



Slough Borough Council

Draft Commissioning Strategy for Adult Social Care

September 2010

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2 INTRODUCTION

2.1 Purpose of the New Commissioning Strategy

2.1.1 Slough Borough Council is committed to following a Strategic Commissioning approach to achieve better outcomes for residents and improved value for money for the council.

2.1.2 This Strategy identifies the commissioning priorities for adult social care. Based on strategic commissioning principles and best practice it proposes specific actions to transform social care and the range of services commissioned.

2.1.3 There are substantial changes taking place in the provision of public services, and these affect the council's commissioning activities which seek to ensure the provision of appropriate services and improved value for money. The programme to implement this strategy is being undertaken in the context of:

- The development of person centred social care services through the Slough "Putting Me First" programme;
- Reduced resources available to the council as a result of the national financial climate.
- The importance of partnership working both within the council and with other agencies such as health services to meet needs and deliver agreed priorities

2.1.4 These factors mean that adult social care and commissioned services have to be reshaped to deliver flexible services which are responsive to individual needs and choice, and that they are targeted appropriately to meet the needs of vulnerable people. Commissioning also needs to ensure that services deliver agreed priorities and make the best use of available resources

2.1.5 The way that services are commissioned and procured by the local authority will also need to change. For example, contracts with provider agencies are likely to move away from block contract arrangements with fixed and guaranteed volumes to more flexible framework agreements. Guaranteeing the flow of business to providers will be far more challenging than in the past and will require those services to adapt.

2.1.6 Strategic commissioning is a major tool in the transformation process. Implementing the strategy will:

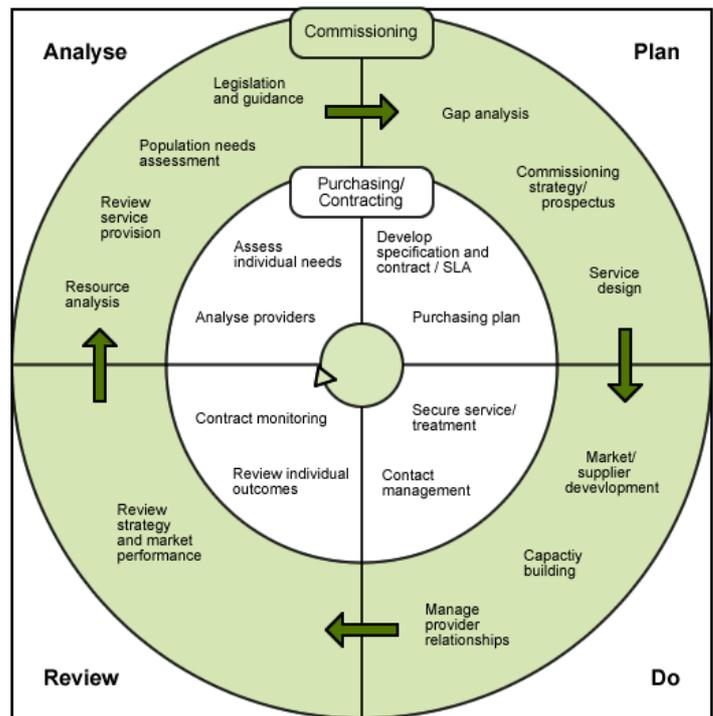
- Ensure the provision of services that deliver agreed priorities
- Focus on promoting independence and where possible reducing the need for long term care
- Enable service users to have greater choice and control over the support they receive
- Improve outcomes for local residents
- Make best use of the resources available

2.2 Strategic Commissioning – Overview

2.2.1 Strategic commissioning requires a broad appreciation of needs and service requirements, supported by detailed data. These are the starting points for analysis and decision making, and eventually obtaining improved services from high quality providers.

2.2.2 The diagram (right) illustrates the commissioning cycle and the approaches that have been and will be applied in developing and implementing this strategy.

2.2.3 A new Commissioning Strategy for Adult Social Care is needed to reflect and respond to current and predicted changes in policy and the financial climate.



