

COMMISSIONING
STRATEGY

1

Fit for the Future
2009 - 2014

Your life, your choice

Commissioning Strategy
for older people

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1 EXECUTIVE STATEMENT

This is the first long term commissioning strategy for the people of North Lincolnshire who are over the age of 65. The strategy sets out to describe the vision that we have developed to get the best possible outcomes for older people and their carers. This strategy covers all older people, following our success with the Fresh Start partnership we truly believe that investing in preventative services works to maintain people in their own homes for as long as possible. We intend to work with a whole range of partners, not least older people themselves to ensure full inclusion and better health and well being. We see that the vast majority of peoples needs, will be met through ordinary, everyday services that become fully accessible, as is their statutory duty. This will then enable the NHS and social services to focus on those people with complex needs who will then receive tailor made specialist support.

The strategy goes on to describe our commissioning intentions over the next five years. It is our intention to update this year on year through the annual partnership celebration event, where the partnership and commissioning board meet to acknowledge personal and service based achievements to date and to agree the following two years priorities. There is a suite of commissioning strategies such as the NHS Plan (DH, 2000) and local Healthy Ageing and Housing strategies that belong together and none should be seen in complete isolation.

North Lincolnshire embraces the challenges of transformation to personalised services because the outcomes required have been designed by people across the country and are what all of us want from service providers.

There is a shop in one of our market towns that is not very accessible physically, however the customer care there is outstanding, for example, they read greeting cards out to buyers who are sight impaired to allow them to choose the verse that is right for them. Imagine all local and public services across the whole area providing such personalised support. This is a very powerful way to help older people live interdependently within their own community and it costs nothing. That is no more than is expected from this commissioning strategy to ensure people who are older and have additional needs are given every opportunity to experience high quality customer care on a regular basis.

The strategy is underpinned by the local Sustainable Community Strategy, 'Many Faces - One Community' and the council's strategic plan, 'Going Forward Together'. By sharing this vision we intend to deliver the ambitions for vulnerable adults in the area and continuously strive towards achieving positive outcomes for our residents.

2 PUTTING PEOPLE AT THE CENTRE OF COMMISSIONING

This is a detailed strategy, written after extensive consultation with local people, their families and carers (see 3.1).

Our aim will be to put people at the centre of everything we do, so that we actively support choice and enable people to have control over their own lives.

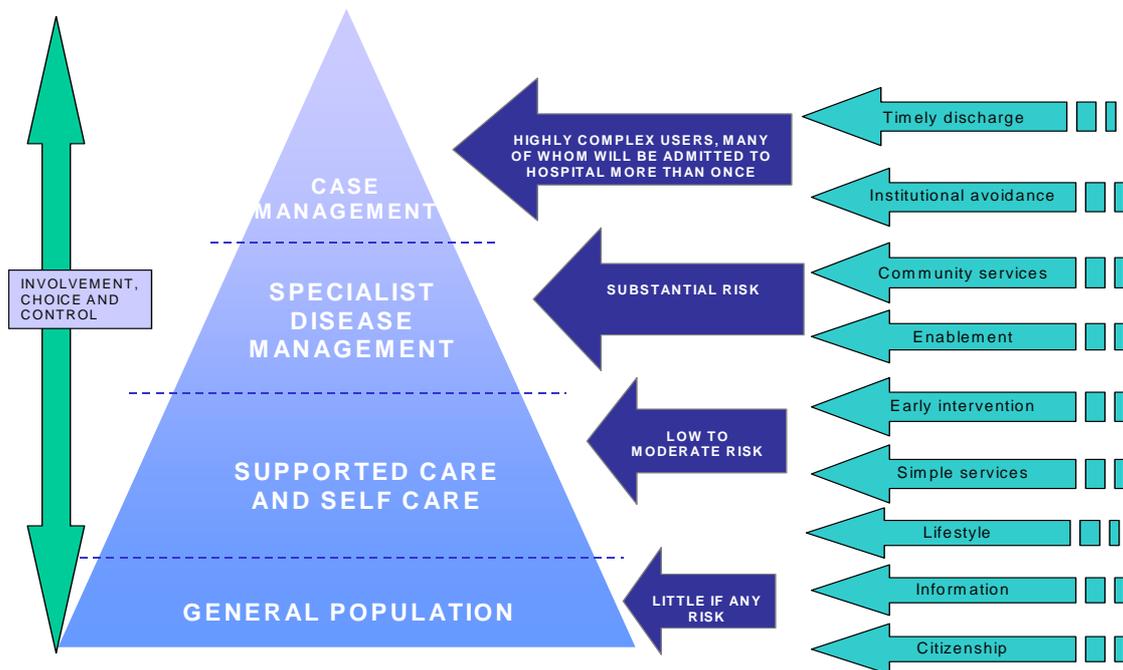
Personalisation describes an approach to delivering social services that puts the person who needs services at the centre of the whole process. It focuses on the outcomes the recipient wishes to achieve rather than a narrow focus on assessed needs, although the

