

Outcome 3*

Older and vulnerable residents are safe and supported with choices to live independently

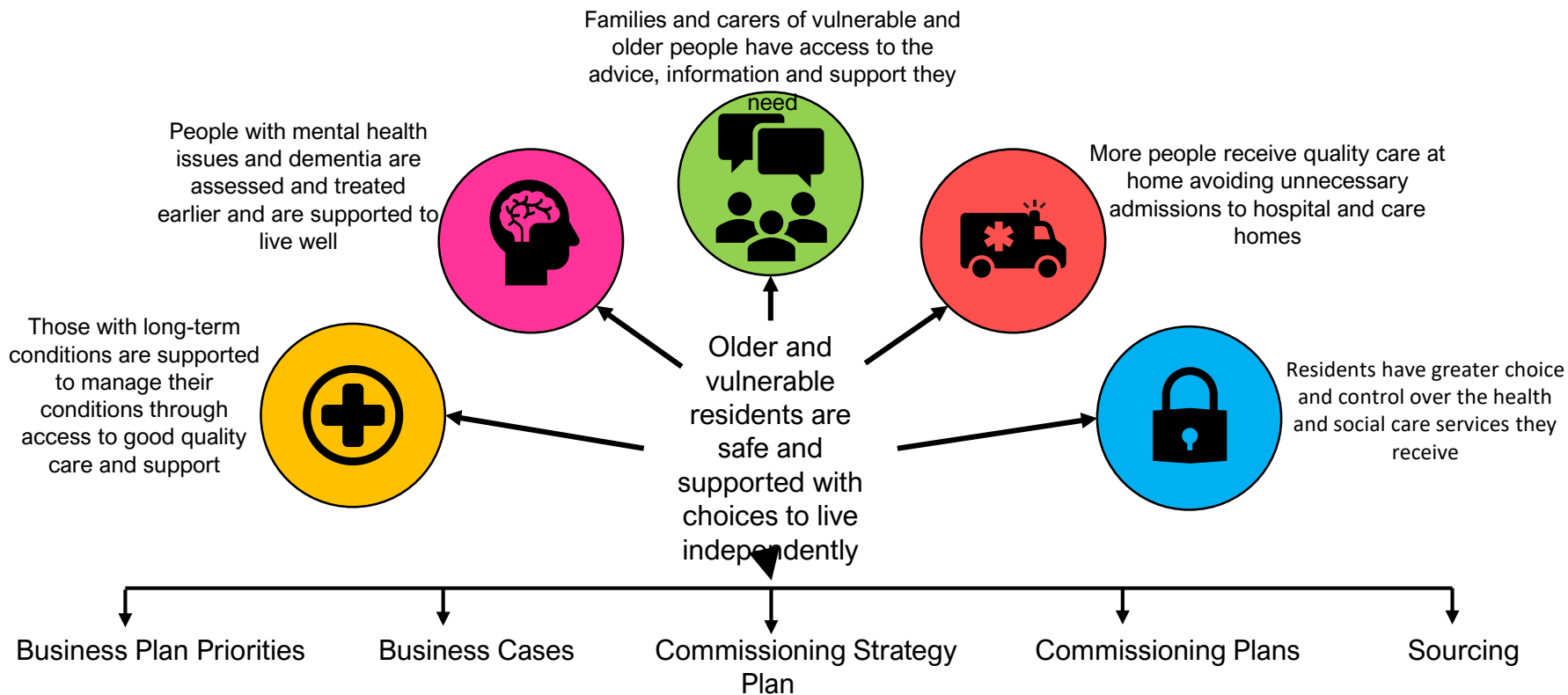
Overview of Commissioning

Clare Maynard – Head of Commissioning

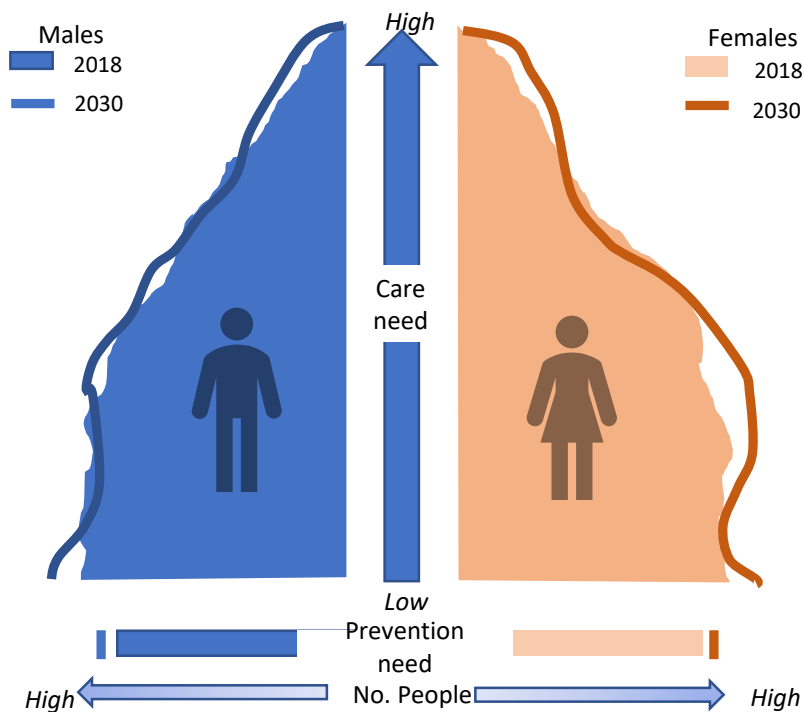
* Some services are aligned to Outcome 2

