.

The list of activities is not exhaustive and is intended to capture commissioning activity at a strategic level. It is not intended to include all operational commissioning activity or projects that may be undertaken during the year.

5. Strategic Overview

Adult Social Care is going through transformational change as we aim to move away from a traditional model of assessing peoples needs and having these met through directly procured services to a system of self directed support where people have choice and control over resources and care and support solutions.

The delivery and implementation of personalisation is being supported by the Think Local Act Personal (TLAP) Partnership, a coalition of sector bodies. They disseminate learning from other councils and provide resources to help support personalising care and support.

There is a national programme of transformation called Towards Excellence in Adult Social Care (TEASC) which supports the TLAP ambition and aims to co-ordinate and support transformation. We have recently completed a supported self assessment to establish a clear picture of where we are against the national programme descriptors of what a good Adult Social Care service should be providing. The self assessment has been used as the basis for this process of setting our commissioning intentions for the next three years.

In addition to this the Care and Support Bill will result in fundamental changes to adult social care over the next three years. The preparatory work on assessing the implications of the Bill and planning change is in the early stages and at this point we do not have an implementation plan. Action has been taken to ensure the key elements of the Bill are reflected in the commissioning intentions but these plans will be subject to change as the requirements of the Bill are better understood.

There is also a Better Care Fund programme of work to promote integrated working with Health. This will have radical and far reaching implications for adult social care. Draft plans are being formulated for the Better Care Fund although these will be changed and improved during the next year. These plans will have implications for our commissioning intentions and as plans are formulated we will modify these intentions to reflect emerging integration plans.

There are a number of MTFP efficiency and saving initiatives that have implications for our strategic commissioning intentions and these have been highlighted within the plan.

This programme is constructed around six themes and our commissioning intentions are outlined using the same themes as follows:

- Prevention
- Recovery
- Long Term Support

- Business Processes
- Partnerships
- Contributions

For each theme the outcomes are expressed in the form of "i" statements. The statements come from the national TLAP programme and were produced following large scale service user engagement which identified what people wanted to see as a result of the national programme of change.

6. Budget for Adult Social Care

Table 1

2013/14 Adults & Health Net Budgets	

Adults & Health Operations

Elderly Residential/Nursing Care	31,851,300
PD Residential/Nursing Care	3,491,900
Home Care	19,189,000
Direct Payments	6,065,700
Staffing Costs	11,376,200
Section 256	4,039,000
Section 256 Income	(8,939,000)
Day Care/Other Purchasing	814,600
Transport	259,000
DTA Legal Charge Income	(50,000)
CRB Checks	1,200
Somerset Direct	46,500
Care First	15,400
Personal Care HA - Income	(311,500)
Eldery Care Supply	202,300
Sensory Loss	212,800
ICES	1,516,200
Learning Disabilities - Purchasing	26,412,100
Learning Disabilities - CCG	(14,197,100)
	81,995,600

Learning Disabilities Operations

LD Provider Service	25,771,000
	25,771,000

Adults & Health Commissioning

Mental Health	8,340,700
Housing Related Support	7,500,400
Support for Carers	325,500
Community Safety & Domestic Abuse	730,000
Work	288,900
Voluntary Sector	1,628,500
Active Lives	537,000
Commissioning Team	820,500

Adult Social Care

Adult Social Care Commissioning	1,221,200
Learning Disabilities Commissioning	362,800
	21,755,500
	129,522,100

7. Current Contracts for Adult Social Care

Adult Social Care have in place approximately 800 contracts covering a whole range of services with a total value of £101m per annum. The total list of contracts is too large a document to be included within this plan.

8. Planning our Work - commissioning work over the next three years (and beyond where appropriate)

There is a formal internal SCC improvement programme established to oversee the transformation of adult social care. These commissioning intentions will be delivered through these formal programme arrangements. In some cases more detailed PIDs have been produced, in others they are at mandate stage and for some projects have still to be initiated. Detailed plans will be in place for all these areas over the next month and these will be signed off by the Adult Services Improvement Programme Board.