concept of assessed eligible needs will still define those who need targeted social services.

The vision is of empowering older people to support themselves to ensure full participation and inclusion within North Lincolnshire.

Working closely with partners such as health services, voluntary agencies, service providers and council services will ensure this vision is realised.

Our commitment is that by 2025 older people will have easy access to the full range of opportunities and choices to maintain a good quality of life and to be treated with dignity and respect regardless of their ethnicity, sexuality, gender, disability or faith.



The diagram above from Promoting Independence (CSIP, 2007) shows how we approach the varying levels of need to build a whole system of support promoting independence at all levels.

3 NEEDS AND PRIORITIES

3.1 Evidence of needs/users views

Consultation exercises such as: the Joint Strategic Needs Assessment, Finding the Future Together, the Personal Social Services Surveys, Fresh Start, the Fit for the Future locality projects and the Corus Gala have shown that in the main people are happy with their lives in North Lincolnshire. However we still have too high a reliance on institutional care, low take up of direct payments and long waits for adaptations in the home. People report that accessing health and social services is a barrier to them; we have been described as a state secret!

When asked what key factors are important to help them maintain their independence, older people have repeatedly highlighted things like:

- Well maintained housing

- Financial well being
- Help with gardens and small repairs
- Personal good health
- A safe and friendly neighbourhood
- Good social activities and networks
- Transport
- Opportunities to keep busy including the ability to get out and about
- Being able to exercise choice and control over their care.

Local people are keen to work closely with the services, involvement in commissioning and tendering specialist services has created confidence and trust in delivering on this ambition. The development of a dedicated commissioning service, improved engagement and governance systems, changes to delivering services in localities closer to home, increased re-ablement and integrated services will also positively support this group of people.

3.2 National policy drivers

3.2.1 National Service Framework for Older People (2001)

The National Service Framework for Older People (DH, 2001) sets out a 10-year programme of action and reform to address the care of older people across the health and social services.

The targets within this framework fall into four key themes:

- Respecting the individual
- Intermediate care
- Providing evidenced based specialist care
- Promoting an active, healthy life.

Underpinned by an ambition to root out age discrimination.

3.2.2 A New Ambition for Old Age (April 2006)

A New Ambition for Old Age (DH, April 2006) sets out priorities for the next phase of the National Service Framework for Older People under 3 themes:

- Dignity in Care
- Joined Up Care
- Healthy Aging.

3.2.3 Our Health Our Care Our Say (2006)

The white paper Our Health Our Care Our Say (DH, 2006), identified 7 clear outcomes for all people:

- Improved health and emotional well being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination and harassment
- Economic well being
- Personal dignity.

