North East Lincolnshire CCG & North East Lincolnshire Council
Adult Social Care Commissioning Strategy

2015-2018

August 2015
(agreed at Cabinet 16th September 2015)

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1 Our Vision

This is a joint strategic document prepared by North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group and articulates our shared vision for adult social care in North East Lincolnshire as follows:

- A system that supports local people to manage their care needs within the communities in which they live; and to remain active, engaged and independent for as long as possible.
- A system that provides easy access to information and advice about local care and support services, facilitating appropriate access to integrated care pathways.
- A sustainable and efficient social care system that lives within its means while protecting, prioritising and safeguarding those adults who have the most complex care needs in our community.
- Avoiding unnecessary admissions into care and extended length of stays as well as returning individuals back to optimal health.

This joint commissioning strategy for North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group sets out how we will drive forward the implementation of our vision over the next three years whilst constrained by the resources available to us. It should be read alongside the North East Lincolnshire Market Position Statement[1] which provides information for service providers on how we want to develop the local care market and the local Joint Strategic Needs Assessment (JSNA), a detailed forecast analysis of the future needs of the population.

2 Background and context

2.1 The journey so far

The North East Lincolnshire Care Trust Plus (NELCTP) was established in 2007 with delegated responsibilities for the commissioning of both health and social care. Responsibilities for the planning and delivery of adult social care were delegated to NELCTP from North East Lincolnshire Council (NELC) through a Section 75 Agreement, with NELC retaining statutory Director of Adult Social Care functions. With the NHS reforms in April 2013 the NELCTP was dissolved and superseded by the North East Lincolnshire Clinical Commissioning Group (NELCCG); through a section 75 Agreement, the council delegated its responsibilities for adult social care commissioning with the intention of enabling a continuance and development of integrated health and social care for the locality.

Since the inception of the NELCTP a significant programme of change has been underway locally and a range of improvements to the way in which the local care system operates have been made. These have delivered improvements in the quality and value for money of services for the residents of North East Lincolnshire – improvements achieved during a time of financial restraint. Through early intervention and prevention, demand management and market management the number of people accessing funded support has reduced at a time when the older population has been growing. The challenge for this commissioning strategy is to continue this journey of improvement whilst maintaining financial sustainability by working within our means. We are however starting from a position of relative strength with significant improvement over recent years in our performance as measured by the National Adult

[1] North East Lincolnshire CCG: Market Position Statement Framework Document 2013/14 to 2015/16

Social Care Outcomes Framework. By 2013/14 NEL had moved into the top or upper middle quartile nationally on 14 out of 19 indicators, indicating our strength in depth. Importantly the strategy recognises the vital contribution that social care can make in enhancing individuals' quality of life, maintaining independence and reducing the burden on health services.

2.2 A changing environment – the case for change

The next three years will be highly challenging as the impact of three factors combine to place ever increasing pressure on adult social care resources.

- The number of older people in North East Lincolnshire has been increasing and has already been a factor in strategic commissioning plans. It is anticipated that during the period of this strategy there will be a 5.9 per cent increase in the number of people expected to be frail over the age of 65. *(Appendix 2 provides full details on local demographics and levels of need).* This increase will potentially place increased demand on adult social care. Ever more enhanced approaches to managing demand are required and will be adopted. Furthermore, there will be a growth in the population of people who are active and potentially engaged who we need to prevent/delay becoming dependent.
- Since 2010 central government financial support to councils has been cut and the expectation is that further reductions are likely. Given these cutbacks, over the period 2013/14 – 2017/18 NEL Council will need to make real recurrent savings in adult social care of £9m; a reduction of 17 per cent.
- The Care Act 2014 places additional responsibilities and legal requirements on councils consolidating adult social care legislation into one statutory framework, which comes into force in April 2015 and 2020. These national requirements will bring increased workloads and increased costs, currently estimated at £6m, at a time when financial support from central government is being reduced. At the time of writing the council has not received any indication from government about how the anticipated additional on-going costs of this legislation will be met.

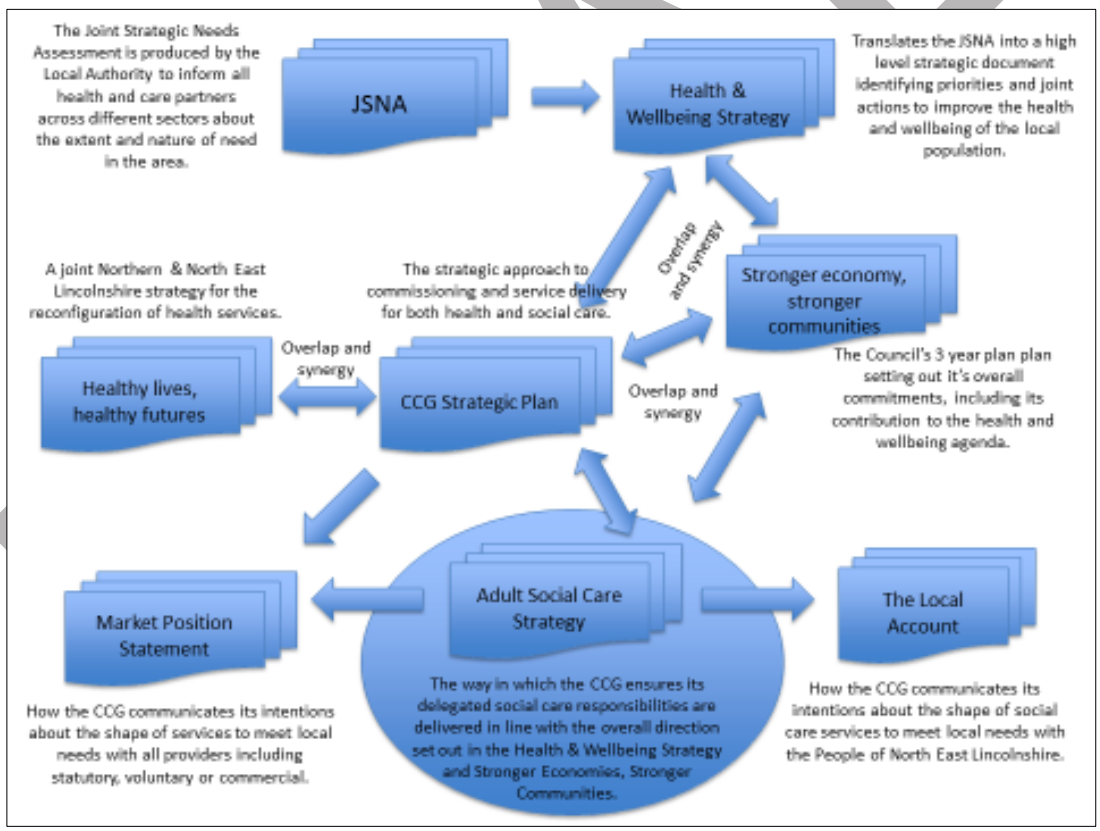
To date the council has managed the funding reductions through a series of efficiencies and savings proposals as well as exploring where income generation could be increased. Budget reductions have been made, with regard to agreed council priorities. In making these reductions the council has worked with NELCCG to mitigate as far as possible any impact on services. However, taken together the three changes of demographics, funding reductions and the Care Act 2014 put enormous strain on our resources. Our strategy needs to address these challenges whilst remaining flexible enough to handle the significant uncertainties there are in the context within which adult social care operates.

