



## **Community Capacity Building**

*Please note this is an abridged version of Internal KCC document for sharing with stakeholders*

**Date:** 6 March 2014

**Programme Lead:** Emma Hanson, Head of Strategic Commissioning  
Community Support

**Senior Responsible Owner:** Mark Lobban, Director of Strategic Commissioning

# 1 BACKGROUND

---

In May 2012 Kent County Council set a Blueprint for the Transformation of Adult Social Care, in doing so we established the key foundations for transformation;

- A determined focus on prevention and targeted intervention, ensure that services respond rapidly and are more effective.
- To encourage and empower individuals to do more for themselves and ensure greater support is available to carers
- And importantly to this programme brief that we would develop a new deal with both voluntary and independent providers; one that is based upon trust and incentivisation

***This is a transformation programme that will deliver savings, not a savings programme that will deliver transformation***

Through transformation our goal is straight forward:

***That people are at the heart of all adult social care activities, receiving integrated services that are easy to access, of good quality and that maximise their ability to live independently and safely in their community.***

This Programme Brief was developed for the Adult Social Care Transformation Board to gain agreement to a new approach to commissioning community based services being planned by Strategic Commissioning Community Support Unit. The objective of the programme is to build community capacity in order to support the transformation of adult social care.

## 2 PURPOSE OF DOCUMENT

---

Through the Community Capacity Building Programme we will explore and better understand the role that community support plays in preventing or delaying the need for statutory services. This will lead us to develop a commissioning approach for building community capacity including a core offer or menu of services to support wellbeing, social inclusion and independence across the county.

Our core offer will consist of a range of services developed through co-production principles and built on an understanding of what people need to remain active, well and connected to their communities. All services will be designed to support self-management, enabling people to find their own care and support solutions and prevent or delay the need for statutory assessment and services. For those who do require statutory services, the core offer will offer cost effective alternatives to traditional social care provision, providing increased choice and control.

The current arrangements are based on how services have developed locally without a considered and planned strategic direction. Developing a core offer will mean that there is no postcode lottery about what type of support is available in the community. New services will be designed to maximise inclusion in the wider community, prevent social isolation, promote access to mainstream activities and support people to make informed choices about care early enough to support and maximise independence.

A precedent for this approach has been established, as a core offer for Carers Assessment and Support is already in place. Developing and commissioning the carers core offer involved ending a history of grant funding, 37 grants with 13 organisations including MIND, MENCAP and Age UK/Concern. An outcome based service specification was developed and contracts awarded to 4 providers who meet regularly with commissioners to ensure the contract is fully mobilised. This approach has rationalised the market, reducing the resources needed to monitor services and has established a culture of performance management. In addition, this contract was jointly commissioned with all Kent CCGs via a section 265 agreement underpinning an integrated commissioning approach which directly benefits recipients of the service.

Community based core offers could/should include services such as:

- Information, advice and guidance (including benefit maximisation)
- Social inclusion opportunities- connecting people with their communities
- Employment support
- Befriending
- Caring for Carers
- Advocacy
- Co-production and Engagement Forums
- Tele-technology

Key principles:

- Easily accessible – no wrong door
- Tailored to individuals needs
- Generic services where possible – specialised **only** where proven essential
- Proactive and designed to support self-management
- Jointly commissioned wherever possible

To ensure that:

- People are able to make informed choices about when, how and where to get their support.
- People using services have as much choice and control as possible when building their support package.
- People are able to access services at the right time and place

This programme brief will need to be shared and discussed with all Kent's Clinical Commissioning Groups (CCGs). Kent's Integration Pioneer Programme contains work streams of Self Care and Personalisation which will be directly impacted by this programme; we believe this is a key area for joint commissioning considerations with both CCGs and Public Health. We will use Integrated Commissioning Groups as a means of sharing and gaining 'buy in' to the programme ensuring more effective use of resource and better demand management. For Mental Health the service improvement groups and performance oversight groups with the CCG's will be central to decisions going forward.

This is a programme to ensure the right community based services and support are available across Kent to promote independence and wellbeing, delaying or preventing the need for statutory services. Most of these services are currently provided by the voluntary sector and predominantly through grant funding so inevitably the programme will involve moving a range of services from grants into longer term contracts, requiring a transformation in the way we work with, and fund the voluntary sector.

### 3 OUTLINE VISION STATEMENT

---

In repeated consultations with people who use our services and those who choose not to, we been told that ..... **people want a life not a service.** However, our current case management model has developed over years to be primarily about supporting people to access care package services. This programme of community capacity development is central and crucial to transformation in two key ways:

- By providing a range of community based services that support independence and wellbeing, diverting people away from formal social care systems (cost avoidance)
- By providing a range of quality, value for money services that provide an alternative to, or supplement traditional care packages (cost savings)

The commissioning of these services supports both the Pathway and Optimisation work streams of transformation by ensuring that individuals who are supported through enablement are supported post enablement to maintain their levels of independence and that the right services are in place to support people in their communities, preventing the need to provide ‘dollops of care’.

The programme will move adult social care from a position of inequitable service provision through annually awarded grants to a consistent core offer of services that support independence and wellbeing on longer term funding arrangements, with the majority of support secured via competitive contracts, which can be effectively performance managed.

The programme will seek to assess and understand the impact of investment in community capacity and be able to demonstrate return on investment in two ways:

1. As direct substitute for other forms of support, (cost savings) e.g. enablement or home care, and,
2. In preventing or delaying the need for on-going support (cost avoidance)

Evidence demonstrating the return on investment for preventative or voluntary sector services is minimal, although the evidence that does exist suggests that services delivered by voluntary sector organisations can result in care packages being reduced and positive outcomes. Given the work undertaken by Newton Europe to understand the true cost of care provision within KCC, cost savings will be measurable as services are commissioned with performance monitoring systems in place and regular monitoring. However, cost avoidance is harder to demonstrate and work will need to be undertaken with providers to ensure that performance measures allow for the collection of information that will capture this.