Our Focus

“Improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent’s residents, communities and businesses.”



Local Authority Services (Adult Social Care and Public Health)



Service Group 1

Services delivered that are not a function of the setting provided by the public authority such as prevention, drug treatment, advocacy etc.

Service Group 2

Services delivered where the place of residence is provided by a public authority such as care homes and extra care housing

Service Group 3

Services delivered outside of the residential setting provided by a public authority such as domiciliary care and enablement at home

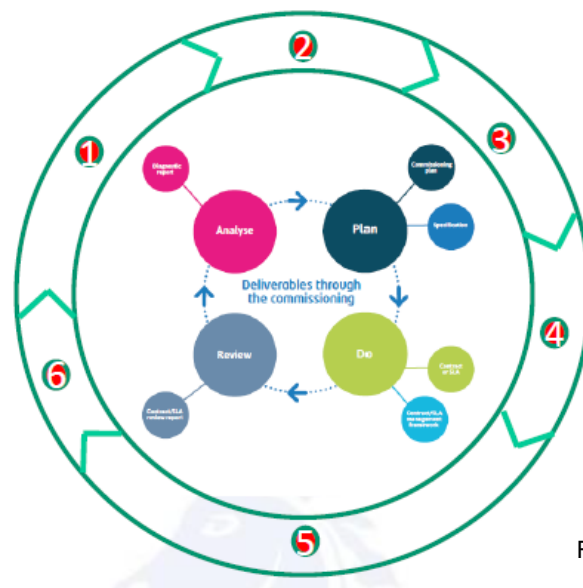
Commissioning Success: Initiated Nov 2017

Service directorates and commissioners working collaboratively together with the external market to secure best value. Ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses

Shaping market development, examining market sufficiency and improving our commissioning relationships. Undertaking rigorous contract reviews and stocktakes to promote quality commissioning standards and enhance value for money.

With many stakeholders working to achieve commissioning success, understanding Roles and Responsibilities is crucial. A RACI chart (Responsible, Accountable, Consulted and Informed) is used to describe the participation of stakeholders.

- Successful commissioning occurs when politics, evidence and delivery are brought together and aligned.
- Sharing and integrating with partners, strong working relationships with critical providers, and managing providers that are less effective is integral.
- Utilising an efficient commissioning workforce, with the right professional capabilities, commercial judgement and leadership to deliver activities successfully.



- 1 Analysis including political , demographic, economic, social, technological, market, and legal
- 2 Solution and market development
- 3 Contract strategy and governance
- 4 Contract/Service Level Agreement creation and negotiation
- 5 Contract management
- 6 Reporting including performance, spend and cost, and process