We believe that we can rise to these challenges and manage the uncertainties. Our model of operation with health and social care integration at its core provides opportunities to do things differently and achieve improved client centred care whilst delivering financial efficiencies. Some hard decisions however have had to be made about how and where our resources are deployed and where efficiencies and savings must be made. This commissioning strategy therefore sets out our vision and approach for the future. Its associated action plan sets out in more detail the actions to be taken to implement the vision along with the changes to be implemented in order to work within the reduced resources available to us from central government.

This strategy has been developed through engagement and extended interviews with key professionals and through discussion and debate at the NEL community forum. It was also available for comment on the CCG website for 6 weeks in early 2015 and circulated around the CCG's accord community membership. The council's scrutiny committee have had an opportunity to shape and comment on the strategy. In addition, any individuals affected by any changes to their individual care packages will have detailed 1:1 consultation conducted by their named case worker, in partnership with their current service provider and a representative from the CCG where possible.

2.3 A common agenda for North East Lincolnshire

The NEL health and wellbeing strategy provides the overarching framework to improve the health and wellbeing of the people of North East Lincolnshire with its vision to take action to foster healthy people living in healthy places. Its delivery requires collective effort, not just by health and social care but by other council services, the police and fire service, businesses, the voluntary, community and faith sectors and many others. We have developed our commissioning strategy so that it supports the delivery of the health and wellbeing strategy and is complementary to and aligned with other key local strategies and programmes including health strategies that contribute to this agenda. This is illustrated in the figure below:



2.4 Our strategic approach

To deliver our vision we will build on the platform of change that has already taken place and the opportunities available to us through further development of our integrated model of care across health and social care. However, we recognise that we need to 'step up a gear' and be more ambitious if we are to meet the needs of the most vulnerable in our society and remain financially sustainable. We believe that these aims can only be achieved through working with local communities, empowering them to identify local needs and opportunities and to develop local solutions, including

more opportunities for pooling funding and joint commissioning; these will support the health and wellbeing of the local population, thereby preventing or delaying the need for adult social care support[2].

We cannot continue to deliver the level of direct support currently provided, but must focus our vital support on the most vulnerable. Communities and individuals will need to play a greater role in helping to sustain one another, looking to one another for support as much as to public sector organisations, so easing the pressure on statutory services.

2.5 Eligibility and The Care Act 2014

Under the Care Act 2014 councils have a duty in specified circumstances to carry out a needs assessment in order to determine if someone needs care and support. This does not necessarily mean that councils must provide funded support, but they must ensure people are facilitated to access the support they need *(which may be provided within local communities or by the third sector).*

Further, the Care Act introduces new regulations with regards to eligibility for care and support services by creating a national eligibility framework and a minimum threshold for eligibility that will be consistent across England. There is a new legal duty for adults' 'eligible needs' to be met by the local authority subject to their financial circumstances. Again, this does not mean that councils must provide funded support; however councils must ensure people are facilitated to access the support they need, which may be provided within local communities or by the third sector.

In North East Lincolnshire a priorities framework is currently applied that identifies four categories of support:

Priority 1: Complex needs

Priority 2: Intermediate support for time limited periods

Priority 3: Prevention and wellbeing

Priority 4: Universal support

Whilst applying the national eligibility threshold *(that is largely consistent with our local priorities framework)* our approach to meeting needs will remain essentially unchanged. For the majority of people who approach social care this will mean providing them with information and advice, directing them to access the low level support they need in the community or giving short term interventions to get them back on their feet (ergo delaying the need for formal assessment and the provision of direct funded support).

3 Strategic themes

3.1 Prevention

Councils have a new duty under the Care Act 2014 to improve health and the wider wellbeing of communities; and through a wide range of initiatives are helping to promote the growth of healthier and more sustainable communities for the future. The Care Act 2014 places responsibilities on councils to actively promote wellbeing and independence and not wait until people reach a crisis point before they respond. Prevention plays a key role in promoting peoples wellbeing and avoiding or delaying a progression of their needs. We are developing a comprehensive approach to prevention, made up of a number of primary, secondary and tertiary prevention threads. NEL has already supported the development of preventative services and has been successful in reducing the demand for services through its single point of access

[2] Institute of Public Policy Research April 2014, The Generation Strain: collective solutions for care in an aging society. This recent report advocates for this type of approach.

(SPA). Our strategy for the next three years is to continue to develop this agenda. We will cultivate an evaluated set of preventative interventions, to form a core part of the support available through adult social care for people at risk of needing care and support. This development will be informed by the present work underway, to survey the preventative services currently available in the community and undertake a detailed analysis of need and take up (based on persons contacting and referred on by our single point of access (SPA)).

We recognise however that moving people from a dependency model to one where they actively seek the support they need from within their local community takes time to implement and culturally embed. Whilst in the longer term this will reduce the number of people seeking funded support from it will not deliver financial savings in the short term.

Primary prevention – promoting wellbeing

Primary prevention is generally aimed at people with no particular health care and support needs. We believe that communities are best placed to create and deliver opportunities that help them stay healthy and independent. The role of adult social care and other statutory agencies is to find simple ways to make this happen. Our approach is to build community capacity to create opportunities for individuals and local communities to get involved in things that help people stay active and not isolated within their own community. We have been establishing new ways of working with the community, facilitating them to identify local priorities and put in place their own solutions. The reality is that those who feel connected and part of their community are less likely to, for example, visit the doctor or need social care support.

Through this approach we intend to stimulate a new tier of support from within local communities for people who fall within our universal support priority grouping (P4). A particular focus will be placed on developing dementia friendly communities and communities where every older person has someone to talk to, someone who cares about them and nobody is lonely or isolated. This universal offer will need to be more remote and will rely somewhat on digital literacy of the local population.

This will take time however and whilst the approach will contribute to the overall reduction and postponement in demand for adult social care support, and is a key part of delivering stronger communities and sustainability, it will not in the short term on its own deliver efficiencies to contribute to the cost savings required.

Secondary prevention – early intervention

Secondary prevention targets people who are at increased risk of developing needs to help slow down any further deterioration. We are working to encourage voluntary and community sector alternatives to traditional support services for people whose needs fall within our health and wellbeing priority grouping (P3). Our approach is one of service substitution, proactively seeking to create new low cost 'support' enterprises in the community capable of meeting the requirements of people with low level needs, who traditionally would have been supported through funded domiciliary care services. The substitution is for non-personal care and non-intrusive activity such as befriending, a community handy person, gardening and escorts. Our aim is to stimulate new enterprises that can become self-sustaining, delivering targeted activity where service gaps have been identified.

