

Commissioning Adult Social Care

An overview for discussion

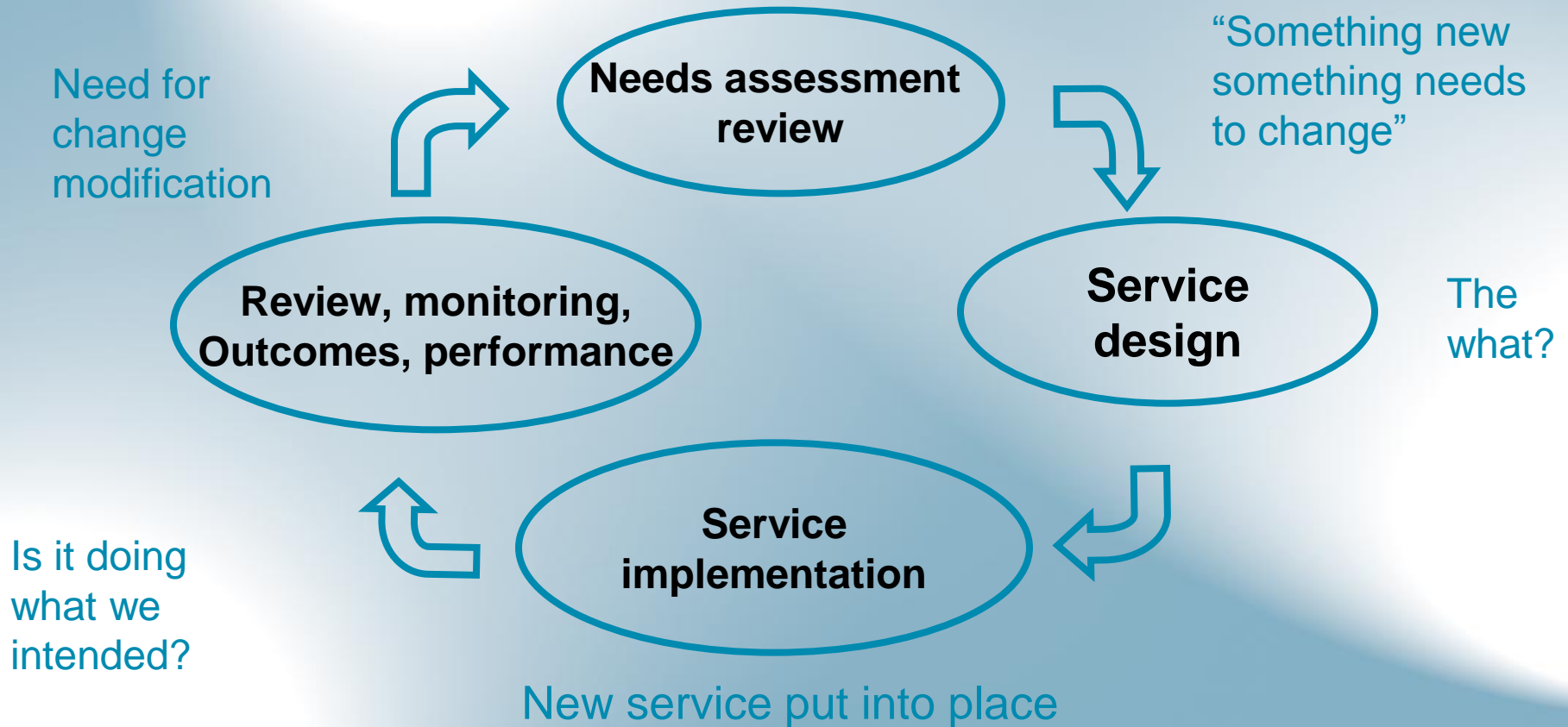
Cheryl Page,
County Manager -
Transition of Social Care

Jenny Weaver,
Social Care Procurement
Manager

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Commissioning cycle



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People Involved

- **Service users, carers, public**
- **Stakeholders: Government, councillors**
- **Other organisations**
- **Internal**
 - **Contracts Team**
 - **Service Development**
 - **Finance/Business Support**
 - **Operations**
 - **Management Information**

Different levels

- **Overall strategy / direction (e.g. Older Persons' Commissioning Strategy)**
- **Services commissioned / contracted at county level**
- **Services jointly commissioned with health via pooled funds (intermediate care, Learning Disability services)**
- **Care packages commissioned by social workers for individuals**

Strategic Direction

- Personalisation and Individual Budgets
- Joint commissioning with Health
- Prevention and Wellbeing

What's in it for the Third Sector ?