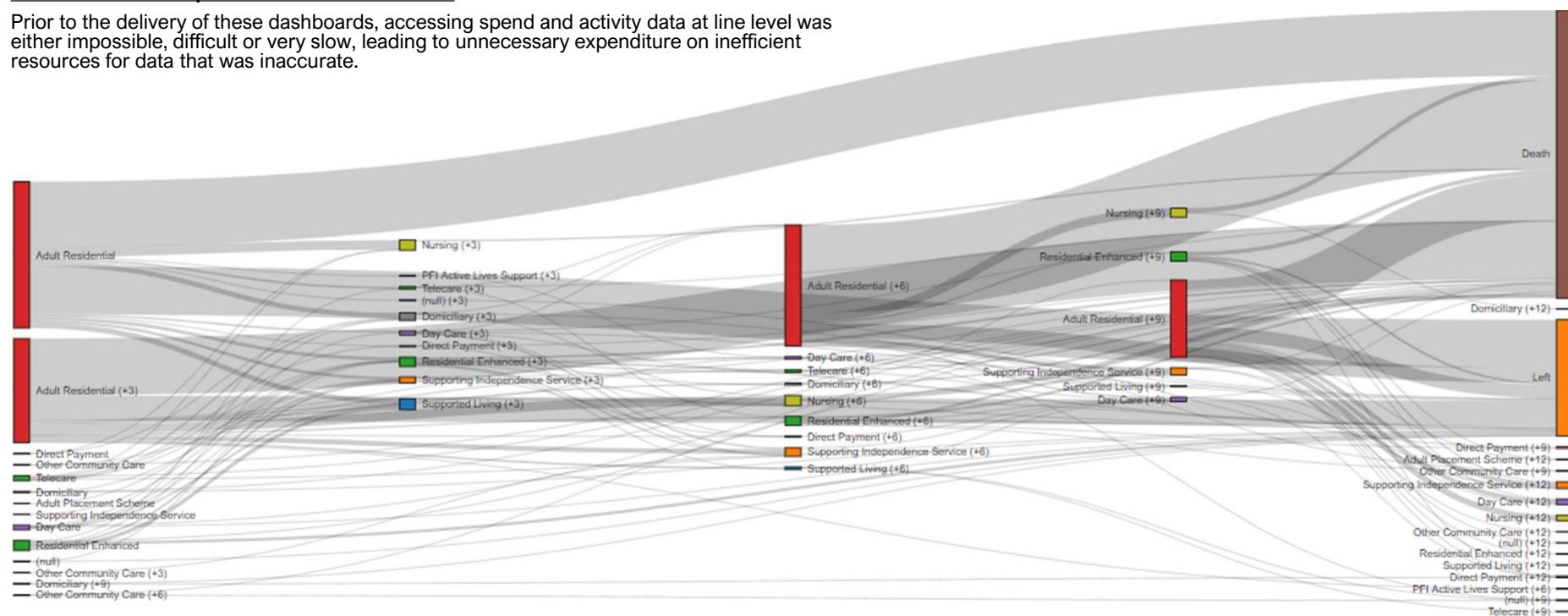
Figure 1. Commissioning cycle

Introduction to Spend and Cost

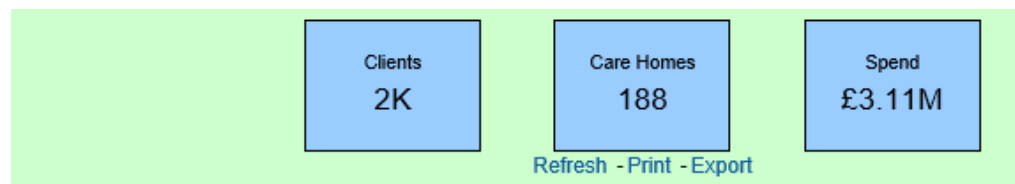
The objective of Spend and Cost was to **create the infrastructure** using Oracle Bi to convert data and enable KCC to perform effective spend analysis and answer the question 'How much do we spend, with whom and on what?'

Adult Social Care Spend and Cost Dashboards

Prior to the delivery of these dashboards, accessing spend and activity data at line level was either impossible, difficult or very slow, leading to unnecessary expenditure on inefficient resources for data that was inaccurate.



Spend and Cost link to CQC



CQC Last Inspection	CQC Report Date	CQC Overall Rating	Spend	CQC Previous Overall Rating
10/04/2019	22/05/2019	Good	£10,448.89	Requires improvement
30/04/2019	21/05/2019	Good	£49,031.01	Requires improvement
20/02/2019	18/05/2019	Inadequate	£6,215.40	Inadequate
17/04/2019	18/05/2019	Requires improvement	£15,226.96	Good
26/04/2019	18/05/2019	Good	£7,628.46	Good
27/02/2019	18/05/2019	Requires improvement	£24,922.32	Requires improvement
18/03/2019	17/05/2019	Requires improvement	£6,535.71	Requires improvement
18/03/2019	15/05/2019	Requires improvement	£65,733.33	
26/03/2019	30/04/2019	Good	£36,119.66	Good
07/03/2019	26/04/2019	Requires improvement	£2,679.82	Requires improvement

The aim of Spend and Cost was to create the infrastructure to enable spend analytics.

Now exciting developments are being made, such as the Care Home dashboards.

A connection has been made to the Care Quality Commission Website and Companies House. This data is pulled together and presented in one place.

Further development are to be made in June-July 2019 with a new member of staff progressing Spend and Cost

Key areas for integration of social care and local care

4. Urgent care

- Services focusing on avoidance of admission
- Services supporting discharge - SPA
- Discharge to assess, Home First
- Domiciliary Recovery Services
- Integrated Discharge Teams

5. Housing Design and Adaptations

- Extra Care Housing and Supported Accommodation, to include GP Hub facilities
- Housing design to stimulate active healthy living
- Integrated Housing, Health and Social Care Adaptations services

