



SECTION 9

THE CHALLENGES WE FACE

The key challenges the council and partners will possibly have to face within the lifetime of this Plan are likely to be:

- Demographic change with this being most marked in the area of older people and an increasing number of children with complex needs reaching adulthood.

If we were to take a simple view that:

- i. The proportion of the population requiring care services funded through the council were to remain the same over the life time of this Plan; and
- ii. The pattern of service delivery broadly mirrored that of current services approaches

This would imply a need for the older person's net revenue budget to increase. The younger adult's position is even more complex with a projected increase in people living longer and more children surviving to adulthood. This will clearly not only have implications for service requirements but also impact significantly on the funding required to support these people.

The position is even more complex with a projected increase in the population of over 65s, but a forecast reduction in those aged between 19 and 64. This will clearly have implications for service requirements but will also impact on the potential tax base for funding future services.

Other challenges could be:

- Rising expectations of service standards and above inflation increases in service costs will further exacerbate this funding challenge.
- There is the challenge of moving towards a preventative model of care. This may well have long term positive benefits on the costs of care provision, but in the short/medium term would require additional resources running parallel with meeting the high-end needs of the existing citizen's base.
- Future staffing requirements will be influenced by two main factors; the requirements of the White Paper, and the changing demographics within the borough. These mean that demands on services will increase compromising the ability of staff to respond. In this context it will be necessary to discover new ways of delivering services that will make best use of staff resources. This will include the need for staff with different knowledge and skills. It is probable that, in terms of direct service delivery, staff skills around advocacy, communication, negotiation, partnership and integration will be key for those staff who will be working to empower citizens to choose services that best meet their needs. A partnership approach will be key to this if, by integrating

or merging current roles, there is to be improved capacity to address the challenges of increasing numbers of elderly people in particular.

How can this gap be met?

This section will need to consider how best these challenges can be met – at the moment there are probably two options: increase the funding available and/or reduce costs.

In terms of additional funding the main sources could be additional overall public funding (either nationally or locally), a diversion of existing public resources (e.g. from the acute health sector towards a preventative social care model), increased private funding and higher citizen contributions. With regard to the latter there has been a significant trend for increased home ownership and higher disposable income amongst the older population and this is forecast to continue.

Cost reduction options include:

- Increasing the cost effectiveness of existing models of service delivery
- Developing new more efficient methods of service provision (e.g. through the enhanced use of new technology)
- Changing the pattern of intervention to reduce the incidence of high cost service needs (e.g. through earlier prevention input, greater use of universal services etc.)



SECTION 10

**STRATEGIC AIMS AND
OBJECTIVES**

Up to this point the document has described the many challenges faced by the local authority in delivering modern social care services over the next ten to fifteen years and possibly beyond. The challenges and direction of travel hopefully will be clear and we now have to decide how we can best move forward in The Royal Borough.

We are seeking to develop a better understanding of the potential of the local care market and the needs of the local population.

Our aims of the Strategic Plan are:

Putting people at the centre of everything we do

We will transform the way in which we work by placing people who need to use our services at the centre of everything we do, we will actively support choice and enable people to have control over the decisions that affect their whole life.

Promoting healthier communities

We will seek to form new and different types of relationships with our communities, working with them and our partners to promote health and well-being, reduce health inequalities and promote equality across all services.

Focusing on outcomes

We will concentrate on those things which people tell us makes a real difference to their lives and work with them to achieve their hopes and aspirations.

Making a difference

We will develop structures, processes and evaluate the way we use resources to ensure that everything we do adds value and contributes to making a real difference to people's lives, and measure our progress by listening to what people tell us about their experience and what is most important to them.

Delivering better commissioning

We will work in partnership to better understand the needs of the whole population and move towards more personalised approaches that will be increasingly tailor-made to suit each person's unique circumstance, enabling them to be as independent as they want.

The rest of this section focuses on the following eight broad and overarching objectives that will ensure that we are better able to deliver the vision for adult social care and meet the strategic aims outlined above. It describes what we think is the right approach to delivering the Adult Plan.

- **Promoting Independence and Preventing Dependency**
- **Dignity and Respect**
- **Joint Commissioning**
- **Choice and Control**
- **Effective Commissioning & Procurement**
- **Equality of Access**
- **Workforce Development**
- **Economic Well-being and Sustainability**

Some of these are a continuation of work already underway; some may be subject to evaluation and others are based on emerging national and local evidence.

Each objective sets out what the overall outcome will be and what the commissioning implications are.

We believe that this Adult Plan, together with the LAA, provides a coherent structure for the council and its partners to achieve the seven outcomes for social care. The Commission for Social Care Inspection's (CSCI) New Outcomes Frameworks for Performance Assessment of Adult Social Care will map performance of these outcomes and make a judgement on our progress towards achieving them. This commissioning strategy describes the trajectory required to realise excellent service outcomes and performance.

