

# Making Personalisation A Reality

# A Strategy for Adult Care Services

*April 2008 – 2020*



Before you can proceed on any great journey, you must have a dream. The promise of the dream helps you take the first step. The hope of achieving the dream keeps you going, day after day, even when you feel too tired, too sick, disappointed, or discouraged to take another step.

(Author Unknown)





## Foreword by the Lead Member for Adult Services and Corporate Director of Learning & Care

Adult social care faces a challenging future, one that is full of exciting new possibilities for everyone involved. Achieving the aspirations of the council and central government to put people first, and at the centre of everything it does, will require a step change in how this council currently delivers services. It will require us to develop new types of relationships with the people in the borough, our communities and with our partners. This will involve a shift in the balance of power so that people themselves are in control and, where they want, supported to play a full and active part in the life of their communities.

To make this happen the council needs a shared vision that will make personalisation, including a strategic shift towards earlier intervention and prevention, the cornerstone of everything it does. In social care, this means every person across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting. The importance of this approach is underpinned by '**Putting People First: A shared vision and commitment to the transformation of Adult Social Care**'<sup>[25]</sup>, a concordat that establishes a collaborative approach between central and local government that sets out shared aims and values that will guide this council's approach to transforming its adult social care services.

Over the past few years the council has developed and now provides some really good services in The Royal Borough and will continue to do so. However, we know that we must do things differently to meet people's changing expectations for the future and understand that more people will want to take greater control of what has been previously and traditionally done by adult care services.

A change of this nature can not be achieved quickly; indeed the vision and transformation will take a number of years to achieve. It is with this in mind that we believe it is important to clearly set out the nature of the change involved. This plan sets out our intentions on how we will meet the challenge and transform the way we work.

This strategic plan includes our vision for adult social care services. We want to enable adults living in the borough to be as independent as possible through making personalisation a reality for everyone. The plan sets out the key strategic aims and priorities which we will aspire to achieve over the next decade and beyond.

We look forward to working in partnership with the many people who will have an interest in delivering this transformation in adult social care within the borough.

Cllr Simon Dudley  
Lead Member Adult Services

Jim Gould  
Corporate Director  
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## **GLOSSARY OF TERMS**



## **Advocacy**

Help given to people to enable them to express their opinions, e.g. about what community care services they require, and/or rights to which they or their advocates believe them to be entitled. An advocate can be a friend or relative authorised to speak or act on behalf of a person.

## **Assessment**

The collection and interpretation of data to determine an individual's need for health, personal and social care and support services, undertaken with the individual, his/her relatives or representatives, and relevant professionals.

## **Assistive Technology**

See Telecare

## **Audit Commission**

An independent body responsible for ensuring that public money is spent economically, efficiently and effectively in the areas of local government, housing, health, criminal justice and fire & rescue services.

## **Block Contract**

A contract which guarantees a given volume of business with the service provider, usually enabling the contractor to obtain a reduction in the unit cost of service provided.

## **Care Package**

A collective name for the service(s) a person can expect to receive following an assessment.

## **Carer**

A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill; the carer can be of any age.

## **Care Management**

The process of assessing and meeting needs at an individual level.

## **Care Services Improvement Partnership (CSIP)**

The Care Services Improvement Partnership (CSIP), part of the Care Services Directorate at the Department of Health, was set up on 1 April 2005 to support positive changes in services and in the well-being of people with mental health problems, people with learning disabilities, people with physical disabilities, older people with health and social care needs, children and families with health and social care needs and people in the criminal justice system with health and social care needs.

## **Choosing Health**

A White Paper published on 16 November 2004 which set out proposals for supporting the public to make healthier and more informed choice in regard to their health.

## **Commissioning**

The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by a local authority, NHS, other public agencies or by the private or voluntary sectors.

## **Commission for Social Care Inspection (CSCI)**

The single independent inspectorate for all social care services in England. This is due to merge with other regulatory bodies in 2009 and become the Care Quality Commission.

## **Community care**

Care or support provided by Social Care Departments and/or the NHS to assist people in their day-to-day living.

## **Community Strategies**

Plans that promote the economic, environmental and social well-being of local areas by local authorities as required by the Local Government Act 2000.

## **Comprehensive Performance Assessment**

The comprehensive performance assessment (CPA) measures local government performance and covers both organisational capacity and the whole range of a council's services.

## **Contract**

A mutual agreement enforceable by law.

## **Contracting**

Putting the purchasing of services in a legally binding agreement.

## **Continuing Care**

Healthcare, provided over a period of time, that meets the physical or mental health needs which have arisen as the result of disability, accident or illness. It can be provided in hospital, or a person can be supported in their own home, or in nursing homes.

## **Day Opportunities**

Day-time support is usually provided away from a person's home, covering a wide range of services from social and educational activities to training, therapy and personal care.

## **Decommissioning**

The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning outcomes.

## **Delayed Discharge**

When it is intended to discharge a patient from hospital as they no longer require acute medical treatment, but they remain in that setting as no suitable alternative is available.

## **Direct Payments**

Payments giving recipients the means of controlling their own care at home, allowing more choice and flexibility. These are regular monthly payments from social services enabling people to employ their own personal assistants for care, instead of receiving help arranged by social services.

## **Director of Adult Social Services (DASS)**

A statutory post in local government with responsibility for securing provision of social services to adults within the area.

## **Directors of Public Health (DPHs)**

A chief officer post in the NHS responsible for public health, they monitor the health status of the community, identify health needs, develop programmes to reduce risk and screen for early disease, control communicable disease and promote health.

## **Disabled Facilities Grants (DFG)**

Grants used by councils towards meeting the cost of providing adaptations and facilities (such as bath grab rails) to enable disabled/frail people to continue living independently in their own homes.

## **Domiciliary Care**

Services provided to people at home to assist them in living independently within the community.

### **Drug and Alcohol Action Team (DAAT)**

A multi-agency team, which commissions and is accountable for local drug treatment (and alcohol) and prevention programmes.

### **Extra Care Housing**

Also known as very sheltered housing, it is a style of housing and care for older people that falls between traditional sheltered housing and residential care homes.

### **Fair Access to Care (FACS)**

Guidance issued by the Department of Health to local authorities about eligibility criteria for adult social care.

### **Floating Support**

Housing related support that is not tied to a particular property.

### **General Social Care Council (GSCC)**

The social care workforce regulator, it registers social care workers and regulates their conduct, education and training.

### **Gershon Review**

An independent review of public sector efficiency commissioned by HM Treasury and conducted by Sir Peter Gershon. The report, Releasing Resources to the Front Line, was published in July 2004 and was incorporated into the 2004 Spending Review. To support implementation, the Department of Health established the Care Services Efficiency Delivery programme

### **Green Paper**

A preliminary discussion or consultation document often issued by the government in advance of the formulation of policy.

### **Healthcare Commission**

The independent inspectorate in England and Wales that promotes improvement in the quality of the NHS and independent health care. This is due to merge with other regulatory bodies in 2009 and become the Care Quality Commission.

## **Home Improvement Agencies (HIA)**

Agencies that help vulnerable people maintain their home by advising and assisting them to obtain repair and renovation grants and funding. Often known as Care and Repair services.

## **Housing Related Support Services**

Support services which are provided to a person who is receipt of housing benefit for a purpose of developing that person's capacity to live independently in accommodation, or sustaining his or her capacity to do so.

## **Improving the Life Chances of Disabled People**

A report, published by the Prime Minister's Strategy Unit, which sets out a 20-year strategy focusing on independent living and enabling choice and control for disabled people.

## **Independence, Well-being and Choice**

Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England is a Green Paper setting out the Government's proposals for the future direction of social care for adults of all ages in England.