6. County wide but locally delivered KCC Services

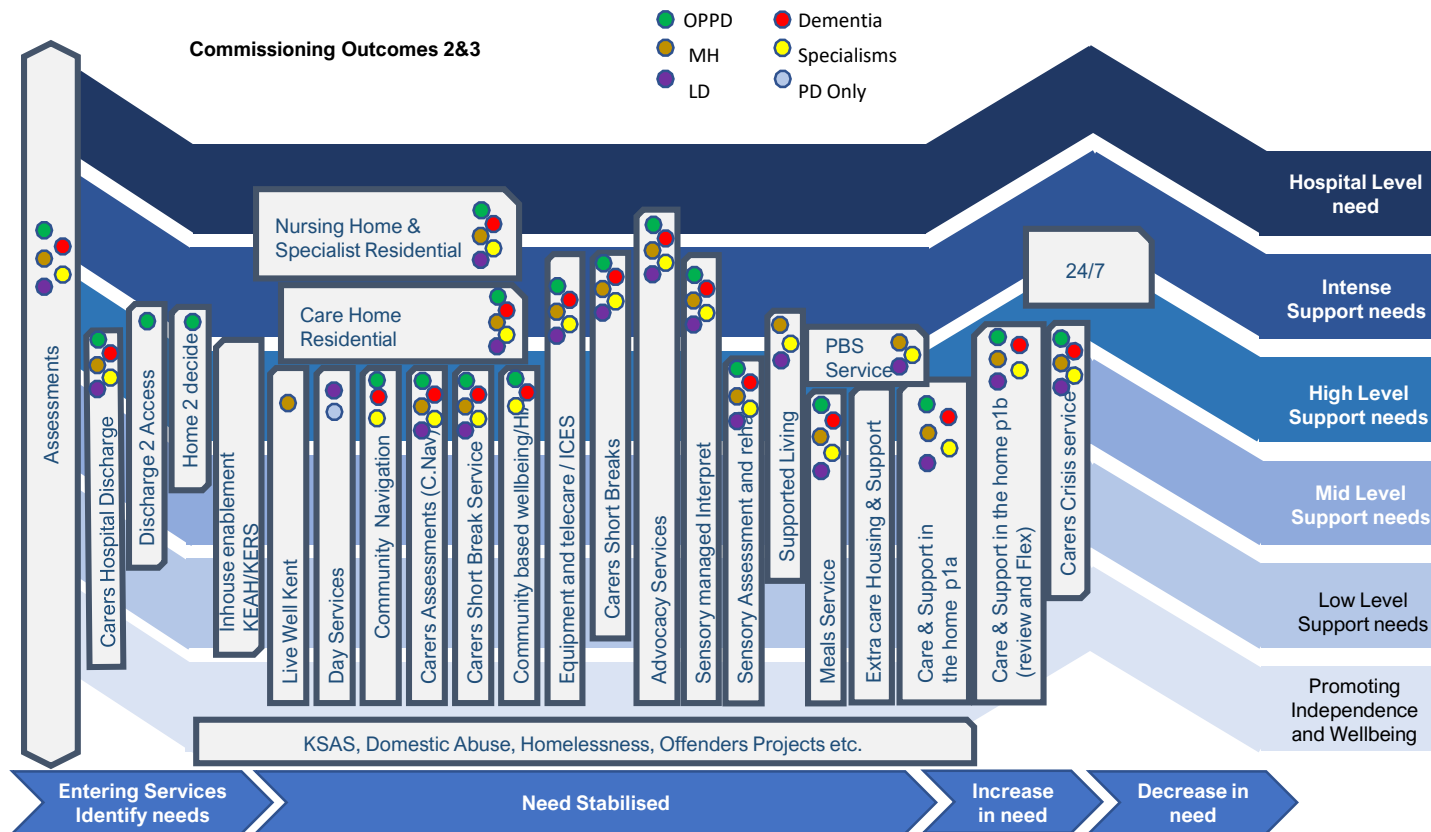
- Safeguarding
- Social Work
- Quality (of care) Improvement