3.2.4 Putting People First Concordat (2007)

The Putting People First Concordat (HM Government, 2007) reinforces these intentions and states that the key elements for the Adult Social Services systems are:

Local authority leadership accompanied by authentic partnership working with the local NHS, other statutory agencies, third and private sector providers, users and carers and the wider local community to create a new, high quality care system which is fair, accessible and responsive to the individual needs of those who use services and their carers.

Agreed shared outcomes which should ensure people, irrespective of illness or disability, are supported to:

- *Live independently*
- *Stay health and recover quickly from illness*
- *Exercise maximum control over their own life and where appropriate the lives of their family members*
- *Sustain a family unit which avoids children being required to take on inappropriate caring roles*
- *Participate as active and equal citizens, both economically and socially*
- *Have the best possible quality of life, irrespective of illness or disability*
- *Retain maximum dignity and respect*
- *System wide transformation developed and owned by local partners.*

3.2.5 Safeguarding

This commissioning strategy is underpinned by commitment to effective safeguarding and builds upon the following:

- National safeguarding guidance as set out in No Secrets (DH and Home Office, 2000).
- The Safeguarding Vulnerable Groups Act (OPSI, 2006) which provides the legislative framework for the Vetting and Barring Scheme due to commence in Autumn 2009.
- The Mental Capacity Act Deprivation of Liberty (MCA DOL) safeguards - as introduced into the Mental Capacity Act 2005 (OPSI) through the Mental Health Act 2007 (OPSI).
- Local policies and procedures for safeguarding vulnerable adults.

The strategy will be reviewed in the light of subsequent guidance and/or best practice emerging from the recent No Secrets consultation.

3.2.6 Commissioning Framework for Health and Being (DH, 2007)

Effective commissioning is a tool in enabling us to meet these exciting challenges. Commissioning means securing the best value for local people. It is the process of translating aspirations and need, by specifying and procuring services for the local population into services that mean:

- Understanding and anticipating future need
- Promoting health and inclusion and supporting independence
- Identifying the groups of areas that are getting a raw deal and giving them a voice to influence improvements
- Delivering the best and safest possible quality of care/support.

Commissioning Framework for Health and Well Being (DH, 2007)

3.3 Local priorities and desired outcomes

This strategy is underpinned by the Sustainable Community Strategy for North Lincolnshire – ‘Many Faces – One Community’. ‘Many Faces’ sets out four ambitions for North Lincolnshire as shared by the council and its partners:

- An area that is thriving
- Communities that are confident and caring
- Individuals can see the difference
- Everyone works together for the benefit of the area.

Alongside ‘Many Faces’, the council’s strategic plan ‘Going Forward Together’, sets out the contribution the council will make to achieving our shared ambitions.

Adult services work closely with vulnerable adults. The importance we place on supporting vulnerable adults is firmly embedded within the shared ambitions with a particular emphasis on ‘individuals can see the difference’ and ‘everyone works together for the benefit of the area’. Key priorities of adult services include:

- Vulnerable people achieve in employment
- Vulnerable people are protected from harm
- Vulnerable people will receive personal social services
- Dedicated partnerships contribute to service planning

Adult Services must work to remove the barriers that older people face in their daily lives that prevent them from living the lives they choose. We intend to ensure the availability of a range of personalised solutions available to people to ensure they have access to the right support to be as independent as they can be. There is no doubt that having control over your money enables you to make decisions and making decisions for yourself means you are in control of your life.

The strategic outcomes for adult services are translated locally into:

Independent

Creating a culture of independence, increasing options and opportunities

Respect

Shifting the balance of power to the people, promoting choice and individual family values.

In control

Delivering services closer to home, making it easier for people to get what they need.

Involved

Supporting communities and individuals to identify and meet their own needs.

Healthy

Promoting life long health, recognising everyone’s contribution to well being.

Safe

Services help people to feel and be safe, people feel supported in a crisis.

Confident in the future

Getting the money in the right place, creating a confident, flexible, behaviourally competent workforce and intelligent commissioning.