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 Royal Borough through developing services that respect a person's independence. At the same time we will ensure low-level/open-access services are in place that prevent an individual from deteriorating and that provides early intervention for people who have emerging social care needs in order that later dependence will be reduced or prevented.

This objective supports the premise that enabling people to access simple support services will prevent or at least delay increasing dependency and as a result, reduce the need for more expensive health and social care services in the future. There is an emerging body of evidence that indicates that early intervention may, if appropriately directed and planned, prevent or delay the need for more extensive and expensive services. This leads to a proposition that investment in low level services and interventions could save on more costly services.

Core Social Care and NHS investment has traditionally concentrated on commissioning activities for those people with the highest level of need, with most interventions occurring at a point of crisis. We will need to provide evidence of the effectiveness of early interventions if we are to persuade decision makers to shift investments to earlier targeted interventions that promote better health, independence and wellbeing.

The Council commits significant sums through various grants and service level agreements to the voluntary/not-for profit sector for the care and support of individuals in the community. However, much of this activity has been developed in isolation through the creativity of managers and practitioners with the voluntary and independent sector to meet emerging local needs. Many of these projects are preventative in the broadest sense providing social support, advice or companionship, for example luncheon clubs and some day care. Valuable as these services are, they may not take into account the lessons of more focused prevention that are developing through some national projects and we will need to benchmark these services to analyse their effectiveness.

The White Paper, 'Our health, our care, our say',[23] sets out the plan for a shift of resources from acute hospitals to community settings. From the 2008 planning round onwards the expectation is set that Berkshire East Primary Care Trust Local Delivery Plans must include a clear strategy as to how 5% of resources will be moved into primary and community care services.

Assistive technology together with the development of Extra Care Housing supports the strategic emphasis in keeping more people in their own homes and the strategic dis-investment in residential care. Telecare originated in warden-call alert systems requiring the citizen to actively raise the alert. The second generation shifted to passive alerts generated by a wider range of sensors such as flood, smoke or fall detectors. The most recent development

is in the third generation of the technology, which can track the activity patterns of citizens and predict deteriorations in activity. This is largely unproven at this stage.

Service Development and Commissioning Implications

We will work with the Director of Public Health to undertake and maintain a Joint Strategic Needs Assessment within The Royal Borough.

We will secure an effective commissioning partnership with the Primary Care Trust to commission and deliver local services that promote health and wellbeing within the whole community but with a particular focus on vulnerable and “at risk” individuals and groups in general.

There will be a need to consider investments in services or facilities that would not be typically regarded as having an explicit welfare or social inclusion function in order to promote the widest possible access for people with disabilities or particular needs.

We will work with our NHS partners to ensure that people with learning disabilities can, with the right level of support where needed, access health services that are appropriate to their needs.

Through the partnership with the Primary Care Trust we will ensure the transfer of resources as evidence becomes clear on what services should be transferred from hospitals to the community and ensure engagement in development of NHS Local Delivery Plan for 2008/9 and subsequent years.

We will need to work in partnership with a range of organisations in developing accessible day opportunities.

There may be some decommissioning of services that cannot evidence that they provide effective prevention or benefit.

Establish partnerships with a wider range of potential service providers in the independent sector and voluntary and community sector, to encourage the development of accessible preventative focused services for all citizens.

We will work with partners to increase awareness of age related conditions and work with evidence-based research to develop services to support future dependency.

We will continue to work with partners to develop and commission services that focus on enablement and rehabilitation.

We recognise that information and advice services will need to be capable of responding to the changing way people access information through the evolution of communications technology.

We will ensure that the potential opportunities afforded by assistive technology in supporting people to remain independent are taken into consideration during assessment. Staff will need to be furnished with the appropriate knowledge and skills and understanding of balancing the associated risks and benefits of this approach.

Dignity and Respect

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

This objective reflects the need to ensure that all services, whether statutory, independent or third sector organisations, are delivered in such a way that safeguards each person against abuse, neglect or poor treatment whilst using a service.

Access to all services for people with disabilities or different cultural or gender specific needs will be available without hindrance or prejudice and ensure that people feel safe when using them.

People need to know that they can have access to an initial assessment regardless of whether they intend to self-fund, so as to determine their needs and whether they are eligible for services.

Service Development and Commissioning Implications

We will continue to ensure that the council's eligibility criteria for all services is published in formats accessible to the differing communication needs of people, are easily understood and fair to all.

We will work in partnership with a range of organisations in developing robust and accessible advocacy and interpreting services that are respectful and suitable to the individual's needs and that these are delivered in a timely manner.

We will work with partners to develop and commission cultural and gender specific services where these are needed.

We will ensure that people who use services feel safe from harm and poor treatment, are consulted with and that their concerns are listened to and responded to with appropriate and suitable actions that promote self-protection and personal empowerment.

People who live in their own homes will be provided with advice and support to help them feel safe and secure. Alarms and aids will be easily accessible to people encouraging safety and assurance.