9. Commissioning Intentions – Self Assessment

This set of commissioning intentions has been informed by a full self assessment completed with the support of expertise from the Towards Excellence in Adult Social Care (TEASC) programme. The Commissioning Intentions Self Assessment document is available on request.

The information describing where we want to be is taken from the TEASC national programme for what "good" looks like in adult social care. This has helped inform and shape our ambitions.

10. Performance Management

The national performance management framework for Adult Social Care (ASC) has changed over the last few years. This has meant changes to the nationally imposed inspection and assessment regime, and a new approach to improvement has been developed by local government. This was set out in the LGA's document 'Taking the Lead' in February 2011.

Sector-led improvement in adult social care is being taken forward by the Towards Excellence in Adult Social Care Board (TEASC). TEASC is the

Partnership Board established to oversee the development of a new approach to sector-led improvement in adult social care, aligned with the current personalisation agenda.

The national performance measures are changing and becoming more outcome focused as set out in the Adult Social Care outcome framework (ASCOF).

Under the new sector led arrangements ASC submit quarterly performance reports to TEASC which is then compared with comparator councils. There is ongoing performance monitoring and review.

National performance monitoring and respective funding arrangements are changing under the Better Care Fund where national performance measures have been proposed aong with payment by result arrangements.

This all means ASC performance framework in SCC needs to change to reflect the national changes and the focus on outcomes.

Work has begun to revise the performance arrangement within the council and a new set of measures will be agreed out of the existing measure and newly emergent measures. The full set of performance measures being used are shown in table 4.

10.　　　Commissioning Intentions by Strategic Theme

Table 2

SUMMARY OF COMMISSIONING INTENTIONS

PREVENTION KEY COMMISSIONING WORK		
OUTCOMES: "I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date." "I have the information and support I need in order to remain as independent as possible." "I have access to a range of support that helps me to live the life I want and remain a contributing member of my community." "I feel valued for the contribution that I can make to my community."		
Commissioning Intention/Details	**Existing Position on the Cycle (Blue) and Expected Progress (Green)**	**Activity**

Make information and advice more accessible through a range of channels, including the internet (Care Bill/TEASC recommendation)	Design and Prepare	Produce an overall concepts and specification. Develop a web based portal and commission an e-market place. Ensure approach is wellbeing and whole system focused, including joined up with health. Care Bill responsibilities take effect in April 2015.
Volunteer Bureau Service / Active Living Network Foster and develop the Active Living Centres as the potential foundation for a wide range of preventative services in the community (TEASC recommendation). Harness the potential of volunteers in key areas (e.g. be-friending, escorting, enabling). (TEASC recommendation).	Prepare	Re-negotiate contract price / specification for Oct 2014. Work with C&C service to specify SCC service to be commissioned in future. Develop an affordable grant programme for the Active Living Network. (Could be via the Better Care Fund)
Commission effective Contact Centre arrangements - Improve first point of contact resolution, signposting and delaying the need for formal social care support. (Care Bill)	Design and prepare	Produce a clear specification of requirements and work with South West 1 and operational services to deliver the revised service
Commission self help, self assessment tools techniques and supports. (Care Bill)	Analysis	Develop self help tool and a self/supported assessment system, support arrangements and direct access/retail models
Work with Health on the House of Care to develop a Preventative Strategy	Design and prepare	Provide a system of support to people with long term conditions to take control and run self management programmes. Provide

		integrated approaches with health.
Re-Commission Support in Sheltered Housing Re-negotiate contract prices / specification for Oct 2014. SPS to lead the re-negotiation.	Prepare	Implement Cabinet decision following consultation on refocusing a reduced service. This will involve negotiating a reconfiguration of services.
Re-commission aligned HIA / ICES contracts Develop specification for new service Feb / Mar 2014 with a view to new contracts March 2015. Maximise the number of people who are helped to access simple equipment without recourse to a professional assessment (TEASC recommendation)	Design and Prepare	Develop a vision and new specification in partnership with key stakeholders. Understand activity levels for use of basic equipment. Tender for new service. Ensure tele-care and retail models are key features of the approach.
Carers Services – Strengthen partnership, improve approach to assessments and personal budget arrangements and make improvements to carer assessment performance. (**Care Bill)**	Analysis	Improve access to and quality of carers assessments. Quality of information, advice and guidance services. Self assessment and personalisation. Development of Carers Partnership Board. Refresh the Carers Strategy
Local Assistance Scheme - Develop commissioning plan for 2015 / 16 onwards.	Prepare	Develop commissioning plan for 2015 / 16 onwards. Understand implications for CABx / WSAB in light of proposed reductions in the wider strategic grant provided to then by SCC (not linked to LAS).
Sensory Loss - Renew contracts / grants for 2014 / 15.		