Tertiary prevention – delay

Tertiary prevention is aimed at minimising the effect of disability and deterioration in people's conditions. This may be through, for example, rehabilitation or reablement and the provision of community equipment. The intermediate tier of service in North East Lincolnshire plays a pivotal role in tertiary prevention and has long been at the heart of transformation and redesign. North East Lincolnshire has been at the forefront

of developing integrated services across health and social care that can respond quickly to meet the needs of people who are experiencing a short term aggravation of their health problems or significant change in their overall needs. These circumstances significantly increase the risk of loss of independence and can lead to preventable hospital admissions or admissions to long term care. The intermediate tier will provide care and support to delay individual needs and/or reable an individual to maintain independence. The success of this intermediate tier of services has contributed significantly to the improved performance demonstrated over time described in Appendix 2.

We consistently aspire to improve these services and will continue to strengthen and refine the intermediate tier, to reflect continuing changes in the underlying needs of our population and the learning collected from our own intelligence gathering

3.2 Market shaping

The Care Act 2014

The Care Act places new duties on councils to facilitate and shape their market for adult care and support as a whole so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves or in other ways. There is an expectation that councils will review the way they commission services. Guidance on the Care Act suggests fundamental changes may be needed to the way care and support services are arranged through a transformation of the way services are led, considered and arranged.

The ambition is for councils to influence and drive the pace of change for the whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost effective outcomes that promote the wellbeing of people who need care and support.

Market Position Statement

http://www.northeastlincolnshireccg.nhs.uk/market-position-statement-mps/

The NEL market position statement (MPS) sets out our approach to commissioning and contracting for services based on an assessment of population needs. Our approach is one of encouraging quality, consistency and innovation in services and ensuring that the right balance is achieved between securing value for money, delivering choice and the best possible outcomes for people. We wish to promote the wellbeing of our population and assist those who need care and support – including carers - enabling people to stay independent for as long as possible, with care provided closer to home wherever it is safe and appropriate to do so supported by the use of appropriate technology.

We are working to encourage a range of different types of service and organisational providers, to give service users choice over how their care is delivered and by whom. There will be circumstances however where the number of providers will of necessity be limited due to the need to ensure sufficient volume of service to secure value for money and provider sustainability.

The detailed analysis underpinning our market position statement is currently being updated to incorporate the latest joint strategic needs assessment, demographic projections and market information available, and the effects of stimulating prevention and community based initiatives. This will allow a refresh of the MPS so we can signal to providers our up to date assessment of the care and support needs of the local population, with the aim of ensuring sufficient provision of varying types of support/care in future years.

Managing the long term care market (residential care and registered nursing care)

Our strategic direction of travel for the long term care market remains for there to be high quality provision within a viable market that is sized appropriately to respond to differing levels of demand within the context of achieving a shift to self-care and independent living. Ultimately we wish to see around 1, 270 available beds operating at 85 per cent occupancy, the level needed to deliver a stable and sustainable care home market but still with the flexibility to respond to need. Within this bed complement we will look to provide a number of specialist beds to address specific needs.

Driving up the quality of residential care is a key objective and the introduction of a quality scheme for care homes has been instrumental in this. The scheme's aim is to improve quality through the payment of a quality premium to homes achieving bronze, silver or gold standard. Currently 40 care homes have been assessed with 10 per cent in gold standard. We will continue to work to improve quality both through this scheme and through a range of other initiatives that support care home staff and residents.

Respite care plays a vital role in supporting carers to carry on caring. Our approach will be one of ensuring managed access to care settings that offer and provide high quality reabling respite in a fair, consistent and affordable manner. Respite must not be seen as a gateway to long term care home entry, but rather as a planned programme of short stays that are managed and monitored effectively.

Whilst not traditionally a central concern of adult social care, we will use our integrated commissioner status to ensure a stable supply of registered nursing care placements across the county. Special attention will be given to understanding and analysing the relative poor performance of our local registered nursing providers, as identified by our quality framework inspections. We will also look to develop new ways of supporting registered homes to recruit and retain registered nursing staff, which we have identified as a major risk to market stability.

Providing appropriate housing for those who are frail, have a disability or mental health problem

Extra Care housing is central to our overall strategy to offer better choice and affordable quality care in the community. It allows people to have a property they can call their own, an address and front door whilst having easy access to the care and support they will need to stay healthy and keep living independently longer. National evidence suggests that extra care housing can reduce the levels of care needed and delay or eliminate the need for admission to residential care, thus reducing the number of places required and contributing to the Care Act agenda.

We have embarked on a programme to deliver 300 extra care housing units across 5 sites by 2018. Through its nomination rights NELCCG will ensure that places are allocated to people with appropriate levels of need for care and support.

We have been pursuing the development of supported living solutions as part of our market reshaping plan to offer an alternative to residential care for people with complex needs who have a disability or mental health problem. The default position has been that people will be found a supported living solution, a flat or group living arrangement with appropriate support, rather than be placed in a residential home that is often situated outside the local area. Our strategy is to continue with this approach in the future and take it a step further, by looking at opportunities to provide suitable current supported living users with 'lighter touch' support schemes to enable them to move towards independence.

NEL Council is developing a new planning framework which will promote the necessity for more housing to meet the needs of an increasing elderly population. It will ensure that there are mixed developments, which will stimulate more cohesive and self-supporting communities.

The council's housing strategy will complement the adult social care strategy in ensuring that there is an appropriate supply of decent, affordable homes to meet housing requirements now and into the future, which will enable more people to remain in their own homes for longer.

Domiciliary care

Our strategy is for domiciliary care to remain an important element of the support offered through adult social care, to help maintain the independence of people with the most complex needs for as long as possible. We wish to see a stable and sustainable domiciliary care market, to drive up quality and see new methods of delivery that promote greater integration of health and social care (such as Just Checking[3]), with 24/7 availability and a reabling approach based on achieving identified outcomes for the individual. We will mitigate our relative lack of resources by offering greater volume to a smaller number of high quality providers, and seeking efficiencies of scale that will allow us to have stable and sustainable arrangements in place for the life of new contracts (3-5 years).

Voluntary and community sector (VCS) support

NELC and NELCCG already have a number of contracts in place with voluntary and community organisations to provide support to people with lower level needs. Our strategy is to support the development of a vibrant third sector providing targeted support to individuals to maintain their independence. Due to the relative lack of available resources to fund this new tier of community services; however, new forms of support will be required, including assistance to access other funding opportunities (EU, Lottery) and channelling volume via the SPA or allowing new enterprises to business plan for sustainability through low level charging models. In effect we will encourage community support services (befriending, escorts, shopping services, handy person services) to spring up by offering set up funding and referrals with on-going sustainability based on fixed rate charging.