- Involvement at all levels
- Shared objectives
- Leading the way
- Representing the public
- Partnership developments
- Funding opportunities
- Service delivery and contracts

Commissioning for Personalisation

Individual budgets, personalisation
and in Control Total

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Transformation of social care

- Joint strategic needs assessment
- Commissioning for quality
- Supporting communities
- Universal information, advice and advocacy
- ❖ Common assessment process
- ❖ Person centred planning and self directed support
- ❖ Personal budgets
- ↑ Direct payments
- Family and carers as experts
- Community equipment service on retail model
- Integrated working with children's services
- User led organisations and user involvement
- Safeguarding
- Local workforce development strategies

“Everyone, irrespective of their illness or disability, has the right to self determination and maximum control over their own lives.”

Alan Johnson, Health Secretary

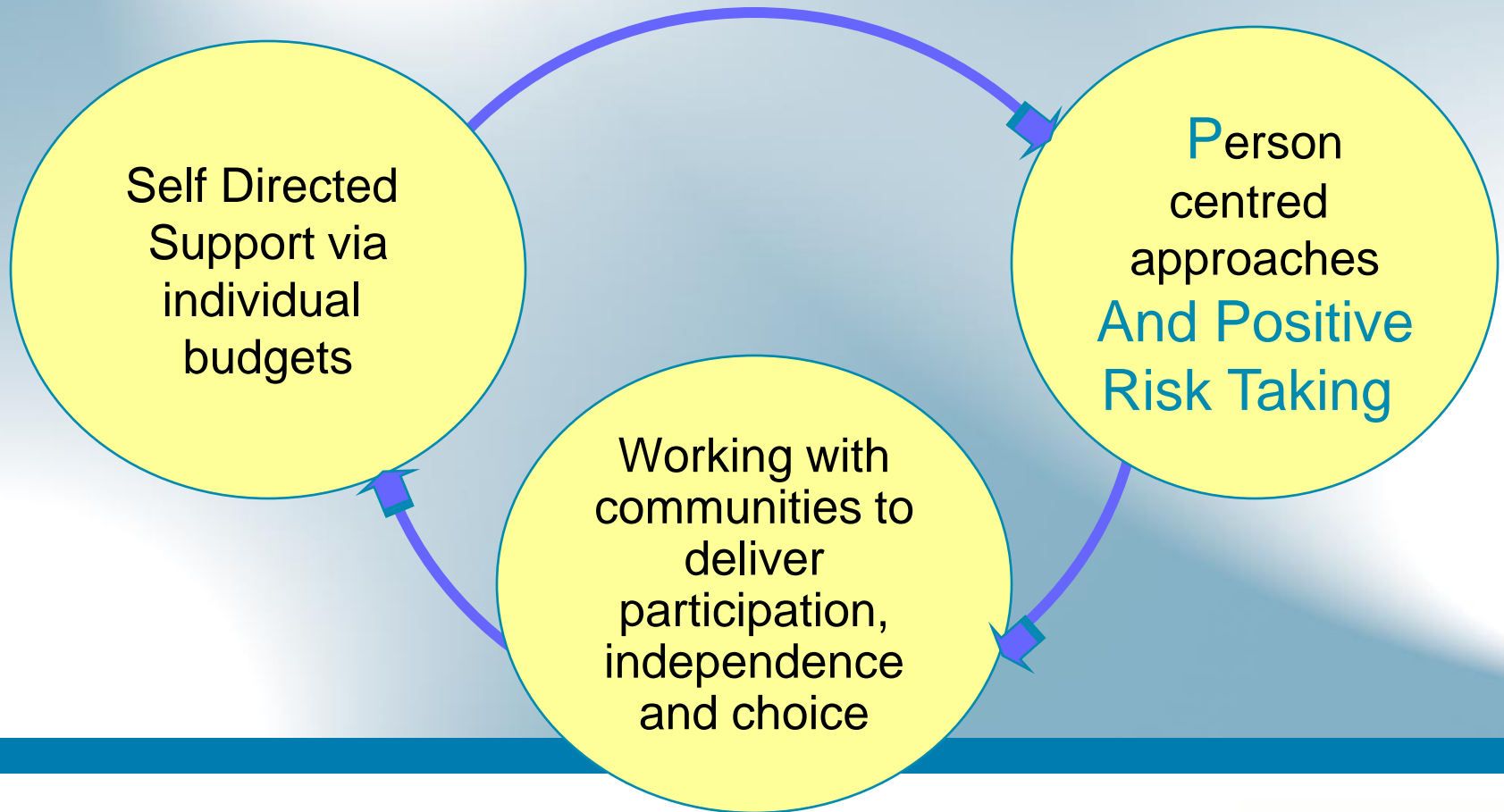
10 December 2007

<http://news.bbc.co.uk/1/hi/health/7135552.stm>

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Our Vision

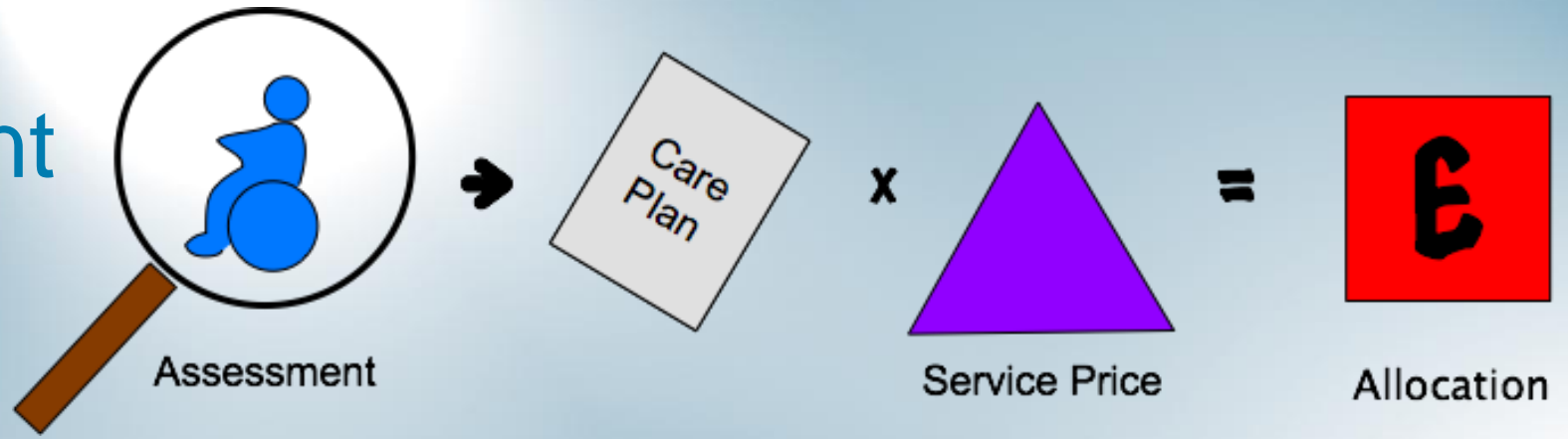


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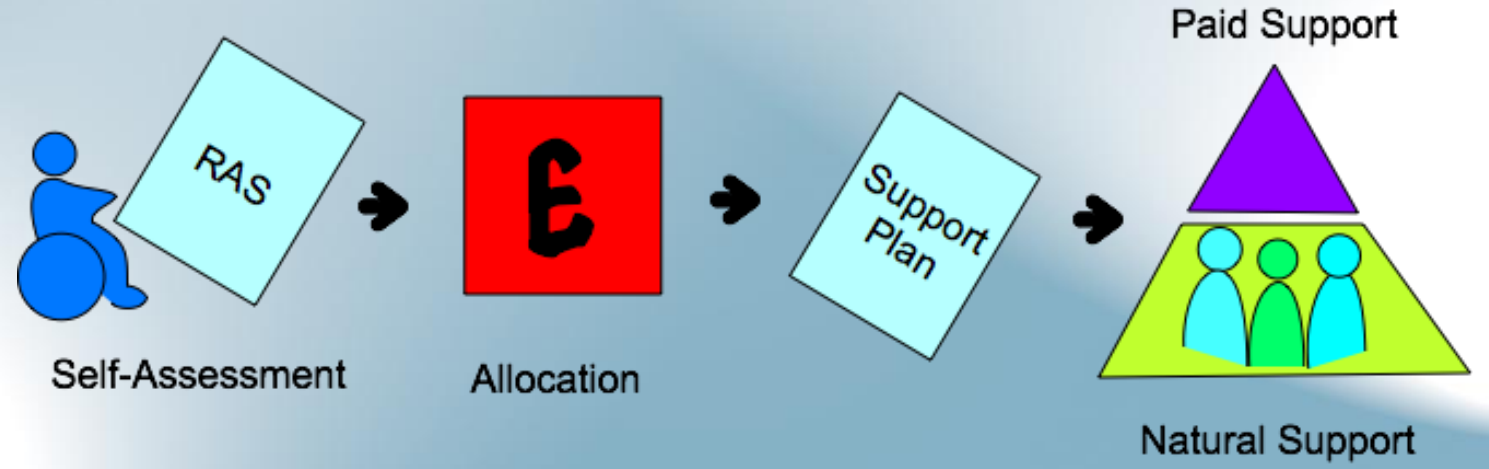
Key Differences