## **Independent sector**

An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies and voluntary organisations.

## **Individual budgets**

Individual budgets bring together a variety of income streams from different public care agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs.

## **Intermediate Care Services**

Care which bridges hospital and home care and is often rehabilitative.

## **Joint Commissioning**

The process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.

## **Joint Local Delivery Plans**

These are detailed rolling three-year plans developed jointly with all partners.

## **Joint Purchasing**

Two or more agencies co-ordinating the actual buying of services, generally within the context of joint commissioning.

## **Joint Strategic Needs Assessment (JSNA)**

The JSNA is the means by which the Primary Care Trust and the council describe the future health, care and well-being needs of the local population and sets out the strategic direction of service delivery to meet those needs.

## **Local Area Agreement (LAA)**

A Local Area Agreement is a three-year agreement that sets out the priorities for a local area in certain policy fields as agreed between central government, the local authority and Local Strategic Partnership (LSP). The agreement is made up of outcomes, indicators and targets aimed at delivering a better quality of life for people through improving performance on a range of national and local priorities.

## **Local Strategic Partnerships (LSPs)**

LSPs bring together representatives of all the different sectors (public, private, voluntary and community) and thematic partnerships. They have responsibility for developing and delivering the Sustainable Community strategy and Local Area Agreement.

## **Long-term conditions**

Those conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.

## **NHS Improvement Plan**

A Government plan, published in June 2004, which sets objectives for the NHS and related agencies.

## **NHS Plan**

A Government plan for the NHS, published in July 2000, which sets out a 10-year programme of investment and reform for the NHS.

## **National Institute for Health and Clinical Excellence (NICE)**

The independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill-health.

## **National Minimum Standards (NMS)**

Standards set by the Department of Health for a range of services, including care homes, domiciliary care agencies and adult placement schemes.

## **National Service Framework (NSF)**

Department of Health guidance that defines evidence-based standards and good practice in a clinical area or for a patient group. Examples include mental health, coronary heart disease and older people.

## **Non-statutory Sector**

Voluntary, independent and private sector provision.

## **Ongoing need**

A defined health and care need that continues over time, although the intensity of care and support needed will fluctuate.

## **Overview and Scrutiny Panels (OSP)**

A committee made up of local government councillors that offers a view on local NHS and social care matters.

## **Partnerships for Older People Projects (POPPs)**

A two-year programme of work led by the Department of Health with ring-fenced funding for local authority-based partnerships to lead pilot projects that develop innovative ways to help older people avoid emergency hospital attendance and live independently longer. The over-all aim being to improve the health, well-being and independence of older people.

## **Performance Indicators (PIs)**

Measures used to judge whether objectives have been met. Various PIs exist including Best Value, Supporting People, Audit Commission, NHS, and locally set PIs.

## **Practice based Commissioning (PbC)**

Practice based commissioning gives GPs direct responsibility for managing the funds that the PCT has, to pay for hospital and other care for the GP practice population.

## **Primary Care**

Primary care is the term for the health services that play a central role in the local community; GPs, pharmacists, dentists and midwives. Every citizen should have the best possible access to these services.

## **Primary Care Trusts (PCTs)**

Locally managed freestanding primary care NHS bodies, responsible for delivering health care and health improvements to local residents. They commission or directly provide a range of community health services as part of their functions.

## **Providers**

Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.

## **Registered Social Landlord (RSL)**

Rented housing provider that is registered with the Housing Corporation to provide 'not for profit' social housing. Most, but not all, RSLs are housing associations.

## **Respite Care**

Help to carers to give them a temporary break from the care they provide, which may be for very short periods of a few hours or for longer periods of time.

## **Single Assessment Process (SAP)**

An overarching assessment of older people's care needs to which the different agencies providing care contribute.

## **Skills for Care**

Skills for Care are responsible for the strategic development of the adult social care workforce in England. It supports employers in improving standards of care through training and development, workforce planning and workforce intelligence. Alongside the new Children's Workforce Development Council, it is the English component of Skills for Care and Development, the UK wide Sector Skills Council (SSC) for social care, children and young people.

## **Social enterprise**

Businesses involved in social enterprise have primarily social objectives. Their surpluses are reinvested principally in the business or community.

## **Social exclusion**

Social exclusion occurs when people or areas suffer from a combination of linked problems including unemployment, poor skills, low incomes, poor housing, high-crime environments, bad health and family breakdown. It involves exclusion from essential services or aspects of everyday life that most others take for granted.

### **Spot purchasing**

A method of purchasing services for individuals to achieve the most flexible responses to an individual's needs.

### **Statutory body**

An organisation set up as required by an Act of Parliament or other legislative body. The statutory duties of these organisations are laid out in legislation.

### **Step-down care**

Part of intermediate care facilities that are outside acute hospitals, enabling people who strongly value their independence to leave acute hospital and get ready to return home.

### **Step-up care**

Part of intermediate care facilities that are outside acute hospitals, enabling people who strongly value their independence to receive more support than is available at home.

### **Strategic Health Authority (SHA)**

The local headquarters of the NHS, responsible for ensuring that national priorities are integrated into local plans and for ensuring that PCTs are performing well. They are the link between the Department of Health and the NHS.

### **Supporting People programme**

A programme for funding housing related support services to help vulnerable people in receipt of housing benefit live independently in their own tenancies.

### **Telecare/Telemedicine**

A combination of equipment, monitoring and response that can help individuals to remain independent at home. It can include basic community alarm services able to respond in an emergency and provide regular contact by telephone, detectors which detect factors such as falls, fire or gas and trigger a warning to a response centre. Telecare can work in a preventative or monitoring mode, for example, through monitoring signs, which provide early warning of deterioration, prompting a response from family or professionals.

### **Third sector**

Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit. This includes voluntary, community, faith organisations and social enterprises.

## **Universal services**

Services provided for the whole community, including education and health, housing, leisure facilities and transport.

## **Valuing People**

The Government's vision and proposals for improving the lives of people with learning disabilities and their families and carers based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and opportunities to be independent.

## **Voluntary and community sector**

An 'umbrella term', referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers. Also known as, and referred to in this document as the **third sector**.