Promoting
wellbeing

Promoting
independence

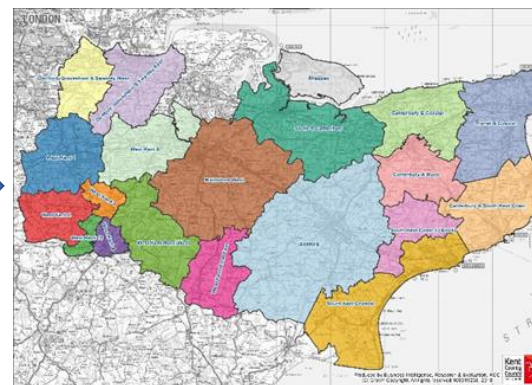
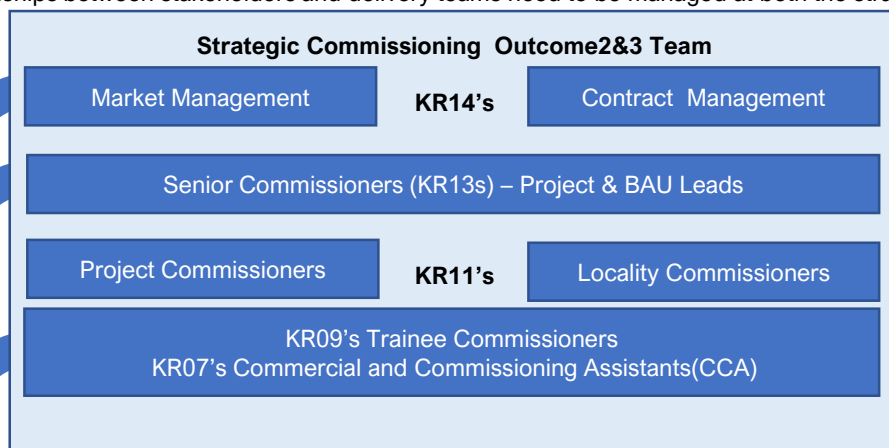
Supporting
independence

Adult Social Care and Health Commissioned Services



Managing Relationships - Locality based commissioning

Relationships between stakeholders and delivery teams need to be managed at both the strategic and local levels



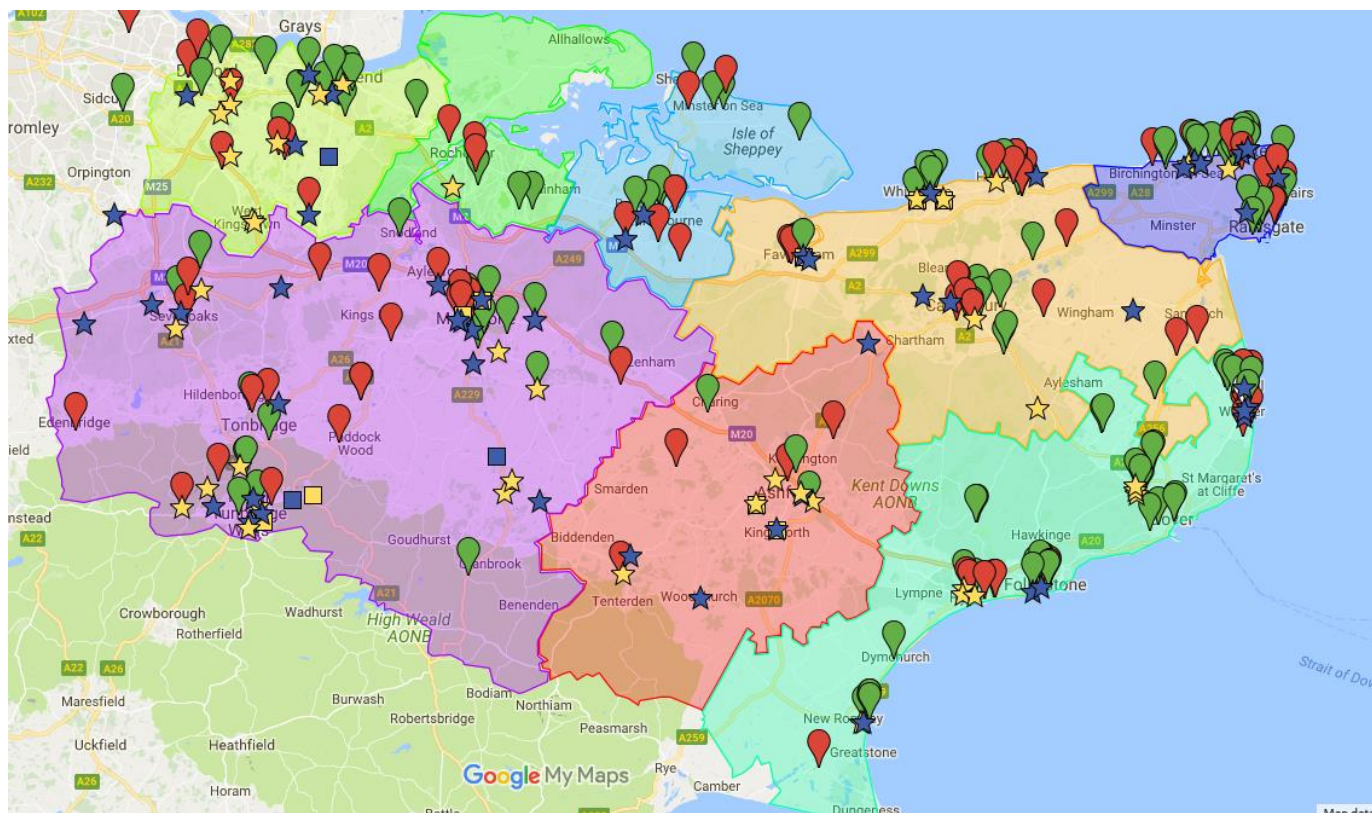
The performance of contracts at local levels requires a different relationship with the local offices, teams, NHS and other local stakeholders