We will work with partners to ensure that the focus on the safeguarding of adults remains effective and that protocols for those adults known to be at risk are understood and acted upon by all staff.

Joint Commissioning

Where this will deliver better outcomes for individuals and cost-efficiencies for purchasing partners, we will engage in joint planning and commissioning of services.

This objective proposes that there will be situations where the Council, the Primary Care Trust and other organisations can achieve better outcomes for citizens and also cost efficiencies by jointly commissioning services.

We are required to be commissioners of fair, efficient and effective services to meet the needs of those served. Led by the Director of Adult Services, the Council and Primary Care Trust will be responsible for the wellbeing of local communities.

Effective joint commissioning is only likely to occur when all parties see the benefit. It will therefore be important to demonstrate how such joint commissioning activities will help different statutory agencies achieve their own aims and meet their own performance targets.

There will be opportunities for joint commissioning at many levels, ranging from Berkshire wide long-term planning, to local GP practices working in partnership with the Council and the voluntary/independent sector to create local preventative services through practice-based commissioning.

Given the requirements of the White Paper to transfer resources from the acute sector to community services, joint planning and commissioning will be essential to achieve this. The future viability of the NHS is dependent on reducing the demand on high-cost acute services. Investment in prevention services to reduce future morbidity and to lessen health inequalities is a fundamental objective of the NHS. The Council will be well placed to contribute to the delivery of this; hence the need to plan and commission jointly.

Service Development and Commissioning Implications

With Berkshire East Primary Care Trust, understand what the shared priorities are and what joint approaches are likely to be effective in delivering services that deliver to the requirement of national strategies and frameworks. Determine the most appropriate and effective structure to enable this and ensure sufficient capacity and expertise is allocated.

Seek partnership opportunities with Commissioners in Berkshire East Primary Care Trust and GPs to encourage social care involvement where this will achieve strategic transfer of resources from acute to community settings, e.g. joint services at a primary care level.

Consider using the Health Act Flexibilities where pragmatic and helpful, and where such an arrangement adds value to the service.

Encouragement of further development of the Third Sector through joint commissioning will be guided by this strategic framework and coordinated to support specific outcomes and targets.

We will need to work with local authorities in Berkshire along with Berkshire East and Berkshire West Primary Care Trusts to develop services for people with a sensory impairment.

We will continue work with the Primary Care Trust around developing and commissioning integrated models of services for older people with dementia and those with a functional mental health condition such as depression or a psychotic illness. This will include an improved range of home support packages and more support for carers.

We will need to embed into local health and social care communities an effective, systematic approach to the care and management of patients with a long-term condition. Therefore we will work in partnership with the Primary Care Trust to develop a joint team for people with Long Term Conditions. This may eventually lead to the commissioning of joint services.

We will continue to develop joint governance and management arrangements with partners in order to support economies of scope and scale across functional and geographical boundaries.

Choice and Control

We will ensure that all adults living within The Royal Borough 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.

This objective reflects the need to respond to the changing expectations of citizens, the anticipated rise in demand, and the introduction of new national policy drivers for the delivery of community health and social care. This needs to be managed in the context of changing the way services are accessed and delivered through emerging mechanisms such as self-assessment, self-directed care and other models which support choice and independence for citizens.

We expect that the self-directed care and individual budgets will become the mainstream mechanism for delivery of social care support. Research and consultation demonstrates that citizens find more innovative, flexible and responsive ways of meeting their needs this way and early findings from national pilots seem to show that there appears to be significant cost efficiencies for the commissioner that can be achieved.

There are a large and potentially growing number of citizens who have chosen privately funded care and support in a range of settings, including their own home, who have not necessarily had the opportunity to obtain impartial information and assessment on the array of options available to them.

The traditional social care business model has grown piecemeal since the Chronically Sick and Disabled Persons Act in 1970 and the NHS and Community Care Act in 1990. Although the legislative framework is likely to remain unchanged, modernised services will mean finding different ways of discharging our duties as a local authority social services organisation. It will need a different skill mix, knowledge base and support system to deliver against the new models of citizenship, choice and wellbeing.

If the business model remains unchanged, not only will we fail to meet citizens' needs and aspirations, but the Council will experience declining performance and inefficient and costly services. Delays in addressing this will compound the problem.

To remain fit for purpose in the medium to long-term, the current methods of assessment and care management will need to change. Remodeling of business processes have been undertaken and are subject to further review; work around skill mix will need to undertaken

Service Development and Commissioning Implications

The future method of arranging care is to transfer more control and responsibility to the individual, without abdicating liability of ensuring that

services are safe and affordable for those who need them. We will need to ensure there is a thriving social care market that is responsive to this approach and which provides services that people want to buy.

Build on initial work to develop an outcomes focus around care-planning the contracting process.

Recognise that the move to individual budgets and 'In-control' will be relentless and evolving and we need to plan to be able to support this.