	Prepare	Review current arrangements. Renew contracts.

RECOVERY KEY COMMISSIONING WORK		
OUTCOMES: "When I initially need health or social care. I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home."		
Commissioning Intentions/Details	Existing Position on the Cycle (Blue) and Expected Progress (Green)	Activity

Commission Reablement to target support in line with similar services nationally to deliver better outcomes, particularly improved hospital discharge, and reduce admission to residential and nursing care. The anticipated outcome will be a reduction in the number of people who receive long-term care. (Better Care Fund/Care Bill, and TEASC Recommendation)	Design and prepare	Establish a Reablement Board. Approve a new specification. Closer contract monitoring of reablement delivery, encompassing PH indicators and performance management. Improve data quality. Incorporate the Reablement strategy within the Better Care Fund provisions and outcomes by working closely with partner organisations and further integrating social care and health. Gain knowledge of other reablement models from OLA's and other Providers
Commission a crisis response service to help maintain or support the return of people into their own homes. This needs to be a 24/7 service.	Analysis	Undertake needs analysis, collaborate with health partners, produce a business case. Draft a specification and commission services.
Establish Seven day working arrangements. (BCF)	Analysis	Work with the end to end review process and Pwc where the actions affect Recovery strategies
A consistent county wide intermediate care strategy needs to be developed. (TEASC Recommendation)	Analysis	We need a clear intermediate care pathway that integrates a range of interventions and supports such as: homecare reablement, telecare, crisis response, stroke rehabilitation, bed-based intermediate care, home from hospital services and Chronic

		Obstructive Pulmonary Disease (COPD) services
Establish clear Hospital discharge and prevention pathways to reduce admissions to nursing homes directly from hospital and avoid hospital admission.   (Better Care Fund and TEASC recommendation)

. | Design and prepare | Risk stratification information used to design and implement pathways that reduce admittance to hospitals and nursing care. Also that provide for speedy discharge. |

LONG-TERM SUPPORT **KEY COMMISSIONING WORK**		
OUTCOMES: **"I am in control of planning my care and support."** **"I can decide the kind of support I need and when, where and how to receive it."** **"I know the amount of money available to me for care and support needs, and I can determine how this is used, whether its my own money, direct payment, or a council managed personal budget."** **"I have access to a range of support that helps me to live the life I want and to remain a contributing member of my community."** **"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."** **"My support is coordinated, co-operative and works well together."**		
Commissioning Intentions/Details	**Existing Position on the Cycle (Blue) and Expected**	**Activity**

Adult Social Care

	Progress (Green)	
Commission a whole system approach to personal budgets where everyone with long term needs has a PB and an option of Direct Payments and choice and control.	Design and Preparation	Produce a detailed personalisation plan with clear targets. Performance manage the implementation to ensure the delivery of improved outcomes.
Review all long standing high cost care packages, particularly for PLD, to ensure cost effectiveness of support arrangements. (TEASC Recommendation)	Prepare	Introduce a revised Performance Management framework aligned with national indicators Performance measure in the Service Level Agreement. Review outcomes achieved to track impact on cost base.
Commission personal budget/direct payment infrastructure organisations. (Care Bill) Advocacy, Direct Payments, Brokerage	Analyse, Preparation and Implementation	Establish clear procurement plans for infrastructure organisations and deliver these. Agree a financial plan to resource an expansion of infrastructure organisations
Expand the use of Individual Service Funds by providers, including within the residential care sector, to fully embed choice and control in the way that people get their care and support needs met.	Evaluate	Introduce ISFs
Introduce approaches and incentives for provider organisations to undertake brokerage, community development and seek ways of, in partnership with people, more efficiently meeting needs	Design and Preparation	Revise provider agency contracts to incorporate new modes of working such as ISFs, Outcome incentives, brokerage, community development and increased focus on tele-care