## **Wanless report**

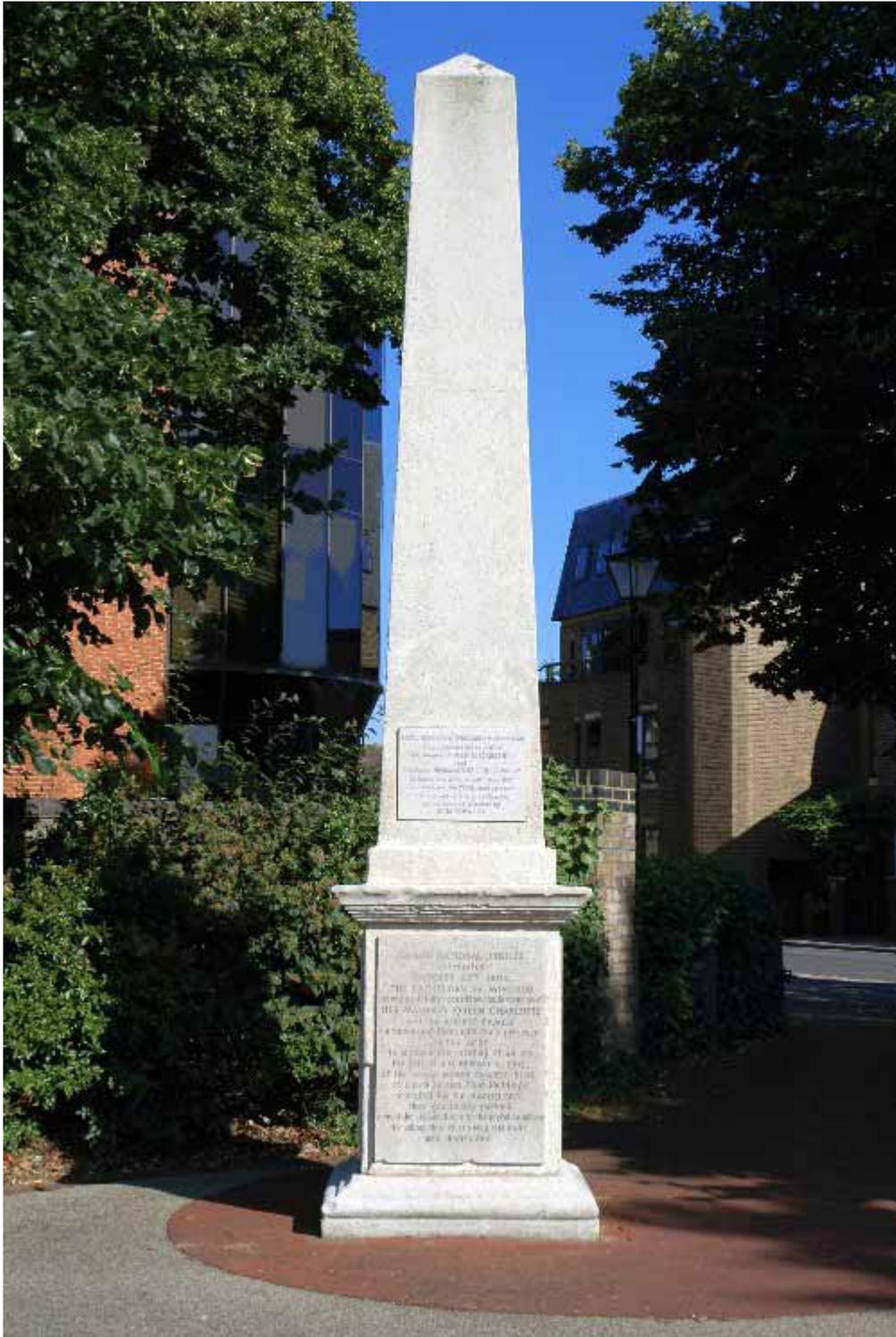
"Securing Good care for older people – Taking a long term view" – a report providing a comprehensive analysis of the demand for social care with estimates for spending requirements over the next 20 years based on a detailed examination of the factors affecting demand and how improvements in outcomes can be achieved cost-effectively. Importantly, the review also considered whether there is a fairer and more cost-effective way of funding social care than the current means-tested system.

## **White Paper**

Documents produced by the government setting out details of future policy on a particular subject.

## **Your health, your care, your say**

The listening exercise undertaken with the public in 2004/05 about what their priorities were for future health and social care services.



## SECTION 1

# EXECUTIVE SUMMARY



This Adult Plan provides a framework for the strategic commissioning of adult social care services for the community of The Royal Borough through to 2020 and beyond.

It relates to all adults over 18 years old and those approaching adult life. For all citizen groups, including carers, it does not only focus on shaping services which The Royal Borough will purchase, but aims to meet the new requirement to commission services for the well-being of the community for all its adult residents. It will guide and shape commissioning activity giving direction to service development, innovation and good practice and will stimulate the formation of new policy and revision of existing policy. It describes:

- The policy context and the way it will achieve those aims
- Key strategic objectives and future service requirements
- The local demographic perspective and current performance in providing services for all adults
- How it will be developed in partnership with key organisations and representatives, as well as the process by which it has been consulted on and be monitored

Social Care services are vital to many people living within The Royal Borough. The White Paper 'Our health, our care, our say: a new direction for community services'[23] sets the context for the council and its partners to deliver better outcomes for the well-being for all our citizens and for the communities they live in.

The key outcomes to be achieved will be in line with both the White Paper priorities, 'Transforming Social Care'[35] and the Councils Strategic Priorities:

- A shift towards services that are personal, sensitive to individual need and that maintain independence and dignity
- Ensuring that any adult at risk of abuse or neglect is able to access public organisations for appropriate interventions, which enables them to live a life free from violence and abuse.
- A strategic reorientation towards promoting health and well-being, where possible investing earlier to reduce ill health
- A stronger focus on commissioning the services and interventions that will achieve and promote inclusion and tackle inequalities
- Achieving greater value from the services we provide or commission – either by providing a higher level of service at the same cost or the same level of service at less cost

The Adult Plan provides an important step as we seek to transform how we do things to meet this challenging agenda so as to equip ourselves for the future. It is built on the solid foundations of local demographic data and with a strong reference to the national and local policy frameworks. The strategy is evidence-based and reflects local and national policy. It makes working

assumptions about the nature and projected level of need, finance, demography and legislation.

The Council needs an approach to strategic commissioning in order to manage the challenges over the next decade and beyond, the principal ones being:

- The significant increase in the numbers of older people – predicted to increase by around 24% (an additional 3,800 people) with the greatest increase of these older people (48% - circa 1300 people) being in the over 85 age group and nearly half of these are likely to develop a mental health condition i.e. dementia or depression/psychotic disorder and be in need of services.
- The number of people with a severe learning disability and having complex needs are predicted to increase by circa 15% (an additional 83 people). There is likely to be a circa 30% increase in people with a learning disability moving into older age bracket (over 65)
- The number of those people who have either Autism or Aspergers are expected to increase by circa 7% (an additional 88 people)
- The numbers of working age adults with an enduring mental health condition are likely to increase. It is important to note that depression is now the most common reason for claiming Incapacity Benefit (having taken over from back injury/pain)
- National evidence indicates that there will be an increase in the number of children with complex conditions surviving into adulthood and this will have a significant impact on demand for services.

The plan sets out the following commissioning objectives:

### **Promoting Independence and Preventing Dependency**

Promote a healthy, safe and sustainable locality that seeks to maximise the impact on the health and well-being for all adults living within the borough through developing services that respect a person's independence.

### **Dignity and Respect**

Support and care will be provided that ensures dignity and respect, and will be at the heart of services for everyone, so people are free from discrimination or prejudice and are safe from harm.

### **Joint Commissioning**

Better outcomes for individuals will be delivered through joint planning and commissioning of services.

## **Choice and Control**

All adults living within the borough will have significantly increased choice and control over the way they have their support and care needs met and are able to make informed choices relating to the way their services are provided.

## **Effective Commissioning & Procurement**

Services will be commissioned through establishing clear standards around both quality and cost, by the most effective, economic and efficient means available. This will enable capacity to be increased for the future by commissioning and procuring social care effectively so as to meet the growing and changing need for a range of services.

## **Equality of Access**

Services will be accessible, responsive, non-discriminatory, and provided in line with the Fair Access to Care standards. This will require joint development with partners to ensure universal services are available that all adults can access (e.g. sports, leisure, cultural, educational, training, transport and employment services).

## **Workforce Development**

A workforce will be developed that will be capable of delivering the vision of the strategic priorities

## **Economic Well-being and Sustainability**

Working in partnership will help residents of the borough have access to economic opportunities such as income and resources for a good diet and feel able to participate in family and community life.

The Adult Plan outlines the proposed vision up to 2020 and gives a clear signal of intent to our partners and stakeholders. It will support investors to make good decisions and makes it clear how the Council will be exerting its influence and buying power. As part of the implementation the council will engage widely to ensure that it remains a live and relevant document.

The document sets out broad strategic intentions to develop services. It can only be delivered through closer work with citizens and carers and more effective partnership work with other agencies (e.g. health, voluntary and independent providers). This plan reinforces a new direction, encouraging services to help people remain independent.





