

People Commissioning – Adult Services

Business Plan Template

2017-18 to 2020-21

Commissioning Intentions for the People's Directorate

The overarching commissioning intentions for the directorate are set out below, and apply to Children Services, Adults Services (including Olympus Care Services), and Public Health and Wellbeing (via retained services as well as First for Wellbeing):

- Commissioning based on clearly prioritised outcomes agreed for services
- Intensifying the pace, scale and breadth of prevention across all services commissioned by NCC
- Commissioning within our federated model first
- Sharing common areas of work across all vehicles: quality improvement and monitoring, audit, contract monitoring and evaluation, safeguarding administrative tasks - we will carry out the support functions once, to achieve economies of scale and value for money, by avoiding duplication
- Common digital platform for clients and a common database across the services commissioned by the directorate
- Initial customer contact, customer interactions, query management, customer liaison, centralised across the system as part of the Super Customer Service Centre
- Commissioning and carrying out research into innovative practice and create the partnerships needed to do this
- Market development targeted at specialist areas to allow reduction of out of county placements
- Encouraging right-sourcing within the delivery vehicles as required
- Creating and commissioning a whole life disability service
- Business intelligence and analysis, public health recommendations, social care professional recommendations and audit of practice, carried out through the central commissioning apparatus.

1. Vision Statement

Our vision is to increase the wellbeing and outcomes of all adults in Northamptonshire. We want to provide the opportunity for the county's adults to live well, age well and stay well in a manner that helps people to take charge of their lives or be supported when they genuinely cannot help themselves. Doing this in the face of severe financial constraints, rising demand and growing expectation means we must be enterprising, innovative and

collaborative in our approach. With a growing and aging population in Northampton, running well above national and regional growth trends and an anticipated 21% increase in the number of Northamptonshire residents in the 75-84 age groups over the next 5 years, we need to think differently. In order to deliver our vision within our constraints, we will focus on some key priorities:

Prevention and early intervention – We will identify problems earlier using the data, tools and techniques available to us and will act quickly to avoid people’s needs escalating.

- All working age adults and older people are provided with the tools, such as **telecare or telehealth**, to manage their own health and wellbeing and manage their independence.
- This will also have the added benefit of **avoiding people being admitted to hospital**, and creating the future potential for remotely monitoring health conditions.
- A continued focus on **early or crisis intervention and enablement** is critical to reducing current demand. Through better awareness, better supported living and a focus on independence we can also avoid more demand occurring in the first place.
- As well as telecare, telehealth and enablement solutions, the role our colleagues in **First for Wellbeing** play in ensuring effective targeted wellbeing and health interventions is critical in reducing demand coming through to adult social care over the longer term.

Planning for Life – Working age adults and older people will live a healthy, full and active life, in homes that meet their needs, and where their contribution to society is valued and respected.

- To support independence we need to develop and diversify our **accommodation strategies** in a way that creates more capacity for extra care housing and supported living care where people can remain in their homes, not residential homes. We will need to work with development partners, housing groups and District and Boroughs to ensure what we build is also in the right places with good connectivity and community links.
- We will also continue to focus on **Shared Lives** opportunities to place adults with complex needs within the homes of professional carers permanently or for short term stays. Being part of a family or community and avoiding social isolation is seen by many residents and nationally as a key outcome that influences a sense of wellbeing.
- Planning for life will also require a change to a best practice social care **Strength Based model** focusing more on what people can do and how they can help themselves. It also means helping people to maximise their life opportunities: empowering more young people with complex disabilities to learn more life skills or helping people with mental health issues to receive support focused on their whole life, for example, getting a job and a home of their own.

- We will also take a more **holistic all age disability view of service users** in line with our Transforming Care Plan. This means we will engage earlier with parents, schools and the children we support and start to plan for their futures earlier for their transition into adult services. Our focus should be on longer term outcomes and independent living. This will also create smoother transitions between childhood and adulthood, reducing the disruption currently created by handoffs between services and helping us manage long term expectations from the outset.

Person Centred integrated Support - Working age adults and older people have timely access to support within their community that maintains independence and avoids hospital admission or admission to residential care.

- The Sustainability and Transformation Plan for Northamptonshire describes how working with our partners, providers, voluntary sector, carers and families we will deliver care focused on the individual's health and wellbeing, and within a **community setting**.
- There will be an increased focus on creating **integrated health and social care facilities** that can support people in local settings. In future, providers including GPs, health services, social services, carers and providers will need to come together in Multi-Service Community Provider hubs designed to meet a range of needs which can be suitably met without the need for attending hospital emergency services or being admitted into a hospital.

Mixed Economy of Service Provision – Having a wide range of providers from residential care, extra care, domiciliary care, supported living, will enable us to provide wider choice; we will therefore work with a wide range of stakeholders and shareholders to stimulate a thriving eco-system of providers, combining cost effective models of commercial provision and a wider use of community capacity and voluntary sector provision.

- We will develop **services that focus on specialism** in areas where we have growing demand such as dementia care, complex disabilities and younger adults. We review models and service options for these key groups that focus on long term outcomes rather than using traditional models of residential placements.
- As a commissioning-led Council we are not bound by the status quo or presumption that only the Council can deliver services for residents. We can and will think about the right means to deliver the best outcomes for adults across the county as well as meet the Council's corporate priorities, through **right-sourcing**. Our focus will be less on who provides the service (the Council, a partner, a private company, a national charity or group of local volunteers) and more on ensuring that the service is necessary, meets the needs of residents and represents value for money.

- We will also need to maximise the take up and use of more **direct payments, personal budgets and potentially pre-paid cards**. Doing this alongside the development of the new **e-market place** for adults will mean that more people will be given the chance to decide the best support solution and services for their needs and we will provide the guidance and help to show them the options available and link them up with services and providers who can be entified.