In partnership with the Somerset CCG, align commissioning arrangements for PBs with Personal Health Budgets. (Better Care Fund)	Design	
Develop a broader range of Home care providers and other personal and support services to extend choice and increase competition in the market place	Implementation	Introduce dynamic purchasing and framework agreements to ensure a diversified market for home care. Develop micro providers – commission a strategic provider to work with us to do this.
Commission services to ensure greater choice and control for people with Learning Disabilities with providers offering value for money. (TEASC Recommendation)	Design and Preparation	Prepare for implementation of cabinet decision on future of in house services. Strengthen approach to purchasing from the independent sector.
Continue to develop our successful approach to securing employment for people with learning disabilities	Design, Preparation and Implementation	The current approach has resulted in significant improvement in performance
Introduce revised charging policy to maximise resources and prepare for a new contributory system. (Care Bill and TEASC Recommendation)	Design and Preparation	Review charging arrangements. Identify new Care Bill requirements. Make proposals for a new contributory system.
Shift the focus from block contracts, to more flexible and innovative ways of procuring services.	Manage	Review and improve all contracts. Review all block contracts and make proposals for replacing these with framework agreements and spot purchasing where this meets aims

		and objectives
Commission arrangements to deliver reductions in residential and nursing care including the establishment of revised targets. (Better Care Fund and TEASC Recommendation)	Preparation	Establish stretch targets for reducing Residential/Nursing Home Placements
Commission arrangements to ensure greater access to tele-care and other assistive technologies. (TEASC Recommendation)	Preparation and Implementation	Produce a proposal for expanding tele-care. Procure tele-care services
Produce a strategy for the future of Extra Care Housing and proposals for an enhanced support service. (TEASC Recommendation)	Analysis and Design	User based research has been completed and strategic options formulated. Further analysis is required and a refined business case is to be produced.
Develop the Health and Social Care Mental Health Commissioning Strategy	Analysis and Design	Develop the commissioning strategy and revise service specification and oversee revised commissioning arrangements
Begin implementation of the Children and Families Bill	Analysis and Design	Evaluate implications of the Bill for adult care commissioning and make recommendations for any changes required.

BUSINESS PROCESSES
KEY COMMISSIONING WORK

OUTCOMES:		
"I have considerate support delivered by competent people" **"I am supported by people who help me to make links in my local community"** **Outcome focus, streamlining business processes, workforce planning, leadership and staff development, equalities impact, improved performance – safeguarding referrals, timely assessments and reviews, carers assessments, etc.**		
Details	**Existing Position on the Cycle (Blue) and Expected Progress (Green)**	**Activity**
Commission efficient and effective operational processes as defined in the new operating model agreed by the council and supported by PWC. Maintain the focus on improving operational performance – responding efficiently to safeguarding referrals, timely assessments and reviews, carers assessments and Personal Budget/Direct Payment allocations (Care Bill and TEASC Recommendation)	Design and prepare	Individual support plans need to be outcome focused - Assessment processes that are proportionate to risk. - Fast and efficient processes - Fast, transparent and efficient processes for agreeing personal budget allocations, agreeing direct payments, for producing support plans.
Produce a SLA for Operations that addresses the TEASC recommendation that we should deliver "significant changes in the culture and practices at the front line".	Design and prepare	
Review all block contracts : residential and nursing care; Home Care and services generally for people with Mental Health Needs and those with Learning Disabilities.	Analyse	Review all block contract arrangements and make appropriate changes based on evidence to ensure person centred approach and choice and control