## **SECTION 2**

# **INTRODUCTION**



Since 2004 Adult Services of the Learning & Care Directorate has striven to achieve good and improving levels of services within the local community and excellent progress has been made. However, it is now recognised that there is need for a change in the way we conduct our business in order to meet the many challenges all councils with responsibility for social services are facing over the next 10-15 years. The Royal Borough like most other councils faces a rapidly ageing population with the likelihood of fewer people of working age. This projected demand is likely to exceed the probable pace of growth in the council's financial resources.

The council has already embarked on a significant programme of modernisation during the past four years to deliver social care services that are fit for purpose. CSCI has acknowledged this in the latest Social Care Inspection and has commented that **'the council continues to make improvements in its adult care services which have been a recurrent theme over the past four years'**. The 2007 Annual Performance Assessment of Social Care Services for Adult Services in The Royal Borough<sup>[4]</sup> judged that the council makes a good contribution to improving people's quality of life, health and sense of well-being and delivering **'Good Outcomes'** whilst the capacity for improvement is **'Promising'**.

This new Adult Plan will enable us to have greater focus to develop the different skills necessary to become increasingly a commissioning organisation, and less of a direct provider of services. This means that one of our primary roles is to ensure that the care market thrives and is competitive, stable and responsive.

The Plan provides a framework for the strategic commissioning of adult social care services for the community of The Royal Borough through to 2020 and beyond. It relates to all adults over 18 years old and those approaching adult life. It is for all citizen groups including carers and does not only focus on shaping services which The Royal Borough will purchase but will meet the new requirement to commission services for the well-being of the community for all its adult residents. It will guide and shape commissioning activity giving direction to service development, innovation and good practice. It will also stimulate the formation of new policy and revision of existing policy.

There is continued emphasis from national government upon building the local authorities 'commissioning' focus on sound business practices to drive efficiencies through procurement and market enablement. We therefore need to develop and refine our approach to strategic commissioning, to take us beyond our current methods of procurement, purchasing and service delivery and this Plan provides the framework to begin that process.

The focus of the Plan will be on the delivery of adult social care services and it is therefore owned by and relates to The Royal Borough's Adult Services. However, the nature of commissioning in a strategic manner to achieve outcomes associated with the well-being of the community cannot be achieved unilaterally, therefore there is a need for this strategy to align with and influence the commissioning activities of Berkshire East Primary Care

Trust (PCT) and any other regional and sub-regional bodies that may exist or develop during the lifetime of the Plan.

This Plan seeks to provide an overarching and long-range perspective on commissioning adult social care for the citizens of today and tomorrow. It sets out key aims for the future with commissioning implications and explains the assumptions upon which these have been based. It therefore provides a broad approach and framework for how commissioning activity relating to specific citizen groups can take place.

Whilst the Adult Plan looks ahead to 2020 and sets out a comprehensive set of actions for the direction of travel for strategic commissioning, the general direction of travel will be refreshed in three year cycles. This will ensure that the strategy remains focused and that it will be able to flex with the growing body of evidence as it emerges, and in line with the current financial frame. To complement this long-ranged approach we will, with our local PCT, develop individual detailed 3-year joint delivery plans for each citizen group i.e. carers, older people, older persons mental health, adult mental health, learning disability, physical disabilities, long-term conditions, sensory services, drugs and alcohol services, those with Autism and those with Asperger's Syndrome.

This Plan provides the cornerstone of our commissioning programme into the future. It recognises the role of the Director of Adult Social Services (DASS), and seeks to reach far beyond Adult Services. It recognises the changing role for local government as a 'place shaper' and strategic leader in response to population needs. Therefore this Plan supports the corporate objectives of the council in creating the environment to support community well-being and the strategic priorities of the council which are:

- **Putting residents first**
- **Provide value for money, and**
- **Equipping ourselves for the future**

Responsibility for delivering the changes set out in this Plan will primarily be with Commissioning Section of Adult Care Services who will be tasked with commissioning services for the well-being of the community, working closely with partners in the statutory, commercial and third sectors. This is an expansion and development of the Directorate's existing statutory responsibilities to ensure that a range of high-quality care and support services are available for those with more complex needs.

This Plan contains a needs analysis of the population of The Royal Borough using data available at the time of it being written (2008). This will be revised over time to ensure that it remains accurate and useful. There remain gaps in the needs analysis in a number of areas and the Joint Strategic Needs Assessment (JSNA) will be used to inform the first joint delivery plans. There is also an initial description of the social care market with a full proposal as to

how a more detailed analysis can be undertaken. This will also be prioritised for action in the first joint delivery plans.

The council's vision for Adult Services is:

**Through making personalisation a reality The Royal Borough will empower and support citizens to shape their own lives and the services they receive.**





## **SECTION 3**

# **THE ROYAL BOROUGH'S APPROACH TO STRATEGIC COMMISSIONING**



This section provides an explanation about what strategic commissioning is. It is the **'process of specifying, securing and monitoring services to meet people's needs at a strategic level whereby best value is secured for local citizens, and the process of translating aspirations and need into reality is fulfilled'** (Commissioning Framework for Health & Well-being [8]). This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors. (Audit Commission, 2003)

Taking steps to encourage more effective commissioning at a local level is central to the Government's reforms and builds on the direction of travel first set out in the NHS Plan 2001. The White Paper 'Our health, our care, our say: a new direction for community services'[23] emphasises the importance of effective commissioning in delivering improved outcomes for citizens. It proposes a broader model than has been traditionally used to commission services and emphasises commissioning frameworks that will promote health and well-being, develop preventative approaches and provide support to people with long-term conditions

'Our health, our care, our say' lists well-being outcomes which will require us to have a strong focus on shifting the current system in both health and social care towards prevention and empowerment for all. It is therefore recognised that social and health care commissioning needs to be firmly located in a wider community well-being programme to ensure that decisions about care are taken in a framework that promotes health improvement, independent living, inclusive communities and a reduction in inequalities.

In The Royal Borough we have a commitment to implementing the principles of the White Paper and this is reflected in our vision in Section 1, which underpins our programme for modernisation and the strategic commissioning approach itself. The key outcomes to be achieved will be in line with both the White Paper priorities, Transforming Social Care[35] and the Council's Strategic Priorities [26]:

- A shift towards services that are personal, sensitive to individual need and that maintain independence and dignity
- Ensuring that any adult at risk of abuse or neglect is able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.
- A strategic reorientation towards promoting health and well-being, where possible investing earlier to reduce future ill health of our citizens
- A stronger focus on commissioning the services and interventions that will achieve and promote inclusion and tackle inequalities

The Royal Borough's approach to commissioning of services will need to be different to its existing method in that it will need to seek to achieve outcomes for the whole community not just for those eligible for social care support. We will also look to influence and work with a wider range of partners in

recognition that they also have a powerful influence over the health and wellbeing of the community and have a significant role to play.

The changes being proposed are likely to challenge the current practice of everyone involved in delivering social care, requiring them to change and this will impact on current models of procurement and contracting, negotiations with and monitoring of providers and their services.

The principal aim of a commissioning strategy for people with care and support needs in the community is to support a move towards citizenship, in order that people can have greater control of their life and to be able to speak and act for themselves. This will include a full active participation in all aspects of the life of the community as a responsible and active citizen and as a full partner in the commissioning and development of services.

Strategic Commissioning is an approach that will lead us to think differently and look at the whole needs of the local population and how a range of different investments and influences could be brought to bear to benefit the whole population. Strategic Commissioning attempts to work at a higher level than traditional commissioning activity and will involve a wider range of stakeholders and partners. Precisely who this might be will depend on the situation and an assessment of the influence or investment they could make towards the overall outcome. For example, this could include partners not normally associated with social care identifying mutually advantageous opportunities in meeting the needs of those people self-funding care services.