Carers – Will be valued as expert partners in supporting working age adults and older people to live independently lives.

- Carers play a critical role in prevention and we must support them in getting a balance between their caring commitments, work and their own health needs. We have seen a rise in respite support requests and hospital admissions of carers, so we need to strengthen and develop the ways we can help. We have developed a new **Carers Strategy** based on feedback from carers, providers, health and the voluntary sector and during 2017 we hope to put in place new services to support a continued focus on the wellbeing and needs of this critical support group.
- Consultation undertaken in 2016 clearly evidenced that the services we have been providing are valued and instrumental to supporting people maintain their role as a carer, but they have also highlighted some additional needs (more sitting services, a central point of access, training such as dementia awareness, coping strategies, wellbeing activities such as yoga and social activities and trips, both individually and with the cared for). These have been built into the new Carers Strategy to be published and shared as part of the 2016 procurement of new Carers service providers.

Safeguarding - People should be able to live a life that is free from harm, where communities have a culture that does not tolerate abuse; work together to prevent abuse; and people know what to do when abuse happens and any response is proportional.

Safeguarding vulnerable people across the county is a fundamental duty of the County Council and a clear Corporate Priority. We will ensure we are robust in responding to any concerns raised and that we proactively monitoring and managing providers to ensure they deliver to the required standards of care. We will be swift to act when issues are identified. The Safeguarding Board will continue to oversee this critical activity.

Transformed Local Services – Adults’ services will be delivered through a new single entity focused on the delivery of this vision and operating in an efficient and effective manner that ensures services are sustainable.

- In line with the Next Generation Council plans, and subject to member approval, we will be establishing a new entity, **Olympus Adult Social Care Services**. This will bring together the existing external trading company Olympus Care Services and the internal Adult Social Care Services. Over time our aspiration is to

integrate and add other services or partners where this makes sense for our service users. This will help us create more joined up services focused around those users.

- Creating this new model of provision allows to build on our current established trading function, and to seek further business, so we will be **increasingly self-financing** by selling end to end services to others for the things we excel at. This will help address the funding gap between demand and government funding and ensure we deliver our outcomes within our financial envelope

Managing demand and expectation - Our focus will be twofold: meeting the needs of those who are eligible and require support from social care, and selling products to self-funders, their families and other organisations to generate income and help fund our vision and priorities. Our main aim though will be to encourage people to “get a life, not a service”.

- People are living longer with increasingly complex needs which results in a higher cost of care packages. To be able to afford the services that we must provide to those who are eligible, we need to ensure we **manage other demand and expectations** effectively and avoid over-provision. It is essential therefore that we help to change perceptions and manage these expectation.
- We need to get better at helping people plan for their future and at understanding the consequences of aging through better information, sound advice and support in **making the right care and financial choices**. Some demand is inevitable – we will all get old - but a lot of it is avoidable demand – it’s not inevitable that we have a fall. We also need to think in terms of excess demand where people are asking for what they don’t need or where we are providing more than is needed (past expectations, confusion within our population about our role and obligations).
- In the future people will understand their roles and ours and we will focus our limited resources on priorities based on need, not want.

1.1. Our Purpose & Main Activities

Adult Social Care Services (ASCS) is responsible for delivering the requirements of the Care Act 2014. The Care Act sets out the functions and responsibilities of the service including, the provision of information and advice, prevention, assessment, review, safeguarding, carers, market management and shaping, charging, support planning, personalisation and arranging care and support. This is in addition to the responsibilities placed on us by the Mental Capacity Act and other key legislation.

It is a statutory requirement that every Social Services Authority has a Director of Adult Social Services (DASS). The DASS is accountable for the delivery of social service functions listed in Schedule 1 of the Local Authority Act 1970 and the Care Act 2014. The main duty of the DASS is to ensure that services are delivered in a safe and effective manner, and that risk is minimised to the individual service user and their families. There are seven key aspects to be included in the remit of the DASS:

- Accountability for assessing local needs and ensuring availability and delivery of a full range of adult social services
- Professional leadership, including workforce planning
- Leading the implementation of standards
- Managing cultural change
- Promoting local access and ownership and driving partnership working
- Delivering an integrated whole systems approach to supporting communities
- Promoting social inclusion and wellbeing.

In 2012 all of NCC's Direct Services for adults transferred to Olympus Care Services (OCS). This Company is wholly owned by the Council and provides a number of services including Community Occupational Therapy, Day Centre services, residential care homes (both as a provider of last resort and as a service for self-funders) and a range of enablement and other services. They also offer a range of effective products to support people in their own homes or to return home following discharges from hospital. The services are generally highly rated but some are reported to be uncompetitive and of limited strategic value to NCC and the service has in the past been seen as disconnected from assessment and care management. This will change with the planned creation of the new single entity, Adults Entity, under the Next Generation Council plans.

The new combined organisation, from assessment through to provision, supports 15,000 people across the county today. This figure fluctuates, as people move in and out of care which can be influenced by many factors, but in 2016 Adults Services alone had 11,000 unique service user requests, i.e. the total number of cases and incidents that they had to deal with, including those customers that came in and out of the service more than once. This is important when considering demand, capacity and funding, as each contact still has to be managed, assessed and followed through with appropriate care packages or support given.

Adults Commissioning, who are currently part of the People Directorate Commissioning function, are responsible for managing the range of suppliers that are contracted to deliver elements of our service as we are ensuring that the procured solutions meet local need, are continuously flexed to respond to local need and are continuously improved. We currently spend £160m annually with the independent sector and this needs to be closely managed to ensure we achieve our outcomes while delivering value for money.

