DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 10TH NOVEMBER 2011
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Noted Apologies: Lynn Harris, Andy Layzell, Jackie Pendleton, Alison Pritchard	
1.	Welcome from Cllr Charles Jones	Cllr Jones
2.	Derbyshire Handy Van Network Update (attached)	J Brown
3.	Trusted Befriending Network Cabinet Report: 21.06.2011 (attached)	J Brown
4.	Accommodation & Support Update: Telecare / Telehealth (to follow)	J Matthews
5.	Urgent Care / 24/7 / Frail Elderly / Long Term Conditions Initiatives	B Robertson
6.	Commissioning Board / Commissioning Support (attached)	CCG's
7.	Clinical Commissioning Group Issues	CCG's
8.	Discussion on issues for Health & Wellbeing Board: 24th November 2011	
9.	The next meeting of the Adult Care Board will take place on Thursday 12th January 2012 at 2:00pm in Committee Room 1, County Hall, Matlock.	
	Any other business	

Julie Hardy
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DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

10th November 2011

Derbyshire Handy Van Network Update

Purpose of the Report

The purpose of this report is to provide an update to the Adult Care Board on the development and achievements of the Derbyshire Handy Van Network.

Information and Analysis

The Derbyshire Handy Van Network is a key part of Adult Care's Prevention Strategy 2011-14 and is part of a package of universal preventative services available in Derbyshire that aim to reduce the demand for on-going support from Adult Care.

The Network delivers holistic practical support with a wide range of practical tasks to enable older and vulnerable adults to continue to live independently by reducing risks in the home environment. A summary of the services offered by the Network can be found in Appendix 1.

The total investment in the Network during 2010/11 amounts to £570,000. This includes a funding commitment from April 2010 for 3 years, with an option to extend for a further 2 years, from Adult Care Accommodation and Support (Supporting People) and Prevention, as well as funding secured for 2011/12 from DCC Community Safety. In addition to the above funding, Derbyshire Fire and Rescue Service provide in-kind support by supplying and maintaining 8 out of the fleet of 11 vehicles.

As a result of a competitive tendering exercise, new contracts commenced 1st April 2011 for the provision in the 8 district and boroughs for a period of 2 years, with an option to extend for a further 2 years. The table below identifies the organisations providing the service.

Area(s)	Provider
Amber Valley and Erewash	Medequip Assistive Technology
Bolsover, Chesterfield and North East Derbyshire	North Derbyshire Home Improvement Agency
Derbyshire Dales and High Peak	Volunteer Centre (Buxton and District)
South Derbyshire	South Derbyshire CVS

The 8 district and borough based vans are supplemented by 3 Handy Vans managed by Age UK Nottingham and Nottinghamshire which provide support across the county. These vans are funded by a ring fenced grant from Communities and Local Government which will end 29th February 2012. A recommendation is being submitted to Cabinet to extend this provision for an additional 13 months with funding from Adult Care Accommodation and Support. This will increase the capacity of the Handy Van Network to enable the service to support Adult Care with the installation and maintenance of community alarm and Telecare equipment across the county.

The service receives referrals from a wide range of agencies across the county, as well as a high level of self-referrals. A breakdown of referral sources into the Network is attached as Appendix 2. Many of those who are self-referring are not engaged with any other agencies, including Adult Care. In addition, the services will actively target specific "at risk" groups in an attempt to engage those individuals who are less likely to make a self-referral.

There has been a consistent year on year increase in the outputs delivered by the Handy Van Network since its inception. This trend continues, as demonstrated by the data in the table below. It should be noted that this increased level of outputs has been achieved with no additional level of investment, demonstrating continued increase in value for money.

Activity	2010/11	1st Quarter 2011/12	2nd Quarter 2011/12	Projected Figures 2011/12
Visits	7,655	1,837	1,965	7,732
Completed Tasks	22,282	5,537	6,008	23,561

The performance of the Network is monitored on a quarterly basis and is managed through the contract management process. Annual contract management meetings are held where Performance Action Plans are agreed which detail measures the Provider will implement to ensure performance targets are met. A summary of the Network's performance against these can be found below.

Performance Target	1st Quarter 2011/12	2nd Quarter 2011/12
Number of Visits	108%	111%
Home Fire Safety Checks	117%	116%
Home Security Checks	104%	103%
Energy Efficiency Checks	52%	72%
Property Maintenance Checks	66%	90%
Practical Assistance Tasks	192%	215%
1st Contact Forms Completed	4%	10%

The outcomes delivered are measured though a Quality Survey. A detailed breakdown of the results from this survey can be found in Appendix 3. The results of this survey consistently demonstrate high levels of customer satisfaction with the service and the following positive outcomes for Service Users:

- Improved confidence to maintain independent living
- Improved quality of life
- Increased feeling of safety in relation to fear of crime, falling, physical harm and fire

The Network is an excellent example of "investing to save", with demonstrable benefits delivered to a range of agencies including Adult Care, health, police, the fire service and the recipient of the service. These benefits have been identified through the use of the Communities and Local Government Handy Person Financial Benefits Toolkit. This applies the quantitative data collected through the delivery of the service to national and international evidence based data and research to calculate a conservative assessment of the net financial benefits and the un-costed benefits of the service. The financial benefits include:

- Falls prevention resulting in a reduction in hospital admissions, maintenance of independent living and reduced demand for Adult Care services.
- Supporting people to maintain their independence, reducing the demand for Adult Care services including residential and nursing home places.
- Facilitating timely hospital discharge resulting in a reduction in hospital bed days.
- Improving the energy efficiency of properties thus reducing fuel poverty.
- Improved security resulting in a reduction in burglaries.
- Improved fire safety resulting in a reduction in injuries and deaths from accidental fires.

Using the toolkit, which utilises a methodology to provide robust and conservative estimates, the Network achieved an overall estimated financial benefit of £430,000 during 2010/11. As the outputs are projected to increase during 2011/12, it is reasonable to expect that this estimate of financial benefit will also increase.