Traditional Service Model	in Control and self directed support
Assessment by professionals	Self-assessment
Care plan	Support plan
Money managed by LA	Money managed by individual or nominated person or organisation
Services commissioned by LA	Services commissioned by individual
One off planning process with yearly review	Support plan constantly reviewed
No flexibility in spending	Flexibility in spending
Responsibility for risk lies with LA	Responsibility for risk lies with individual and LA
Individual as part of public services machine	Individual as empowered community member

Present



Future



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Changes in commissioning

- Focus on outcomes for individuals
- Commissioning needs to respond to what individuals want
- Council should only purchase aggregated services when can get better value than individuals or there is a need to secure supply

Changes in purchasing relationships

- **Service users in control – the right to direct purchasing**
- **Potential increase in Direct Payments**
- **Use of Trusts for managing Individual Budgets**
- **Service users may ask for new types or combinations of services**
- **Marketing to service users not Council**

Changes in contracting

- **Purchasing via individual budgets**
- **Reduction in block contracting**
- **Increased range of services**
- **Decreased Council control**
- **Standard setting, accreditation and framework agreements**
- **Information about services and prices will be shared with service users**

What does it mean for Third Sector ?

- Opportunities for new development
- Research and identify future needs and trends
- Innovation and leading the way
- Opportunities and challenges for current services
- Partnerships across sectors and within sectors
- Community and social responsibilities
- Varieties of funding streams

Information links

<http://www.cumbriacc.gov.uk/adultsocialcare/iCT/default.asp>

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Joint Commissioning

Development of commissioning
with the NHS

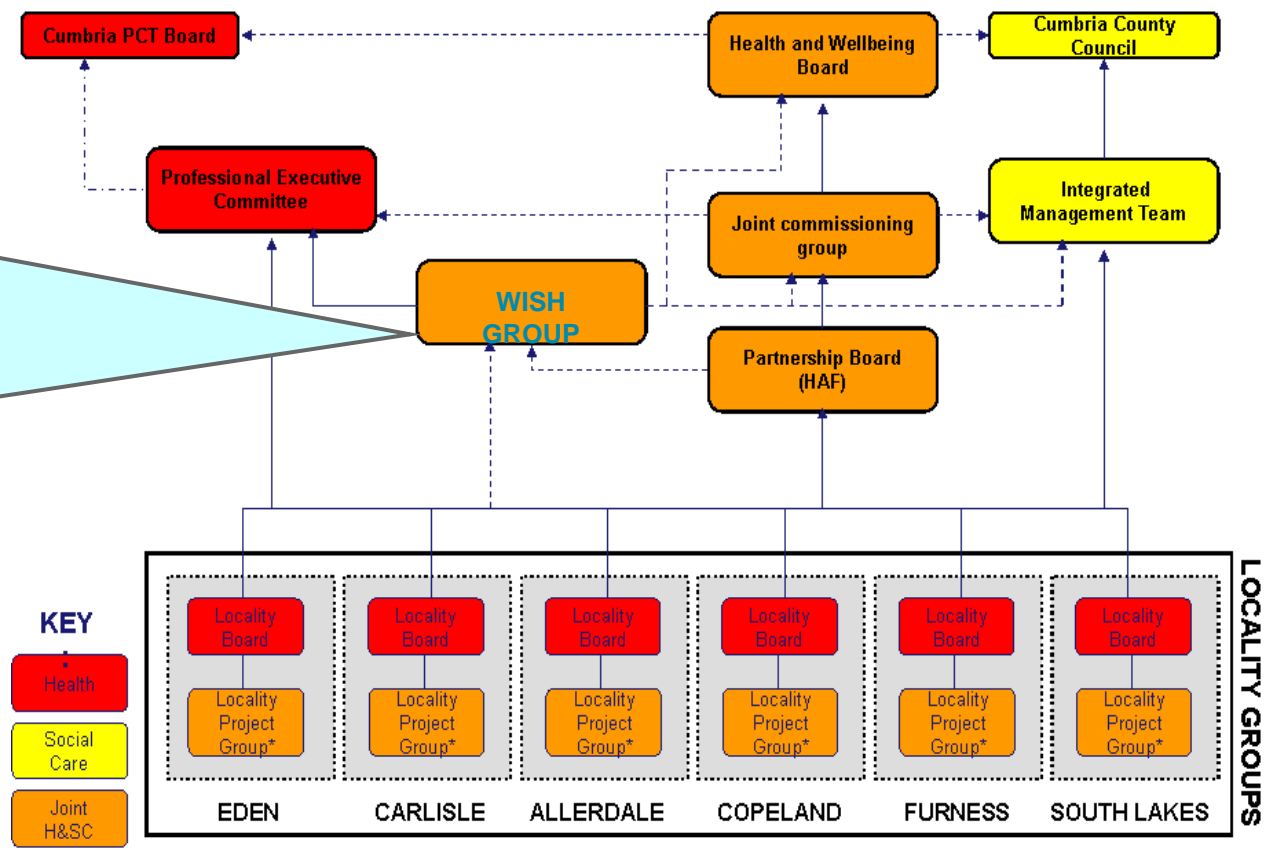
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Partner agencies are committed to the integration agenda across Cumbria