Once this strategic direction is established, then a variety of mechanisms will be considered and used to begin the implementation process. There may be opportunities to take some initial steps quickly, but the strategy will have a long-term timescale and our perspective is one that looks towards at least 2020, if not beyond. The strategy will also result in the development of a range of service-based commissioning activity or procurement, possibly over shorter timescales.

The success in achieving and/or moving towards the strategic objectives will be measured against outcomes set out in the CSCI's new performance regime 'A New Outcomes Framework for Performance Assessment of Adult Social Care' [2]. This approach will test the viability of the strategy and inform the proposed detailed 3-year delivery plans necessary to achieve the outcomes. The success in delivering and achieving the strategy will be measured against these key outcomes. These are:

- Improved health and emotional well-being and support in managing long-term conditions
- Improved quality of life, including access to universal services, and safety and security inside and outside the home
- Making a positive contribution to the local community
- Being able to exercise choice and control
- Freedom from discrimination and harassment

- Economic well-being, taking account of social activities and special needs
- Personal dignity including comfort and cleanliness

These outcomes are equally applicable to all citizen groups and carers and this is reflected in the approach of this strategy which is described in detail in Section 10. The three-year 'Joint Local Delivery Plans' will provide the detail of commissioning activity relating to specific citizen groups.

The development and implementation of the strategy will reflect the views and aspirations of citizens, potential citizens and the wider community and this will be drawn from existing local knowledge and consultation, national evidence and research. This is set out in greater detail in Section 8. How this will be achieved will be set out in the joint local delivery plans.

This Plan embraces the concept of citizen choice and encourages an 'In Control' approach through both Direct Payments and Individual Budgets as potential means of achieving this. We will have to therefore ensure that there is sufficient and cost effective capacity within the market to meet this demand.

In October 2007 the CSCI published the results of a study that investigated people's experiences when finding a care home. This was a progress check based on the findings of an earlier study by the Office of Fair Trading [6], which concluded that people generally were poorly served with information about choice, prices, services offered and terms & conditions. The government's drive to encourage the spread of personal budgets and self-directed care, has moved the provision of good quality information about services up the agenda, as people are offered, and encouraged to exercise, greater choice.

A high proportion of care services are purchased independently by individuals (self funders) in The Royal Borough. The current procurement activities of the council are insufficient to meet the needs of those individuals. Our future commissioning activities will ensure that a viable and varied choice of services are available for those individuals and that appropriate information, advice and guidance is offered at those critical points in their lives.

This Plan sets out a vision for what the local social care market might look like in the next 10 -15 years. This will need to include the following features:

- Self-assessment and self-directed care
- Predominately home-based support, including extra care and supported housing
- Safeguarding of vulnerable adults
- Increased use of assistive technologies
- An increased emphasis on prevention
- An ability to respond to outcomes as defined by citizens
- Promotion of social inclusion

- Contracts based on outcomes for citizens
- Effective partnerships between commissioners and providers
- Specific individually commissioned services, normally jointly with health, where individual needs are too great to be met in mainstream housing

The Plan provides a foundation for commissioning for social inclusion across all citizen groups and this is a recurrent theme in a number of major national policy documents including 'Independence, Well-being and Choice'<sup>[13]</sup>, 'Our health, our care, our say'<sup>[23]</sup>, 'Choosing Health'<sup>[7]</sup>, 'Mental Health and Social Exclusion Report'<sup>[17]</sup>, 'A New Ambition for Old Age'<sup>[1]</sup> and 'A Sure Start to Later Life: Ending Inequalities for Older People'<sup>[3]</sup>

The latter advises of a sustained programme of change to challenge discriminatory attitudes and significantly improve opportunities and outcomes for older people. The report sets out an action plan within a multi-agency framework. It aims to go beyond statutory health and social care organisations, to include partnership working with employment and education organisations, employers and the voluntary sector to tackle all areas of social exclusion.

Whilst the experience of exclusion is not unique to older people – it affects people of all ages, it can be particularly acute in later life as it is all too rare for people already excluded in mid-life to be able to break the cycle of exclusion in later life, and it may worsen.

This Adult Plan acknowledges effective commissioning strategies will involve a range of joint commissioning activities with stakeholders to help deliver what is needed. This will be the case particularly with NHS and Housing planners and commissioners. It will also include those other parts of the statutory sector responsible for commissioning, developing or providing services that could broadly enhance individual or community wellbeing.

The increasing focus on value for money for council-tax payers will result in greater use of collaborative commissioning and procurement across partner organisations in order to enhance collective purchasing power. This will include existing major partners such as the local NHS organisations, and also neighbouring local authorities, either bilaterally or under the aegis of the regional public sector procurement body the South East Centre of Excellence (SECE) in the form of framework agreements and cost-assessed preferred supplier lists. Expected spin-off benefits include better sharing of intelligence on market price movements and more consistent quality monitoring.



## **SECTION 4**

# **NATIONAL AND LOCAL POLICY CONTEXT**



This section reflects the key national and local policies/drivers.

The priorities described in 'Our health, our care' our say'<sup>[23]</sup> relate equally to all of the above citizen groups. The commissioning activity needed to meet these priorities will vary according to the magnitude of the changes required and of the specific outcomes that are sought. They will stimulate choice and promote citizenship in its broadest sense (for example, the introduction of Individual Budgets or fully accessible library and information services). Others will be more about developing local opportunities and community enterprises.

On the 10<sup>th</sup> December 2007 the Government launched 'Putting people first: a shared vision and commitment to the transformation of adult social care' <sup>[25]</sup>. This landmark protocol seeks to set out and support the Government's commitment to independent living for all adults. It outlines the shared aims and values, which will guide the transformation of adult social care. It is unique in establishing a collaborative approach between central and local Government, the sector's professional leadership, providers and the regulator.

In January 2008 the Department of Health published a Local Authority Circular 'Transforming Social Care' <sup>[35]</sup> setting out the transformation of social care first signalled in the Department of Health's social care Green Paper, *Independence, Well-being and Choice* <sup>[13]</sup> and reinforced in the White Paper, *Our health, our care, our say* <sup>[23]</sup>. Central Government are providing 'ring-fenced' grant funding over three years (April 2008 to March 2011) to support system-wide transformation in every local authority. This council along with partners and members of the local community will agree how this funding will be spent to develop the personalised system.

Key elements of the transformation programme in every community will include:

- Giving the vast majority of people who receive funded care their own personal budgets so they can choose the support services they want for themselves or a family member. An increase in the number of people utilising direct payments.
- High quality care homes, home care and day services to be rewarded, poor performers failing to respect people's dignity no longer used by local councils and the NHS.
- Initiatives such as first-stop shops becoming common place so that everyone, including people who don't have support from social services, will have access to advice and advocacy about community services, such as local community equipment providers, falls services or domiciliary support and transport links
- Investing in support that keeps older people healthy and tackles loneliness and isolation
- Closer collaboration between the NHS and local government so that people receive more coordinated and efficient support in the community.

## National Drivers

The Government's modernisation agenda for public sector agencies is aimed at improving the way the Local Authorities and Health deliver services. It is outcome focused for the individual citizen and aims to put them, along with carers, at the heart of the service.