The un-costed benefits identified by the toolkit include:

- Improved confidence to maintain independent living
- Improved wellbeing of the recipient of the service
- Improved access to other relevant services through signposting

The Network is also achieving savings for partners by delivering services in a more efficient way. For example, Derbyshire Fire and Rescue Service receive significant efficiency savings by having Home Fire Safety Checks delivered by the Network. Efficiencies are also being achieved for Adult Care through the installation and maintenance of Telecare across the county. The Network has installed and maintained Telecare for high risk victims of domestic abuse since December 2010 and all Adult Care packages following a phased roll out during August 2011. Cash savings are being made for the department each time a new installation is completed by the Network. Going forward, the Network's expanding role of installing and maintaining Telecare and community alarm equipment forms a key part of the service re-design being undertaken by Adult Care Accommodation and Support that should result in significant long term cost savings to Adult Care.

A culture of continuous improvement and sharing of best practice has been developed across the network of Providers. This, along with robust contract management, will ensure that the Network continues to deliver a quality, value for money service that supports people to live independently across Derbyshire.

Financial Considerations:

None

Legal Considerations

None

Other Considerations

None

OFFICER RECOMMENDATION

That the Adult Care Board notes the achievements of the Derbyshire Handy Van Network to date.

AUTHOR
Louise Cope
Practical Independent Living Services Development Officer

County Hall
MATLOCK

Appendix 1 – Services provided by the Network

- small repairs
- falls/accident prevention checks with remedial action (e.g. securing loose carpets, putting up grab rails)
- small DIY jobs (e.g. putting up curtain rails or shelves)
- home fire safety checks with remedial action (e.g. installation of smoke alarms)
- home security checks with remedial action (e.g. installing locks, spy holes)
- Installation and maintenance of Telecare equipment
- small energy efficiency measures (e.g. installing low energy light bulbs, tank lagging)
- signposting Service Users on to other appropriate services (e.g. via First Contact)

Appendix 2 - Referral Sources

Source of Referral	1st Quarter	2nd Quarter
Adult Care	124	188
Age Concern	4	13
Another Client	3	0
Community Falls Nurse	1	3
Councillor	13	8
District/Borough Council	0	5
Environmental Health	3	2
Fire Service	639	550
First Contact	0	9
GP/Health Visitor	6	1
Health Authority/NHS Trust	26	34
HIA	24	29
Home Carer	8	4
Housing Association	44	76
IDVA	11	3
Internal	6	6
Internet	0	3
LA Housing	13	23
Occupational Therapist	5	14
Other	47	20
Police	77	98
Primary Care Group	3	0
Relative	64	61
Self/Other household member	466	527
Telecare Provider	5	50
Voluntary Organisation	237	217
Unknown	0	0
Total	1829	1944

Appendix 3 – Quality Survey Results

	1st Quarter 2011/12
Were you happy with the way you were treated by the Handy Person?	
Very Happy	98%
Fairly Happy	2%
Neither Happy nor Unhappy	0%
Fairly Unhappy	0%
Very Unhappy	0%
How has the visit by the Handy Person affected the quality of your life?	
Much Better	73%
A Little Better	17%
No Effect	11%
A Little Worse	0%
A Lot Worse	0%
Would you recommend this service to other people?	
Definitely	98%
Maybe	2%
Not At All	0%
Which of the following statements best describes how safe you feel?	
Very Safe	43%
Quite Safe	49%
Neither Safe Nor Unsafe	6%
Quite Unsafe	0%
Very Unsafe	2%
Has the Handy Van Network helped you to feel more confident in living independently?	
More Confident	54%
A Little More Confident	30%
No Difference	17%
A Little Less Confident	0%
A Lot Less Confident	0%
In what situations, if any, Do you feel safer since using the Handy Van Network?	
Safer in Home	18%
Safer moving around in home	12%
Safer outside home	1%
Less likely to trip and fall in home	4%
Less likely to trip and fall outside home	1%
No Difference	7%
Safer having smoke detector	59%
Safer having home security improved	27%

Agenda Item No:

DERBYSHIRE COUNTY COUNCIL

CABINET

21 JUNE 2011

REPORT OF THE STRATEGIC DIRECTOR – ADULT CARE

ADULT CARE PREVENTION STRATEGY - DEVELOPMENT OF A DERBYSHIRE TRUSTED BEFRIENDING NETWORK

ADULT CARE

1. Purpose of the Report

To seek Cabinet approval to develop and invest in a countywide Trusted Befriending Network delivered via a strategic partner procured through a tendering process.

2. Information and Analysis

Befriending is defined by the Home Office (2001) as '*a process whereby two or more people come together with the aim of establishing an informal or social relationship. Ideally the relationship is non- judgemental, mutual and purposeful and there is a commitment over time.*' For the purpose of the scope of this report it includes those organisations that Adult Care fund currently to deliver befriending and those who have identified themselves in the Derbyshire Directory as befriending services. It does not include larger national organisations who deliver counselling type services that have some similarities to befriending, for example Cruse. More background information about befriending is outlined in Appendix A.

This report follows approval by Cabinet on 25th January 2011 to expand prevention and early intervention support through befriending services. The report in January stated that the Council would further invest in the prevention strategy particularly through the development of befriending services across the range of needs of older people, carers and disabled people. A revised Equality Impact Assessment submitted to Cabinet on the 29th March 2011(Eligibility for Personal Care) identified the following points that the development of a Derbyshire Trusted Befriender Network delivered by a Strategic Partner aims to respond to:

- Increased access for all minority groups to befriending services through greater understanding and appreciation of difference including but not exclusively the following groups; BME (Black, Minority and Ethnic), LGBT (Lesbian, Gay, Bisexual and Transgender), carers, older people, disabled people and people with a learning difficulty.
- Support the development of complementary befriending services for re-ablement for both clients and carers.