Locality based Commissioners can coordinate and facilitate local discussions working across multiple workstreams and contracts to ensure consistency and strong local relationships, managing issues and acting as a local conduit between localities and the wider Project teams

Senior commissioners lead on the various projects, contracts and workstreams with Commissioner and CCA support

At this level the relationships are often strategic and high level with Stakeholders and Providers/Partners

Locality Commissioning



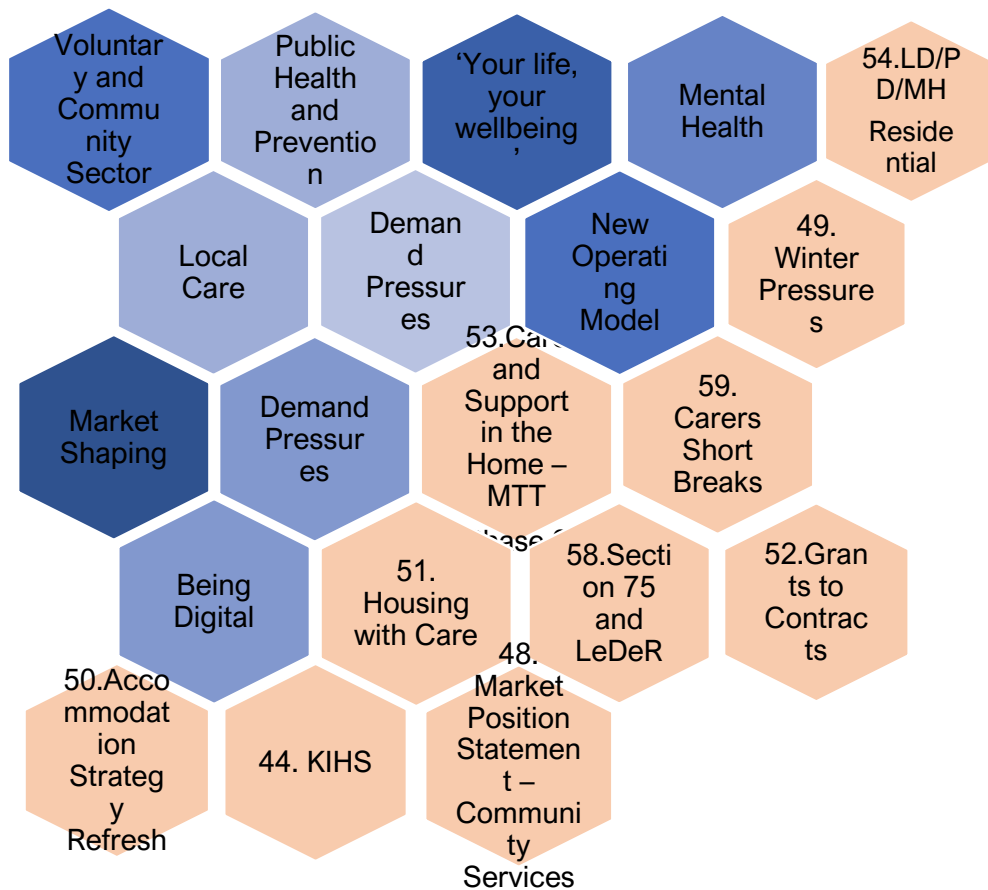
OP Residential and Nursing Homes in Kent

- Residential Homes**
- Contracted (204)
- Non Contracted (61)

- Nursing Homes**
- Contracted (52)
- Non Contracted (49)

- Dual Registered**
- Contracted (12)
- Non Contracted (3)