We will need to respond to the changing expectations of citizens and carers, along with the anticipated rise in demand, and the introduction of new national policy drivers for the delivery of community health and social care. This needs to be managed in the context of changing the way services are accessed and delivered through emerging mechanisms such as self-assessment, self-directed care and other models which support choice and independence for citizens.

We will work with partners to plan and develop services that ensure there is continuity of care and support for all young people with disabilities and their families as they move into adulthood so that they are able to fully participate in continuing education, training and employment.

We will need to consider how to support and provide advice to the large, and potentially growing number of citizens who have chosen privately-funded care and support in a range of settings, including their own home, who have not necessarily had the opportunity to obtain impartial information and assessment on the array of options available to them.

We need to consider how the right ranges of assessment (incl. self-assessment), advice, information and brokerage skills and services are provided. Rather than directly providing all of these services, there will be more of an emphasis on ensuring that they are available from a range of sources, in particular the voluntary and community sector along with the emergence of social enterprises.

We will work with partners to shape, develop and commission services that ensure the needs of carers are taken into account. There is a need to increase the number of carers' assessments so as to understand their needs and further develop services to support them in their caring role

We will need to respond to the changing expectations of individuals around housing, accommodation and support.

We will work to influence design and development of sufficiently high quality housing to offer a real incentive for individuals not to choose residential care. This means designs should be innovative, attractive and offer potential tenants and owners security of tenure, service delivery and high standards of support and care. The incorporation of flexible technology will be essential.

It is expected that the next generation of older people will have a greater expectation of housing options and this will include maintaining equity and ownership. We will seek to encourage housing providers to plan accordingly, supporting a mix of rental and purchase alternatives including shared equity schemes.

Effective Commissioning & Procurement

We will commission services to clear standards of both quality and cost, by the most effective, economic and efficient means available. This will enable us to increase capacity into the future by commissioning and procuring social care differently so as to meet the growing and changing need for a range of services.

The Council recognise that current commissioning and procurement arrangements for care services will need to change in the medium to long term. There are some shortages of care in specific, usually rural, areas or for individual citizens with particularly complex or challenging needs and this means there are significant risks to the Council in not being able to carry out its statutory responsibilities.

The majority of Council commissioned services are purchased externally, i.e. those not provided by the Council's in-house service, and are purchased through a mixture of block and 'spot contracts'. This means that independent sector providers face problems with variable demand, long-term investment and an insecure workforce.

There is a relatively high proportion of individuals in The Royal Borough who privately purchase either their services from home care or care homes. Alongside this are the number of people who currently take advantage of Direct Payments. These groups are likely to grow and with the future introduction of Individual Budgets, it will be necessary to ensure that the care market is sufficiently robust, diverse and flexible to ensure that citizen expectations and choices will be met. A developed and thriving independent care sector will allow individual citizens to purchase their own care and support packages.

Pursuing our long-term vision requires a switch over time from institutional to non-institutional settings. Ultimately only the market and individual choice will determine how many residential and nursing homes remain. The national and local evidence of citizen-choice and aspirations suggest that eventually, this sector will be much reduced.

The pace of change is less certain and is also dependent on the success of our ability to influence the market. It is likely that this will take many years and during this transition, our role will be to ensure that enough residential and nursing home care is available at an appropriate cost. We will therefore aim to secure the market with more block contracts over longer periods whilst working in partnership with providers and representative organisations to assist and accelerate the change.

Service Development and Commissioning Implications

Begin a process that will lead to the redesign of how the Council contracts for care services including a risk analysis underlining the reasons for change with

aim of moving away from traditional adversarial supplier/purchaser relationships towards longer term collaborative arrangements.

We will therefore ensure that the independent sector are involved in this process, are aware of the need to change and understand some of the potential implications. There will need to be a range of mechanisms to develop this, including building on existing relationships with the Independent Care Group and other representative bodies or individual providers.

We will need to determine the future role of all in-house services and how they may be deployed.

We will seek to encourage greater participation of third sector providers, including social enterprises and/or citizen led services.

We will analyse where the most beneficial area is likely, in order to have the greatest impact in securing efficiencies and stability in the care market that will focus on areas of emerging shortfalls.

We will look with partners at whether we invest in innovation i.e. in providers or other organisations who can test original approaches to service provision without risking contractual penalties or compromise their business. This will require a different relationship between the commissioner and the provider.

We will improve the way we capture and use management information, including demographic projections, in order to plan effectively for future changes in the nature and scale of demand from services.

We will look to work with our commissioning partners across the region at how best to use framework agreements to secure not only efficiencies but to deliver those services where it is not cost-effective to provide them within The Royal Borough.

We will continue to work with providers to deliver the highest quality of services.

Equality of Access

Services will be accessible, responsive, non-discriminatory, and provided in line with the Fair Access to Care standards. We will work with partners to ensure universal services are developed to which all adults can have access (e.g. sports, leisure, cultural, educational, training, transport and employment services)

This objective seeks to achieve full inclusion and citizenship, through the removal of barriers to access ordinary mainstream services for people with a health-related problem, learning disability, mental health or ageing. By enabling people to access support via everyday services, this will delay or avoid the need to seek support from health and social care services.