Organisational development programme, designed to achieve culture change across commissioning and operations. (TEASC Recommendation and Care Bill)	Analysis and Design	Assess the workforce implications of the Care and Support Bill in terms of capacity and capability. Develop a plan to support the identified changes. Learning and development programme on person centred support planning
Develop and introduce a performance framework. (TEASC Recommendation	Design and prepare	Revise performance scorecard based on new commissioning intentions and SLA. Link this to the ASCOF measures and Better Care Fund
Commission trusted assessor arrangements. (Care Bill)	Analysis and design	Secure agreement about target areas for trusted assessor arrangements. Formulate proposals. Produce specification and put in place proportionate arrangements.
Improve our information systems and data management and quality assurance. (TEASC Recommendation)	Design and prepare	Establish formal arrangements for an information management project. Introduce quality assurance arrangements and monitoring to track improvements.
Introduce changes and improvements to support personalisation, monitoring and reporting (ZBR)	Design	Establish recording and reporting arrangements. Ensure IT systems are up to date and able to meet ZBR

		requirements.
Evaluation of impact of independent support planning	Analysis	Establish evaluation criteria and undertake an evaluation of support planning. Report finding including making recommendations.
Commission a thorough review of unit costs across services and take the necessary action to adjust these in line with comparator averages. (TEASC Recommendation)	Analysis	The TEASC self assessment concluded we should reduce "the unit costs of some services (including both commissioned services, and those provided "in-house")"

PARTNERSHIPS **KEY COMMISSIONING WORK**		
OUTCOMES: **"I have considerate support delivered by competent people"** **"I am supported by people who help me to make links in my local community"** **Outcome focus, streamlining business processes, workforce planning, leadership and staff development, equalities impact**		
Commissioning Intention/Details	**Existing Position on the Cycle (Blue) and Expected Progress (Green)**	**Activity**

Develop the Better Care Fund integration plan to include proposals around further integration. (TEASC Recommendation)	Design	Weekly Better Care Fund meetings will continue until final submission in April 2014 (CCG & SCC).
Recommission Learning Disabilities service to achieve service improvement and create a more diverse market.	Design and preparation	The future direction of LD Service provision will be decided in February 2014 and funding agreements will need to follow by April. Repositioning of the Learning Disability Service provision within the Pooled Budget framework and renewal of the Memorandum of Understanding between CCG and SCC.
Recommission ICES and HIA needs to be completed. (TEASC Recommendation)	See earlier intention	
Contribute to the Community Services Review and seek opportunities for integrated solutions (CCG led). (Better Care Fund)	Preparation	Engagement with the CCG
Contribute to the Symphony Project and Alliance contracting with the CCG and seek opportunities for integrated solutions.	Design and preparation	Symphony design work continuing with multi agency involvement. Implementation strategy post April 2014.
Prepare, plan and implement new arrangements to meet duties under the Care Bill with an emphasis on joint working and integration.	Design	Consult all strategic partners and providers.

Review and improve quality assurance arrangements	Design and preparation	Quality assurance frameworks need to be established for all parts of the market. Capacity needs to be in place to ensure these arrangements can be fully implemented.
Develop a joint specification for CAMHS	Design and prepare	Produce a revised specification in partnership with health commissioners.
Implement key priorities from the refreshed Dementia Strategy	Implementation	A multi-agency group is overseeing implementation of key priorities, including rolling out of Dementia Friendly Communities across the Council. Keeping people living independently for as long as possible, ensuring they receive quality care when in care homes and raising awareness of dementia with the general public.
Develop a whole life Autism commissioning strategy	Preparation	Develop the commissioning strategy and oversee commissioning intentions
Commission strengthened Adult Safeguarding arrangements. (TEASC Recommendation)	Design and prepare	Work with new statutory board arrangements to ensure adult safeguarding arrangements are up to date, good quality assurance arrangements in place and effective performance monitoring

All domestic abuse services are due to be re- |

Commission Somerset Changes – Independent Domestic Violence Advisor service across Somerset.	Design and prepare	commissioned early 2015. A multi-agency group has been established to set our commissioning outcomes and service design.
Make the Change (voluntary perpetrator Programme)	Prepare	Capacity is required to ensure that the short timescales associated with this activity can be met.
Commission all domestic abuse services such as Integrated Domestic Abuse Service (IDAS) – emergency accommodation, rehabilitation and outreach service	Prepare and Implement	Produce specification in line with budget
Continue to support the Hate Crime Victim Support Service.	Manage	Negotiate and plan for the commissioning of DHRs that must be Independently Chaired.
On behalf of the Community Safety Partnership, manage and coordinate the commissioning of Domestic Homicide Reviews.	Prepare and Manage	Evaluate the impact of additional workforce population and establish mechanisms to monitor effects.