Fundamental to achieving all this are Local Area Agreements (LAAs) which are seen as the central point for delivery of a Sustainable Community Strategy that places a legal duty on local authorities, health and named partners to work together to build a more flexible and responsive relationship between Central Government and a locality on the priority outcomes that need to be achieved at local level, which are: -

- To ensure that all citizens have a voice on health and well-being in their area.
- To ensure a more visible community leadership role on health and well-being for local authorities.
- To build on the reforms in the Health Act 1999 (e.g. flexibilities) by engendering systematic partnerships such as joint appointments, pooled budgets and joint commissioning.
- The high level outcome for each LAA block, identified by Central Government, will be based on National Public Service Agreements (PSAs) and agreed improvement strategies.
- Healthier communities and older people is one of four blocks that make up the structure of LAAs.
- For the Healthier Communities and Older People block this particularly means addressing the outcomes targeted in Department of Health's PSA targets in relation to improving the health of the population, reducing health inequalities and improving the quality of life and independence of vulnerable older people.

Standards and targets have been set for the National Health Service (NHS) and Local Authorities (LA) to meet in order to achieve this agenda. The process started when 'Modernising Social Services' [18] and 'NHS Plan' [21] were published and these described the vision over a ten-year period.

A range of National Service Frameworks for individual service areas set out overarching principles in 'Building Capacity and Partnership in Care' [5]. This is the guidance on reaching agreements between the statutory and independent social care, health care and housing sectors.

The NHS Improvement Plan [33] describes systems that continue the development of services outlined in the NHS Plan [21] and makes further recommendations on services such as the development of Community Matrons who coordinate care for older people and those with complex health and social care needs.

These shifts are part of the modernisation agenda reflected in a wide range of government legislation and policy that will continue to influence and shape

health and social care services. It provides this council with certain duties and powers, which enable it to pursue the aims and objectives of the Social Services Department in relation to people with assessed need.

- National Assistance Act (1948)
- Chronically Sick and Disabled Act (1970)
- Mental Health Act (1983)
- The Disabled Persons Act (1986)
- The NHS and Community Care Act (1990)
- The Disability Discrimination Act (1995)
- Direct Payments Act (1996)
- The Carers Act (1995)
- Data Protection Act (1998)
- Human Rights Act (1998)
- Caring About Carers (1999)
- Better Equipped (Audit Commission 2000)
- Carers and Disabled Children Act (2000)
- Performance Assessment Framework (DOH)
- Supporting People Programme
- Choosing Health: Making healthier choices easier (2004)
- Carers (Equal Opportunities) Act (2004)
- Mental Capacity Act (2005)
- Our health, our care, our say (2006)
- Commissioning framework for health and well-being (2007)
- Safeguarding Vulnerable Groups Act (2006)

‘Our health, our care, our say’ [23] encompasses community health and social care delivery, and identifies the new role of Director of Adult Social Services (DASS) and its key relationship with Directors of Public Health (DPH) and Children’s Services. Its key themes across health and social care include the shift to:

- Personal and responsive health and social care services that reflect people’s needs and wishes
- Prevention, public health and well-being linking to ‘Choosing Health’ [7], the Public Health White Paper which requires co-delivery and if appropriate, joint commissioning, between local government and NHS in partnership with communities, business, and the third sector. The statutory functions of the DASS and DPH will lead this.
- Tackling inequalities
- More focused support for people with long-term conditions
- More service provided outside of hospitals, closer to home

- More integrated services and working arrangements between the NHS and social services.

Success will be measured against seven key outcomes, first outlined in the Green Paper 'Independence Well-Being and Choice - Our Vision for Adult Social Care' [13] (the forerunner of the White Paper).

The Local Government and Public Involvement in Health Act 2007 [32] requires Primary Care Trusts (PCTs) and local authorities to produce a Joint Strategic Needs Assessment (JSNA). The JSNA is the means by which PCTs and local authorities will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. JSNAs will take account of data and information on inequalities between the differing, and overlapping communities in local areas and support the meeting of statutory requirements in relation to equality audits.

The reason for doing a JSNA is to develop the whole health and social care response so it more closely meets the wants and needs of local people. It will provide an opportunity to look ahead three to five years, and support and direct the change that needs to happen in local service systems so that:

- services are shaped by local communities ('voice')
- inequalities are reduced
- social inclusion is increased
- these outcomes are maximised at minimum cost.

and will:

- provide analyses of data to show the health and well-being status of local communities
- define where inequities exist, and
- use local community views and evidence of effectiveness of interventions to shape the future investment and disinvestment services.

The Partnership Board for People with Physical Disabilities and Sensory Impairment has adopted the Social Model of Disability, which supports and underpins the approach and goals in the White Paper. Additionally 'Improving the Life Chances of Disabled People' [12] states: 'By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society.'

'A Sure Start to Later Life: Ending Inequalities for Older People' [3] highlighted the need to bring services together around older people. This Adult Plan will endeavour to support this approach by seeking to develop everyday services to ensure that they meet the needs of older people as a matter of course. It is not just about better social services, which is often seen as the service

responsible for older people, but comprehensive services that can empower older people and improve their quality of life.

This Adult Plan also endorses the approaches of 'Valuing People' [37], 'Valuing People Now' [36] and the National Service Framework for Mental Health [19].

The key themes of the above documents are around:

- Independent living: more choice in how support is delivered, cash, direct services or a mix, better advice, housing and transport
- Services centred on disabled children and families not on funding streams and processes, including childcare and education
- A smooth transition into adulthood: no 'cliff edges' in service provision
- Improved support and incentives for getting and staying in employment
- Information and advice, involvement in care and service planning and recognition of the carer's right to lead their own life
- Quality services and improving services with better outcomes.

The role of the Director of Adult Social Services is set out in statutory guidance, and is described as:

**'...a post with strategic responsibility and accountability for the planning, commissioning and delivery of social services for all adult client groups and with a leading role in delivering the wider vision for social care and combating social exclusion.'**

For local government, some of the key lines of enquiry through the Comprehensive Performance Assessment requiring assessment against the healthier communities and older people's agendas are:

- What has the council, and its partners achieved in its ambition for promoting healthier communities and narrowing health inequalities?
- What has the council and its partners done to promote and support the independence and well-being of older people?

The Public Health White Paper 'Choosing Health' [7] highlights people with mental health problems as one of the target groups that need to be supported to improve health and well-being. This is another national driver that will shape the interventions that this Adult Plan will address through its implementation.

The 'Dignity in Care' campaign sets out a 'dignity challenge' to ensure that we commission and provide high quality care services that respect people's dignity. We believe that the dignity of our citizens and carers is fundamental to our business and the approach set out in Dignity in Care is upheld by this

strategy, particularly through its core themes of choice, control, prevention and independence.

Finally, in October 2007 the Government announced its intention to produce a Green Paper on reform to the system of adult care and support, in order to ensure that an affordable system is in place for the 21st century. These reforms will ensure that state resources are targeted effectively, and that they enable people to have choice and control over the ways they live their lives. A Green Paper is anticipated in late 2008. Therefore this Plan may require additional updating depending on the extent of the reform.

## **Local Drivers**

The Royal Borough is committed to continuous improvement in service delivery. Elected Members play an important role in ensuring services are meeting the public's expectations. Public services must be scrutinised and monitored by elected members to help drive up standards and improve performance. The Council's Vision is:

**“We want The Royal Borough to be a place where everyone can thrive in a safe and healthy environment, take an active part in decision making and continue to learn and develop throughout their lives”**

The Council seeks to deliver all its services equitably across the geographical area, and to that end has developed a comprehensive corporate strategy.