The Equality Impact Assessment (EIA) completed for the Eligibility for Personal Care Cabinet report of 29th March provides the framework for the tender for the development of the Derbyshire Trusted Befriending Network. The implementation plan for the EIA will be completed to ensure that existing services are mapped, gaps indentified and that the specifications for this service development will deliver the requirements identified by the EIA. This work is underway and will be structured as set out in Appendix B.

There are currently 12 Adult Care funded befriending services (see appendix C for further details) and the Derbyshire Directory indicates that there are a further 21 which, on the Derbyshire Directory, classify their service as befriending; these mainly comprise small, local services. The majority of befrienders are volunteers who are coordinated and supervised by an identified individual within the provider organisation. The standard of supervision and support that volunteers receive is currently not specified in detail.

Befriending can support people who may not be eligible for Adult Care services and also will be explored with people as a part of the menu of services underpinning the assessment work of Adult Care Fieldwork Services and support planning shaped by the Brokerage Service; for example, a recently bereaved older person who is adjusting to living alone for the first time in 50 years and who does not have a strong support or family network. For this person befriending can support her/him through a bereavement and help her/him develop confidence to access other local community activities and support. In this instance, befriending would support the older person until they had achieved a more settled position, was more engaged with their local community and had established a firmer support network. Without this support the bereaved person could become isolated, more vulnerable with deteriorating health and well-being leading to loss of independence.

The proposed Strategic Partner's role will be to coordinate the development and implementation of a Trusted Befriender Network and to support the achievement and maintenance of approved quality standards by network members. These standards will be tailored to support and encourage the involvement of a variety of organisations ranging from larger providers to very small local community groups including faith groups to ensure that appropriate, realistic, practical quality standards are achievable by a full

range of community organisations. The Strategic Partner will be procured through a competitive tendering process.

The Derbyshire Trusted Befriending Network will reflect the model of the Trusted Trader Scheme and will further develop the "Derbyshire Trusted" brand of accredited services.

The role of the Derbyshire Trusted Befriending Network will be to;

- support existing befriending services to achieve the Approved Providers Standard (APS) through the Befriending and Mentoring Foundation (this award is recognised by the Office for Civil Society);
- support existing services to expand their capacity;
- develop new befriending services in areas where there are currently no services;
- support individuals within organisations or groups to become a Trusted Befriender, whose purpose would be to reach out to, support and engage with individuals from their local community to enable access to the organisation or groups activities.

In summary, the Derbyshire Trusted Befriending Network will increase provision of quality assured befriending services and include existing befriending services funded by Adult Care (For details on existing services supported by DCC Adult Care see Appendix C) provided by the voluntary and community sector. The network will also reduce the possible impact that may arise from changes to eligibility for Adult Care by supporting the development of Befriending Champions in local community based groups and organisations that are not traditional befriending services. A quality standard for befriending organisations signing up to the Derbyshire Trusted Befriending Network will also be introduced.

The proposed new investment in enhanced befriending services will be used to provide countywide coverage of services for Adult Care's main client groups as well as respond to the points highlighted in the EIA of the 29th of March. There will be particular focus on older people who are at risk of isolation.

3. Financial Considerations

£250,000 will be allocated from the current Adult Care budget on a recurrent basis to support the development of the Derbyshire Trusted Befriending Network through a Strategic Partner. The length of the contract will be for two years with an option to extend for a further year. This funding will be reviewed on an annual basis. The following table outlines the breakdown of the allocation per annum, it should be noted that at this stage the amount is indicative and based on the average cost of existing services. This breakdown will need to have a level of flexibility to support this formative investment:

Description	Amount p.a.
Investment in development work and ongoing support of the network delivered by a Strategic Partner	£ 50,000*
Support: • access to Quality Mark accreditation for befriending organisations; • a network of Befriending Champions and; • the commissioning of new befriending services to fill gaps and increase accessibility for all groups.	£ 200,000
Total	£ 250,000

* This figure is a maximum allocation. The final amount will be dictated by the outcome of a competitive tender process for this contract.

Based on an analysis of Adult Care's current investment in befriending it is anticipated that this additional investment will support up to 1000 people per annum with a quality service. The analysis was based on Chesterfield Volunteer Centre and Age UK Derby and Derbyshire's specific service level agreements for befriending. Other organisations service level agreements included different elements of support outside the remit of befriending and as there was no specific delineation between those elements and befriending they were excluded from our analysis.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: legal, human resources, prevention of crime and disorder, equality of opportunity; and environmental, health, human resources, property and transport considerations.

5. Background Papers

- Prevention and Early Intervention Strategy 2011-2014
- Cabinet report of the 25th January 2011 on Consultation on Community Care Services, specifically the expansion of the Prevention and Early Intervention Strategy 2011-2014
- Cabinet report of the 29th March 2011 on Eligibility for Personal Care.
- Befriending Works: building resilience in local communities. Mentoring and Befriending Foundation, November 2010
- The role and impact of befriending, Jo Dean and Robina Goodlad, commissioned research for the Joseph Rowntree Foundation October 1998

6. Key Decision

No

7. CALL IN?

Is it required that call-in be waived for any decision on this report?

No

8. OFFICER'S RECOMMENDATION/S

That Cabinet approves the development of and investment in a countywide Trusted Befriending Network delivered via a strategic partner procured through a tendering process.

Bill Robertson
Strategic Director – Adult Care

County Hall
MATLOCK

Appendix A

Befriending - general background information

The term befriending is given to the development of a relationship in which one individual, who is not family, a close friend or under a professional obligation, voluntarily gives time to support and encourage another during a time of transition or crisis (Befriending Works: building resilience in local communities. Mentoring and Befriending Foundation, November 2010 p10)

Befriending can help improve health and wellbeing outcomes if used as an early intervention to aid re-ablement and build resilience, which in turn may help reduce future dependency on more costly health and social care services.

Befriending helps individuals to cope at points of change or crisis in their lives. It supports independence not dependency through a range of activities that includes but not exclusively; shopping, cooking, healthy living activities and social interaction.