It is possible that a more developed infrastructure of general support will create the conditions to allow the effective use of Direct Payments and Individual Budgets and enable flexible responses to person-centred planning.

Historically, the traditional approach to providing services has viewed individuals as passive recipients of welfare services, emphasising the role of the professional to prescribe the range of support services required. In a model that views the individual as a citizen, with a full array of rights, choices and responsibilities, we should seek to ensure that the majority of the individual's needs can be met through ordinary, everyday services, accessible to all. The role of the community health and social care services should be focused on supporting people with the most complex needs who require specialised or tailored services to access these mainstream services wherever possible.

We need to influence a role change for universal services, such as adult education, libraries and leisure centres, to engage in a wider range of occupational, daily living, health and well-being activities and services, that are currently thought of as the domain of health and social care statutory provision.

Community Plans and the Local Area Agreement are now aligning the efforts of key statutory, voluntary and community sector partners in achieving agreed outcomes that will benefit all citizens therefore supporting the equality of access.

Service Development and Commissioning Implications

There is a need for a whole-council approach and policy with partners for achieving social inclusion and wellbeing in respect of all citizens of The Royal Borough.

We need to continue discussions in Local Strategic Partnerships to implement the Local Area Agreement for the benefit of all citizens and to encourage development of initiatives by partner organisations.

There will be a lengthy transition period before substantial benefits are likely to become evident. This may mean a continuation of present service models

to meet current need for a period, or investing resources to assist the development of the broader infrastructure.

An analysis of the most appropriate services that are currently provided will need to be undertaken to determine which are the most likely to be reconfigured to obtain maximum benefit.

We will identify which organisations are the key partners in jointly commissioning change and where the most appropriate levers of influence are. In particular, we will work jointly with the Primary Care Trust to commission services that effectively utilise the community and universal services as potential resources, with the aim of supporting citizens through accessing mainstream services.

We recognise that existing services and new service developments will need to have a greater emphasis on ensuring that black and ethnic minority communities in particular, have better access. This requires more culturally appropriate services and a greater engagement of the communities themselves in service delivery

There will be a need to jointly invest with partners in a way that meets the objectives of all organisations and recognises that some investment by Adult Services may be required in services that are not traditionally seen as being adult social care.

We will work with partners to plan and develop services that enable all people to lead full and purposeful lives within their community in ways that promote social inclusion through improved access to mainstream opportunities. This is to be achieved through:

- Access to supported employment opportunities where appropriate
- Person centred provision that caters appropriately for the needs of all individuals
- Developing strong links and referral arrangements with community services and local partners
- Providing befriending, advocacy or support to enable people to access local services
- Involving people in service design and operation
- A focus on social inclusion and employment outcomes
- Ensuring those who have mobility problems are able to access appropriate transport

With partners we will look to increase community-based learning opportunities for carers, older people, people with learning disabilities, returnees to work, those with a chronic diseases, volunteers, ex-offenders and people with drug or alcohol problems

We will continually work with partners to develop one-stop approaches to single points of access to information and services.

We will ensure that all providers have adopted, and can consistently demonstrate conformity with, all Government Legislation and Commission for Equality of Human Rights directives in respect of equality and diversity issues.

Workforce Development

With partners we will develop a workforce capable of delivering the vision of our strategic priorities.

This objective focuses on the need to develop workforce skills and capability – across the corporate centre of authorities, specific services, management and the frontline workforce who will be fully engaged and involved and able to take forward the vision of this strategy.

Substantial changes in the way care is organised and delivered is likely to evolve during the lifetime of this strategy. This will have implications for the assessment, performance management, audit and financial control processes within the Council. Also on how our workforce is deployed and the knowledge and skills required to deliver this model. There are implications for the structure of the social care market, principally the availability of a broad spectrum of support services responsive to the needs of individuals as set out in Objective 1.

“All Leaders know that their organisations are only as good as their staff. Improvements in services cannot be achieved without an effective people management strategy that links the management of a council’s largest resource – its workforce – to the achievement of its priorities. The management of this large resource and associated budget is a strategic issue that needs to be moved up the political agenda.”

Sir Sandy Bruce-Lockhart, LGA Chairman

Most employers recognise that their employees are critical to the delivery of a valuable service to their customer and in achieving their corporate aims. Workforce Planning is about having the right number of people in the right place, with the appropriate skills, level of competence and motivation so we can achieve the objectives of this strategy, now and for the future. Further, it will enable us, with partners, to deliver the Government’s modernisation agenda in a flexible and responsive way.

Service Development and Commissioning Implications

With partners we will need to consider the workforce implications and the different range of knowledge and skills that will be required. This will need to be part of a workforce redesign process that will evolve into a Workforce Strategy for each part of the economy.