The Council's Corporate Strategy [26] has been enhanced to set the work of all Directorates within an integrated framework and to support the responsibility of meeting the Best Value challenge. The corporate strategy takes account of the duty to promote the economic, environmental and social well being of its citizens, cutting across departmental boundaries. At the heart of the Strategic Plan and underpinning all our other plans and actions, is our key aim of providing the best possible services to local communities

There are 3 strategic priorities that guide all of the council's plans:

- Residents first
- Value for money
- Equipping ourselves for the future

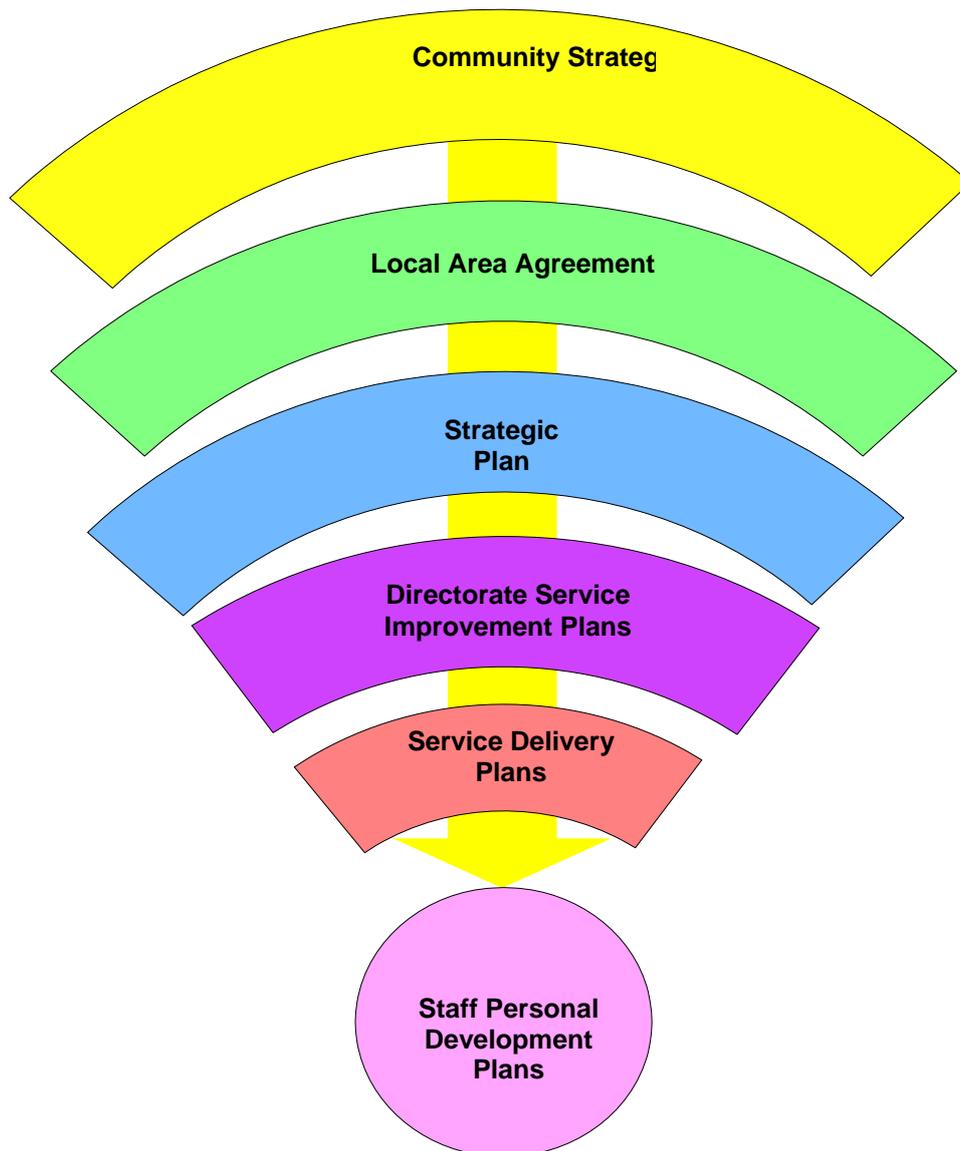
This plan and the subsequent 3-year delivery plans will reflect these priorities.

It is acknowledged that no single organisation can make wide reaching improvements to the economic, health, social and environmental well-being of The Royal Borough by themselves, so it is only by working together that we can make a real difference to the quality of life for everyone in The Royal Borough.

There is a determination by the Council to promote sustainable development, working in partnership with the private and voluntary sectors to promote, support and develop The Royal Borough's economy, skills and infrastructure.

## FRAMEWORK FOR PLANS

The Community Strategy was updated during 2007; this includes a 10-year vision for the local community, which shapes the work of the Council and partner organisations. Based upon the 'Golden Thread' principle, the Community Strategy priorities are cascaded down into the Strategic Plan, Service Delivery Plans and Personal Development Plans as illustrated below:



## **THE SUSTAINABLE COMMUNITY STRATEGY [27]**

Local agencies and organisations have worked in partnership over many years to deliver better services to Royal Borough residents and businesses, producing many shared plans and strategies.

The Community Strategy sets out how the council are going to address the priorities identified by local people, key stakeholders, community partnership organisations and central government.

The priorities of The Royal Borough Community Partnership have been developed by each of the ambition groups. They are the result of consultation with stakeholders and residents of The Royal Borough. Each group has listed its strategic priorities and identified its strengths and areas for development using 5 outcomes:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- economic well being

## **AMBITIONS FOR OUR COMMUNITIES**

These ambitions are expressed under the four themes of the Sustainable Community Strategy, in order to demonstrate clearly our contribution towards delivering the vision for the community.

- Supporting Children & Younger People
- Supporting Adults & Older People
- A Thriving, Cleaner, Greener Borough
- Safer & Stronger Communities

Details of our achievements and targets under each theme are set out in details in the Community Strategy and Strategic Plan which can be found on the council's website – [www.rbwm.gov.uk](http://www.rbwm.gov.uk)

To ensure that we continue to deliver high quality public services we have identified the following key priorities, under each Community Strategy Theme.

### **Children and Younger People:**

- Ensure that every child matters, with all children and young people effectively safeguarded, especially those in key vulnerable groups.
- Help all children and young people to achieve the highest possible standards in both formal and informal education so as to improve their life chances
- Undertake review of school catchment areas, where anomalies exist

- Enable more children and young people with complex needs to be educated and supported closer to home through the development of local provision, including respite care.
- Support children and young people's emotional and mental health, through the implementation of a comprehensive Children & Adolescent Mental Health Service strategy and Local Area Agreements.
- Enable vulnerable groups of young people to make a smooth transition to adulthood through more informed choices and opportunities to benefit from an enhanced range of education, employment and training options.
- Support Heads and Governing bodies in achieving high standards of discipline and combat anti-social behaviour or crime relating to schools
- Ensure all children and young people have access to a range of play and recreational opportunities

#### Supporting Adults and Older People:

- Support older people to live at home and promote independence.
- Ensure excellent standards in care home accommodation
- Develop supported living schemes for people with a learning disability
- Prevent deterioration of health & promote well-being through raising awareness of facilities and initiatives such as SMILE (So Much Improvement with a Little Exercise)
- Develop services for older people with mental health problems, provide more support for people with long-term needs and protect vulnerable adults
- Review hospital discharge arrangements
- Ensure that carers receive appropriate information, advice and support
- Tackle inequalities and improve access to community services
- Safeguard vulnerable adults
- Enable economically inactive adults to access learning, training and employability skills in order to access local job opportunities
- Increase the number of homes reaching the national decent homes standard

#### Safer & Stronger Communities:

- Reduce crime and reassure the public
- Reduce re-offending by young people and prolific and priority offenders
- Reduce the harm caused by illegal drugs

- Build Respect in communities by tackling and reducing anti-social behaviour
- Increase domestic fire safety and reduce arson
- Encourage and facilitate business continuity arrangements to avoid disruption to services
- Empower local people to have a greater voice and influence
- Enable young people to become engaged in positive activity such as the 13-19 holiday programmes.