3.3 Strengthening commissioning and contracting

Outcomes and quality assurance

NELCCG, as part of the NHS, has been a commissioning organisation for a number of years and has robust and well established systems and processes in place to ensure the quality of the services it commissions. Local groups gather and review market intelligence on a systematic basis, and established mechanisms for engaging with providers are in place. There is a formal process for the quality assurance of all new contracts before these are implemented, along with mechanisms to intervene promptly and robustly where required. NELCCG has a good relationship with the Care Quality Commission. The council is also becoming a commissioning organisation and there is an opportunity to explore how both organisations integrate their commissioning approaches to ensure better value from resources, a more targeted approach focused on delivering outcomes and a more coherent approach to provider negotiations and market shaping.

[3] Just Checking – a jointly funded and non-means tested resources that allows our lead provider organisations to provide care above and beyond the commissioned package of care designed to allow providers to act according to the situation and avoid unnecessary hospitalisation or escalation.

The Care Act 2014 encourages the co-production of market shaping activities and commissioning by councils. Our commissioning work is increasingly being undertaken through co-production with service users and carers. Over the last year carers have been involved in the recommissioning of the Carers' Support Service and Domiciliary Care service. This included the development of the service specification, involvement in the selection process, development of contractual arrangements and contract monitoring. Our intention is to ensure service users and carers are embedded in all the layers of the commissioning decision making process as part of everyday practice.

Over time we are moving to a position where our commissioning and supporting contracts incorporate an agreed set of measurable outcomes rather than simply units of service to be provided. This is exemplified by the co-production of commissioning carer support services and domiciliary care detailed earlier.

Provider failure

The Care Act imposes legal responsibilities on councils where a care provider fails. There will be a temporary duty on adult social care to ensure that the needs of people in residential care or receiving support in their own home continue to be met if a provider fails. This includes those who fund their care themselves. We will be refreshing our plans to manage this contingency should it occur. Our e-market place through Services4Me will provide the opportunity for NELCCG to gather intelligence on local services from those who use them and their carers.

Efficiency and value for money

Development of the market to provide modernised and cost effective services must be supported by a rigorous approach to contracting. Understanding what is being provided, for whom and at what cost is critical to reshaping supply and securing cost effectiveness and value for money. Our strategy to date has been to implement a programme of reviews (and retendering exercises where appropriate) and this will continue over the time of the current strategy. Details of planned reviews are given in the action plan at Appendix 1.

3.4 Embedding personalisation, choice and control

Direct payments and personal budgets

In considering our own needs and lifestyle requirements we will make choices about the things we do and the things we buy. Personalisation at its simplest level is the extension of this principle, i.e. giving the flexibility of choice in how people with complex needs, along with their carers, choose to spend their money allocation to meet their own needs. The Care Act 2014 gives individuals, for the first time, the legal entitlement to a personal budget (a statement showing the cost of meeting their needs) and the right to ask for a direct payment (a cash payment to purchase the support they wish). People who have eligible needs but fund their own care should also be provided with an independent personal budget. The Act also gives a new legal responsibility to adult social care to provide a care and support plan and to review the plan to ensure the person's needs and outcomes continue to be met over time. People will also have a right to request a review of their care and support plan.

NELC and NELCCG will continue to embed their approach to personalisation; moving beyond the provision of social care funded personal budgets to more integrated health and social care budgets for those with eligible needs. As we do this we will develop new policies and procedures to ensure the health and social care system retains its ability to use collective purchasing power to deliver efficiencies of scale from which personal budget users and self-funders can equally benefit. For example, we seek to secure an affordable and fair price for domically care across NEL as a whole; people will benefit through securing care at this negotiated rate, so long as they are willing to purchase from contracted and quality approved providers.

Developing an e-market place

Choice and control are key aspects of personalisation. In order to have choice and control service users need easy access to information on service providers and the support available plus the ability to easily contract for, manage and 'pay' for the support they choose. To achieve this we will build on the approach NELCCG has already adopted of providing online access to a directory of local services (Services4Me) to facilitate those who fund their own services or receive a direct payment to 'micro-commission' care and support, as required by the Care Act 2014. Our intention is that service users will have 24/7 access 365 days of the year to an e-market place and, for people with a direct payment, a 'virtual' bank account. The facility will allow people to hold their funds in their own 'virtual' bank account with no transfer of cash between the NELCCG and the individual. Ultimately, they will be able to find advice, search for providers and services, engage with and request services, negotiate prices, and receive, check and pay invoices from provider accounts using their virtual account. It has the added advantage for the organisation of supporting smarter and more efficient working with users managing their own invoicing directly. This approach will both strengthen choice and control for service users and help stimulate the market, increasing competition and encouraging competitive costing.

Our intention, over time, is to develop this online service to incorporate personal health budgets; ultimately allowing the creation of a single integrated health and social care budget for individuals - this will maximise further the flexibility, choice and control they have in meeting their support needs. We will be assessing how this online development could be used to provide individuals with a care account as required under the Care Act 2014.

Information and advice

The provision of information and advice that is relevant and accessible is key if we are to deliver personalisation, choice and control and to manage demand for statutory services. Under The Care Act 2014 councils have a duty to establish and maintain a service for providing all people in their area with information and advice relating to care and support for adults and support for carers. Our single point of access, in conjunction with our online directory of services, will provide a ready means of contributing to meeting this requirement. The single point of access is to be underpinned by a single point of information, creating a central information hub where people can drop in, phone or access via the web. It will act as a signposting tool that directs people to the sites already available where information is held (e.g. NELC website, Services4Me). A key aspect of our approach over the lifetime of this strategy will be to develop community-based information and advice points.

3.5 Health and social care working together

Strengthening integration

Since 2007 health and social care in North East Lincolnshire have been commissioned and provided in an integrated way through a single organisation (Initially NELCTP and then NELCCG from April 2013). This integrated approach will continue to be the basis for meeting the needs of the most vulnerable people living locally. It brings benefits for strategic planning, alignment of priorities, pooling of resources and the provision of integrated services on the ground.

The government's Better Care Fund makes available to social care, resources from within the local health system with the aim of supporting integration at a local level. A series of developments outlined in the Action Plan at Appendix 1 that promote integration will be implemented utilising this funding.

Integrated triage and intelligent dispatch

Our integrated approach creates immense opportunity for streamlining the support individuals receive, delivering person centred care and maximising efficiency. A key element of this approach is to channel demand for information, advice and support through a single front door and to provide an integrated multi-agency triage function. We want to make life simpler for members of the public by ensuring that they are able to speak to the right professional at the right time and that we can deal with issues in a consistent manner; this ranges from simple requests for advice to instances where a consistent crisis response is required in a consistent manner. We will achieve this by bringing together health and social care professionals into a Single Point of Access, a key element of the Healthy Lives Healthy Futures programme.

Improving transition planning

The Care Act 2014 includes responsibilities for councils with regards to transition from children to adult care and support services. These include requirements for assessment, the provision of information and advice regarding what can be done to meet or reduce the needs they have and a legal responsibility to cooperate and ensure all the right people work together to get the transition right.