3.4 Strategic performance

The table below compares North Lincolnshire's Adult Social Services performance with the England average across a range of performance indicators.

The column on the right hand side indicates whether a good result is shown by a higher, lower or optimum outturn:

Performance Indicator	2007/08 England Avg.	2007/08 NLC	2008/09 NLC	Good Result
C28 Intensive Home Care	13	11.3	11.66	Higher
C32 Older People helped to Live at Home	82	91	89.22	Higher
C51 Direct Payments	141	90	155	Higher
C62 Carers Services	14	6.1	18.83	Higher
C72 Residential/Nursing Admissions Older People	74	96	117	Lower
C73 Residential/Nursing Admissions (linked PI)	1.5	1.9	1.9	Lower
D41 Delayed Transfers of Care	27	9	NA	Lower
E48 Ethnicity of Older People	1.0	0.9	1.04	Higher
E50/E82 Assessments Leading to Provision of Service	75	83	86.75	Between 68 and 77

3.5 Demand and supply

3.5.1 Demographic trends

The Joint Strategic Needs Assessment provides a detailed analysis of the demographic changes that we can expect in North Lincolnshire over the next decade and should be read alongside this strategy.

Some of the highlights are:

- Our population is already slightly older and this trend is set to continue, there will be around 1000 people aged 65+ added to our population per year between now and 2029.
- Older people account for more than half of all social housing tenants with an additional 1200 on waiting lists. As the population ages the demand for home adaptations, aids and equipment is likely to grow.
- The numbers of people living with more than one long-term health condition will increase. Over the next 20 years the prevalence of coronary disease is expected to increase by 42%, moderate dementia by 43% and stroke by 46% if nothing is done to change the current trends.
- Smoking is the leading cause of preventable ill health and premature mortality in North Lincolnshire and contributes to most inequalities in early death.

- There are currently over 8,000 people thought to be caring for someone with either health problems or disability. The requirement for more care will also increase as the population increases if nothing is done.

Projected increases in North Lincolnshire's resident population by age:

Age	% increase to 2010	% increase to 2015	% increase to 2029
>20	-0.9%	-2.0%	-2.5%
20-39	-2.5%	+0.55%	+1.6%
40-59	+2.8%	+5.1%	-2.8%
60-79	+8.8%+	+20.3%	+52.1%
80+	+6.8%	+20.2%	+106.8%

(ONS 2007)

3.5.2 Referral/demand trends

We received during January-December 2008, 4,332 referrals broken down as follows:

- ⇒ Urban - 2049
- ⇒ Rural - 2283

Of those referrals we completed the following assessments; 2096, broken down as follows:

- ⇒ Urban -1101
- ⇒ Rural - 995

Numbers of people receiving a service within this time period totals 3831 broken down as follows:

- ⇒ Urban - 1970
- ⇒ Rural - 1861

About a third have services at home and two thirds within residential care homes.

Numbers of admissions to residential care are reducing at about 38 per year with an increase in Elderly Mentally Ill (EMI) admissions of about 15 per year although this trend is not well recorded so no real forecasting is possible at this time.

3.6 Identification of obstacles to achieving desired outcomes

- Complexities of the direct payment scheme. Difficulties in purchasing alternative support solutions in the area. Lack of peer support.
- Lack of local voluntary capacity to support older people.
- Heavy reliance on institutional care and a lack of risk taking.
- Generalised Home care commissioned by time slots.
- Lack of specialised home and residential care for people with mental health needs.
- Commissioning planning and financial cycles not aligned with NHS North Lincolnshire.
- Under developed commissioning services and user led quality assurance mechanisms.
- Difficulties in accessing social services, seen as a state secret.
- Small and separate rehabilitation services that struggle to maintain a full service.