1.1.1 Future Operating Model and Activities

In October 2016 Cabinet approval will be sought to set up the new company structure; as there is already a trading arm, it is intended this will remain and continue to be known as Olympus Care Services. The overarching name of the organisation will be Olympus Adult Social Care Services, the intention the new company will be formally operating with effect from the 1st November 2016. This will enable any TUPE transfers to be fully coordinated to impact from 1st April 2017. As agreed with the concept of the Next Generation Council governance this will be a

company wholly owned by the County Council and focused on the delivery of wellbeing and safeguarding of all adults across the county, as well as building on the success of Olympus Care Services in growing income streams. Work is underway to review the scope and functions within the new entity and how this will operate in future. The intent is to move towards an operating model that brings together all elements of ASC and OCS with health providers and focus more on outcomes and the key priorities of prevention and independence. It will also deliver operational efficiencies by removing duplications created from silo working to a more integrated approach based on end to end processes around our customers, not organisational boundaries. We will ensure we have the right staff with appropriate skills and focused on the activities that best use their skills. More importantly, our processes will be more joined up, more focused on outcomes and we will utilise more technology and intelligence to enable them.

Currently it is envisaged that the new operating model will have the following functions and design principles, but this is subject to further work and consultation:

Service area	Design Principles
<p>Director of Adult Social Services (DASS)</p>	<p>The DASS will sit within the new entity and continue to deliver the statutory functions stated above, ensuring full compliance with the Care Act 2014.</p>
<p>Front Door</p>	<p>Getting the front door right is key to ensuring we get people to the right place efficiently and to effectively managing demand. The key features of the service will be:</p> <p>There will be multiple points of access, for example, through the Customer Service Centre or hospital teams, but regardless of the point of entry people will experience a common process</p> <p>The access points will be designed to get customers to the right place and the right support as soon as possible and not add blockers and delays</p> <p>Customers shouldn't have to navigate the process and services, they should be intuitive and clear</p> <p>We will signpost people where possible and appropriate to other providers, sources of advice or self-service options</p> <p>Customers will be provided with access to our providers and proven traded service products where relevant if they want to buy them</p> <p>Our brokerage team will be responsible for all placements ensuring the individual's outcomes are fully meet and value for money achieved.</p>



	<p>First For Wellbeing</p> <p>First for Wellbeing plays a key role: having delegated DASS functions for prevention and wellbeing, we will be looking to this new organisation to work towards reducing demand through preventative measures.</p>
<p>Short Term Support</p>	<p>The Service will focus on intensive interventions. This is normally in response to a crisis or event that brings a customer and their family to our door seeking help.</p> <p>The intervention should address the immediate need for a limited period up to 6 weeks with an average intervention of 2 ½ weeks.</p> <p>The support provided should result in one effective intervention and remove unnecessary duplication of care</p> <p>The support is normally free, unless a customer or their family are buying products that support continued independence and can or want to pay for them</p> <p>Services will be charged for where appropriate under guidance and eligibility criteria</p> <p>It is designed to help a customer and their family to plan for the future and next steps</p> <p>The service will work with customers and their family to help them think about ongoing need and to help the customer regain their confidence</p> <p>It will support customers and their family through a period of reflection on the options to meet their need</p> <p>The service may need to help carers with short term needs, as a crucial part of maintaining independence</p> <p>Ideally the service will assist customers in regain independence and exit the service to live their lives without our help</p> <p>It will also support discharges from hospital as part of the new Single Point of Access service where health, community and Social Care experts will work with hospitals to facilitate a return home, a return with support or rehabilitation, or the transition to an intermediate community bed for more intense rehabilitation.</p>
<p>Continuing Support</p>	<p>The services will focus on the need for ongoing intervention and support for more complex and long term needs</p> <p>The service will transition customers from short term support, from Children's Services or between levels of need</p> <p>The service will focus on providing ongoing enablement solutions to help customers live their life independently and help them help themselves</p>



	<p>The service will undertake ongoing reviews based on a progressive model, i.e. we will focus on life outcomes and quality of life not just addressing need</p> <p>We will secure, monitor and manage the most suitable providers of packages and services to support customers in this aim</p> <p>The service will help customers make informed choices through continued support</p> <p>We will provide end of life services when the time comes and provide customers with the trained support and caring environment they need.</p>
Safeguarding and Quality	<p>The service will provide a key role in ensuring compliance with the Care Act duties to ensure that services are of a good quality and service users are safe</p> <p>This team is key in supporting the DASS as the Council's accountable person for the statutory function of safeguarding.</p>
Purchasing and Placements	<p>Operational commissioning - the purchase and brokerage (negotiation) for services and care home places, supported accommodation or services and equipment using strategic frameworks and approved suppliers</p> <p>The management of approved suppliers from a quality assurance perspective and to ensure that they are sustainable and reliable</p> <p>This should not be confused with strategic commissioning based on the population's needs and market shaping, done within the NCC Group</p>
Central support	<p>This service will ensure the effective functioning of the service and ensure that it is delivering what is required, that it has the workforce and skills to do so and that it is supported by effective information and administration. The key elements include:</p> <p>Performance reporting</p> <p>Management information</p> <p>Professional standards – including the development of staff roles and JDs</p> <p>The Workforce development strategy for the new entity</p> <p>Financial probity - Budget setting</p> <p>Training and staff development</p> <p>Personal budget monitoring and reporting</p> <p>Business support services</p> <p>The service will also be aligned and linked to LGSS services and there will be no duplication of services and staff.</p>
Olympus Care Services	<p>The trading arm of the business will be further developed using the brand of the Olympus Care Services</p>