Specific outcomes for clients are:
- Reduced isolation
- Increased involvement in activities outside the home
- Increased access to community services

Befriending can provide targeted as well as general support to people who are socially isolated. The coupling of greater support for befriending services with wider access to universal and targeted prevention services will assist Adult Care in providing a sustainable system of personalised adult social care for Derbyshire and underpin the adjustment to Fair Access to Care Services eligibility criteria. This is in keeping with the national agenda for the Big Society and of increased access to universally available and short term preventative services that support people to maximise their potential and engage with their natural communities.

Research by the Joseph Rowntree Foundation identified the following benefits of befriending:
• Increased use of local services and facilities.
• Creating a new social link.
• Developing wider social networks.
• Meeting like-minded people.
• Meeting people with similar needs and supporting each other.
• Changing social attitudes so that users become accepted and valued as members of the community.

Across Derbyshire there are a variety of befriending models:
- One to one visits in the home environment.

- Group support for those with a shared need, for example bereavement, or based around a social activity like a luncheon club.
- One to one sessions that include support to access an activity that is chosen by the person being befriended.
- Telephone befriending where the person receives a scheduled telephone call at a mutually convenient time which is highly effective in rural locations and for those who are housebound.

Appendix B

Equalities Impact Assessment (EIA) Derbyshire Trusted Befriending Scheme - Implementation Schedule

Stage	Description	Responsibility	Deadline
1	Priority service or policy - **Yes**	GMP	
2	Assessment Team Selection	SMP/PILSDO	w/c 9/5/11
3	Scope out the assessment requirements	SMP/PILSDO	w/c 9/5/11
4	Pulling together the information to share with the assessment team – strategy and other associated documentation – previous consultation notes, back ground papers, wider policies	SMP/PILSDO	w/c 16/5/11
5	Assessment team to discuss assessing the impact or effects of the strategy – via email for feedback – circulate w/c 23/5/11 and set deadline for response of 6/6/11.	Assessment Team	w/c 23/5/11
6	Review possible adjustments and changes required to mitigate highlighted equalities issues	SMP/PILSDO	w/c 6/6/11
7	Review changes with the assessment team send out via email w/c 13/6/11	SMP/ PILSDO /Assessment Team	w/c 13/6/11
8	Develop Action Plan (potentially concurrent to stages 6 & 7.)	SMP/PILSDO	w/c 6/6/11
9	Implementation of Action Plan	SMP/PILSDO	w/c 27/6/11
10	Integrate with Prevention Team work plan	SMP/GMP	w/c 27/6/11
11	Publish EIA within two months of stage 8	SMP/PILSDO	w/c 29/8/11

Key GMP = Group Manager Prevention, SMP = Service Manager Prevention, PILSDO = Practical Independent Living Services Development Officer

Assessment Team Suggested Members

Name	Area of Expertise/Role
Pauline Dawson /Representative	Learning Disabilities Partnership Board
Peter Frakes	Chair of Derbyshire Older People's Advisory Group
Andy Cave	Interim Manager, Derbyshire Friend (LGBT Issues)
Catherine Ingram	Chief Executive, Derbyshire Voice (Mental ill health)
Debbie Newton	Counselling & Advocacy Coordinator, Derbyshire Coalition for Inclusive Living (Disability)
Helen Robinson	Chief Executive, Derbyshire Carers
Fiona Worrall	DCC Service Manager/Contracts Manager – Community Contracts
Jill Ryalls	DCC Group Manager – Safeguarding and Adult Care
Diana Higton	DCC Service Manager – Prevention
John Cowings	DCC Senior Policy Officer: Equalities
Jane Horton	Derbyshire County PCT Health and Housing Strategy Manager
James Lee	Derbyshire County BME Forums Coordinator
Other DCC Adult Care Officers, as necessary	

Appendix C

Derbyshire Services Currently Supported By DCC Adult Care

The services listed below currently receive funding from DCC Adult Care to either support directly or indirectly, befriending activities. It is anticipated as a result of the investment proposed in this report that future coverage will be much wider both geographically and in terms of variety of provider organisations delivering befriending activity. Smaller local community and faith groups will be encouraged and actively supported to develop or increase their provision.

Name of Organisation	Area	Client Group	Funding Details (per annum)
Derbyshire Association for the Blind	Countywide	Sensory Impaired	£80,705.68 – Adult Care Service specific funding (befriending is an element of the service)
Age UK Derby and Derbyshire	High Peak / Derbyshire Dales	Older People	£47,622.88 – Adult Care Service specific funding
Amber Valley CVS	Amber Valley	Older / Disabled People	£6,456.85 – Adult Care Service specific funding
Erewash Voluntary Action CVS	Erewash	Older People	£19,720.04 – Adult Care Organisational core funding
Chesterfield Volunteer Centre	Chesterfield Volunteer Centre	Older People	£16,867.36 – Adult Care Service specific funding
Volunteer Centre Buxton and District	High Peak / North Dales	Older People	£24,867.88 – Adult Care Organisational core funding
Volunteer Centre Derbyshire Dales (Readycall)	South Dales	Older People	£14,101 – Adult Care Service specific funding (befriending is an element of the service)
Volunteer Centre Glossop	High Peak	Older People	£21,936.00 – Adult Care Service specific funding (befriending is an element of the service)
Hearing Help (Amber Valley)	Amber Valley	Sensory Impaired	£7,732.68 – Adult Care Service specific funding (befriending is an element of the service)
Community Concern Erewash	Erewash	Older People / Vulnerable Adults	£11,699 – Adult Care (Area Based) Organisational core funding and some service specific funding (befriending is an element of the service)
Derbyshire Dales Care Line	South Dales	Older / Disabled People	£2,010.45 – Adult Care Service specific funding

Note that funding outlined above is a mix of formal contracts, service level agreements and grant funding. It is also important to note that some of the services are joint funded with the PCT.