Developing an effective, joined up, integrated transition process for people with complex needs is a priority for adult social care. Within this we will need to manage the expectations of service users and families in terms of the support that can reasonably be provided.

Safeguarding

To date there has not been a clear set of laws in relation to adult safeguarding. The Care Act 2014 now creates such a legal framework. It requires councils to set up a multi-agency Safeguarding Adults Board (SAB) which must include representation from the Council, police and NHS commissioners. In North East Lincolnshire such a Board has been in place for a number of years, with the remit to govern the arrangements that are in place locally across organisations to protect people who because they have needs for care and support due to a physical disability, learning disability or mental health problems can have difficulties in protecting themselves from exploitation and abuse. Types of abuse may be described as physical, financial, sexual or emotional, or may occur as a result of discrimination or due to organisational poor practice in care settings. In North East Lincolnshire a strategic decision has been made to devolve operational responsibility for adult safeguarding to 'focus' the local provider of social work support.

The Care Act places a legal duty on councils to make, or cause to be made, enquiries where there has been an allegation of abuse of someone who has care and support needs. Councils must perform Safeguarding Adult Reviews in certain circumstances. When required they must also make arrangements for an independent advocate to represent and support someone who is the subject of a safeguarding enquiry. Where services are commissioned, contracts must have explicit clauses that hold the service providers to account for preventing and dealing promptly and appropriately with any reported abuse or neglect. Commissioners must also support providers to promote safeguarding through the provision of training, information and advice.

We will work to embed these new responsibilities into our commissioning work and social work practice through focus. Our approach will be one of encouraging an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult. Enquiries will be transparent, timely and take an open minded approach.

3.6 Developing the workforce

A new approach to social work

A proactive approach to prevention and personalisation requires a new approach for social work staff, one that focuses on an individual's strengths and assets, empowering them, stimulating them and making best use of the support available in the local community. To make this happen requires a different type of conversation and relationship between social work staff and those seeking and receiving support. Good relationships can lead to new and innovative ways of meeting people's needs and realising the added value of linking people in with their community. Through such an approach we believe outcomes for individuals can be improved, whilst making savings on the financial resources required to provide support.

Social work is provided locally by 'focus' a not for profit organisation, and we will be working with them to develop this new approach. A programme of staff development is underway and will be rolled out further and consolidated over the next three years. We are also strengthening staff supervision and line management, to support staff further in adopting this new approach.

Integrated assessment and case management

This new approach to social work will be underpinned by a simpler, streamlined system for assessment with a lighter touch approach. The importance of family and environment in influencing, supporting and addressing people's needs is now recognised. We are working towards implementing a single integrated assessment process and case management function across health and social care that adopts a holistic approach to people and their families. Our intention is to deliver person centred care that is coordinated across professionals, settings and organisations. Individuals will be assessed once and have a single case manager responsible for planning, coordinating, managing and reviewing all of their care. Where people's needs are assessed along with those of their carer, these will be incorporated into a single document. This streamlined approach and lighter touch will assist in managing the anticipated increase in the number of assessments required as a result of implementation of the Care Act 2014, and in delivering financial efficiencies.

We are reviewing the possibility of moving away from the resource allocation system currently used by social workers to determine the level of resources an individual will receive relative to their needs. This has led to the adoption of a fairly 'formulaic' approach that does not fit with the changed relationships and conversations we are seeking to achieve. Cases where social workers are recommending high cost or complex care arrangements are referred to the NELCCG risk and quality panel for review and decision making. The panel is to be strengthened to support staff further in adopting the new approach.

The integrated assessment process will be supported by encouraging the use of integrated health and social care personal budgets so that people can directly purchase the care they want, to meet all of their needs as a single integrated package. This increases flexibility and control on behalf of the client and creates efficiencies in the support provided.

Matching expertise to need

Social workers will move away from working largely independently to forming part of a broader umbrella of support provided by community and primary care services. However, we need to ensure that our resources are deployed to best effect and that our most experienced professionals are working with those people with the most complex needs whilst more stable cases receive a 'lighter' touch support. To achieve this we have implemented processes that ensure timely reviewing of those in receipt of support so that we can match our staff to individuals' current level of need.

3.7 Valuing carers

Our vision and strategy for carers

Many people with social care needs will have these met mainly through the carers with whom they live or by whom they are supported. There are currently around 16,000 unpaid carers in North East Lincolnshire, just under 10 per cent of the total population. Of these around 4,700 are providing over 50 hours of care a week. It is estimated these carers save the local economy £283m but this is likely to be an under-estimate due to the under-identification of carers. We recognise that carers are fundamental to our community, and without them we would not be able to meet the needs of some of our most vulnerable people. However, the contribution they make can leave carers experiencing a wide range of health, wellbeing, social, employment and financial inequalities. Furthermore, the health of carers is instrumental in sustaining support within a 'household' as carers may be older people with their own long term conditions. Supporting carers to maintain and improve their overall wellbeing is fundamental to all we do.

Our vision is to ensure that carers are recognised, valued and respected as individuals with a right to a life outside of caring. All our work to support carers more effectively will be based on working together with carers and local communities, organisations and agencies. Carers have already been fully engaged in developing our carers' strategy and the recommissioning of the carer's support service. It is our intention to roll out this approach of carer involvement to all of our carer commissioned services.

Our priorities, as identified in the carers' strategy, are based around a number of themes - carer identification, provision of information and advice, recognising carers for their knowledge, understanding and skills, involvement in care and support planning for the person they care for, assessing carer needs and responding to these where appropriate, and involvement of carers in service redesign, delivery and monitoring. Details are included in the action plan at Appendix 1.

3.8 The Care Act 2014 - carers

Under the Care Act 2014 carers will be given the same recognition, respect and parity of esteem as those they support. They are to be acknowledged and valued as expert partners in care. Carers will have a legal entitlement to have their own need for support assessed, comparable to that of the people they care for. Councils must assess whether a carer has support needs and what these are; taking into consideration the impact of caring on the carer, the things the carer wants to achieve in their daily life and whether they are willing and able to carry on caring. The assessment must be followed by planning with them the support they will benefit from. Eligibility for support will be subject to a financial assessment.

NELC have made the decision to continue to not charge for support to carers.

This new legal entitlement for carers is very welcome. To date NELCCG has undertaken extensive work to identify and access carers but potentially more carers may now come forward for assessment (and subsequent annual review) and be identified as needing support. This has potential capacity implications for 'focus', the organisation that undertakes assessments and organises support locally; it also puts increased demand on community and third sector support, and potentially on statutory services.

A key part of our approach to carers will be to implement in full the requirements of the Care Act by April 2015. Personal budgets and direct payments for carers will be a priority area.