	<p>Sales campaigns, bidding and securing of new business for the trading arm</p> <p>The marketing and promotion of the traded services and products from OCS</p> <p>Reviewing the market landscape and suggesting product development or new products that Olympus might offer</p> <p>Sales and marketing activity</p> <p>Liaison with the Customer Services Centre and new E-Marketplace (when it's available) in relation to selling products and services for self-funders.</p>
<p>Information, advice and support</p>	<p>The new Adults Entity will continue to use the Council's Customer Service Centre as the main contact point for Adults Services and professionals liaising with the service</p> <p>Customer services will also remain responsible for wider advice and information and the website</p> <p>In addition we will provide a new e-market place service which will link customers to approved products and services. This is a key function under the Care Act 2014 and is core responsibility under the DASS statutory function, delegated to CSC with mutual accountability to ensure outcomes are delivered.</p>

However until this model and the new entity is fully operational the service will continue to operate within the existing functions below:

Prevention, Information, Advice and Support

First Point of Access:

General: Customer Services, Emergency Duty Team, for those who require discharge from hospital, the locality care management teams, seven out-of-county acute hospitals for people out of county, the two Health Partnership Teams in Northampton General Hospital and Kettering General Hospital.

The Customer Services Centre (CSC)

- Discharge to Care and Home: the current Hospital Discharge Teams will form part of a new Single Point of Access (SPA) combining social care, health partners and voluntary sector partners to manage discharge through one of three pathways: to home, home with care, or into intermediate care setting for enablement or rehabilitation.

Short Term Support: comprehensive intermediate care services, including reablement, sensory impairment and occupational therapy rehabilitation, assistive technology, equipment and adaptations, working with health

partners around more specialist services around falls, dementia and intense enablement to support successful discharges from hospital.

Continuing Support:

- Social Work, Care Management and Assessments
- Support Planning & Reviews
- Safeguarding and Deprivation of Liberty Safeguards: quality monitoring and investigation and (if necessary) acts of safeguarding concerns reported to it or observed in monitoring visits; fully functioning Safeguarding Adults Board which is overseen by an independent chair with a wide range of partners.
- Mental Health: The Healthier Northamptonshire Programme is currently looking to develop a joint Mental Health Strategy in partnership with local stakeholders building on the national strategic direction and local needs.
- Younger Adults and Transitions: Our Transforming Care programme aims to improve services and support for children, young people and adults with a learning disability and/ or autism who display behaviour that challenges, including those with a mental health condition.

Olympus Care Services

- Care home provision
- Specialist Dementia Day Services
- Dementia Domiciliary Home Care Services
- Shared Lives
- Short breaks
- Transitions
- Occupational Therapy
- Sensory Equipment and Re-ablement Team (SERT)
- START
- Day Services – Physical Disability

The Monitoring and Payments Team (MAP)

- Monitoring and payments
- Brokerage

Carers Services

Commissioning, Quality Assurance and Brokerage:

- Strategic commissioning (in the People Directorate strategic commissioning team)
- Commissioning management (in the People Directorate strategic commissioning team).

1.2. Our Vision in Four Years

Prevention and early intervention – We will identify problems earlier using the data, tools and techniques available to us and will act quickly to avoid people needs escalating.

The vision	The transformation enablers
<p>We understand our customers better.</p> <p>We will be using our intelligence to identify people who are vulnerable to escalating issues supported by information from health partners about those a risk of a hospital admission, to plan better advice, support services and interventions to reduce these risks.</p>	<p>Development of a regular reporting set of intelligence and datasets and NCC risk stratification approach</p> <p>Pilot to track individual pathways and assess impacts</p> <p>Development of key performance indicators as part of the commissioning contract</p>
<p>We are using technology effectively to keep people safe and well.</p> <p>Where we identify a risk or there are early signs or known triggers for escalating need, for e.g. isolation, bereavement, presentation at hospital, concern from families, carers or home care services, or an increased risk of falls, we offer telecare, telehealth or assistive technology solutions to monitor people and identify the need for intervention.</p> <p>For example the early identification of infections where we can trigger community nurse intervention before the infection takes hold.</p>	<p>The development of our assistive technology and or telecare/ healthcare solutions.</p> <p>Market analysis of additional solutions and their impact on outcomes</p> <p>Business case for the default provision of assistive technology as part of all assessments and a preventative solution.</p>
<p>We're intervening earlier</p> <p>Through the roll-out of our integrated health and care teams in the Multi Service Community Provider Hubs</p>	<p>Set up of the MSCPs as part of the Sustainability and Transformation Plan</p> <p>Review of locality teams to map to four new community based systems or "footprints" established</p>



The vision	The transformation enablers
<p>we are helping residents get back on their feet sooner and prevent crises.</p>	<p>as part of the STP and redesign of how we work with them</p>
<p>We are supporting carers as partners Our new programme of support for carers of people with dementia will support carers to continue to care for their loved one and maintain their family together.</p>	<p>The new Carers Contract and strategy is implemented Carers organisations undertaking outcome pilots and innovative projects to</p>
<p>Wellbeing in the County is improving and demand is reducing for intense Adults Social Care Our commissioned prevention services in First for Wellbeing is increasing wellbeing, reducing isolation and increasing ability to manage daily living and participate in the community through community development projects, using innovative technologies and supporting Public Health initiatives to encourage resilience and self-management. Our Community Connector scheme is building local community assets reducing social isolation and the need for social care intervention.</p>	<p>First for Wellbeing business plan Agree targeted intervention in identified areas of rising demand for Adults Services</p>
<p>We are developing increased numbers of personal assistants People with care and support needs control of their own support.</p>	<p>Development of personal assistants programme Development of traded brokerage service offer for self-funders to assist in the purchase of services and solutions</p>
<p>We are helping people with learning difficulties and mental health issues play an active part in their communities</p>	<p>Sustainability and Transformation Plan Implement projects and recommendations from the joint health/ NCC LD transformation programme in BCF</p>



The vision	The transformation enablers
<p>We're putting them in contact with support networks, and working with day services and employers to ensure access to employment, volunteering and training.</p>	<p>(EADS programme)</p>

Planning for Life – Working age adults and older people will live a healthy, full and active life, in homes that meet their needs, and where their contribution to society is valued and respected.