CONTRIBUTIONS
KEY COMMISSIONING WORK

Adult Social Care

<table>
<tr><td colspan="3">OUTCOMES:
"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."
"I feel safe, I can live the life I want and I am supported to manage any risks."
"I have systems in place so that I can get help at an early stage to avoid a crisis."</td></tr>
<tr><td>Commissioning Intentions/Details</td><td>Existing Position on the Cycle (Blue) and Expected Progress (Green)</td><td>Activity</td></tr>
<tr><td>Increase income from charges in relation to :
      Sitting Service,
      Day Services,
      Disability Related Expenditure (DRE).
(Care Bill Recommendation)</td><td>Implement</td><td>Undertake consultation, produce cabinet report, implement decision.</td></tr>
<tr><td>Development of a Fairer Contributions Policy. (TEASC Recommendation)</td><td>Analysis and Design</td><td>Review current policy. Draft recommendations ensuring these are future proofed in respect of the Care Bill.</td></tr>
<tr><td>Develop a Local Engagement Strategy with the CCG</td><td>Design</td><td>Produce a local engagement strategy and establish effective arrangements for implementing this.</td></tr>
<tr><td>Introduction of co-production using a range of techniques such as involvement of User Led Organisations (ULOs), use of peer support, timebanks, circles of support, community navigators, neighbourhood networks etc</td><td>Analysis</td><td>Engage user groups and organisations in developing arrangements to support co-production.

Introduce a programme of engagement</td></tr>
</table>

Use the Making it Real markers of progress within local accounts, to demonstrate that the council's approach reflects the things that people themselves have identified as important	Design	around the Markers of Change. Produce local feedback on what people want to see from their health and social care system.
Support the Avon and Somerset wide roll out of the Safe Places scheme designed to improve levels of fear of crime for people with Learning Disabilities.	Design and prepare	The safe places scheme can be implemented in a variety of ways. In Somerset, we intent to enhance the original scheme to include other characteristics i.e. dementia.

Table 3 Risks

Key Commissioning Work/ Work Area	Risks and/ or Interdependencies
Demand outstripping resources	**Cause:** **Increasing demand through the Care Bill through additional assessments as a result of new duties. There may also be increasing needs that have to be met through care and support. This comes at a time when partner organisations, including co-commissioners and providers, are also reducing services in response to budget pressures. This risk could be compounded by a lack of resources allocated to meet the requirements of the Care Bill through the Better Care Fund.** **Event:** **May result in an increase in requests for assistance and demand for services to the council which can not be resourced.** **Effect:** **Could result in cost shunting, an increase in council expenditure, as well as threats to the quality of service delivery, unmet needs, poor performance and reputational damage.**
Capacity Constraints	**Cause:** **There is a very significant body of work to be carried out involving essential tasks at all stages of the commissioning cycle including within Operational Services. This comes at a time when the service is hampered by poor performance in a number of key areas.** **Event:** **Staffing resource in the service is already stretched and will require careful management to ensure that the work programme can be delivered.** **Effect**

Adult Social Care

Key Commissioning Work/ Work Area	Risks and/ or Interdependencies
	This could lead to the inability to effectively improve performance, deliver the necessary changes and commission services. Not being able to carry out our existing and new statutory responsibilities represents legal and reputational risks to the council
Legal restrictions and the threat of Judicial Review	**Cause:** There may be legal constraints on the developing the market and delivering the change necessary for personalisation and Care Bill requirements. The scale and pace of change required may result in more legal action against the council in the form of Judicial Reviews. **Event:** Legal advice about the contracts in place with service providers prevents the council from taking timely action to respond to existing and new duties. The pace of change results in increasing threat of judicial review. **Effect:** Poor performance in delivering improved outcomes for people and in demonstraiting effective use of resources. Delaying the delivery of improvements will result in unmet needs, an inability to meet existing or new statutory responsibilities, and reputaional damage.
Lack of benefits realisation (Better Care Fund)	**Cause:** The Programme of whole system change may not be able to achieve the intended benefits in terms of efficiencies quickly enough. **Event:** Not being able to achieve savings quickly enough will potentially undermine the