WISH Group Objectives

- To develop and agree the Cumbria Wide Integration Health and Social Care Framework document
- To support the local implementation of the Framework and provide guidance on associated projects as appropriate
- To escalate risks from the localities to the Joint Commissioning Group
- To act on behalf of health, adult social care and mental health stakeholders across Cumbria



KEY

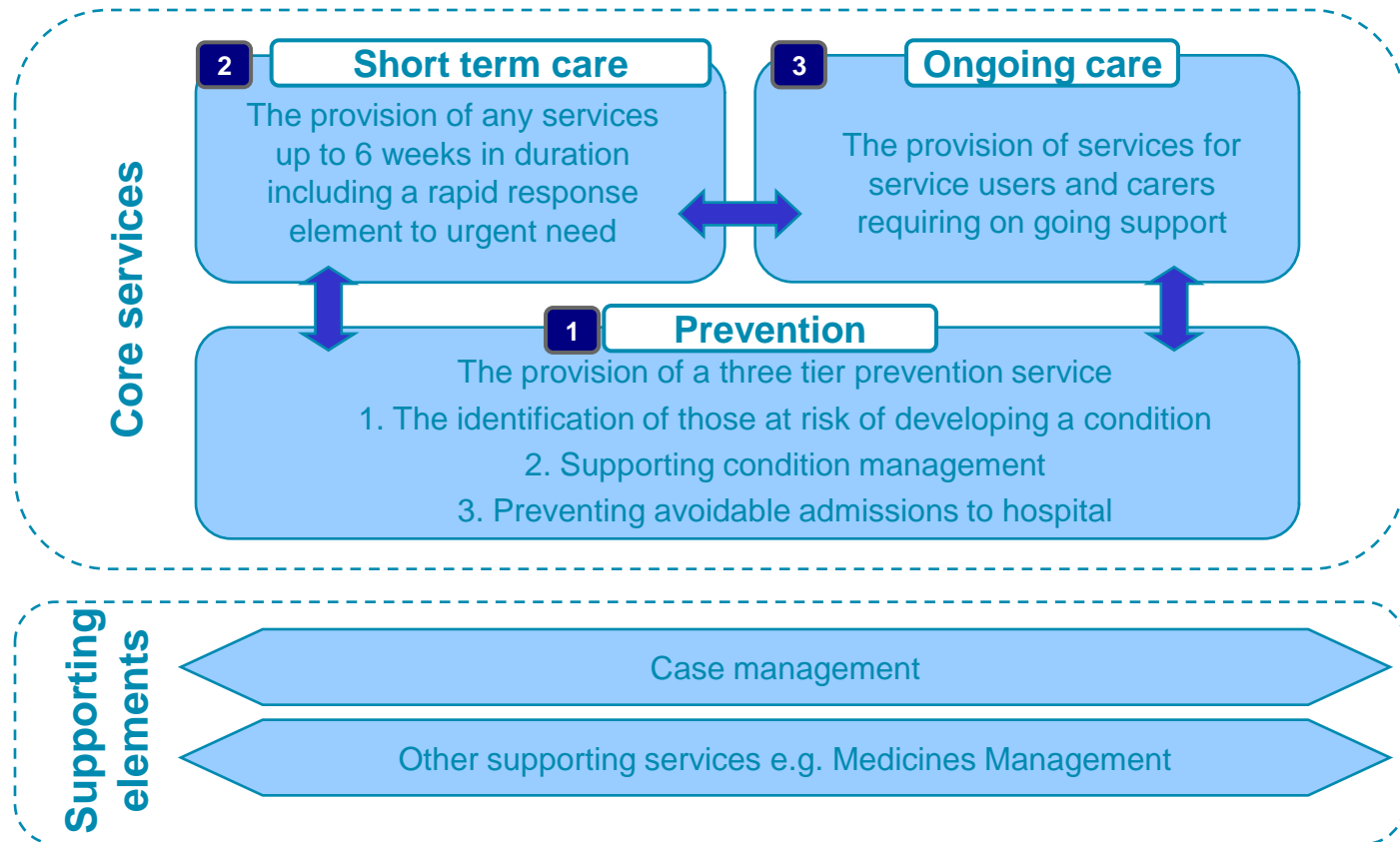
- Health (Red box)
- Social Care (Yellow box)
- Joint H&SC (Orange box)