The vision	The transformation enablers
<p>The county has a mixed provision of supported living, extra care developments, shared life registered carers as well as Residential care homes and intermediate care centres to meet a range of needs.</p> <p>We are using our assets and land strategically and effectively and these facilities match areas of need, ensure residents are connected to communities, transport and are located in the footprint of the Multi Service Community Provider Hubs so residents are close to primary care but can also access social care brokerage services, advice and information.</p>	<p>Development of an accommodation strategy using the output from county study and analysis</p> <p>Place Directorate Commissioning governance set up</p> <p>Establishment of business case process for property proposals supported by data, property expertise from place and detailed business requirements.</p>
<p>Residents understand what they can do to stay safe and well</p> <p>We are running successful awareness campaigns and more residents now understand the key warning signs and the likely pathways of aging as well as specific conditions or events. We are providing more advice on staying healthy and independent and through our new family brokerage service and later life planners we are helping connect people to solutions that will keep them well.</p>	<p>Development of media and educational campaigns through partners, groups, voluntary sector.</p> <p>First for Wellbeing business plan.</p>
<p>We are managing the transition from Children's Services to adult care from the age of 14</p>	<p>Establishment of joint transitions team</p>



The vision	The transformation enablers
<p>Expectations can be set early. The assessment process for children's is different and often children and parents will have their expectations and views about future care set by schools who may recommend higher cost residential placements without the financial limitations that the Council faces.</p> <p>It is important that we begin joint planning with the children's service and families earlier as at the point of transition around 18 years old it is often distressing and challenging to reset expectations and support packages. We intend to get involved earlier at the year 7 review point and to work using the Progression model so we focus on outcomes and independent living skills and not on what needs and dependencies exist.</p> <p>There is a recognition through government policies i.e. care act, children and families act of the need to have a functioning transitions service which ensure a smooth pathway for a young person to transfer from children's to adult services.</p>	<p>Establishment of adult's transition engagement team to work with Schools, parents, children's and families from Year 7 school review to plan for the future.</p> <p>All age disability service.</p> <p>Transitions executive board supported by portfolio holders both adults and children</p>
<p>We are helping Younger adults to live independently</p> <p>We are working with younger adults and helping them acquire independent living skills and employment opportunities.</p>	<p>Development of employment and life skills services through the extension of the LIVE service</p> <p>Develop charter with local businesses to increase employment opportunities with mentored support</p>
<p>We are using less residential placements</p> <p>Residential Care is limited to those with Complex care and nursing needs who require high levels of support and intervention that cannot be provided in the home</p>	<p>Sustainability and Transformation Plan – development of Multi Service Community Providers model</p> <p>Increased options for community and intermediate bed solutions</p> <p>Better case management following discharge through the SPA</p>
<p>We have developed effective dementia network</p>	<p>New Dementia strategy developed with voluntary sector and partners</p>



The vision	The transformation enablers
<p>We are working towards being dementia friendly community and we are helping those with dementia and their carers to stay active and involved in their community</p>	<p>Review Dementia respite services and scale and design fit for the future solutions based on intelligence</p>

Person Centred integrated Support - Working age adults and older people have timely access to support within their community that maintains independence and avoids hospital admission or admission to residential care.

The vision	The transformation enablers
<p>We are working in a more integrated way with Primary Care to deliver seamless support to customers and avoiding unnecessary duplications.</p> <p>Through the Northamptonshire Sustainability and Transformation plan (STP)</p>	<p>STP projects and transformation programme</p>
<p>Our processes are focused on getting People home from Hospital and keeping them well at home.</p> <p>Our intermediate care placements and packages of care on leaving hospital are focused on returning people to their home at the earliest opportunity and before the 6 weeks of Continuing Health Care is complete where possible.</p>	<p>Our processes are focused on reviewing and planning for returns home</p> <p>Clear policy guidance on the Council's responsibilities.</p>
<p>We are using community based solutions to meet need.</p> <p>The Keeping You Well at Home initiative with health is helping people get back on their feet after illness through integrated teams, effective discharges through collaborative care teams and discharge supported by enablement and home care services.</p> <p>Our performance on residents still at home 91 days after an admission is top quartile best practice.</p>	<p>Sustainability and Transformation Plan – development of Multi Service Community Providers model</p> <p>Locality team redesigned to match the four new community based systems under the STP and coproduced processes and ways of working put in place</p>



The vision	The transformation enablers
<p>Integrated Commissioning Framework</p> <p>We are working together as County wide commissioners under a single framework to deliver outcomes against the four STP pathways</p>	<p>Development of STP transformation programme</p> <p>New Section 75 agreement with Health CCGs</p> <p>Development of new operating model with CCGs aligned around the STP pathways</p>
<p>Integrated strategy for Learning disability</p> <p>Our integrated learning disability team are working across social care, community health and mental health to support people with complex needs remain safe, well and as independent as possible.</p>	<p>LD transformation programme plan from BCF jointly commissioned work</p> <p>Development of Assistive Technology solutions for LD clients.</p>

Mixed Models of delivery – we will stimulate a thriving eco-system of providers combining cost effective models of commercial provision and a wider use of community capacity and voluntary sector provision.