Strategic Delivery Plan

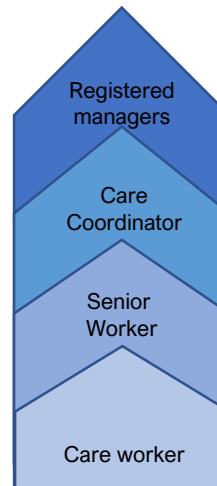
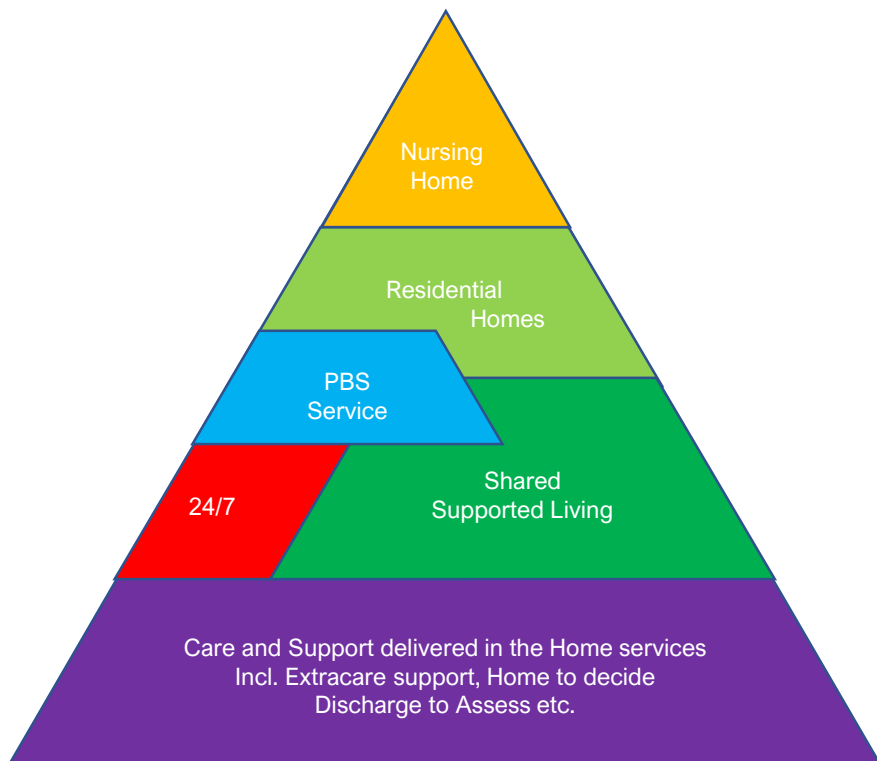


The Strategic Delivery Plan is KCC's first whole-council business plan that brings together all of our key activity in one place. It sets out what we need to do and prioritise so that we can be clear and focussed on delivering the right activity in the right way at the right time.

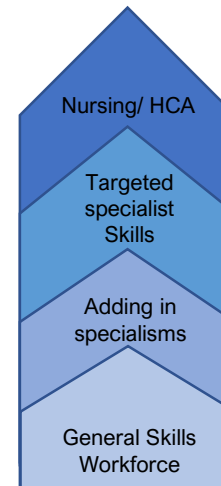
For Outcome 3, we want to ensure that the people of Kent are at the centre of their care and support them to live as independent a life as is possible given their needs and circumstances. These are the 10 main themes which influence the way we work together

Commissioning Principle - Joined up workforce

To eradicate gaps in the system we are building services which overlap. To ensure sustainability we need to increase the stability and retention of the workforce. Opportunities for Growth, Good Management, Job Satisfaction and Motivation all pay a part in increasing the retention levels. Working with the Workforce team we are considering the workforce in our commissioning and specifications.