→ Accountable to
 - - - Links with

* Core membership of the project group ("quartet") includes:

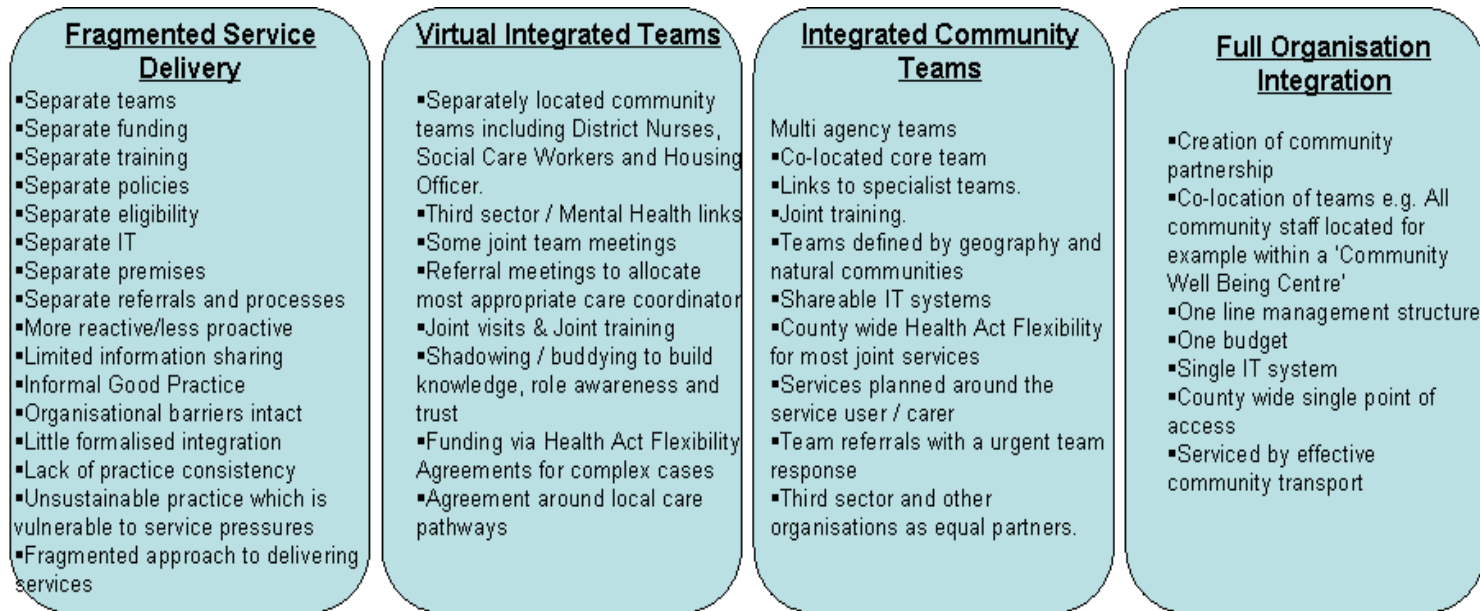
- Locality commissioning manager (PCT)
- Service manager (social care)
- Locality Manager (provider)
- Lead GP
- Project manager

The integrated core service model is made up of three key services, underpinned by additional supporting elements



Localities are currently at different stages of integration, the framework will support the move towards a shared approach across Cumbria

- *“service organisations working together with the service user, to deliver coordinated care that improves the service user experience and outcomes”*