The vision	The transformation enablers
<p>We have a clear commissioning strategy and clear market statements that considers a mixed economy of providers</p> <p>We have set out our intent for the future and future ways of working in a way that allows the market, voluntary sector partners and communities to innovate and help us find delivery solutions to emerging needs.</p>	<p>Commissioning strategy written for 2016-21</p> <p>Market position statement released</p> <p>Forums set up to engage with all providers groups.</p>
<p>We have developed outcomes based contracts for our providers</p> <p>Our contracts are based on outcomes and outputs and not on time and activity measures.</p>	<p>Establish common framework for contracts that defines the “what” not the “how”</p>

The vision	The transformation enablers
<p>We have developed a mixed economy of providers to help meet our outcomes.</p> <p>We are using more community and voluntary sector providers to meet the needs of service users</p>	<p>Bi-annual forums for community groups and social enterprises on what we need and the ways they might help</p> <p>Training and mentoring services to guide on how to do business with the Council.</p> <p>The e-marketplace includes services from community and voluntary sector providers.</p>
<p>We have formed alliances with other providers and Local authorities or the delivery of new and shared services.</p> <p>The establishment of the new entity gives us a greater ability to trade services which we excel at.</p>	<p>Development of contracts from the Adults Entity to deliver services for partners and other organisations</p>
<p>Services are created in partnership with residents and communities.</p> <p>We engage in the co-design of new services and how they are best delivered.</p>	<p>Establishment of user groups to inform new product design and development.</p>

Safeguarding - Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk from abuse and neglect.

The vision	The transformation enablers
<p>Safeguarding is effective</p>	<p>Continuation of current services</p>
<p>We act swiftly where concerns are raised based on quality monitoring and safeguarding alerts.</p> <p>Coordinated actions and improvement plans are created where concerns are raised.</p>	<p>Agree the SLA for the Customer Service Centre for the provision of services and safeguarding identification</p> <p>Processes for coordinating actions, reporting and tracking across the entity and commissioning.</p>

Transformed Local Services – Adults services will be delivered through a new single entity focused on the delivery of this vision and operating in an efficient and effective manner that ensures services are sustainable.



The vision	The transformation enablers
<p>The Northamptonshire Adults Entity is a recognised centre of excellence and good practice</p> <p>The new entity now has effective end to end processes linked into health and community pathways and is performing well on all its outcomes, measures and in the development of income streams.</p>	<p>Commissioning contract is in place</p> <p>Adults entity business plan and OCS Business development plan with overarching business plan with key objectives</p>

Managing demand and expectation – People understand what we will do and what they can expect for us, but they will increasingly be encouraged to think about what they can do for themselves and to plan for the future.

The vision	The transformation enablers
<p>We are providing care only to those who have a statutory need while facilitating others to help themselves</p> <p>We are now focusing our qualified social workers on those most in need, unable to help themselves or meeting statutory eligibility criteria. Less complex needs is met by a range of solutions, self-help options and supported living solutions.</p>	<p>Reviews are completed every year so we are not over providing and care packages are relevant and affordable</p> <p>Strength bases assessment in place.</p>
<p>We have an all age disability service</p> <p>Within Northamptonshire we have gone some way to address this and in 2012 set up at 14-25 transition teams, the ambition was to have in 3 years a multi-agency whole life team in partnership with Children’s and health partners.</p>	<p>All age disability service business case and programme.</p>
<p>We have a clear articulation of what we will do and what we expect of our residents</p>	<p>Communications and awareness campaigns</p> <p>Development of the Commissioning contract with the Adults entity.</p>



The vision	The transformation enablers
There is a clear “contract” with our service users that sets expectations, accountabilities and commitments from all parties for Adults care.	

Key Inputs

People/ Adults Commissioning Strategy
Sustainability and Transformation Plan
Public Consultation on the design of services in the Entity
Provider forums
CCG plans and governance
Marketing intelligence on the products that residents would like, buy or use to help them help themselves
Transforming Care In Partnerships
Mental Health Care Concordat

Key Outputs

Business Case for the new Adults Service
Adults Workforce Strategy
Commissioning contract
Market position statement
Outcomes contracting framework

Constraints

Business Case for the new Adults Entity and member approval
Reliance on First for Wellbeing prevention services
Financial envelope
Population growth and demand escalation
Increased acute hospital demands

2. Strategic Outcomes

The Council has agreed an outcome framework at Cabinet in October 2016, which is outlined in figure 1. The framework consists of two parts, the first of which are 5 strategic objectives for the Council, and second of a series of specific outcomes to the achievement of which all of our services are contributing.

