

COMMISSIONING
STRATEGY

2

Fit for the Future
2009 - 2014

Your life,
your choice

Commissioning Strategy for people with
disabilities and / or sensory impairments

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1 EXECUTIVE STATEMENT

This is the first long term commissioning strategy for the people of North Lincolnshire under the age of 65 who have a physical disability, sensory impairment and or are on the autistic spectrum¹. This strategy sets out to describe the vision that we have developed to get the best possible outcomes for this group.

The strategy describes 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, 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 use and want from service providers. Imagine a time when you have received a very personal service from a restaurant, shop or individual and remember how powerful that was in leaving you with your needs met and a lasting impression of quality and customer care. That is no more than is expected from this commissioning strategy to ensure people with a disability and/or sensory impairment 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). The strategy is for people under the age of 65 who have a disability, sensory impairment and/or are on the autistic spectrum².

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.

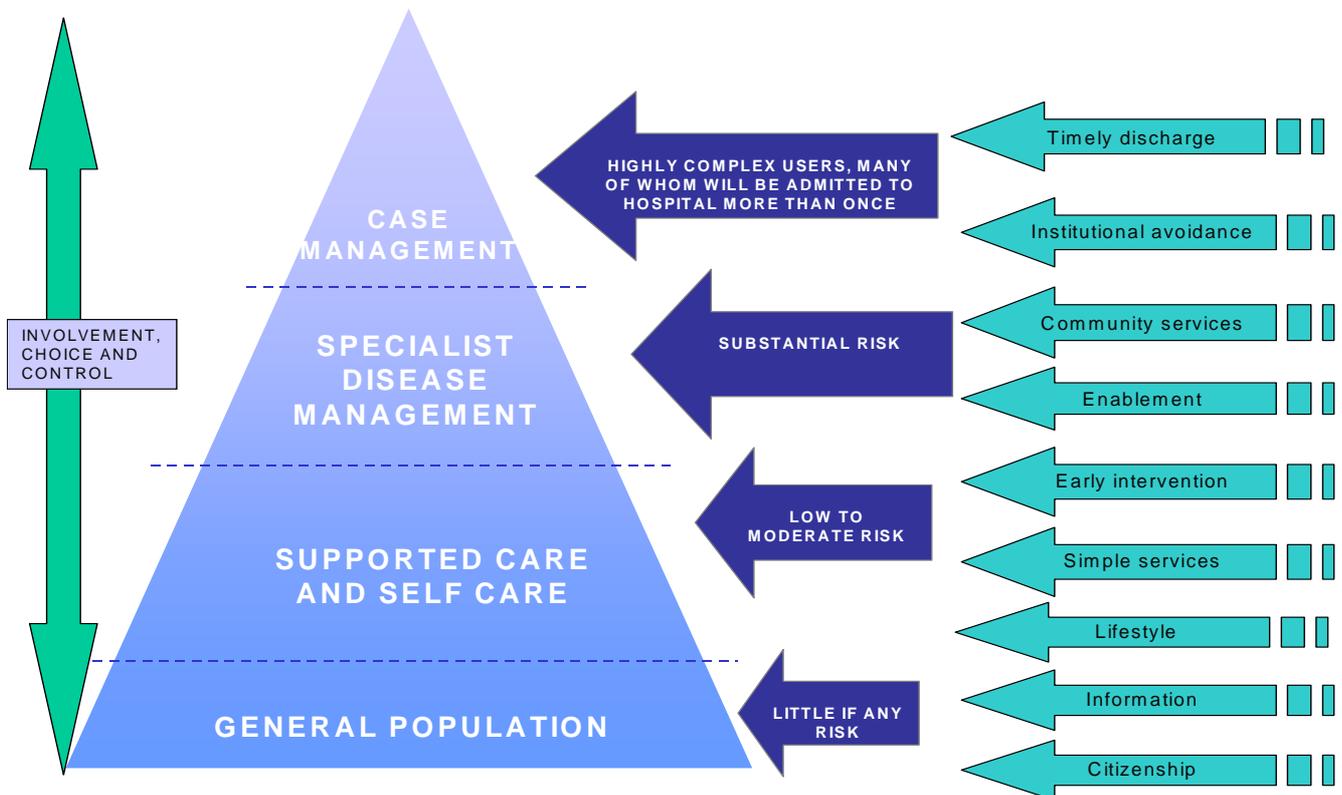
The vision is of empowering people with disabilities and or sensory impairments to support themselves to ensure full participation and inclusion within North Lincolnshire.

¹ This strategy is for people under the age of 65 who have a physical disability, sensory impairment and or are on the autistic spectrum, do not have a learning disability of mental health need, and for whatever reason require support from Adult Services.