It will be essential to work with optimisation and care pathways work streams to ensure that gaps in service provision are identified, that commissioned services complement and enhance existing services on an individual’s pathway through social care and that processes are in place to promote referrals to these services as with any other commissioned service.

The programme will determine the work of the community support unit within strategic commissioning over the next 1- 3 years and will shape the service provision for future generations of vulnerable adults.

Due to the current nature of grant funding, this programme will, by default re-shape Adult Social Care's relationship with the voluntary sector market and consideration must be given to the management of that process.

This programme will support the transformation of adult social care by aligning with on-going work programmes within Community Support, such as Home Care and Accommodation Strategies. It will look at ways to breakdown silos between differing types of provision and support the move towards prime integration partners and local networks of supply.

Core offers will be built upon the needs and requirements of the people of Kent. Central to this programme's development will be the engagement of people who use our services, their families and carers but also members of the general public who do not use services.

This programme cannot be developed or delivered in isolation and wherever possible we will look to jointly commission with public health and Kent's CCGs. Joint/Integrated Commissioning opportunities will be fully explored as the programme develops; including opportunities for KCC to lead commissioning in this area through either section 75 or 256 agreements.

## 4 OUTLINE DESCRIPTION OF THE BENEFITS

---

We face some fundamental choices to ensure that we have a sustainable model of social care fit for the future and are able to continue to meet the needs of the most vulnerable in our communities. A different approach is needed if we are to succeed in a context of increasing demand, rising public expectations and less funding. This means adopting an asset based approach which empowers individuals, families/carers and communities to meet their own needs outside of a social care model of support.

Newton Europe our efficiency partner completed a mini diagnostic assessment focused on current provision with the voluntary sector. The diagnostic showed that there was scope for greater use of the voluntary sector as our care pathways are redesigned to direct people to find different solutions in the community. However, the current proposal is to reconfigure services within existing budgets. Monitoring of services will give clear indication of the levels of demand and we will work with providers to understand the impact on their capacity. By understanding the return on investment this approach produces it will be possible to make recommendations regarding future levels of investment or disinvestment in these types of services.

This programme offers a unique opportunity to understand and design methods to evidence impact of investment and explore means of understanding and assessing the wider social return on investment (SROI).

The core offer will enable us to deliver this new model with the following benefits:

- Effective demand management through increase promotion of independence
- Standardised access to community based services for vulnerable people across Kent
- It will enable us to reinvigorate our approach to personalisation and Think Local, Act Personal (TLAP) initiative **'Making it real'**.
- People accessing services at the right time and in the right place
- Increase the take up of direct payments -a more **attractive and realistic** prospect for a wide range of people.
- Review and reduce some service provision, reducing duplication and inefficiencies and commission cost effective services that are fit for purpose.
- Supporting new relationships/federations and consortiums within voluntary sector to create fewer points of management for the local authority

### Required Outcomes:

- Reduction in the numbers of people entering care system including the secondary mental health care system
- Reduced residential care admissions
- Reduce average stay in care homes
- Reduction in domiciliary care hours
- Reduced hospitals admissions



- Number of visits to GP (reduction in frequent visits)
- Range of quality of life indicators – including reduced loneliness/isolation, increased confidence and ability to cope

#### **Issues for consideration - dis benefits**

- Some voluntary sector organisations may be unsustainable without LA funding
- Changes to voluntary sector can be extremely sensitive and attract press interest
- This programme will require Member agreement to proceed and Members will need regular and substantial briefings as the programme develops

#### **4. Resources**

---

The programme will be funded via decommissioning historic grants and moving to outcome focussed contracts. We aim to fund the programme within the current envelope but will also be looking to secure through robust business plans joint investment with public health and CCGs.

Timeframes are projected and are subject to variation based on approach, governance and capacity issues. If the programme is accepted a detailed project plan will be developed outlining commissioning options and timescales once the core offer for older people, physical disability and dementia services has been identified.

Core offer is being considered for all client groups. However, prioritisation is recommendation for the following:

- Mental Health services core offer. Mental Health grants are already aligned into a core offer with performance measures and therefore are well placed to move to a contracted core offer.
- Older People's core offer. Greatest demand for services is within this client group. Ensuring that older people have access to community services is essential to the success of Transformation programme. We need to ensure we have capacity in local communities to support people coming out through enablement, or who are self-funders or those vulnerable people on the cusp but not quite ready for formal social care.

Services for older people will need to include the needs of older people with dementia, sensory issues and / or with learning disabilities in service specifications and providers will need to demonstrate they can meet these needs.

Consideration will also be given to whether support is commissioned on client group basis or whether there are some services, for example, advocacy which could be commissioned as a generic service across all client groups.

These considerations will be explored through the co-design of services and a range of options presented to Transformation Board as the programme is implemented.

Governance of the programme will be through a Programme Board. This board will link to the Integration Pioneer work streams of self-care and personalisation and report directly to Transformation Board.

It is proposed that Emma Hanson, Head of Service for Strategic Commissioning for Community Support will chair the board. Other members of the board will include representatives from:

- Older People / Physical Disability (Assistant Director(s))
- Learning Disability / Mental Health (Assistant Director(s))
- Strategic Commissioning
- Public Health
- CCG Representatives
- Other operational colleagues as required
- Category Manager Procurement
- Policy
- Performance
- Key partners / providers from the sector

A stakeholder co-production panel will be established to ensure real people's voices are key in influencing future service redesign.