Example: Within a care organisation



Example: Within the care Sector

Health Care assistant level training as an entry level for Health or Social Care

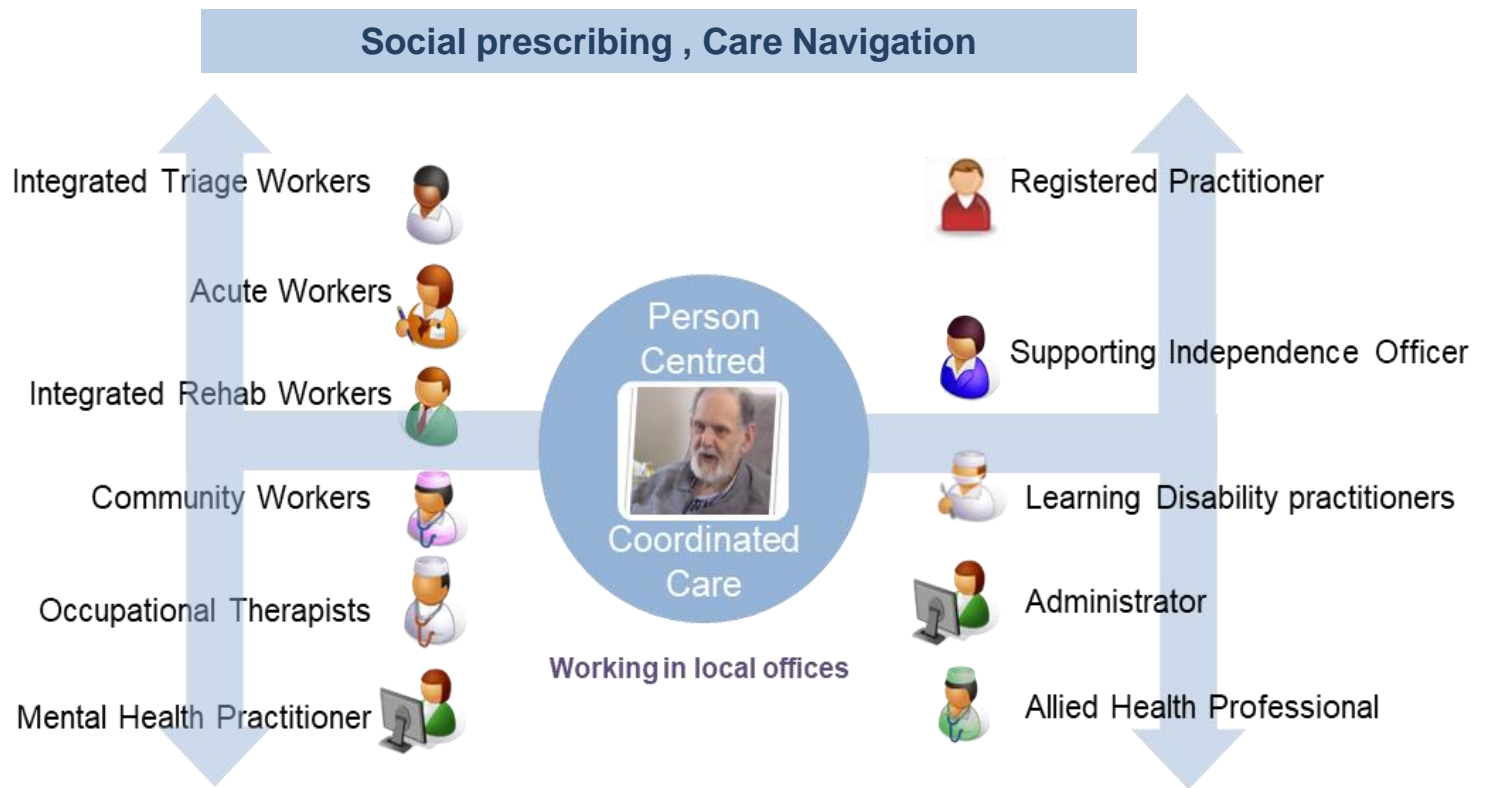
In depth Autism, LD, PD or MH skills and training, need constant use

Adding specialities such as End of life, Dementia etc at a higher level

General entry level skills suitable for a majority of people

Integrated Multi Disciplinary Teams

Adult Social Care Operating Model




Specialist intervention will available for teams:



Local Care Update Summary



There are approximately 1.8 million people living in Kent and Medway

Local people are living longer, older people tend to have additional health needs and this is placing additional demand on services 

Too many people are living unhealthy lifestyles and are at risk of developing conditions that are preventable

Many people (including children) have poor mental health, often alongside poor physical health

We cannot meet the current and future needs of local people with our existing budgets and could be overspent by £486m by 2020/21 if we don't change



One in three (528,000) people are living with long-term conditions

There are unacceptable differences in health across Kent and Medway with women in the most deprived areas of Thanet living, on average, 22 years less than those in the least deprived.



The local population is growing rapidly and predicted to rise by 25% by 2031



30% of patients in acute hospital beds are better looked after in an alternative location of care

12% of admissions through A&E are avoidable



25% of community hospital patients would be better cared for in a community setting



6% of the population = 80% of A&E spend

Our Challenge

First Priority: Improve 'out of hospital care' for this cohort

Market Sustainability

Key Issues:

- Demography and geography
- Proximity to London
- Providers – diverse provider base from small Kent based SMEs, VCSE and national and global organisations
- Workforce Pressures – supply and demand issues
- Transforming Health landscape (Delayed Transfers of Care)

We have sought to:

- Understand the costs of care i.e. impact of NLW and benchmark against similar LAs and Health
- Recognise the business models of organisations – one size doesn't fit all
- Economics of local workforce
- Work across Public Sector commissioners to integrate services and look at contract models and duration
- Plan for future demand and demography pressures
- Recognise and mitigate the true cost of market failure
- Invest the Improved Better Care Fund to support integration and sustainability

Market Analysis Methodology

Phase 1

Spend Map - Identify key players

External Knowledge capture

Influence, purchasing behaviour and trends

Supplier Profiles and Supply Chain Analysis

Supplier Relationships and TA's

Supplier Differentiation/Other commissioner models

Role of VCSE

Community Benefits/Social Value

Cost/price drivers and trends

Total Cost of Ownership Impact

Market Sounding

Face to Face meetings

Identify

Risks, Issues and Innovation

Understand

Interest, Capability and Capacity

Shaping

Enhance, Develop or Create

Stewardship

Collaboration and Integration

Critical Path

Route and Timescales

Affordability

Outline Business Case

Phase 2

Market Position Statement

- Requirement and KCC offer
- Our aims for the market
 - Existing market
 - Barriers to entry
 - Averting monopolies
 - Shaping
- Market Structure and Tiering
- Market Stewardship
- Market Engagement
- Supplier Relationship Management