In addition to the above the following local organisations have classed themselves as providing Befriending Services to Older People via the Derbyshire Directory some of these services receive small grants funded by Adult Care.

Organisation	**Annual funding from Adult Care**
Bolsover Elder Citizens	**£217.00***
Careline - Age UK Chesterfield and District	None
Cedars (Holmesfield)	None
Chapel en le Frith Ladies Guild	None
Derbyshire Federation of Women's Institutes	None
Eckington Elderly People's Friendship Club	**£365.00***
Eckington Parish Over 60's Club	None
North Wingfield Church 'Natter and Nosh'	**£109.00***
North Wingfield Darby and Joan Club	**£109.00***
Oasis Christian Centre (Long Eaton)	**£109.00**
The Olive Branch (Brampton)	None
Ripley Friendship Circle (Ripley Salvation Army)	None
Ripley Neighbourhood Care Scheme	**£217.00* + £2,346.00**
Ripley OAP Tuesday Club	**£109.00***
St Andrew's Over 60's Club (Dronfield Woodhouse)	**£109.00***
Stanton in the Peak Darby and Joan Club	**£109.00**
Starkholmes and District Thursday Club (Matlock)	**£109.00**
Swallows (Chesterfield)	**£109.00***
Tansley Tuesday Club	**£109.00**
Travelling Lunch Club (Swadlincote)	None
Welcome Club (Dronfield)	**£109.00***
Young at Heart Club (Newbold)	**£109.00***
* *Funding from Adult Care matched by District or Borough Council*	

Agenda Item 4

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

10th November 2011

Progress Report on the Use of Telecare and Telehealth

1. Purpose of the Report

To inform members of the Adult Care Board of the work on Telecare and Telehealth and future planning for joint commissioning with partner agencies.

2. Information and Analysis

2.1 Assistive Technology can be defined as an item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties. These technologies can be used to support a wide range of clients including:

- people at risk of accident or relapse;
- people with physical disabilities;
- people with chronic conditions such as diabetes, heart failure or respiratory disease; and
- people with dementia requiring support;

The aim is to support people to lead an independent life in their own homes or in supervised accommodation

3. Outcomes and Efficiency of Telecare and Telehealth

3.1 The East Midlands Strategic Health Authority and Directors of Adult Social Care commissioned a Telecare and Telehealth evaluation project, facilitated by Care Performance Partners consultancy earlier this year. The regional evaluation shown that to varying degrees, all areas demonstrated that Telehealth/care was helping to produce better outcomes and efficiency gains especially for people with dementia, or prone to falls, or with learning disabilities.

3.2 As part of the regional project, Derbyshire's Adult Care telecare evaluation was carried out using a representative sample of 91 users, to review the outcomes and efficiency of their support. The evaluation results were positive and demonstrated that Telecare was effective in supporting or managing risk for all users, with 32% of people receiving telecare to avoid or defer additional Social Care or NHS services. For seven people telecare was considered to have avoided or delayed residential or nursing care placements.

3.3 The cumulative efficiency gains (during the evaluation period 4 January 2010 to 14 April 2011) were between £73,073 and £81,192 associated with telecare for Adult Care and for NHS provision in the range of £26,467 to £29,408. Efficiency gains for the NHS are typically associated with fewer admissions to hospital, based on knowledge of the presenting need and admission pattern of people included in the sample.

3.4 The return on investment for people with sensory impairment suggests that telecare has created most efficiencies, achieving a return of £2.05 for Adult Care and £2.24 jointly with the NHS for each £1 of investment. The return on investment was calculated by comparing the cost of supporting people with telecare and other social care services with the cost of supporting them without telecare.

4. Adult Care's Investment and future Developments in Assistive Technology Services

4.1 Adult Care currently invests around £4.3m on housing related support services used predominantly by older people. These services, which support over 10,000 local people include:

- community alarms;
- wardens;
- home improvement agencies;
- handyvans;
- telecare;

The aim of these services is to support people to maintain or regain their independence.

Further service planning and developments in Assistive Technology were approved by Derbyshire County Council Adult Care Cabinet meeting in February 2011, Cabinet approved the reconfiguring and re-procuring of services that are inter-dependent with a county wide Assistive Technology Service including:

- Warden services, to be provided on a floating support model including responding to a community alarm
- Two Derbyshire Home Improvement Agencies to be re-procured with appropriate investment from the district and borough councils
- Replacement of the existing eight alarm monitoring centres with one county wide centre (with the option of sub centres), as part of an Assistive Technology service which would include telecare and Telehealth
- The core (county wide) Handy Van network capacity is proposed to increase in order to meet the expected growth in

demand for the installation, servicing and maintenance of the community alarm and Telecare equipment

- A partnership or vehicle would be established for an assistive technology monitoring service via competitive dialogue procurement. A partner with the appropriate expertise and investment would be sought in order to develop and manage Assistive Technology equipment and services, including the alarms monitoring centres

4.2 Negotiations with a proposed consortium, based on the three district and borough councils in Derbyshire who run their own community alarm centres, namely Chesterfield Borough Council, Bolsover District Council and South Derbyshire District Council, to provide alarm monitoring service are progressing.

5. Future joint work on Telecare/Health

5.1 The Care Performance Partners consultancy evaluation of Derbyshire's Adult Cares' Telecare/health project makes recommendations to inform the future commissioning strategy including:

- Consider a business case for joint procurement based on joint commissioning of integrated call centres, installation and response service management.

- Support planning: people with dementia**:** Extend telecare use to prevent the escalation of support requirements for people over 65, especially those with dementia, to support independent living for longer periods. Consider assistive technology early in the care pathway to prolong independent living.

- Prevention**:** Publicise and market telecare actively as part of the prevention strategy to both people who will receive a publicly funded service and private payers.

- Identify and share information about the most likely beneficiaries from telecare / telehealth in Health and Social Care: including people who make most frequent use of services / have repeated non elective hospital admissions/ GP appointments.