#### A Thriving, Cleaner, Greener Borough:

- Ensure that residents, businesses and visitors have a safe, efficient and well maintained transport system, providing straightforward access to everyday services and facilities and offering a genuine choice of access methods
- Improve The Royal Borough's environment and appearance by maintaining the cleanliness of our streets through enhanced enforcement and rapid response services in removing graffiti, abandoned vehicles and fly tipping
- Develop an integrated approach to minimising and managing waste and encourage recycling, whilst ensuring arrangements reflect residents' views
- Adopt and implement sustainable design and operating methods to reduce the overall impact of new developments on the environment
- Protect The Royal Borough's green belt and conservation areas and strengthen planning enforcement
- Ensure the economic vitality of the towns, villages and rural communities
- Provide high quality leisure facilities and parks and open spaces, promoting healthy lifestyles and increasing participation in physical activity
- Promote the benefits and manage the impact of tourism

#### **CHILDRENS & YOUNG PEOPLE'S PLAN**

The Children and Young People's Plan is the strategic document setting out the Key Priorities for Children's Services within both the Council and its partner agencies for 2008-11. These priorities aim to improve the lives of children and young people as identified in Every Child Matters so that they can *be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well being.*

The Plan reaffirms the strong commitment from the Council and all its partners to ensure that vulnerable children and young people are supported to overcome obstacles, and that every child and young person within The Royal Borough is happy, healthy, safe and able to achieve their full potential.

The Plan identifies priority areas for each of the Every Child Matters five outcomes (be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well being) plus additional priorities for children with disabilities and children in care. It outlines what will need to be done within each of these priority areas in order to meet the needs of children and young people more effectively.

A small group of children and young people have additional support needs and may require a specialist service to support them due to a disability or special educational need, mental health issues, or adverse family circumstances: around 800 children and young people might be 'in need' at any one time. A very small group of children need intensive support.

### **Key Priorities from the Children and Young People's plan relevant to the Adult Plan:**

#### Be Healthy

- Develop comprehensive mental health services to support children and young people's mental health and emotional wellbeing.
- Develop integrated services to promote children and young people's physical health in order to improve sexual health and reduce levels of obesity and substance misuse.

#### Stay Safe

- Develop early intervention services for families, schools and community settings in order to improve outcomes for vulnerable children and young people.

#### Make a Positive Contribution

- Support parents, carers and the community to nurture children and young people's social and emotional development and promote positive relationships.

#### Achieve Economic Well-Being

- Develop and enable access to the full range of learning opportunities (including educational and vocational) for 14- to 19-year-olds so that all young people are able to benefit from employment, education and training.

#### Children with Learning Difficulties and/or Disabilities

- Develop an integrated multi-agency service for children with complex needs that puts children and families' needs at the centre.

## **PCT COMMISSIONING STRATEGY**

Berkshire East PCT is responsible for a population of 376,500 people registered with GPs, and has a budget of £450 millions for 2007/08. The PCT covers the unitary areas of Bracknell Forest, Slough and The Royal Borough of Windsor & Maidenhead.

Primary Care Trusts are mainly commissioning organisations, commissioning being the process by which PCTs determine the health needs of their populations and identify the priorities to purchase services to meet these needs.

Berkshire East PCT in 2007/08 determined its strategy for the next 5 years after consulting with local people.

Priorities identified for East Berkshire will increase the likelihood of additional years of life and reducing inequalities. Over the next five years the priorities are:

- Coronary Heart Disease
- Diabetes
- Mental Health
- Cancer
- Smoking
- Obesity and Sexual Health.



## **SECTION 5**

# **SUPPORTING EVIDENCE**



The previous section set out the policy framework which underpins the future development of care services nationally and in The Royal Borough. A number of these refer to the importance of strategic commissioning, including 'Our health, our care, our say' [23]. National guidance in the form of the 'Commissioning Framework for Health, Care and Well-being' [8] was first published for consultation early in 2007. This Plan reflects what we understand to be its content and we will have the opportunity to adjust the plan in line with its contents within the first three-year joint local delivery plans.

This section provides a brief overview of the evidence from research and other sources that provides support for the value of strategic commissioning. These include the following:

- 'Our health, our care, our say: A New Direction For Community Services' [23]
- A New Outcomes Framework for Performance Assessment of Adult Services [2]
- Developing a Commissioning Strategy in Public Care (Moultrie CSIP 2006)
- The Better Commissioning Learning Improvement Network established by the Care Services Improvement Partnership (CSIP)
- The Commissioning E-Book
- Commissioning Home Care – Changing Practice: Delivering Quality' (Dianna Matthew UKHCA4 2004) [9].
- Joseph Rowntree Foundation, 'Paying for Long Term Care' [24]
- Securing Our Future Health: Taking a Long-Term View [28]

The Better Commissioning Learning Improvement Network (Better Commissioning LIN) established in 2002 by the Care Services Improvement Partnership (CSIP) has provided opportunities to develop a knowledge base and to share learning within the network.

The Commissioning eBook was launched at the end of March 2006 and has become a significant reference point in assisting and shaping thinking among not only social care, health and housing commissioners across England, but also independent sector service providers.

'Commissioning Home Care – Changing Practice: Delivering Quality?' [9]. This report identified the need to demonstrate the mutuality between the providers and commissioners and why they need to work together to ensure the right type of quality of services exist for local populations. The central message is that joint working is required to ensure sensitive, flexible, cost effective services are commissioned.

The Joseph Rowntree Foundation report, 'Paying for Long Term Care' [24] places an emphasis on the need for the availability and affordability of support for older people being essential to support their independence at home. It

discusses a range of options to incentivise local authorities to support people at home rather than in care homes before it is absolutely necessary.

There is an enormous body of evidence in varied reports and government policies placing an importance on involving citizens, carers and stakeholders in the commissioning process. The emphasis is placed on the need for citizens to be real partners in commissioning. The focus should be on the long-term outcomes required by the citizen, rather than on the process of simply delivering service outputs. There is a concept of a 'commissioning moment' being a point where decisions are made about the structure and shape of services and the importance of having the voice of citizens influencing that decision.

In 'Involving people who use services in the commissioning process' by Nigel Walker [14] consideration is given as to who is meant by 'people who use services' and why their involvement in the commissioning process is essential. It explores those areas in which involving citizens would assist the commissioning process. It also illustrates how those views may be best canvassed on a regular and continuing basis and the possible challenges and limitations that commissioners may meet when undertaking such activities. The paper contains some excellent examples of current good practice and has references to other resources.

Direct payments and Individual Budgets are the way ahead for social care, with the government keen to radically increase the number of people accessing citizen-controlled support. Making this a reality presents local authority commissioners with a number of challenges: managing the balance between freedom of choice, personal risk, and quality assurance financial flexibility whilst ensuring market stability; planning for the whole community; greater partnership working; developing a new workforce of personal assistants. We will be looking to use the learning from the various early adopter 'In Control' pilot sites to inform our local implementation.

In addition, the council's recent involvement with the Care Services Efficiency Delivery Programme is also providing invaluable access to a range of ideas that have been developed with proven inter-dependencies and linkages to deliver end-to-end solutions for sustainable efficiency improvements in adult social care. These work-streams put adults who need care at the heart of service delivery, meeting White Paper objectives to deliver person centered care. The work of CSED is focused around six work-streams that have been collaboratively developed with councils throughout England. They work with councils to assist them in reaching their Gershon efficiency targets and improve the quality of services delivered, not compromise them. The programme seeks to encourage councils to adopt its collaboratively developed initiatives by displaying the evidence and benefits in doing so.