4 The Care Act 2014

4.1 Purpose

Most of the provisions of the Care Act 2014 come into force in April 2015 with additional financial reforms following in April 2020[4]. The vision nationally is that if adult social care is to respond to the challenges it faces it must help people to stay well and independent. This means:

- Promoting people's wellbeing
- Enabling people to prevent and postpone the need for care and support
- Putting people in control of their lives so they can pursue opportunities to realise their potential

The Care Act's intention is to underpin and implement this vision. It introduces a number of new functions for councils, who must:

- Arrange services that help or delay people deteriorating such that they would need on-going care and support
- Provide comprehensive information and advice about care and support services in the local area
- Support a market that delivers a wide range of sustainable high quality care and support services that will be available to the community.

4.2 Implications for Adult Social Care

The vision for North East Lincolnshire already described in this strategy mirrors the national vision that the Care Act 2014 aims to support and implement. However, the Act has significant implications for adult social care locally and its implementation will be a major element of our work programme over the coming years. We continue to work through the financial impact of these changes (which are being modelled and analysed), but they could be in the region of £6m. The majority (although not all) of these additional costs are connected with the funding reforms, which are now expected in 2020. Overall, key cost increases are likely to arise from:

- The introduction of a cap on the total costs of care funded by an individual (£72k for people of state pensionable age). Once the cap is reached the Local Authority becomes responsible for funding
- Increases in the level of personal assets an individual may hold (£118k including their share of their home) but still be eligible for financial support if they need to go into residential care
- Increased capacity requirements to undertake assessments (a minimum 1500 extra initial assessments a year, plus reviews, and carer assessments)
- Potential increased needs for care and support identified
- Improved transition planning
- Increased provision of advocacy.

[4] These funding reforms are based on the recommendations of the Dilnot Independent commission report on Social Care 2011

At the same time as assessments under the Care Act are increasing, a recent judgement by the supreme court in respect of Deprivation of Liberty Safeguards[5] (DoLS) means that the number of people requiring assessment for this will increase significantly; indeed, this trend has already been seen, and it puts increased pressure on social work capacity.

At a time of significant cuts to funding and the associated need for explicit savings to be achieved, implementation of the Care Act will place additional demands on our budgets and necessitate further efficiencies elsewhere.

An Implementation Board is in place to oversee the application of the required developments to systems, policies and communications and a work programme has been established. Key areas of work are detailed in the action plan at Appendix 1.

5 Living within our means

5.1 Clarity of the 'offer'

Our underpinning financial strategy to enable NELCCG to live within its means has been to manage demand for high cost services whilst implementing models of care that deliver better value for money and secure unit cost reductions or efficiencies across the services we secure. The proposals outlined in this strategy and associated action plan continue to reflect this strategic approach.

However, the financial challenges arising from reduced central government funding and additional costs associated with implementation of the Care Act mean that we have had to make, in conjunction with North East Lincolnshire council, some fundamental decisions on the reshaping of the local care market. This means being explicit on what we can and cannot fund and thus the 'offer' that we are able to make to individuals if we are to support the most vulnerable whilst operating within the resources available. This will be made clear to the local community, as well as the requirement that citizens have a duty to contribute to their care in addition to their right to receive support. (See section 5.3 re efficiencies plan).

5.2 Income maximisation and charging

The Care Act 2014 provides the ground rules for eligibility and charging for support. Our approach will be to apply these rules rigorously whilst seeking to maximise our income through recovering fully the costs of care provided to individuals assessed as able to afford to pay for it. This means ensuring that people assessed as being eligible to fund some or all of their support package make their financial contribution in a timely manner. An important element of this will be putting in place the systems and processes within our back office functions to ensure successful income collection and debt recovery.

[5] Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. Their aim is to make sure people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

5.3 The current ASC efficiencies plan

We are currently implementing the efficiencies plan for the period 2013/14 – 2017/18, in order to meet NEL Council's initial efficiency requirement of £7m. This was brought about by reductions in the central government grant to local authorities, known funding restraints and increased demand*. Good progress is being made in delivering these efficiencies, which are detailed in the table below. Public consultation took place in 2013/14 around these charging increases. No other formal consultation was required.

Area	Components
Managing Demand	• Single Point of Access development (SPA) – reduction in duplication and provision of the right advice by the right professional. Intelligent dispatch in response to a crisis. • Intermediate tier development – ensuring people regain independence following a period of illness, falls etc. • Developing community alternatives to formal funded care through seed funding community prevention and wellbeing initiatives and building community capacity. • Systematic reviewing of high cost commissioned packages of care with a view to commissioning better and more efficient alternatives locally. • Better multi-disciplinary management of the most complex care packages and systematic reviewing.
Market Reshaping	• Development of extra care housing as an alternative to care home placements / reducing extent and cost of home care packages. • Re-commissioning supported living services (learning disability) and development of "key-ring" type services • Review and remodelling of planned and crisis respite care. • Contract renegotiations with major providers to find efficiencies and remodel services.
Raising income	• Maximising income collection where client contributions are payable through better and more robust invoicing and collection systems. • Moving toward a full cost recovery model within the new Care Act legislation.
Working smarter	• Use of technology aids & adaptations (equipment store) to reduce the size and cost of care packages. • Cut duplication through smarter commissioning.

The total efficiency requirement includes the original required savings of £7m + £3.3m of existing identified efficiencies needed to manage existing pressures which were unfunded. The £3.3m does not take into account additional financial implications of the introduction of the Care Act (which early modelling suggests could be an additional £6m pressure per annum in NEL if and when implemented by national government); the £3.3m does not include an additional estimated pressure of closure of the ILF which we estimate will add an additional £200k pressure. This also does not take into account the additional £2m savings requirement which will be subject of public consultation in 2015. When all these pressures and reductions are factored in, this strategy is looking to deliver an integrated, viable and sustainable ASC system within a £40m budget by the start of 18/19.

5.4 The additional efficiencies plan

In addition to the efficiency plan detailed above an additional requirement of £2m has been identified by NEL Council, again as a result of further central government reductions to the local authorities grant. This additional efficiency requirement will necessitate a change in the current shape of front line service delivery. A number of options are being worked up that will require public and staff consultation.

Area	**Components, actions, consultations.**
Re-shaping day opportunities.	We will review and re-assess all current users of building based traditional day care with a view to finding community alternatives for some users based on choice and availability. Our intention is that only the most vulnerable people and those with complex support needs will have these met through existing building based services that offer specialist interventions. We propose that this transition will take place during the 2015/16 financial year. Focused one to one consultation will take place with those affected. This will clearly affect a number of staff working in this area so the council and the CCG will work with the provider to ensure we minimise the impact on staff and, where possible, find alternative opportunities to utilise skills so that they are not lost from the sector.
Reshaping of part of the community transport offer / finding ways of merging and re-shaping all transport across health and social care.	If fewer people are directed toward traditional building based day care, less social service funded transport will be required. We will work with the provider to reshape the transport offer, to seek efficiencies with a view to potentially finding areas for collaboration with traditional health service transport services (such as the PTA service that is used to get people to and from hospital). Again, this will clearly affect a number of staff working in this area so the council and the CCG will work with the provider to ensure we minimise the impact on staff and, where possible, find alternative opportunities to utilise skills so that they are not lost from the sector.
Moving meals on wheels to a full-cost recovery model.	The Council through the CCG has historically subsidised some meals for some people, depending on previous eligibility assessments. This is both expensive and unfair, as newer service users have been asked to pay the full cost of their meal and there is no meal subsidy for people in other types of care. Given that the meals are competitively priced, we will propose that social services stops the subsidy and that current and future users be asked to pay the real cost of a meal (around £5 per meal delivered).
Finding more back office efficiencies across all organisations.	We will look again at all functions (back and front office) to find further efficiencies.