- Review jointly health benefits of both telecare and telehealth equipment and other lower cost approaches, (e.g. telephone monitoring) and stand alone equipment.

5.2 A joint (NHS and Adult Care) project has commenced on Telecare/health. The targeted client group are people with long-term conditions who are receiving Health and Care services. The project aims include improving health and Well-being, demonstrating efficiencies and return on investment.

6. Officer's Recommendations

Members of the Adult Care Board are asked to note the work on telecare and Telehealth.

Paper H

Developing commissioning support

Towards service excellence

DRAFT: October 2011

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Summary

Equity and Excellence: Liberating the NHS said that Clinical Commissioning Groups (CCGs) will have the freedom to decide how to carry out their functions, including what they choose to have provided by external suppliers to support their commissioning decisions. Over the past year, we have been working closely with clinicians and NHS staff to explore how we can give CCGs the greatest possible choice whilst maintaining stability during the transition. The recent business review showed that there had been positive progress in a challenging and changing environment, but it also demonstrated the complexity of developing a market for commissioning support.

Allowing those elements of commissioning support currently delivered within the NHS to be hosted by the NHS Commissioning Board (NHSCB) in the short term will ensure that CCGs have a clear choice of customer facing and responsive services, and that a market emerges able to handle the complexity of supporting end-to-end commissioning. This document sets out the framework that will help deliver this change and ensure that the best possible support is available for CCGs and the NHSCB.

The introduction of CCGs is intended to put clinical 'added value' right at the heart of NHS decision making about which services ought to be commissioned to meet population health need. This means clinicians bringing their invaluable strengths to the task of commissioning – their relationship with patients and local communities, their clinical insight, their potential influence on the decisions and behaviours of other clinicians – and it is vitally important that they are enabled to focus on these strengths as they lead the future development of commissioning.

Commissioning is a complex set of functions, processes and tasks, which have both transactional and transformational elements. CCGs and the NHSCB will require support in undertaking both the transactional (e.g. contracting and procurement) and the transformational functions (clinicians leading change and improvement through service redesign, and engaging with local stakeholders to set agreed priorities). In order to deliver the best outcomes and value for their patients, CCGs and the NHSCB will require external support to ensure that they have the underpinning specialist skills and knowledge to succeed as commissioners.

This document sets out a framework to support them; to ensure that they have all the right information and expertise to help them make the best decisions, the right infrastructure to support decision making and the inclusion of the broadest church of stakeholders in that process. This support will provide the relevant skills and capacity to turn these decisions into clear specifications that deliver better outcomes for patients as well as monitor the delivery and impact they achieve.

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Many commissioning support functions need not be carried out on the same geographic and population boundaries on which commissioning decisions are made. With a focus set by NHSCB and CCGs on improved outcomes for patients, the optimum scale for commissioning support should be grounded in an understanding of the requirements of CCGs and the NHSCB as customers, costs and affordability, and improved value for pounds spent.

With this in mind, we have reviewed the models for delivering specific commissioning support services such as back office support or business intelligence. A number of these services should clearly be delivered at scale to maximise expertise and minimise cost and a few would benefit from being developed within a national framework. But being delivered as part of a national system could still mean that many elements are delivered locally with staff based in customer organisations. So, for example with business intelligence, it will be possible to organise data a small number of times against best practice standards, while ensuring that the interpretation of this into knowledge and insight happens much closer to the frontline.

As a general operating principle for commissioning support, it is essential that in their design, these services remain flexible enough to be locally sensitive. So, many elements of service delivery will require local input and influence from people on the ground in local CCGs where appropriate or deliver their service in such a way that local staff can easily draw on their expertise.

Commissioning expertise has developed significantly over the years and it will be important to ensure that we do not lose the body of skills that have been developed both within the NHS and through the development of external expertise. The new commissioning system will see commissioning develop at an even more rapid rate and we cannot afford to constrain the opportunities to innovate.

From 2013, CCGs will be given the freedom to secure their commissioning support from wherever they want, subject to them undertaking the necessary procurement processes to test the capability of potential providers.

The NHSCB is likely to host NHS commissioning support services from 2013 until no later than 2016 when we expect the commissioning support market to be sufficiently established. This ensures that CCGs have ongoing access to the capacity and capability they need in order to carry out their functions during their transition towards authorisation. It also provides the opportunity for NHS commissioning support to develop during the transition and establishes a mechanism whereby staff can establish viable services ready for the future.

In hosting commissioning support the NHSCB will need to have in place the appropriate mechanisms to manage risk since the long-term purchasing

intentions of CCGs cannot be precisely determined in the early stages. For that reason the NHSCB will want to assure itself that the support which it hosts is set up to be commercially viable, and that they:

- are customer focused and likely to establish a reasonable customer base
- have business and commercial capability
- will operate services at a viable scale

Where scale NHS commissioning support services are hosted by CCGs with the expectation of providing these services to other CCGs, then these will also be assured using the same criteria to make sure that CCGs are not taking on unacceptable risk.

We will continue to work with staff in the NHS and with external organisations to develop commissioning support services which are viable from April 2013, either as independent organisations or as valued services within commercial service offers. Hence, the relationship with potential local government, commercial and voluntary sector suppliers of commissioning support is significant in the transition period and beyond as the market for these services matures.

A further document will be produced later this year that will reflect this ongoing stakeholder engagement and feedback on this draft framework. There will also be further detail to follow around HR and staff transfer issues, as part of the wider approach to the transition for PCT Cluster staff.

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Chapter one: Context and Vision

The new NHS commissioning model will be clinically led, underpinned by clinical insight and a real understanding of the local healthcare needs of patients and the public. Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NHSCB) will be uniquely placed to bring a focus on quality and outcomes and realise a step change in the patient services.

Commissioning support is the assistance which commissioners (both CCGs and the NHSCB) can draw on to help them deliver their functions. Good commissioning support will help CCGs and the NHSCB to concentrate better on the clinical aspects of commissioning, and to make the best use of the resources available to the NHS for delivering improvements in healthcare.

