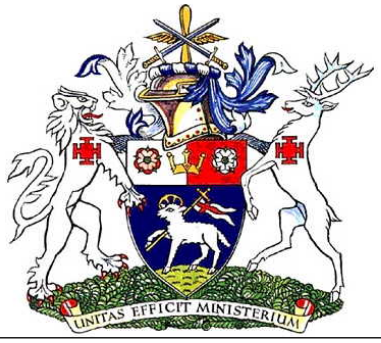	**Adults and Safeguarding Committee** **12 November 2015**
Title	**Enablement Home Care Commissioning Strategy**
Report of	Adults and Health Commissioning Director / Director of Adult Social Services
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Equalities Impact Assessment
Officer Contact Details	Ethlet Chiwaka – Joint Commissioning Manager, Adults & Health, Commissioning Group ethlet.chiwaka@barnet.gov.uk 020 8359 2130 John Mason – Commissioning Lead, Adults & Health, Commissioning Group john.mason@barnet.gov.uk 020 8359 4945

Summary

This report outlines the Council's approach to developing its enablement model and ensuring that targeted interventions support people to experience better outcomes and reduce their reliance on other services.

Recommendations

1. **Committee endorse the approach to enhancing the enablement offer in Barnet to support delivery of the Medium Term Financial Strategy and Care Act (2014) requirements.**

1. WHY THIS REPORT IS NEEDED

Context

1.1 Since 2008, the Council has piloted and then commissioned an enablement homecare service to provide short-term, intensive, time-limited care to adults with care needs in order to support them to gain or regain a higher level of independence and improved their quality of life. It is recognised that the amount of time needed for meeting someone's personal care needs in an enabling way – 'doing with' rather than 'doing for' – needs to be flexible.

1.2 The current service focuses on the following areas:

a) To enable service users, by providing intense outcome driven care and support, to regain a higher level of independence and remain living within their own homes.
b) To facilitate timely supported discharge from hospital and / or temporary care home placement; and enable individuals to maximise their recovery and exploit their full independence potential.

1.3 The enablement homecare service is part of a spectrum of preventative and early intervention services that promotes independence, reduces dependence on other services; and reduces or delays the requirement for longer term care and support. This includes the Home from Hospital service delivered by the British Red Cross, which provides support with practical tasks upon return from hospital, and the health-led community based Intermediate Care Service.

1.4 The enablement service works in partnership with the Intermediate Care Service, delivering the non-clinical interventions alongside physiotherapists and occupational therapists to provide a multidisciplinary approach and an integrated service to the service user.

1.5 Key features of the current service:

- Contract commenced on 6th September 2010 for period of 5 years, plus 1 year extension. Service to terminate on 5th September 2016.
- 1,500 hour block contract per week.
- Approximately 30 referrals per week to the service, around 30% of which are made directly by the Intermediate Care Service. The majority of referrals (over 70%) are for people who have been in acute hospitals via the hospital social work teams.

The service is provided free of charge at the point of delivery, in line with Care Act 2014 requirements.

Funding Source	Annual Value
Adults and Communities	£1.14m
Better Care Fund	£200,000
Systems Resilience Grant (NHS winter pressures funding)	£110,565

The numbers of Enablement service users and client group breakdown over the past 3 years are shown in the Table below.

Year	Older Adults	Mental Health	Learning Disabilities	Physical and Sensory Impairment	Other	Total
2012/13	1,231	107	4	65	72	1,479
2013/14	1,228	75	7	62	80	1,452
2014/15	1,289	75	3	71	113	1,551

67% of users move on with no further service following a period of enablement and 64% are still not receiving other services after 90-days.

Opportunities to enhance and develop the new enablement pathway

1.6 The Council has been trialling a new occupational therapy led model using an in-house function to triage and assess the most beneficial intervention for each individual. In some instances, enablement has been the default option for people due to a less nuanced assessment model and fewer options for alternative service delivery. This may lead to a reduction in the number of people using the service over time as other interventions are developed and utilised.

1.7 The health sector currently benefits significantly from the enablement service as referrals following an acute hospital admission accounts for more than 70% of all referrals. This is supported by national research in 2014 from the National Audit of Intermediate Care (NAIC), who confirmed that the referral pattern is still at the point of hospital discharge following an admission. Responsive, accessible hospital discharge services are an integral part of the health and social care pathway. However, evidence suggests that the enablement service may not always be the most appropriate and cost effective service necessary to facilitate discharge.