- Lack of peripatetic rapid response services out of hours.
- Limited use of new technologies to support carers in the home to take a break.
- Access to equipment locked into access to occupational therapy services.
- Difficulties in accessing leisure services at a time that suits.
- Perceived reluctance to seek advice and care from local GP's and problems making appointments in some areas.

4 PERFORMANCE MANAGEMENT

4.1 Quality and standards

We must demand that all services deliver to the required standards. Progress in Sight (ADSS et al, 2002), and Best Practice Standards (RNID, 2001) are two documents that specify national standards for people with visual impairments, who are deaf and hard of hearing. Minimum standards within residential and domiciliary care settings as specified by the Care Quality Commission (nee CSCI). For services outside of the required regulation there is the Supporting People Quality Assurance Framework (Communities and Local Government, 2009), which should apply to all services. The Kings Fund Quality Standards for Local Carer Support Services (2000) should apply to all services.

We also expect the Councils 'In house' services to meet and exceed all of these standards.

4.2 Market/provider development

We have over the years developed the home care market into zones, which reduces the carbon footprint of services and reduces inefficiencies in terms of people accessing services needing to travel across the area. This development has improved service availability and continuity (especially in rural areas), but removes the service user choice. Currently we have 5 domiciliary care providers with allocated zones, and 5 other providers who deliver smaller amounts of care. With the exception of Carers Support Centre. The home care providers all provide a similar generalised service, which means we lack specialised services.

We have a good range of care homes and pay on a quality scheme to ensure the very best for our residents. However few have been encouraged to develop specialist services for instance in mental health/dementia/complex care.

Day services are available at many of the care home in the area, although the service they offer are a very traditional model.

Few local services have branched out into either preventative or day activities, although Fresh Start has been successful in developing smaller local providers of bespoke services such as luncheon clubs, arts and crafts groups, bathing, gardening, shopping, toenail cutting, social groups and befriending.

4.3 Outcome based specifications

Outcome based contracting is more of an aspiration than a reality. Many of our contracts have been based on previous measures and criterion, based on outputs, success stories, financial stability and some standards.

Outcome based contracting is designed to:

...shift the focus from activities to results, from how a programme operates to the good it accomplishes. An Approach to Outcome Based Commissioning and Contracting (CSIP, 2006).

Outcome based specifications will be introduced to all newly commissioned services during 2008 and through the process of contract review introduced to all existing services 2009-10.

4.4 Contract monitoring and performance management

To measure an outcome we need to apply the “Three way thinking” approach. Firstly to understand the **ACTIVITY** that is delivered to meet the outcome, the **QUANTITY** of activity, the how much, and lastly the **QUALITY**. This is known as Triangles.

Looking at one measure alone will not give the whole picture. This is the approach we will be taking into new contracts from April 2009.

4.5 Financial analysis

For the whole authority, ever tightening central resource allocation together with limitations placed on council tax increases is restricting the total funding available to all services provided by the council.

	2006/07 (£,000's)	2007/08 (£,000's)	2008/09 (£,000's)	2009/10 (£,000's)
Revenue budget for this group	18023	18076	18973	19439
Increase year on year	0	53	897	466
Percentage increase year on year	0%	0.29%	4.96%	2.46%

Value for money benchmarking, places North Lincolnshire as poor in relation to high reliance of use of residential care in 06/07. Similarly for the cost of our home care services although we are unusual in that we do not have block contracts. Providers speak of the rural nature of the area and its impact on the cost of care. We have negotiated a flat rate, for home care, which reduces the costs of payment systems but may not now reflect the actual nature of the needs.

4.6 Implications for commissioning

Home care services need to be re-tendered within the next two years, which provides us with an opportunity to re-think both the make of the market and pricing structure. We must also ensure we commission for personalisation and consider creative ways to support both the new demands of customers and the existing providers.

We are committed to developing the Local Strategic Partnership (LSP) localities and as such should consider how we develop locality based specialist support whilst ensuring value for money.