5.5 Care Act 2014 compliance costs

The costs of implementing the Care Act 2014 have been identified as £6m in coming years. This additional required funding has as yet not been identified on a recurrent basis. We will work with regional partners (ADASS, LGA and NHS England) to lobby central government, to ensure the Care Act is funded in full.

APPENDIX 1 – Action Plan

Action	Description	Timescales	Lead
Release & increase "community capacity"	To grow instances of (& support to) self-care skills, tackling isolation & promoting self-management tools & skills; this will reduce dependency on services & delay eligibility for formal ASC (P4 tier development). Delivery vehicle: RCC Board	Continuation of work jointly initiated with the council. Provider contract extended until end of 2017/8.	CCG/Council
Stimulate additional community preventative support services (and increase capacity of existing services), to increase diversion rates from SPA	(P3 "substitute services" development). Seed fund and stimulate new community based services: befriending, community transport, luncheon clubs, shopping services, escorts, handy person. Delivery Vehicle: Preventative Services Market Development Board	Continuation of work jointly initiated with the council. Provider contract extended until end of 2015/16.	CCG
Contribute to the development and enhancement of the SPA	Develop new specification, building on co-location and integration of all existing SPAs – consistency, clear messages to public, right professional, right time and right response first time.	Continue to develop through alliance board in 2015/6.	CCG with focus, NAViGO, NLAG, CPG and Core Care Lincs
Domiciliary Care: Enhance current offering, improve relative quality, ensure sustainability and stability of market	Introduce new methods of home care delivery, promoting greater integration of H&SC and 24/7 availability. Ensure model delivers sustainability within shrinking overall resource envelope.	Carried over from previous strategy tender process (to be completed in 2015), and new arrangements will bed down in 2016.	CCG (completed)

Introduce new charging policy to ensure fairness and income maximisation	Conduct consultation and gain agreement for income generation initiatives (charging increases).	April 2015.	CCG and focus *(completed)*
Ensure all systems, policies and procedures are Care Act compliant	Review and refresh all ASC policies and operating procedures.	During 2015/6.	CCG and focus (completed)
Ensure spirit and vision of Care Act has a real impact on the developing health and social care system	Ensure spirit of the act is embedded into all staff groups and organisations, including when preparing business proposals, consultations and service specifications.	During 2015/6.	CCG, council and all providers
Parity of Esteem	Work to implement equity between the funding and resourcing of mental health and physical health conditions and improve understanding that both are intrinsically linked. Ensure it is embedded into all staff groups and organisations.	2015/16	CCG and lead providers.
Residential care home market *(standard older people's provision)*	Review commissioning of care homes, reduce size of market & increase quality through continuation of quality scheme. Ensure & secure standard residential fee at affordable, reasonable level. Analyse self-funding market.	On-going.	CCG
Residential nursing care home market (standard older people's provision)	Work with existing and new providers to ensure on-going supply and stability of registered nursing provision.	On-going.	CCG
Residential care home market (specialist dementia support – enhanced provision)	Review current arrangements and contracts, with a view to re-commissioning for greater efficiency and sustainability and improve the model.	On-going.	CCG
Care Home GP Alignment	Review current arrangements with a view to ensure consistency of health-related advice and support offered to the market. Improve the current model to ensure sustainability.	On-going	CCG
Continue development of Extra Care Housing in NEL	Development and delivery of ECH strategy. Develop ROI model and explain benefit of ECH for ASC system and local people.	Deliver 300 Extra Care Housing Flats in NEL by the end of 2018.	CCG through Joint Venture Vehicle

Adult Social Care Efficiency Plan and living within new budgetary realities	Ensure the efficiency plan is actioned and monitored. Ensure all contracts are reviewed to ensure maximum efficiency and stability. Consider if services can be delivered in a more cost-effective way to deliver the same outcomes.	2015/16 and 2016/17.	CCG
Supported Living *(provision of SL services)*	Review current arrangements and contracts, with a view to re-commissioning for greater efficiency and sustainability and improve the current model.	2015/6.	CCG
Supported Living *(development of market)*	Ensure sufficient services and a clear pathway for those people coming through transition.	2015/6.	CCG
Stimulate substitute ASC services	Ensure substitute services are available to contribute to prevention of needs and improve wellbeing. Utilise the voluntary and community sector to limit respite episodes and domiciliary care packages.	On-going	CCG
Market Intelligence and Provider Failure & liaison and joint working with the CQC	Manage the care market intuitively to ensure provisions are stable and suitable for local population needs. Ensure sufficient response in the event of provider failure to uphold continuity of care, manage public messages, MDT approach.	On-going	CCG with all providers
Step-down Mental Health Provision	Review current arrangements and contracts, with a view to re-commissioning for greater efficiency and sustainability. Commission a new model for rehabilitation.	2015/16	CCG