We will ensure that our staff embrace new ways of working in order to optimise the capacity for the council’s resources.

We will seek to develop shared approaches to service developments in order to spread best practice across partner organisations.

Economic Wellbeing and Sustainability

We will work in partnership to ensure that the residents of The Royal 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.

At the personal level economic wellbeing is primarily about household income including benefit payments. Economic wellbeing improves quality of life, because a reasonable income can mean good housing, improved health and social wellbeing, access to transport, culture and leisure. However, we recognise that it is not only health, social-care services or living conditions that impact on a person's feeling of wellbeing but the quality of their environment and social interactions that they are able to benefit from.

The Community Strategy strongly endorses the development of projects for local residents with the aim of creating a sustained sense of economic wellbeing.

Relative prosperity within The Royal Borough masks inequalities. We recognise that disadvantage, discrimination and deprivation exist within our communities. We must work together to tackle these issues, improving access to opportunities and to services.

Service Development and Commissioning Implications

We need to keep on encouraging people from our deprived ethnic communities within The Royal Borough to claim the benefits they are entitled to, concentrating on those who need greatest help.

We will work with our partners in the Third Sector (Voluntary and Community Groups) to reduce the incidents of social isolation for all residents

We will work with voluntary and community groups and plan for older people to have at least one visit once a year, especially those over 75, to check that they are getting appropriate services and support.

We will seek to work in partnership with the Department of Working Pensions to provide benefits advice which signposts residents to more detailed benefits information services and financial advice re: debt, tax, fuel and poverty.

We want to increase the opportunities for people with a learning disability within the workforce and provide awareness training for employers and staff regarding employment of people with disabilities.

We will work with key partners to ensure that un-employed residents have the opportunity to take up further education, training or employment. This needs to include employing more trainers to help people who have English as an additional language.

We need to make sure that those people with complex needs, challenging behaviour or chaotic lifestyles, can find somewhere suitable to live within The Royal Borough.



SECTION 11

ACHIEVING PERFORMANCE

This section will also provide the commissioning framework to achieve the outcomes first published in 'Independence, Well-being and Choice' [13], and then in the White Paper 'Our health, our care, our say: a new direction for community services' [23]. We will reflect that these seven social care outcomes also provide the structure for the Community Plan and are influential in the shape of the Local Area Agreement (LAA).

CSCI Key Lines of Assessment to Standards of Performance (KLASP)

1. **Improving health and well-being:** services promote and facilitate the health and emotional well-being of people who use the services.
2. **Improve quality of life:** services promote independence, and support people to live a fulfilled life making the most of their capacity and potential
3. **Making a positive contribution:** councils ensure that people who use their services are encouraged to participate fully in their community and their contribution is valued equally with other people.
4. **Increased choice and control:** people, and their carers, have access to choice and control of good quality services which are responsive to individual needs and preferences.
5. **Freedom from discrimination:** those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe, and are safeguarded from harm.
6. **Economic well-being:** people are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.
7. **Maintaining personal dignity and respect:** adult social care provides a confidential, secure setting which respects the individual, helping to preserve people's dignity.
8. **Leadership:** The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in adult social services.
9. **Commissioning and Use of Resources:** Adult social care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

The following tables (which refer to the KLASP outcomes by their number) make explicit linkages between the council's strategy and the outcomes. Some examples are also given of the characteristics of an 'excellent'-graded service. The Adult Plan will help to achieve them.

Promoting Independence & 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 Royal Borough through developing services that respect a person's independence. At the same time we will ensure low-level/open-access services are in place that prevent an individual from deteriorating and that provide early intervention for people who have emerging social care needs in order that later dependence will be reduced or prevented.

<ul style="list-style-type: none"> • We will continue to focus on our intermediate care services to encourage enablement and rehabilitation and prevent unnecessary hospital admissions whilst decreasing long term dependency on services. 	KLASP 1
<ul style="list-style-type: none"> • A good range of accessible preventative services for all citizens. 	KLASP 1
<ul style="list-style-type: none"> • Improved quality of life is integral to our commissioning and contracting process for all services. 	KLASP 2
<ul style="list-style-type: none"> • Actively engage with all communities to leave no one behind in developing services. 	KLASP 3
<ul style="list-style-type: none"> • Individual budgets and direct payments are supported and encouraged where appropriate. 	KLASP 4
<ul style="list-style-type: none"> • We will act as an effective intermediary for self funders to access services when required. 	KLASP 5
<ul style="list-style-type: none"> • Effectively engage in transitional planning for all citizen groups. 	KLASP 6
<ul style="list-style-type: none"> • To promote self-protection and personal empowerment to reduce abuse and neglect. 	KLASP 7
<ul style="list-style-type: none"> • We will work with the PCT to facilitate long term forward planning of preventative and independence raising services. 	KLASP 8
<ul style="list-style-type: none"> • We will work with the PCT and Public Health Department to commission effective preventative services. 	KLASP 9
<ul style="list-style-type: none"> • We will develop long and short term flexible commissioning strategies based on identified needs priorities. 	KLASP 9