Fig 1. Strategic Outcomes for the Council

People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities	People have the information and support they need to make healthy choices and achieve wellbeing	People achieve economic prosperity, in a healthy low carbon economy which gives access to jobs, training and skills development	Communities thrive in a pleasant and resilient environment, with robust transport and communications infrastructure	Resources are utilised effectively and efficiently, in coordination with partners and providers
The voluntary and community sector provides accessible universal services and targeted support where needed	Our children grow up in a county which promotes healthy lifestyles and nurtures aspirations	Our education provision equips children and young people with the skills they need to achieve their full potential and ambitions	Businesses, communities and individuals have access to 21 st century connectivity	Taxpayer money is used and managed effectively to deliver cost-effective solutions
People are safe and able to live fitter for longer in their homes and communities	People have access to timely, good quality and relevant advice to help them make informed lifestyle choices	Improved levels of qualifications, skills and pay in our county	The County's physical and natural environment is resilient and is enjoyed by residents & visitors	Robust knowledge of the county and how it will develop informs commissioning
Children live in safe and supportive family environments	People have access to high quality and accessible wellbeing services to help them stay well and enjoy good physical and mental health	Our first class, thriving and diverse economy attracts business into the county	Our planning infrastructure is fit for the future, supports economic and demographic growth and delivers resilient strategic solutions for partners and ourselves	A democratic, transparent, representative and accountable public service
Individuals and their communities are protected from harm and are supported to take responsibility for their wellbeing	Where eligible, people have access to the right services to help them achieve their health and care outcomes	People have access to good jobs and are able to work, contribute and enjoy a good standard of living	Councillors have the support needed to effectively represent and lead their communities	Getting a fair deal for Northamptonshire through engagement and representation with the Government
Children who need care and protection receive timely and proportionate help to ensure they stay safe and thrive		The County has an energy efficient, low carbon economy with reduced unnecessary waste		The reputation of the public sector is protected and enhanced
				Responsive, high quality and good value for money support services.



Adults Social Services will contribute significantly to the Council's stated strategic outcomes in the ways set out below

People of all ages are protected from harm and able to live happy, healthy and independent lives in our communities

Adults Social Services will contribute by:

Meeting our statutory duty to safeguard all working age adults

Ensuring older and disabled people, and their carers, are able to participate in community life just as other residents can

Ensuring the services we provide need to respond to the needs of diverse communities

Social Workers focusing more on what people can do, not their dependencies and working with service users, and carers, will help find ways to help them support themselves, using community resources and the support of their family and friends.

Working with older and disabled people to ensure they remain as independent and self-reliant as possible

Ensuring that people are able to move back to living independent lives as quickly as possible and that there is a timely response to changing needs

Creating a better understanding the emerging and projected needs of our services users so we can design and plan services effectively for the short, medium and long term

People have the information and support they need to make healthy choices and achieve wellbeing

Adults Social Services will contribute by:

Supporting people to help them live in their own homes for as long as possible and avoiding hospitals and residential care as much as possible

Actively supporting carers and their wellbeing and helping them to realise their own potential

Working with communities to find new solutions to meeting demand and utilising the eco-system of families, friends and voluntary organisations

That services provided by the council are accessible and welcoming

Working with service users to design services that most effectively meet their needs

People achieve economic prosperity, in a healthy low carbon economy which gives access to jobs, training and skills development

Adults Social Services will contribute by:

Creating the opportunity for disabled people to work like any other resident

Actively supporting service users to access employment, learning and volunteering opportunities

Communities thrive in a pleasant and resilient environment with robust transport and communications infrastructure

Adults Social Services will contribute by:

Planning accommodation across the county more effectively with less focus on models of traditional nursing and residential care and more supported living arrangements to help people stay independent.

Resources are utilised effectively and efficiently in coordination with partners and providers.

Adults Social Services will contribute by:

Working with health as part of Multi Community Service Provider groups in community areas so we can bring together the specialism of primary health care, NHS professionals, social work, community based services, carers and local voluntary organisations into collaborative teams that can help identify need earlier and work with service users to keep maintain health and independence close to home

Using technology innovation to support people to remain independent, this includes tele-care and tele-health and assistive technologies

Optimising the use of our new e-marketplace for our services users to identify, purchase or source products to meet their needs.

Forming joined up processes, workforce and systems with health providers to meet service user needs more effectively at home, in the community or in hospitals

Organising ourselves around the users' needs and not around organisational boundaries

Commissioning effectively and developing the market by using intelligence and data to identify the outcomes required within the county and commission the most appropriate organisation, businesses or individuals to deliver these for us

Generating new sources of income buy developing and selling services so we are less dependent on the Council

Ensuring financial probity by ensuring we buy services in the most cost effective way, apply assessments effectively and collect the money due to us in a timely way.

3. Context and key data

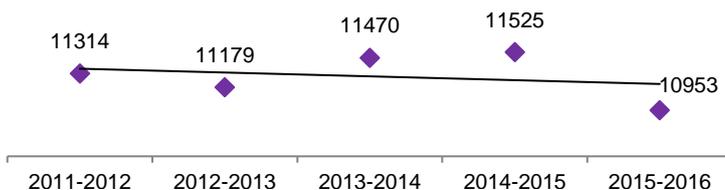
17.5% (125,194) of Northamptonshire's residents are aged 65+ (mid-2015) (on par with the England average), **18.1%** more (19,158 people) than in 2011 (last Census). It is estimated that there will be 28,600 more 65-84 year olds (+26.9% vs. 18.4% England average) and 5,700 (+37.3%) more 85+ in 2024 compared to 2014 (ONS, 2014-based) due to aging demographic bulges and decreasing mortality.

Consequently, demand for Adult Social Care provision is expected to increase by 25% by 2021 (1,923 people) and indeed in the last 12 months the number of referrals that has been received into Adult Social Care has shown an increasing trend. The impact on NCC and the budget position comes from the number of clients who go on to receive a package of care from NCC and the number and type of packages they each receive. Whilst thresholds determine supply, the number of adult social care clients is not following this consistent upwards trend (see above). For example, the number of unique Adult Social Care clients decreased by 1.8% between 2014/15 and 2015/16.

During 2015 and into 2016 the service continued to see a reduction in those clients placed in residential and nursing homes where we see the highest average per head service costs. However, the cost per head is volatile and, in addition to market forces, is dependent on the complexity of need of each client - which appears to be increasing, thereby pushing up the cost per head.