The Council will be working closely with providers of the new homecare service and local NHS partners on out of hospital care through the Better Care Fund to provide a greater range of time-critical services for those who require support following discharge from hospital. These services will be able to offer a longer term enablement model for those who may not achieve full benefit from the time-limited short term service.

1.8 Although the performance of the service exceeds the 63% best practice evidence, the current service still works to a relatively traditional model of domiciliary homecare. The new service will be working in partnership with the Council to develop an outcome focussed model. This learning will then be used to develop the new service with a focus on payment by results.

2. REASONS FOR RECOMMENDATIONS

2.1 Barnet Council is currently re-commissioning its Enablement service. This is being integrated as part of the re-commissioning of the Home and Community Support service.

2.2 The procurement will deliver an enablement service that meets the needs of Barnet's population, supports the delivery of the Care Act (2014) and the transformation of adult social care in Barnet. It will also continue the work of the existing service to work in partnership with local community health services and support the delivery of an integrated health and social care service.

2.3 The service is a key part of the Council's approach to reduce or delay the need for longer term care and support and make the best use of preventative services to support service users to be as independent as possible and for as long as possible in the community.

2.4 The commissioning of this service is part of a phased approach enabling the Council to move to a fully outcome based service and payment model.

2.5 This will support the delivery of an integrated programme for Barnet Council and Barnet Clinical Commissioning Group (BCCG) underpinned by the Better Care Fund (BCF) through a streamlined enablement and intermediate care pathway.

2.6 In order to ensure supplier resilience and mitigate the risk of service failure, the service will be commissioned on a block contract basis for the next contract term. The Council will then pilot and test an approach that can reward and incentivise providers on an outcome focused basis.

2.7 Following data analysis of the current contract and agreement by the Home and Community Support / Enablement Project team, the Council is commissioning a single strategic provider of enablement, with a block contract of 1,000 hours a week. A review of the contract 6 months after commencement and annually thereafter will enable the level of the block to be adjusted to reflect demand and strategic approach.

2.8 The contract term will be three years with provision to extend for a further year subject to satisfactory performance and budget. The key procurement milestones are:

Advert OJEU	23 November 2015
Deadline for submissions	4 January 2016
Contract award	February 2016
Contract mobilisation	March to June 2016
Contract start date	June 2016
Current contract end date	September 2016

2.9 The Council intends to award a reduced block contract of 1,000 hours, although the provider will be required to demonstrate how it could deliver enablement hours in excess of the block contract level up to 1,500 hours. The reduction in the number of block hours from the current arrangement is due to the piloted triage function referred to in paragraph 1.6 that will work closely with the new enablement provider at key points in the process including:

- Verifying service user eligibility
- Goal-setting and enablement planning with the service user
- Progress monitoring; and
- Reviewing

This provides greater scope to maximise use of the greater range of options to support and enablement people, of which the enablement homecare service will play a key but not exclusive role. It will also mean that periods of enablement will be used in a flexible way, from 1 to 6 weeks, in comparison to the current service model where all users receive a standard 6 week service.

The 5 Tier Model for Integrated Care

2.10 The future delivery of enablement services will include a more integrated approach to the pathway with health service providers (intermediate care and community health). The service provider for enablement will be included in these developments and will be a key partner in supporting continuous improvement in the delivery of intermediate care services in Barnet. This may include close partnership working with community healthcare partners and work with voluntary sector providers and delivery of an integrated care pathway.

2.11 In 2014 Barnet Clinical Commissioning Group and London Borough of Barnet adopted the Barnet Health & Social Care Concordat which aims to place people and their carers at the heart of a joined up health and social care system built around their individual needs, delivers the best outcomes and provides the best value for public money.

2.12 The Barnet Health & Social Care Concordat sets out how partners will work with frail and elderly people aged 65 and over and those with long term conditions / dementia through a 5-tier model improving outcomes and delivering a better user experience in a more financially sustainable way; by moving to a model that invests more funding in lower level and preventative support and a shift in demand away from hospitals and long term residential care.

2.13 These ambitions are further articulated in the Better Care Fund submission. Enablement supports delivery of Tier 4 of the integrated model alongside all other intermediate care services. The strategy for delivery of intermediate care arrangements in Barnet include:

- Develop a specific offer for carers of service users accessing enablement and intermediate care.