Work with existing providers to renegotiate outcome based contracts into all services. To develop a robust outcome based contract-monitoring service that incorporates the service user experience.

There is a need to work closely with the residential market many of which have resources that could be utilised in different ways.

5 OPTION APPRAISAL

5.1 What we are currently doing?

We are working well with local people to commission and develop local specialised services. Encouraging involvement in improving quality of services through formal and informal complaints. Encouraging the take up of direct payments by removing barriers and using a credit card payment system. Using the on line self-assessment for low level equipment usage. Working with leisure services to increase health and well being through exercise and activity. Refocusing traditional day service to community based personalised support solutions. Working with local services to speed up specialised assessment and access to visual impairment equipment. Transforming Adult services to remove gaps in provision, develop commissioning services and improving access and integration with health partners.

5.2 Feedback from users and carers

Following engagement work, feedback from users and carers will be incorporated into the strategy.

5.3 Research findings

The commissioning process will actively seek national and international research into what works, encourage local innovation to test local ideas and pay particular attention to the purchasing patterns of vulnerable adults through individual budgets and direct payments. Locally we have a great deal of knowledge about older people and what helps them remain independent, through the Fresh Start partnership, this has been a major influence in the writing of this strategy.

5.4 Appraisal of quality

There will be a systematic quality assurance system in place to monitor all services from July 2009 this will directly contribute to the commissioning process and future decision making. The process will include targeted user surveys, peer review and audits.

5.5 Implications for commissioning

To develop service user engagement into the commissioning process by supporting service users to be effective members of the Partnership for Older People and by employing Experts by Experience. Experts by Experience will advise, support and guide the Commissioning Service to engage and involve service users effectively in planning, reviewing and monitoring the quality of the services they commission and the way in which they deliver and monitor their outcomes.

To ensure service user views are actively sought and feed into the Well Being and Health Partnership (WHIP) and Executive Strategic Commissioning Board.

6 WHAT DO WE NEED TO DO?

6.1 Priorities for change

Independent

Creating a culture of independence, increasing options and opportunities.

- Continue the Fresh Start partnership as a means to engage older people and design solutions to maintain true independence.
- Establish the single point of access service with specialist case management with the NHS, encourage self-management of complex conditions and increase skills in long term conditions, continuing and end of life care.
- Develop locality-based support systems focused on the health and well being of the local population.
- Commission home care services to be responsive to enable easy access and private payers including overnight support.
- Develop the provision of support to those people with visual and hearing impairments.
- Develop out of hour's rapid response services across the 24hr period.
- Provide a transitional service to give people time to make adjustments to living at home after illness or injury.

Respect

Shifting the balance of power to the people, promoting choice and individual family values.

- Develop self-assessment for the tenants of a new Extra Care Housing Scheme and agree future support needs and wishes for the provision of support with them.
- Increase the use of on-line self assessment for equipment.
- Further the development of the dignity in care tool, to drive up standards in care facilities.
- Develop self assessment systems within each locality.
- Improve standards of all contracted services including council run services.
- Reduce the waiting list for major adaptations and improve the whole Disabled Facilities Grant process.

In control

Delivering services closer to home, making it easier for people to get what they need.

- Increase the take up of direct payments and or personal budgets by fully implementing the card payment system and further improving the direct payment scheme.
- Improve engagement and self-advocacy opportunities through the establishment of a user led organisation.
- Ensure everyone has knowledge of their personal budget by 2011
- Ensure all people have access to the range of benefits they and their carers are entitled to.
- Reduce the reliance on institutional care

Involved

Supporting communities and individuals to identify and meet their own needs.

- Develop locality based peer support systems to help people developing their own support plans.
- Make information more easily available to vulnerable adults and carers within localities.
- Ensure families are encouraged to become part of the support plan.
- Support plans will include a range of solutions to meet needs, few from statutory agencies.
- The older peoples partnership will develop and drive a range of other outcome focused activity with a range of partner agencies.