APPENDIX 2

1 Levels of need and eligibility

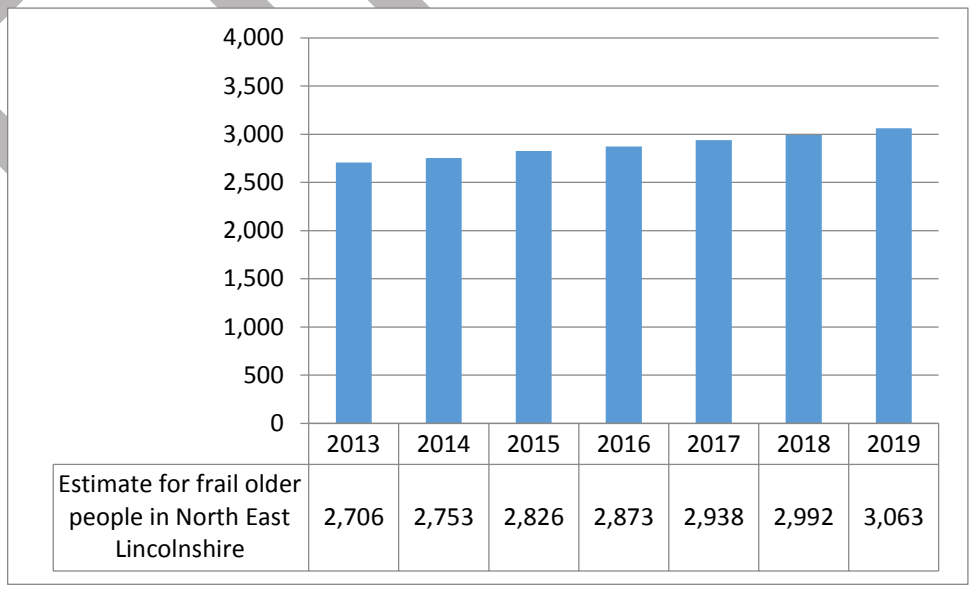
1.1 Underlying demographics

Since the production of the last North East Lincolnshire adult social care strategy for the NELCCG, analysis from the 2011 census has become available. This has been used to underpin the projections of need reflected in this section. The information from the analysis indicates a marginal increase in the expected number of people over the age of 65 in North East Lincolnshire when compared with previous estimates. For example, in 2015 there are now expected to be 31,500 people over the age of 65, compared to 31,100 based on the 2001 census. The increase in 2015 is, however, accounted for entirely from the 65-74 age group, with no increase in the over 75's. Indeed, from 2016 to 2019 it is now expected that there will be marginally fewer people over the age of 75 when compared with the 2001 census forecasts (for example 15,000 instead of 15,200 in 2016).

However, the growth from 2015 to 2018 in this older population is still in line with previous estimates. The following demographic pressures illustrate the extent of the challenge this increase poses during the period of the current strategy:

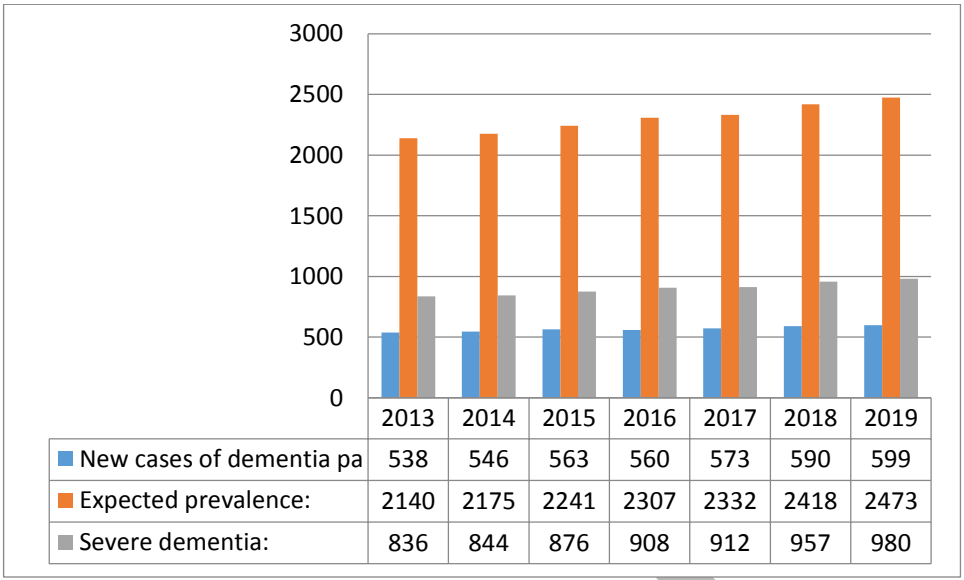
- A 3.6% increase in the total population over the age of 65;
- A 7.1% increase in the total population over the age of 85;
- A 5.9% increase in the number of people expected to be frail over the age of 65;
- A 7.9% increase in the number of people with dementia;
- A 9.2% increase in the number of people with severe dementia.

The longer term trends underpinning these figures are given in Figures 1 and 2, where the total expected number of frail older people and the number of people with dementia are illustrated.



	2013	2014	2015	2016	2017	2018	2019
Estimate for frail older people in North East Lincolnshire	2,706	2,753	2,826	2,873	2,938	2,992	3,063

Figure 1 Expected numbers of people who are frail



	2013	2014	2015	2016	2017	2018	2019
New cases of dementia pa	538	546	563	560	573	590	599
Expected prevalence:	2140	2175	2241	2307	2332	2418	2473
Severe dementia:	836	844	876	908	912	957	980

Figure 2 Expected numbers of people with dementia

1.2 How well does North East Lincolnshire currently meet this need?

At the start of any strategic review it is important to assess how well we are doing over time and in comparison with other locations. The journey that adult social care commissioning has been taking is already well under way. The priorities of integration, developing the intermediate tier and the implementation of the priorities framework have been combined with a market management approach to ensure good quality services at affordable prices. These initiatives, described in detail elsewhere in this strategy, provide the backcloth for improved performance.

The latest year for which comprehensive and comparative data is available is 2013/14. During this year significant changes in both information systems and service configuration, particularly at the initial point of contact with services, have occurred. During that year[6]:

- 2,564 separate individuals contacted our services for the first time;
- The vast majority of these were provided with advice or were signposted to appropriate support through voluntary or independent sector providers;
- 234 new clients had an assessment completed;
- 112 people started to receive a new service.

The figures above represent a significant reduction in the numbers progressing to receive a service during 2013/14. This pattern is expected to continue into the current period, as the changes are due to significant improvements in the triage of new requests and the development of alternatives, as outlined elsewhere in this strategy.

The figures above meant that on the 1st April 2014 there were:

- 1,743 people being supported with one or more services in the community;
- 932 of these were in receipt of home care, a reduction of 34% on the previous year, of whom 570 were receiving a package of more than 10 hours a week, which was a reduction of 13%.

The important contribution that carers make to supporting vulnerable people has long been recognised, which our strategy responds to this. During 2013/14 437 carers

[6] Source: RAP 13/14 returns.

received their own support from Adult Social Care services and 1,228 carers had their needs assessed alongside those of the people they cared for.

1.3 Comparative performance

How well we perform at the moment compared with other councils can provide an important measure for prioritising attempts at further improvement. When using the Adult Social Care Outcomes Framework for 2013/14 North East Lincolnshire performs relatively well; out of 18 performance targets, North East Lincolnshire achieved:

- An improvement in performance in 13 measures
- 10 measures in the top quartile compared to national performance, and none in the bottom quartile
- 7 areas where we overachieved against our stated goal for the year

Some examples of our successes include:

- The proportion of people using social care who receive self-directed support, where we achieve 78.8% compared to a target of 75% and were 25th out of 154 councils
- The proportion of adults in contact with secondary mental health services who live independently, which was at 88% compared to a target of 80% - the 8th best in England
- The proportion of older people who were still at home 91 days after discharge from hospital into reablement and rehabilitation services, which was at 94.4% compared to a target of 92.5% - the 10th best in England
- The percentage of carers receiving needs assessment or review and a specific carer's service, advice or information, which was at 50% compared to a target of 40% - 23rd in England

Areas for improvement, where performance was in the lower quartile of English authorities, and/or where performance had slipped included permanent admissions to care homes for over 65 year olds, delayed transfers of care from hospital and clients receiving a review.