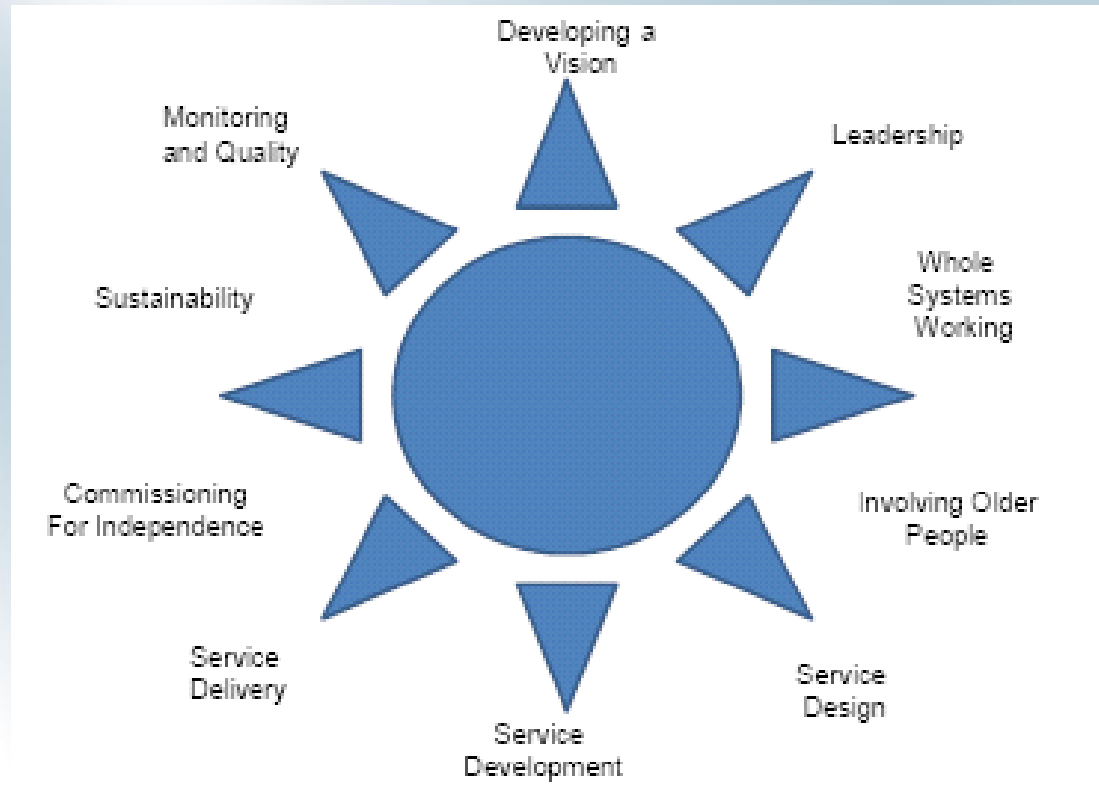
Commissioning for Prevention

The Wellbeing and Prevention Agenda

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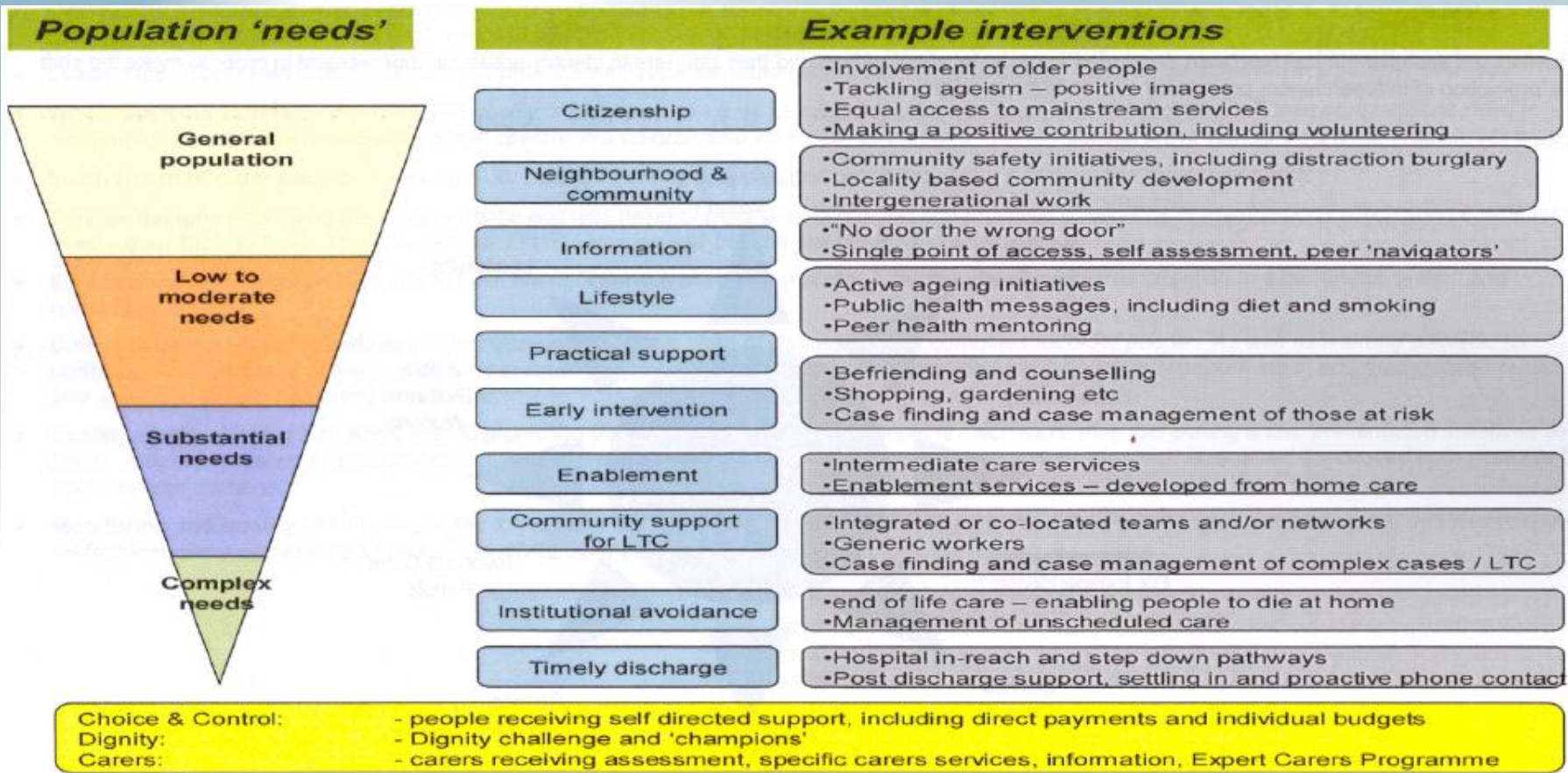