Healthy

Promoting life long health, recognising everyone's contribution to well being.

- Establish a fully integrated rehabilitation and reablement service
- Re-negotiate occupational and equipment services to provide rapid response reablement support.
- Decommission low levels of equipment services to enable easier access to the provision of equipment to facilitate activities of daily living.
- Develop a strategy for people living with dementia with stakeholders and the partnerships.
- Develop partnerships with practice based commissioners and public health to increase knowledge of older peoples health needs
- Increase access to leisure services at times suitable to the individual.
- Increase the ranges of opportunities for socialising and eating a healthy diet.

Safe

Services help people to feel and be safe, people feel supported in a crisis.

- Develop safeguarding Adults services to meet minimum standards.
 - E.g., all staff are trained to the right levels, staff regulation is at the appropriate level etc.
- Ensure the support in placement team develops robust intelligence of local residential homes.
- Develop technologies that support self-care and support to carers.
- Continue to implement the housing strategy, which aims to meet current and future needs of older people.
 - Extra care schemes in each locality
 - Agree use of in house residential services, to provide a transitional and rapid responsive service.
- Enable people to live in the communities of their choice.
- Work with community policing to identify particularly vulnerable people in communities and ensure they all have home safety checks.
- Increase the intergenerational work to ask younger people to provide locally based good neighbourhood schemes.
- Explore above to also include Good Samaritan type of support systems.

Confident in the future

Getting the money in the right place, creating a confident, flexible, behaviourally competent workforce and intelligent commissioning.

- Commence full engagement through further development of the partnership.
- Increases user and carers participation in service monitoring and planning.
- Increase support to family carers through a specific strategy.

- Work with providers to encourage user led services and solutions
- Encourage prevention and community development approaches for older people.
- Develop and deliver specific training to people on direct payments and carers.
- Encourage more community and voluntary capacity to improve self-support and assistance to older people.
- Develop a workforce that is fit for the future and able to respond fully to the needs of this group of people.
- Campaign to end age discrimination and abolish the term carer for paid workers.
- Ensure all services are using the single assessment process across health and social care.
- To actively manage the market place by active engagement with the providers.

6.2 Impact assessments

These principles shall be adhered to in all commissioning activity to ensure the needs of older people are met.

- ⇒ The Joint Strategic Needs Assessment and individual purchasing patterns will be used to inform and update this strategy.
- ⇒ Families will be recognised as integral to the individuals' interdependency to live in their community of choice.
- ⇒ Wherever possible services shall be developed within the five localities identified by the Local Strategic Partnership, closer to the individuals' home.
- ⇒ Developments will follow the principles of best value and be developed in partnership with user groups, their families, the third sector the NHS and local providers.
- ⇒ Commissioning intentions shall be agreed year on year by collaboration with the partnership and commissioning board.
- ⇒ Rigour concerning 'value for money' standards and monitoring shall be applied equally to council run services as well as those provided by independent groups/providers.
- ⇒ All services shall have a detailed outcome based specification to enable robust performance monitoring.
- ⇒ All services will be expected to embrace diversity by ensuring the range of support offered meets the needs of people from diverse backgrounds and lifestyles.
- ⇒ All services shall be commissioned for personalisation and use the single assessment process to ensure the sharing and consistency of person centred information.

6.3 Services to be transformed

To review the approach to residential and nursing care and the areas provision.

The intermediate care, falls, stroke and OT and community support services should be reviewed with an aim to test their fitness for the future to provide the resource for a new rehabilitation system in partnership with NHS North Lincolnshire.

Long-term Care management services need to be completely reviewed and re-organised to provide a self-directed support model.

Review the use of in house residential units across the services to test fitness for the future.

Review service provision to people who have sensory or hearing impairments. All in house services will be reviewed over time and according to the risk assessment matrix.

6.4 Services to be renegotiated

Existing services to ensure they are performance reporting to aid the review and contracting process.