Dignity and Respect

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

- | | |
|--|---------|
| • Ensure that dignity and respect are an integral part of service development and delivery | KLASP 1 |
| • We will work with partners to ensure that effective multi-agency approaches and robust systems are combined to protect against abuse | KLASP 2 |
| • Ensure that citizens are actively engaged in developing services | KLASP 3 |
| • Commission services on the assumption of ability, capacity and self directed care | KLASP 4 |
| • Action to increase take up of services from under-represented groups | KLASP 6 |
| • Pathways through transition will be flexible to accommodate individual needs | KLASP 6 |
| • We will ensure that all elements of the commissioning and contracting process include a strong theme of dignity and respect | KLASP 7 |
| • We will ensure that stake holders are contributors to the planning of future services | KLASP 8 |
| • We will ensure that Dignity and Respect are within our quality assurance processes | KLASP 9 |
| • Engage with partners to ensure that there is a zero tolerance approach to any form or any degree of abuse or neglect | KLASP 9 |

Joint Commissioning

Where this will deliver better outcomes for individuals and cost-efficiencies for purchasing partners, we will engage in joint planning and commissioning of services.

• Single assessment has been embedded and needs and services assigned in effective partnerships at many levels.	KLASP 1
• People only reside in hospital when necessary.	KLASP 1
• Innovative specialist support packages are available to meet the needs of people needing care, regardless of the level.	KLASP 2
• Citizens and carers are actively involved in development and improvement work.	KLASP 3/ 9
• The range of services available is broad and varied to meet needs, offers choice to many and takes account of individual preferences.	KLASP 4
• We will ensure services meet the needs of all communities.	KLASP 5
• Work with partners to encourage economic benefits for all citizens.	KLASP 6
• People are safeguarded against abuse, neglect or poor treatment.	KLASP 7
• Coherent and well-linked multi-agency plans in place, informed by citizens and carers.	KLASP 8
• There is long-term forward planning and adequate capacity, skills and capability.	KLASP 9

Choice and Control

We will ensure that all adults living within The Royal Borough 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.

<ul style="list-style-type: none">• Citizens will be supported to make their own choices of support (including day opportunities), care and accommodation	KLASP 1 and 4
<ul style="list-style-type: none">• We will achieve excellence in outcome focused services for the individual, that minimises any negative impact on them or their families	KLASP 2
<ul style="list-style-type: none">• We are committed to effective partnerships to enable different communities to empower themselves	KLASP 3
<ul style="list-style-type: none">• Support people to live in the environment of their choice	KLASP 4
<ul style="list-style-type: none">• We will encourage self assessment and self operated care through individual budgets	KLASP 4
<ul style="list-style-type: none">• People's own choices are supported through risk management processes	KLASP 5
<ul style="list-style-type: none">• Clear eligibility criteria for all services are published, easy to understand and fair to all	KLASP 6 and 9
<ul style="list-style-type: none">• Carers are supported effectively to enable them to continue in their employment or return to work	KLASP 7
<ul style="list-style-type: none">• Effectively engage in service transition planning for all citizen groups	KLASP 8
<ul style="list-style-type: none">• We will encourage a thriving social care market to meet the future needs and aspirations of services through the remodelling of services	KLASP 9

Effective Commissioning & Procurement

Commissioning, clear standards / quality / cost in order to increase capacity into the future and procuring differently to meet the changing needs.

• Effective use of pooled resources with Partners to reach capacity for future service provision.	KLASP 1
• Effective use of evidence based commissioning outcomes.	KLASP 2
• Offer integrated pathways of service delivery with community partners that include the wider well-being agenda (economic/social/environmental)	KLASP 3
• Continue to develop a robust underpinning for Self Directed Care and the transfer of individual funding to enable this.	KLASP 4
• Ensure plans and strategies are inclusive of aiming to meet the needs of all groups in the Community including the needs of the people with disabilities / varying cultural needs and are gender appropriate.	KLASP 5
• Use collaborative working with key partner agencies and the third sector to design effective systems of advice and guidance to all groups of people in The Royal Borough.	KLASP 6
• There is a robust workforce plan to deliver the capacity and capability to occupational standards, to delivery to the future needs of a changing consumer market in social care.	KLASP 7
• Effective linkage of performance management and quality assurance and monitoring to ensure delivery to highest standards and is outcome evidenced.	KLASP 8
• Effective joint commissioning partnerships which use shared local indicators	KLASP 9

Equality of Access

*Services will be accessible, non-discriminatory – in line with FAC standards.
We will work with partners to ensure universal services are developed.*