Key Commissioning Work/ Work Area	Risks and/ or Interdependencies
	programme of change and prevent the release of resources to fund preparation and additional costs of the Care Bill. **Effect:** Blockages and backlogs in the system, additional unbudgetted costs, unmet needs, reputational damage and legal risks.
Achieving Budget Efficiencies	**Cause:** The service is required to deliver significant savings in 2014/2015 as a result of MTFP decisions. Further significant savings are required in 2015/16 and beyond. **Event:** The level of savings required means further service reductions will be necessary to achieve anticipated targets. Many of these savings are dependent on effective partnership working. **Effect:** Unless carefully managed this could lead to cost shunting as individuals needs escalate without intervention and they eventually present in crisis. The pressure to deliver additional savings to significant efficiencies under Better Care Fund integration plans could compomise the delivery of this high profile initiative as well as the councils ability to meet its current and new statutory responsibilities.
Safeguarding Records	**Cause:** The service currently has a significant number of paper based records which are yet to be recorded on the main IT system (AIS) in ILT and this compromises the integrity of the client index AIS.

Key Commissioning Work/ Work Area	Risks and/ or Interdependencies
	Event: **Recording practices have changed over time so ILT staff don't use AIS in the same way as other social work teams.** **Effect:** **This presents a risk to individuals and the organisation. Staff cannot access records from any location in the county using the client record system, AIS. There is a potential risk that governement statutory returns are delayed or inaccurate. Additional staffing has been allocated to ensure these records are processed on AIS.**
Data accuracy	**Cause:** **There are curently data quality issues within the service which is impacting performance management and the accuracy of government returns.** **Event:** **Not having an accurate picture of performance will impact front line services and startegic planning. If government returns are inaccurate this represents a risk to the reputaion of the council.** **Effect:** **The quality of services and effectiveness of safegaurds cannot be assured without accurate data. There may be ineffective performance management arrangements. Government returns could inaccurately present a picture of council performance in comparison with other councils.**

Table 4: Adult Social Care Performance Measures

Prevention

Key performance indicators:

Information & Advice	▪ Number of referrals to ASC, and the outcomes of referrals Referrals, Assessments and Packages of Care (RAP R) ▪ The proportion of people who use services and carers who find it easy to find information about services Adult Social ▪ Care Outcomes Framework (ASCOF) 3D
Health, well-being and social inclusion	▪ Public health data including local health profiles 2012
Targeted prevention	▪ Public health data including local health profiles 2012 ▪ Ensuring people feel supported to manage their own condition (NHS OF 2.1) ▪ Improving access to primary care services (NHS OF 4.4.) ▪ Improving recovery from stroke (NHS OF 3.4) ▪ Estimated diagnosis rate for people with dementia (NHS OF 2.6) ▪ Number of carers receiving an assessment (RAP C1) ▪ Number of carers receiving services (RAP C2) ▪ Carer-reported quality of life (ASCOF 1D – and 3B and 3C)
Equipment and assistive technology	▪ Number of people receiving equipment (RAP P1) ▪ Gross current expenditure on equipment and adaptations Personal Social Services Expenditure (PSSEX 1)

Recovery

Key performance indicators

Reablement	- Number of people receiving home care (by intensity of package) (RAP H1) - Gross current expenditure on home care (by customer type) (PSS EX1) - Unit costs of home care (by provider type) (PSS EX1) - Number of clients aged 65 and over, achieving independence through rehabilitation, by age group and gender (ASC CAR l1) - Improving outcomes from planned treatments (NHS OF 3.1) - Improving recovery from fragility fractures (NHS OF 3.5)
Crisis response, **Hospital discharge,** **Intermediate care**	- Number of ambulance callouts (Ambulance Services datasets) - Number of A&E attendances, unscheduled hospital admissions and re-admissions (Hospital Episode Statistics) - Delayed transfers of care from hospital, and those that are attributable to Adult Social Care (ASCOF 2C) - Unscheduled hospital admissions – Quality, Innovation, Productivity and Prevention (QIPP) target: 20% reduction and re-admissions (Hospital Episode Statistics) - Length of stay in hospital – QIPP target: 25% reduction (Hospital Episode Statistics) - Emergency re-admissions to hospital (Hospital Episode Statistics) - Permanent admissions to residential and nursing home care Adult Social Care Combined Activity Return (ASC CAR) S1 - Number of people supported (short-term and long-term) in residential and nursing home care (ASC CAR) S3 - Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B)