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2.2.4 This strategy accommodates, amongst other things, requirements for more flexible person centred services and more rigorous control of value for money, quality and eligibility

2.2.5 The Commissioning Strategy will be maintained over time and in addition to providing the context for purchasing and contracting it will facilitate broader thinking about the opportunities for innovation in purchasing, joint commissioning with partners and engagement with providers.

2.3 Developing the New Commissioning Strategy

2.3.1 In developing the new Commissioning Strategy for adult social care a number of key factors have been reviewed and analysed. These include:

- Demographic data identifying the current and projected population profile and needs of Slough. Much of this information has been taken the Joint Strategic Needs Assessment for Slough, October 2009. There are marked disparities in health and well being in parts of the Borough. As resources are to be scarcer services will need to be more focused and targeted. Strategies must be evidence based, rather than merely repeating current practices and historical patterns of funding and service provision.
- The introduction of person centred adult social care services including personal budgets. The key priorities of the 'Putting Me First' strategy for Slough are:

- Increasing choice and control for service users
- Urgent Care, early intervention and prevention
- Enabling people to live independently
- Enhancing Citizenship & Access to community based services
- Improving Customer responses
- Providing targeted preventative support and support for carers
- Ensuring personal safety and high quality service provision

The delivery of the strategy will require providers and contracting arrangements capable of offering a range of innovative services, with the flexibility that will be required to increase personal choice.

- Ongoing financial remodelling by the Government to reduce public expenditure. The Government's emergency budget announced in June 2010 resulted in an initial impact of £3.322million on the Council and various cost reduction measures have been introduced across the council, including in adult social care, to respond to these pressures. Further measures which are likely to reduce resources available to local authorities will become known in October 2010 as a result of the Government Spending Review (covering 2011/12 to 2014/15).
- Consultation with service users, carers and partner agencies is a continuing activity for all client groups. Topics such as 'Putting Me First' and reductions in resources have been discussed at these events and the information gathered and analysed when drawing up this strategy.
- A workshop involving social care senior managers, representatives of specialist client areas and NHS Berks East was held in August 2010 which has informed the development and content of this strategy.

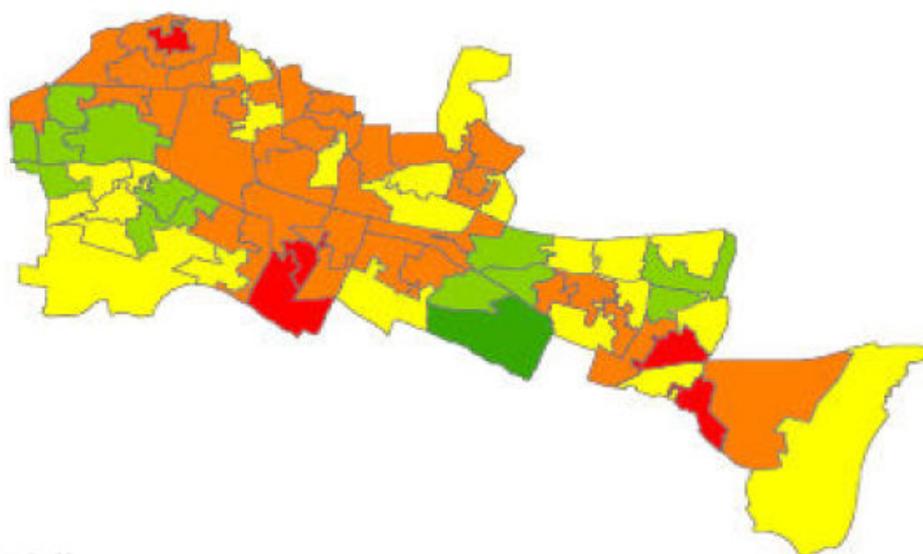
3 NATIONAL AND LOCAL GUIDANCE AND RESEARCH