Self Assessment Tool



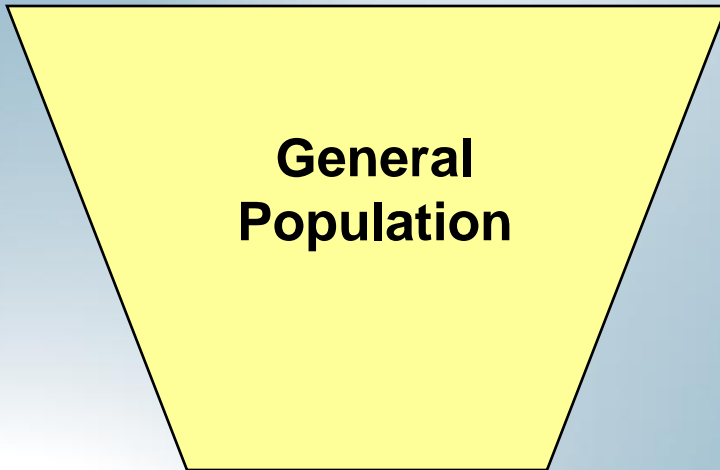
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Promoting Independence



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Population 'needs'



Example Interventions

Citizenship

- Involvement of older people
- Tackling ageism – positive images
- Equal access to mainstream services
- Making a positive contribution, including volunteering

Neighbourhood & Community

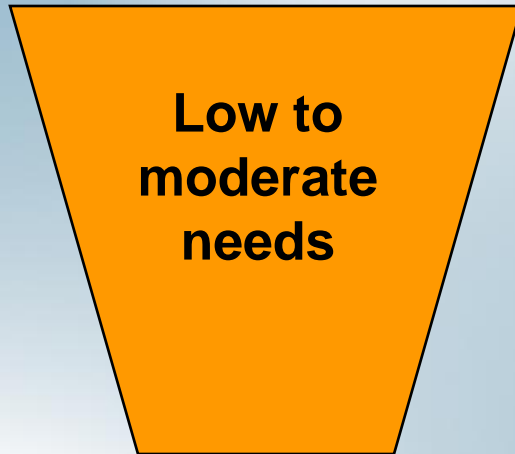
- Community safety initiatives, including distraction burglary
- Locality based community development
- Intergenerational work

Information

- “No door the wrong door”
- Single point of access, self assessment, peer ‘navigators’

Example Interventions

Population 'needs'



Lifestyle

- Active ageing initiatives
- Public Health messages, including diet and smoking
- Peer health mentoring

Practical Support/Early Intervention

- Befriending and counselling
- Shopping, gardening etc
- Case finding and case management of those at risk

Questions for discussion

- What contribution can Third Sector organisations make ?
- How should the Council involve TSOs ?
- Are there any challenges or restrictions in involvement ?

Contacts

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