Long-Term Support

Key performance indicators:

Personalisation	- Proportion of people who use services who have control over their daily life (ASCOF 1B) - Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)

	▪ Proportion of ASC budget spent on direct payments, by customer group (PSS EX1)
Shifting the balance of care and support	▪ The numbers of people of all ages admitted to permanent residential and nursing care (ASC CAR S3) ▪ The numbers of people of all ages supported in short term and permanent residential and nursing care (ASC CAR S1) ▪ Unit costs of residential and nursing home care, by provider type (PSS EX1) ▪ Gross current expenditure on short-term and permanent residential and nursing care (PSS EX1) ▪ The proportion of ASC budgets spent on residential and nursing care (PSS EX1) ▪ Provision of community-based support (RAP P1) ▪ Expenditure on community-based support (PSS EX1) ▪ Number of people receiving home care, by intensity of package (RAP H1) ▪ Gross current expenditure on home care, by customer type (PSS EX1) ▪ Unit costs of home care, by provider type (PSS EX1) ▪ Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C) ▪ Social care-related quality of life (ASCOF 1A) ▪ Carer reported quality of life (ASCOF 1C)
In-house provision	▪ The numbers of people of all ages admitted to permanent residential and nursing care, by provider type (ASC CAR S3) ▪ Unit costs of residential and nursing home care, by provider type (PSS EX1) ▪ Unit costs of home care, by provider type (PSS EX1) ▪ Unit costs of day services, by provider type (PSS EX1)
Day opportunities	▪ Number of people receiving day services, by age and customer type (RAP P1) ▪ Gross current expenditure on day care/day services, by customer type (PSS EX1) ▪ Unit costs of day services, by provider type (PSS EX1)
Employment	▪ Proportion of adults with learning disabilities in paid employment (ASCOF 1E) ▪ Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1F)
Housing and support	▪ Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G) ▪ Proportion of adults in contact with secondary mental health services who live independently, with or without ▪ support (ASCOF 1H) ▪ Gross current expenditure on supported and other accommodation (PSS EX1) ▪ Gross current expenditure on Supporting People (PSS EX1)

	▪ Gross current expenditure on adult placements (PSS EX1
Continuing care and end of life care	▪ Improving the experience of care for people at the end of their lives (NHS OF 4.6) ▪ Proportion of deaths that occur at home (National End of Life Care Intelligence Network)

Business Processes

RAP 2012/13:
▪ The number of people receiving professional support is high for all groups except LD, but falling.
▪ The numbers of carer assessments is low as are the numbers receiving services and personal budgets

PSS EX1 2012/13:
▪ The percentage of gross current expenditure allocated to assessment and care management (11%) is very typical.

RAP 2012/13:
RAP A1, RAP R2, RAP C1, RAP A6, RAP A7, RAP A10, RAP P4, RAP SD2,
▪ The number of referrals to ASC is somewhat low, but a high percentage of these lead to assessments.
▪ The actual number of completed assessments is somewhat low, but a fairly high percentage of these result in an offer of a service.
▪ In 2011/12 (which was the last year data were collected), waiting times were longer than average)
▪ Timeliness of assessments and reviews is low and in need of improvement
▪ The number of completed reviews per annum is high, but reducing.

National Minimum Data Set information on staff numbers, using benchmark sets as appropriate to understand comparative productivity and level of staff qualification, plus info on diversity of staff base.

Partnerships

Measures need to link with Better Care Fund performance indicators

Contributions

Key Performance Indicators:
- Income from sales, fees and charges (PSS EX1)