- Making enablement the first offer.
- Embedding episodes of enablement into the care pathway for users / patients assessed with on-going needs.
- Joining up enablement, intermediate care, home from hospital, residential enablement into a single pathway to facilitate a more comprehensive care pathway which includes recovery, rehabilitation and enablement.
- Streamlining entry points into the health and social care economy ('entry' and exit') – by linking intermediate care with urgent care (entry and exit from acute care).
- Strengthening the referral processes in the pathway by linking with community point of Access and adapting the functionality of CPA to ensure tracking of attainment of service user outcomes within the 6-week period.
- Remodel and strengthen enablement service by incorporating Occupational Therapists.

3.0 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Option 1 – Do nothing (not recommended). Enablement services are a key element of the model for adult social care, reducing the need for ongoing care packages through intensive, support term support.

3.2 Option 2 – Implement outcomes based approach from start of new contract in September 2016: this is not a feasible option as the current market is not sufficiently well developed.

4.0 POST DECISION IMPLEMENTATION

4.1 The Council will work with the successful provider and other key stakeholders and partners to develop an enhanced model of enablement delivering a spectrum of services and moving towards an outcome based model for the new service.

5.0 IMPLICATIONS OF DECISION

Corporate Priorities and Performance

5.1 This approach support the Council's vision that 'health and social care services will be personalised and integrated, with more people supported to live longer in their own homes' and 'by 2020 social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. This approach, working with housing and health services, will enable more people to stay independent and live for longer in their own homes'.

5.2 This strategy and associated services promote choice and independence by supporting people to live longer in their own homes whilst recognising the duty towards those with assessed needs and a support plan under the Care Act 2014.

6.0 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

6.1 The current budget for enablement is:

Funding Source	Annual Value
Adults and Communities	£1.14m
Better Care Fund	£200,000
Systems Resilience Grant	£110,565

6.2 The increase in the minimum wage in October 2015 and the introduction of the National Living Wage in April 2016 is also likely to impact on unit costs across the care sector.

6.3 The reduction in the level of the block contract and utilisation of alternatives where appropriate will mitigate these risks.

6.4 Further mitigation is the use of Most Economically Advantageous Tender (MEAT) for the selection of the successful bidder during the procurement process.

7.0 **Legal and Constitutional References**

7.1 Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A). The Adults and Safeguarding Committee has the following responsibilities:

- Promoting the best possible Adult Social Care services
- To ensure that the Council's safeguarding responsibilities are taken into account

7.2 The Council has a number of specific and general duties owed to all adults.

The Care Act 2014 sets out a number of those duties, including:

a) Section 1 provides a general duty to promote an individual's well-being and under s2 there is a duty to prevent needs for care and support.

8.0 **Risk Management**

8.1 The procurement of Enablement Home Care is being undertaken using the Council's project management methodology; this includes the compilation and active monitoring of a Risk and Issues Log, held by the project manager and reported to the Project Board.

9.0 **Equalities and Diversity**

9.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups (protected characteristics i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

An Equalities Impact Assessment for this proposal is included as Appendix A to this report. The proposed procurement will result in an overall positive impact on residents. For example one of the outcomes should be that 'Support' is personalised to meet the needs of the individuals, whether they require care delivered by a care worker from their own ethnic background, reflective of their own gender or communicate in their mother tongue language.

10.0 **Consultation and Engagement**

10.1 There has been regular engagement with the Advisory Group for Home and Community Support / Enablement (made up of family carers and service users) and also engagement with Experts by Experience, existing service users, carers and representatives of older people, during the preparation for procurement. The key messages from the Advisory Group and Experts by Experience were:

a) the need to join up services across health and social care
b) issues with the hospital discharge process
c) the need for more flexible provision

10.2 Enablement Care Provider events were held earlier in the year. The feedback from these events indicated that there were concerns as to how providers could manage demand and ensure sufficient resources without guaranteed hours. This is the part of the rationale for the decision to remain with a block contract but with a reduced number of hours.

10.3 The market events also failed to draw any providers with significant experience in delivering enablement excepting the incumbent. There appeared to be a lack of understanding of the issues discussed by many of the providers. From the market event, it is clear that further market development is required.

10.4 The market does not have the capacity or systems to move to a payment by results approach in 2016. Other councils are developing outcome based commissioning frameworks but there are none that have proven the approach at scale in this market to date.

11.0 **Insight**

11.1 The Joint Strategic Needs Assessment 2015 was used in identifying potential demand and need. The over 65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. The 65 and over population is projected to grow by 34.5% by 2030, while the 85 and over population will increase by 66.6%. This population is expected to present complex needs and co-morbidity putting more pressure on limited resources.

12.0 **BACKGROUND PAPERS**

12.1 None.