As a result, the total annual cost to NCC of placements in residential and nursing homes is reducing but not proportionate to the reduction in the number clients. At the same time, there has been an increase in the number of those clients receiving care services in their own homes ('Community Care') as a result of customers being supported to live independently for longer before entering into residential or nursing homes. This means that high complexity and long term needs (in the case of working age adults with disabilities, as well as older people) are being met in the community, which requires complex and costly provision.

Total **Adult Social Care** Unique Service Clients in Northamptonshire (Northamptonshire County Council)



Therefore the total annual cost to NCC for community care packages is increasing, as is the average weekly cost per head, indicating greater complexity of need, in addition to market forces at play.

4. Risk Factors

Description	Mitigation
<p>Financial Sustainability Risk</p> <p>There is a risk that Adults service is unable to meet its statutory duties within its financial constraints if the population trajectories are correct.</p>	<p>MTF Planning</p> <p>Continued focus on prevention</p> <p>Reviews and assessment of eligibility</p> <p>Ensure Health paying for appropriate Continuing Health care costs</p>
<p>Population Demand Risk</p> <p>There is a risk that the services and financial envelope cannot meet the demand of the rising population making services unsustainable</p>	<p>Continued focus on prevention</p> <p>Awareness campaigns</p> <p>E-marketplace</p> <p>Growth of community service options</p> <p>Risk stratification</p>
<p>Partner Risk</p> <p>There is a lack of buy in by key stakeholders and the public and little engagement from third party stakeholders.</p>	<p>Engagement in key governance forums</p> <p>Strong leadership</p> <p>Memorandum of understanding and regular senior stakeholder meetings.</p>
<p>Delivery Risk</p> <p>Organisational and customer support systems and infrastructure is inadequate to underpin the plan and services from an capacity and quality perspective</p>	<p>New Adults entity TOM</p> <p>ICT strategy</p> <p>Next generation working</p> <p>Commissioning contract for adults entity</p>
<p>Organisation Risk</p> <p>Organisational capacity, capability and sustainability is inadequate for the operation and delivery of the future model.</p>	<p>Adults workforce strategy</p> <p>Adults Entity growth and income</p>
<p>The Rising cost of Placements</p> <p>That the rising cost of placements make services unaffordable and unsustainable.</p>	<p>Review contracts and benchmarks</p> <p>Set up of brokerage team across all services and cohorts</p> <p>New contracts and frameworks</p>
<p>Better Care Fund</p> <p>That the arrangements of the BCF and funding do not adequately protect Adult Social Care</p>	<p>Ongoing engagement with senior stakeholders</p> <p>Governance forums of the BCF</p> <p>Section 75 agreement</p>
<p>Rising Bad Debt</p>	<p>New processes to manage, monitor and chase debt</p>



Rising bad debt makes services unsustainable and unaffordable.	Via e-marketplace virtual payments
The entity is not approved by members and is not in place for 1st April That service continue to operate in a silo manner creating continued duplication and an inability to improve process and efficiency.	Review of existing services Process redesign
Inappropriate supply of services for the demand and needs of the population That the services we procure no longer meet the needs of the population and no longer deliver value for money	Review contracts Review best practice Terminate or amend contracts
Geographic inequality of service provision That the south of the county and Daventry continue to be poorly serviced by providers and Health creating further inequality and rising demand over time	Review accommodation strategy Map services to new MCP footprints
Over Provision of accommodation That the accommodation available in the county does not match need over the long term and the County Council has to make more provision for care as a last resort.	Accommodation Strategy Place Support for future needs and business cases
Domiciliary Care That the market providers stagnate and capacity does not grow in line with demand and prevention strategies	Monitor Tier 2 providers Incentivise and stimulate the market Grow adults entity traded service

Assumptions

Description	Impact if incorrect
That the DASS will sit in the Adults Entity structure as a seconded employee of the Council	The safeguarding and quality duties of the service will not be aligned to the duties of the DASS
That the Adults Entity will be subject to a commissioning contract for service outcomes, outputs and performance	The Entity will not deliver the right outcomes and will not be held to account.



That the Entity will be given adequate tools, resource, staffing and assets to meet its obligations	Without the right scope and remit of activities supported by the right resource the Entity will not deliver its outcomes.
That the STP will be implemented without significant change from the submission to NHS England in 2016	That plans for integration and MCPs will not be in place to support our objectives
That the adults entity will be in place for April 2017	There will be limited time to achieve the objectives of this plan.
That the e-marketplace will go live during 2016	We will be unable to meet the anticipated level of need through self-service and debts will rise.
That the section 75 will be signed and the BCF will continue. BCF will go with the sustainable transformation plan taking its place	That funding via the BCF will be unclear and services may not receive the planned income.

5. Net Revenue Budget Requirement – 2017-18 to 2020-21

THE TABLE BELOW PROVIDES INDICATIVE CASH LIMITS FOR FUTURE YEARS

The Opening Balance for 2020-21 represents the Cash Limit for that year -Any growth built in for 2020-21 will need to be offset by savings for that year.

	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Total
Prior Yr Base Budget b/fwd	144,613	139,247	141,949	146,237	
Inflation	4,409	4,844	4,819	5,325	19,397
Service Pressure	3,825	4,723	4,360	6,684	19,592
Total	8,234	9,567	9,179	12,009	38,989
Efficiencies	(3,698)	(2,245)	(2,187)	(1,934)	(10,064)
Income Generation	(2,776)	(1,688)	(1,503)	(498)	(6,465)
Service Transformation	(7,126)	(2,932)	(1,201)	(701)	(11,960)
Service Cuts	0	0	0	0	0
Total	(13,600)	(6,865)	(4,891)	(3,133)	(28,489)
Net Budget Requirement	139,247	141,949	146,237	155,113	

Note: The table is based on the Budget approved by Council in February 2016 with the exception of costings for 2020-21