² 'People with disabilities and or sensory impairments' will be used from hereon in to describe people for whom this strategy relates.

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 people with a disability and or sensory impairment living in North Lincolnshire will have the full opportunities and choices to improve their quality of life and 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/service user views

Consultation exercises such as the Fit for the Future locality projects, Finding the Future Together, Corus Gala, Direct Payments review, Personal Social Services survey on equipment and through general day to day involvement, indicate that many people with disabilities are well served by North Lincolnshire Council. However few benefit from direct payments, too many people reside in institutional care due to the lack of adapted properties and transport poses a barrier to employment. Public Health data is not robust for this group of people, but nationally there is recognition that the general health of people with disabilities is less than desired.

Local people are keen to work closely with the services, involvement in commissioning and tendering specialist services has created confidence and trust in delivering this vision. The development of a dedicated commissioning service, improved engagement and governance systems, changes to delivering services in localities closer to home, increased

reablement and integrated services and enhanced disability services will all contribute positively to this group.

3.2 National policy drivers

3.2.1 Improving the Life Chances of Disabled People (2005)

Improving the Life Chances of Disabled People (DWP et al, 2005) makes clear the vision for people with disabilities. The focus of this report is on independent living, employment and transition to adulthood.

3.2.2 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
- Economic well being
- Personal dignity.

3.2.3 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.*

3.2.4 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.

3.2.5 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 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 people. 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 people with a disability and on sensory impairment 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 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

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

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	NLC 06/07	England Average 06/07	NLC 07/08	England Average 07/08	NLC 08/09	England Average 08/09	Good Result
C29 People helped to live at home	4.3	4.5	6.1	4.8	6.35	4.9	Higher
C73 People admitted to residential and or nursing care on a permanent basis	2.5	1.7	1.9	1.5	1.5	1.4	Lower
C51 PD Direct payments for this group	29	108	29	133	47	187	Higher

3.5 Demand and supply

3.5.1 Demographic trends

There is a national recognition that demographic data is difficult to ascertain for this group due to the reliance on self-reporting and complexities such as dual condition diagnosis and/or need.

“Living in Britain: Results from the 2002 General Household Survey (ONS, 2002), identified about 11 million people with disabilities in the country, which amounts to 21% of the adult population. This would suggest that there are in the region of 32,000 people with a disability living in the area.

Medical Research Council (2001) Review of Autism Research: Epidemiology and Causes, estimates that approximately 60 in 10,000 children under 8 experience these disorders, assumptions are made that this continues to adult hood. This would equate to 900 people in our area. (ODPM)(2005)

The Labour Force Survey 2002 (ONS) suggests that people with a disability are less likely to be employed and more likely to be economically inactive. Only one in two people with disabilities or working age currently employed, compared to four out of five for the rest of the population.

3.5.2 Referral/demand trends

There are on average 46 new assessments carried out each year within the Every Adult Matters Service. At 31st March 2008, 562 people with disabilities were known to Adult Social Services. Whilst not all people with a disability or sensory impairment need any form of support from social services it is acknowledged that every person who does require support is entitled to a direct payment.

We must create a personalised system that is capable to handling over 500 direct payments as a minimum.

The employment service currently supports 55 people in work, not receiving any other services.

3.6 Identification of obstacles to achieving desired outcomes

- Lack of flexible and varied employment opportunities within the area and high employment rates.
- 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 vulnerable adults and preventative solutions.
- Commissioning planning and financial cycles not aligned with the NHS North Lincolnshire.
- Long waiting lists for adaptations, lack of specialised property and an over reliance on residential care.
- No active self-advocacy groups or established partnership groups.
- Under developed commissioning services and service 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.
- Communication of information about young people with disabilities between residential schools and adult services is less than desired.
- Local provider of residential care service reluctant to work in partnership and create alternative housing options locally.
- Limited use of new technologies.
- Access to equipment locked into access to occupational therapy services.
- Local health, financial and academic poverty
- Spiralling costs of specialist residential provision.

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 these standards.

4.2 Market/provider development

The market is currently quite limited; the Council directly provides long-term day support and there are two local providers of residential care.

There is a very large provider of very specialised expensive institutionalised care to adults and children who are on the autistic spectrum.

The direct payments support service is both in house and through an external agency that is not based locally.

A local service provides specialist assessment and support to people who have are registered blind or who have a sight impairment.

Services to people who are deaf are largely delivered directly through adult and health services through the specialist Every Adult Matters service and the NHS.

The council Adult Service runs a contract for the Department of Work and Pensions to deliver employment services to people registered disabled under the Disability Discrimination Act.

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

For social care services contract monitoring is done through individual review process. Intelligence is then gathered on a provider basis and shared with regard to safeguarding.