The context of the reforms and the NHS commissioning architecture

The Government's ambition is to create the NHS as the best healthcare system in the world. This ambition is rooted in the three principles of giving patients more power, focusing on healthcare outcomes and quality standards, and giving frontline professionals much greater freedoms and a strong leadership role.

At the heart of these proposals is the development of clinical commissioning groups (CCGs), supported by the NHS Commissioning Board (NHSCB).

CCGs are intended to unleash the potential of clinical leadership in improving outcomes and achieving the best value for money, through the most effective use of resources. By April 2013, subject to the approval of the Health and Social Care Bill, the whole of England will be covered by established CCGs. Some will be ready to take on all of the commissioning responsibilities for the population they serve; others will be established to operate in a shadow form.

CCGs will be responsible for commissioning the majority of hospital services and they will have statutory obligations for obtaining advice from other health and care professionals and involving patients and the public in doing this. They will also be responsible for bringing together the skills and clinical advice of different professional groups. In this way, they will harness the potential of clinical leadership and stakeholder engagement to design integrated services that will deliver the best quality of care and health outcomes, and maximise improvements to population health.

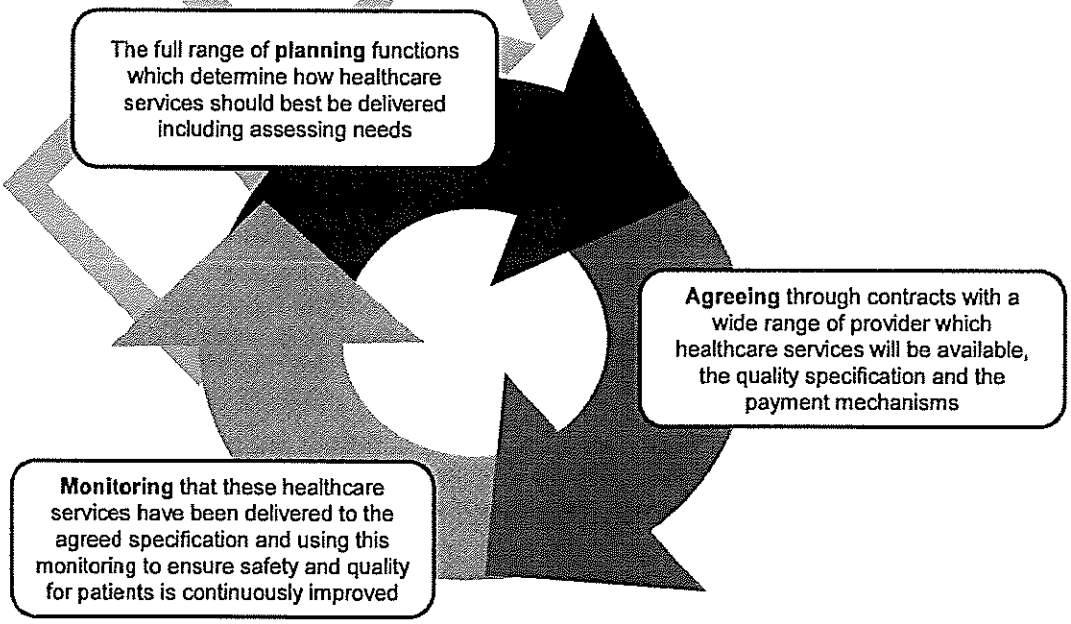
It is expected that the NHSCB will be created in shadow form in October 2011. Once the NHSCB is formally established (this is likely to be between July and October 2012) it will begin to assume its formal responsibilities. It will have a significant role in supporting and developing CCGs to realise their full potential, ensuring that services are developed that will support the NHSCB and CCGs in the efficient and effective delivery of their commissioning functions and in holding CCGs to account.

The NHSCB itself will also be responsible for directly commissioning highly specialised services, military healthcare, prison health services, primary care and some public health services. The NHSCB will focus on ensuring that clinical effectiveness and quality of services are at the heart of what it does.

The Health and Social Care Bill also establishes health and wellbeing boards on a statutory basis in every upper-tier local authority in England. Health and wellbeing boards will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.

Understanding commissioning and commissioning support

Commissioning is not a single activity, but is a complex set of functions, processes and tasks, which have both transactional and transformational elements. At its simplest it can be described in the three phases shown below:



Both CCGs and the NHSCB will require support in undertaking both the transactional (e.g. contracting and procurement) and the transformational functions (clinicians leading change and improvement through service redesign, and engaging with local stakeholders to set agreed priorities) associated with good commissioning. As they focus on delivering better outcomes and increased value for patients and for populations, CCGs and the NHSCB will require external support to ensure that they have the specialist skills and knowledge they require to succeed as commissioners.

We have defined ***commissioning support*** as the support that CCGs or the NHSCB will buy in or share with other organisations to support them in carrying out their commissioning functions. Good commissioning support will help CCGs and the NHSCB to concentrate better on the clinical aspects of commissioning, by allowing support to be developed in ways that will more flexibly support the new and changing needs of CCGs and NHSCB.

There is not a prescribed model for commissioning support: CCGs and their populations will have varying needs. The final decisions on the shape of commissioning support will be a matter for individual organisations. Some larger CCGs may undertake for themselves some activities that some smaller CCGs may consider it more appropriate to either share or else secure from external suppliers. In some instances, CCGs may work together, either with a shared model between them or with one hosting a service provided to others.

Commissioning support might aid commissioners in delivering any element of their commissioning functions, but is it likely to represent a number of different kinds of activities, which can be drawn from the examples below:

- **"End-to-end" commissioning support**: These services are currently delivered by NHS staff in PCT Clusters. It is likely that a number of CCGs will want to share end-to-end commissioning support services so that they have collective power in, for example, in negotiating with major healthcare providers and can have some commonality of services around their activities linked to clinical networks of care. These services are likely to be built on medium to long-term arrangements. The geographical footprint for these services may be a factor in how they are procured and may lead, for example, to the development of say 25 – 35 end-to-end commissioning support services across England.