For 2009 the access to equipment and Occupational Therapy (OT) services.

6.5 Services to be commissioned

To commission an extra care scheme in Scunthorpe.

The support services provided to tenants of sheltered housing schemes across the locality.

6.6 Services to be re-commissioned

As yet unknown until the reviews are complete.

6.7 Overall shift of resources

Inevitably the resources will shift from institutional care to community support services. Continued reinvestment must occur for the services to continue and other agencies must take on their responsibilities to support vulnerable older people.

There may be opportunities to shift resources into the supporting people budget to demonstrate the investment required in the housing sector, both buildings and support.

6.8 Linkages with other commissioning strategies and other agencies

This strategy does not sit in isolation; it fits with the NHS North Lincolnshire strategy, the Public Health, and Well-being and Health Strategy and other Adult Services commissioning strategies.

7 HOW DO WE KNOW WE HAVE ACHIEVED IT?

7.1 Arrangements for monitoring commissioning strategy

We must agree a joint governance and performance management framework for this commissioning strategy and process for long-term engagement with this group of people in partnership with NHS North Lincolnshire.

The Executive Strategic Commissioning Board will be responsible for the delivery of this strategy accountable to the Local Strategic Partnership – the Well Being and Health Improvement Partnership (WHIP).

7.2 Ensuring better care and support for all

To meet the requirements of a transformed service we will:

- Strengthen performance management, to ensure that all services are of high standard and as such self-sustaining by both council supported and private paying residents.
- Shape and build the market to create a strong varied flexible market in adult social services.
- Make sure people can choose the services/solutions they want.
- Increase capability to ensure people working in adult services have the skills and support they need to deliver personalised support.

7.3 Leadership standards

The Council will provide a key professional role for staff working in Adult Social Services. They also have a key role in assuring accountability of services to local communities through consultation with local people and in particular people who use services.

Council Officers are expected to meet the Leadership Competency Framework issued by the Council that supports the delivery of partnership and strategic working.

7.4 Commissioning and use of resources standards

Adult Social Services leaders commission and deliver services to clear standards of both quality and cost by the most effective, economic and efficient means available and so demonstrate value for money.

New Outcomes Performance Framework (CSCI, 2006).

7.5 Risk appraisal – contingency plan

The biggest risk to delivering these outcomes through effective commissioning process and better care and support services for all is the lack of joint working across all agencies and failure to connect with this group of people further than we already have.

Therefore we must ensure ownership of this through the Local Strategic Partnership and through the Councils democratic process. The Local Area Agreement includes a number of targets to support this strategy, for example; people living in settled accommodation, people receiving services as a result of being a carer and particularly people receiving self directed support per 100,000 population.

7.6 Performance Indicators

- | | |
|--------|---|
| C72 | People aged 65 or over admitted on permanent basis to residential or nursing care |
| C73 | Numbers of people admitted to residential and or nursing care on a permanent basis (linked PI). |
| NI 119 | Self reported measure of peoples overall health and well being. |
| NI 124 | People with long term conditions supported to be independent and in control of their condition. |
| NI 125 | Achieving independence for older people through rehabilitation/intermediate care. |

- NI 127 Self reported experience of social care users.
- NI 128 Users reported measure of respect and dignity in their treatment.
- NI 129 End of life care – access to appropriate care enabling people to be able to choose to die at home.
- NI 130 Social care clients receiving self directed support per 100,000 population
- NI 131 Delayed transfers of care.
- NI 132 Timeliness of social care assessment.
- NI 133 Timeliness of social care package following assessment.
- NI 134 The number of emergency bed days per head of weighted population.
- NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
- NI 136 People supported to live independently through social services.
- NI 139 Extent to which older people receive support to live independently at home.
- NI 140 Fair treatment by local services.

7.7 Triangles performance measures

To be agreed through the Executive Strategic Commissioning Board and the Partnership for Older People.

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