Housing related support services funded through Supporting People contracts have a robust contract monitoring system that does look at out comes.

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.

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.

	2006/7 (£,000's)	2007/8 (£,000's)	2008/9 (£,000's)	2009/10 (£,000's)
Revenue budget for this group	2660	2858	3118	2971
Increase year on year	0	198	260	-147
Percentage increase year on year	0%	7.44%	9.10%	-4.71%

Note:

As the cost of providing services in relation to the autistic spectrum are not specifically identified within the current recorded financial information some may be included within these figures. Costs of providing services in relation to the autistic spectrum may also be incurred in other areas of the service which are not provided here.

Value for money benchmarking, places North Lincolnshire as poor in relation to high reliance of use of residential care in 06/07. It is recognised that high cost although low volume, very specialised residential provision for people with highly complex needs can affect this position either way throughout the year. Benchmarking for home support services specifically for this group is not currently available.

4.6 Implications for commissioning

To conduct a value for money exercise on our day support services and to consider the cost benefit for that service moving this to the successful Fresh Start promoting independence model.

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

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

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. Increasing work opportunities through Work-step in partnership with the DWP Job Centre Plus. 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.

5.4 Appraisal of quality

There will be a systematic quality assurance system in place to monitor all services from April 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 People with Disabilities and Sensory Impairments 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.

- Establish the Every Adult Matters service with specialist case. management with the NHS, encourage self-management of complex conditions and increase skills in autism and aspergers related needs.
- Increase the numbers of people with disabilities into employment.
- Develop locality-based support systems focused on the health and well being of the local population.
- Encourage a range of service/solutions from a diverse range of providers.
- Develop the provision of support to those people with visual and hearing impairments.
- Develop out of hours rapid response services.

Respect

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

- Develop self-assessment for the residents at local residential homes and agree future support needs and wishes for the re-provision proposals.
- Increase the use of on-line self assessment for equipment.
- Develop self assessment systems.
- 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 existing 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.

Involved

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

- Ensure all recipients of home care can access self-directed support e.g. direct payments scheme and or card payment process.
- Make information more easily available to vulnerable adults and their carers.
- Improve young peoples experience and communications of transition to **adulthood** as apposed to that of transition to adult **services**.

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 re provide easier access to equipment that facilitate activities of daily living.
- Join up commissioning for vulnerable adults with NHS North Lincolnshire.
- Develop partnership with practice based commissioners and public health to increase knowledge of the health needs of specific groups.

Safe

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

- Develop safeguarding adults services to meet minimum standards.
- Extend the remit of the 'Support in Placement Team' to include this group of people.
- Re-provide safe alternatives to institutionalised care.
- Develop technologies that support self-care and support.
- Develop a housing strategy, which meets current and future needs.
- Enable people to live in the communities of their choice.

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 the development of the dedicated partnership.
- Increases participation of vulnerable adults and their carers in service monitoring and planning.
- Increase support to family carers.
- Work with providers to encourage user led services and solutions.
- Encourage prevention and community development approaches for this group of people.
- Encourage more community and voluntary capacity to improve self-support and assistance to vulnerable people.
- Develop a workforce that is fit for the future and able to respond fully to the needs of this user group.

6.2 Impact assessments

These principles shall be adhered to in all commissioning activity to ensure the needs of people with a physical disability and or sensory impairment 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 the user group, 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

Local residential care home in partnership with national provider in the area.

Direct payments payroll and support service.

6.4 Services to be renegotiated

Occupational and equipment services, within existing budget or less.

6.5 Services to be commissioned

Replacement of local residential care home according to the existing residents needs and wishes within existing budget per person.

Peer support user led organisation with direct payments to individuals cost £3,000 per year plus staffing costs for one person for three years to establish, approximately £18,000.

6.6 Services to be re-commissioned

As yet unknown until the reviews are complete.

6.7 Overall shift of resources

This strategy is currently financed through, adult services budgets, supporting people and elements of the area based grant although over time health budgets and priorities will be aligned to these ends. It is expected that the partnership group will develop some of the outcome objectives with partners across the Council area, using the Results Accountability methodology of 'Turning the Curve'.

We will move residential budget into the most appropriate budget i.e., the supporting people budget to allow development of more adapted supported housing.

Initially we will use the transforming adult service grant to establish the user led organisation, after year three the current support services costs will then transfer to this scheme.

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 vulnerable adult 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 for this group 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 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

- C73 Numbers of people admitted to residential and or nursing care on a permanent basis
- C72 People aged 65 or over admitted on permanent basis to residential or nursing care (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 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 140 Fair treatment by local services.

7.7 Triangles performance measures

To be agreed through the Executive Strategic Commissioning Board and the Partnership for People with Disabilities and Sensory Impairments.

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