<ul style="list-style-type: none">Continuously seek to improve working across the Directorates in the Council to develop healthy lifestyle initiatives through and in line with the LAA and Community Strategy.	KLASP 1
<ul style="list-style-type: none">Packages of care designed and commissioned that include access to services which promote independence and are culturally appropriate.	KLASP 2
<ul style="list-style-type: none">We will seek to provide opportunities for individuals to access involvement in voluntary sector activity in order to promote life long learning opportunities.	KLASP 3
<ul style="list-style-type: none">Access to a wide range of services as possible is provided through the use of Self Directed Care.	KLASP 4
<ul style="list-style-type: none">Our eligibility criteria for all services is fair and accessible for all disabilities, cultures and is gender appropriate.	KLASP 5
<ul style="list-style-type: none">Pathways, transition planning and reviews are transparent and accessible to everyone.	KLASP 6
<ul style="list-style-type: none">Providing access to services in conjunction with other Directorates in the Council which most significantly improve an individual's life opportunities.	KLASP 7
<ul style="list-style-type: none">Systems are in place to enable people to contribute effectively to strategic planning of services and that these people are representative of diverse communication and diverse needs.	KLASP 8
<ul style="list-style-type: none">A system of local targets promoting and monitoring equality of access to universal services is in place.	KLASP 9

Workforce Development

With partners we will develop a workforce capable of delivering the vision of our strategic priorities.

<ul style="list-style-type: none">• Staff embrace innovative ways of working to optimise the capacity for the council's resources.	KLASP 2
<ul style="list-style-type: none">• There are positive trends of improvement within the council's own provision as well as outside, by the encouragement of suitable voluntary placements.	KLASP 3
<ul style="list-style-type: none">• All staff involved in care planning are fully trained in understanding the process.	KLASP 4
<ul style="list-style-type: none">• Outstanding quality of advice to empower all citizen groups.	KLASP 6
<ul style="list-style-type: none">• Outcomes are reviewed regularly to ensure that information, support and guidance are targeted to meet all needs, to ensure people stay safe.	KLASP 7
<ul style="list-style-type: none">• Senior officers ensure effective staff contribution within and across partnerships to deliver key priorities and meet suitably ambitious outcomes.	KLASP 8
<ul style="list-style-type: none">• Long term forward planning; there are the people, skills and capability in place at all levels to deliver service priorities and care services to a high quality.	KLASP 8
<ul style="list-style-type: none">• Comprehensive gap analysis and strategic commissioning plan which focuses on the need to develop workforce skills and capability to take forward the vision of the strategy.	KLASP 9

Economic Wellbeing and Sustainability

We will work in partnership to ensure that the residents of The Royal 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

<ul style="list-style-type: none">• Clear and accessible information in a variety of formats and languages which detail eligibility for benefits and other support	KLASP 1
<ul style="list-style-type: none">• Ensure that there is a close working partnership between social care, housing departments and external organisations	KLASP 2
<ul style="list-style-type: none">• Promote social inclusion for all through the take up of volunteering opportunities across all sectors	KLASP 3
<ul style="list-style-type: none">• Support people to live in the environment of their choice and have a range of sustainable housing that is suitable for multiple needs	KLASP 4
<ul style="list-style-type: none">• Take action to increase take up of services from hard to reach members of our community	KLASP 5
<ul style="list-style-type: none">• Work with partners to enable carers to remain in employment or return to work, whilst being supported	KLASP 6
<ul style="list-style-type: none">• Promote self protection and personal empowerment to protect against abuse and promote maximum independence	KLASP 7
<ul style="list-style-type: none">• Encourage joint working between the council and the PCT for the development of effective solutions	KLASP 8
<ul style="list-style-type: none">• Ensure that services which are commissioned demonstrate outcome based services.	KLASP 9



SECTION 12

IMPLEMENTING THE ADULT PLAN

The Adult Plan sets the broad direction for the next 10-15 years and will require further understanding of the commissioning implications and detailed plans for implementing each of the aims.

Given the long-range nature of the Plan this will be an organic process during which there will be an iterative process of learning and revision.

Some elements of the Plan are already underway. Other parts will require further detailed evaluation or exploration before policy approaches can be fully refined and implemented.

Detailed, rolling 3-year plans will be developed following agreement of the strategic approach. These will be linked to the Council's Medium Term Financial Strategy.

We are committed to learning from best practice elsewhere and participating in national networks like the Better Commissioning Learning and Improvement Network, in order that the citizens of The Royal Borough can be offered the best possible services.

Much of the Plan interacts with other significant transformation activity in the Council as a whole, and within Adult Services, and will require further integration with these activities, for example workforce, contracting and business process modernisation.

The initial focus will be on areas where the most positive impact can be made on services or efficiency/value for money, or where urgent action is necessary to secure services.

There is a recognition that new developments will require new investment and this will have to be obtained from within existing budgets or efficiencies generated, unless specific external funding is obtained.

There will be a need to align other existing and new policies with this strategy.

A programme will need to be developed to communicate this Plan to key stakeholders, including the public, Elected Members, partners and independent sector providers.



SECTION 13

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