- **Specific products and/ or services**: These activities are currently delivered by a range of providers. Products and services might be used directly by CCGs, or they may be part of a wider end-to-end commissioning support service for individual or groups of CCGs. As suggested by the Kings Fund, they are best used as part of wider strategic initiatives. There may be some products and services where it would be sensible for the NHSCB to develop "framework" call off arrangements for either single products or a range of

products.

- **Running an organisation**: There are a range of activities that support the running of organisations. Some must always be carried out by the organisation itself, for example, around key decision-making activities; others, particularly those that are highly transactional, such as paying staff, managing IT equipment and so on, may be carried out by external providers or shared with other organisations. These functions are discussed later.

- **"Scale services"**: These are services that should be delivered for larger populations or for a large number of organisations. These functions are discussed later.

These services are not commissioning functions in their own right but are support to CCGs or the NHSCB in carrying out their statutory responsibilities. The specific services which are likely to be delivered through commissioning support are described in more detail in Chapter 2.

Developing a vision for commissioning support

Over recent months, we have worked with a broad range of stakeholders, CCG pathfinders and with potential suppliers to create a vision for commissioning support.

The vision for commissioning support:

A vibrant, dynamic and innovative service sector, which provides customer focused support and choice to CCGs and the NHSCB and helps them to go the extra mile, by supporting the local focus on improving outcomes and increasing value (outcomes per healthcare pound spent) on behalf of their population.

Commissioning support must enable CCGs to harness techniques, thinking and ways of working from other sectors in order to allow them to deliver best value, timely and evidence based commissioning decisions. In this respect, commissioning support will feel different to current approaches. It will support working differently and will enable those taking commissioning decisions to do so with accuracy and acuity by operating against best practice standards.

Commissioning support will be an attractive sector for talented staff who will be able to develop expertise and skills as they innovate and have rewarding careers.

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To be successful, future commissioning support is likely to be characterised in the following ways:

- It will be customer focused, designed around the needs of CCGs and the NHSCB. This will require customers to have a vision for what they are trying to achieve so that commissioning support can strategically respond, rather than being a source of tactical skills to supplement CCGs;

- In the early period of development, it will support and enable clinical commissioners to manage the transactional aspects of what they do, without them becoming embroiled in the detail of the workflow;

- As commissioning support and its customer base matures, it is expected that the focus will rapidly shift from activity to the delivery of improved quality and outcomes for patients;

- It will operate within a commercial environment, built on industry best practice[1], tailored to the distinctive requirements of clinical commissioners;

- It will harness the strengths of effective partnerships across commissioning and support suppliers to achieve innovation and cost effectiveness.

Drawing on what has worked

Developing and delivering the vision will require the best of both NHS and health industry best practice. Combining the products, skills and knowledge of the commercial, local government and voluntary sectors and the people, capacity and capability of the NHS has tremendous potential in delivering new capability in meeting the new challenge of clinical commissioning.

Bringing additional skills, expertise and experience from all sectors has the potential for enabling the development of a new and innovative blend of service offers.

The new system is likely to be built on effective supply chain delivery, and so:

- For many services, it is anticipated that commissioning support staff will work closely with commissioners. Day to day arrangements will be built on long-term arrangements between commissioners and commissioning support suppliers.

- For some specific activities commissioners will be able to "call off" products and services through pre-procured framework arrangements.

[1] BS 11000

- There is potential for niche commissioning support offers to develop, providing specialist subject matter expertise for particular services or functions, for example in the areas of mental health, continuing care and safeguarding or health economics or specialist procurement advice.

The delivery model may vary depending on the nature of the service, CCG or NHSCB preferences and the requirements of procurement and competition law.

Summary

This chapter has set out the vision for commissioning support. The changes set in train are complex, involve a great many staff carrying out work that has a high monetary and operational value, yet must be implemented rapidly and with precision. This requires the NHSCB to set a very clear direction during the transition in order that these critical changes are delivered properly first time.

In short, addressing these challenges requires a strategic approach to development and a managed transition towards a market system. Implicit in this is the need to coordinate support, as well as developing a clear understanding of the current constraints and opportunities that are likely to influence the emerging solutions. For this reason it is vital that key stakeholders are involved and that they in turn are strong advocates of the importance of getting this work done quickly and well.

The next chapter describes the evidence we have reviewed to shape our strategy for delivering this vision and which has implications for how commissioning support develops in the immediate short term.

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Chapter two: Developing the evidence

We have carried out work to help design commissioning support for the future. This has allowed us to:

- *Consider the lessons to be learned from the current system*
- *Understand the emerging requirements of the new system and better understand the capacity and capability which exists to support commissioners*
- *Consider how commissioning support might be delivered to best effect in the future*

Given the new focus on quality and outcomes for patients and the need get best value from NHS resources, future commissioning support services will need to focus on supporting delivery and being effective in combining or networking services across a broad geography.

Where we are now and lessons learned

Most of the current commissioning support capability in the English NHS sits within PCT Clusters. Other NHS organisations, such as the commissioning support units and procurement hubs, also provide a range of more commercially styled commissioning services for the NHS. However, in carrying out their current commissioning functions PCT Clusters are also sometimes supported by complementary and niche services provided by voluntary and independent sector bodies and local authorities. This support, particularly that from the independent sector, tends to be in the form of specific tools and processes rather than delivering the whole end-to-end commissioning function which pulls together the differing elements of support.

In the past few years the capability and experience of NHS commissioning organisations has been greatly developed, often through working and collaborating imaginatively and creatively with other support providers. In some cases, close working with the commercial sector has brought valuable insights from international best practice and has led to the development of a number of applications and methodologies, which have complemented skills in the NHS. There is every reason to be optimistic about the potential to develop these arrangements into commissioning support services that could assist CCGs in transforming the way health and healthcare is planned, purchased and delivered.