3.1 Demographics and Trends – identifying needs

The collection and consideration of demographic data within the planning stage of the strategic commissioning cycle must be rigorous in order to establish the necessary evidence base to inform commissioning. There are a number of significant underlying issues and problems affecting residents. Some of the key factors are:

- Whilst Slough has an active local economy, average earnings of the resident population are relatively low.
- The size of the Borough's population is a matter for debate, as the 2001 census figures are believed to significantly undercount the number of people living in Slough. Government allocation of resources to Slough is based on the census figures.
- The estimated true population figure is around 130,000. Population density is over ten times the national average and at least three times that of other Unitary Authorities in Berkshire East.
- Projections for older people imply negative growth compared to the other council areas in Berkshire East and against national trends.

- Almost 40% of residents are from black or minority ethnic communities. The greatest number are of Indian origin with other significant Pakistani, African and Polish groups. 75 languages are spoken in the Borough.
- There are high birth rates, particularly in families that originate from commonwealth and Eastern European countries.
- Among those of working age, expected population growth will place demands on services and carers of people who have learning difficulties, long term conditions or mental health problems.
- 44 lower super output areas¹ across Slough are within the fifth quintile (i.e. the most deprived) within the NHS South Central region; five of these are in the most deprived quintile nationally (see the red areas below).



Green Quay/High

- There are several unsatisfactory housing infrastructure issues in the Borough, with market prices beyond the local average earnings and high levels of rented property, including many Houses in Multiple Occupation (HMO).
- There are poor standards in some parts of the rented sector (e.g. use of outbuildings for residential purposes) and a large number of HMOs are in poor condition, particularly in Chalvey, Upton and Central wards.
- A higher proportion, 30% (24% nationally), of houses in some areas of the Borough would not meet the 'Decent Homes' standard. Thermal inefficiency is a large problem.
- Within the overall demand for housing there is an identified requirement for housing with flexible support for those with learning disabilities. The numbers of people with learning disabilities in residential care are comparatively high.
- There are comparatively high number of people with mental health problems in residential care
- Referral rates in relation to Safeguarding have increased steadily from 190 (2007/2008) through to 314 (2009/2010).

¹ Lower super output areas are small areas, below ward level, for which census statistics are analysed by the Office of National Statistics.

- In respect of long term conditions, in 2009/10 adult social care services in Slough supported 3215 people with a physical disability or temporary illness, 1105 people with a mental health problem of which 95 were over 65 and had dementia and 300 people with learning disabilities.
- During the same period a total of 1029 carers were registered; 661 were caring for people aged 18-64 and an additional 368 cared for people over the age of 65. 562 were caring for those with a physical disability; 261 for those with mental health problems and 101 for those with a learning disability.
- The Joint Strategic Needs Assessment for the Borough includes a prediction that the number of men and women with dementia in the Borough is projected to rise from 822 people in 2009, to 1,195 in 2021.
- The levels of tuberculosis in Slough are high.

3.2 'Putting Me First' – Personalised Adult Social Care service in Slough – developments in policy

3.2.1 In December 2007 the document '*Putting People First – A shared vision and commitment to the transformation of Adult Social Care*' was published by the Government. It sets out the vision and policy direction for Adult Social Care for future years.

The concept of 'Personalisation' is at the core of 'Putting People First'. This means that people with adult social care needs will:

- have choice and control over the support they receive
- benefit from safe services which promote independence, well-being and dignity

A specific 'Putting Me First' strategy has been developed to implement these changes in Slough.

3.2.2 The aims and objectives of the 'Putting Me First' strategy will:

- Further develop joint working with NHS partners to deliver co-ordinated services to support recovery and to prevent admissions to acute hospital care
- Improve customer responses at the first point of contact and assist people in making their own choices through access to high quality information
- Support the development of services in the community which change the historic pattern of provision and provide a range of alternative support options that deliver to the council's priority objectives
- Deliver efficiencies by streamlining processes
- Focus on promoting independence and where possible reducing the need for long term care
- Give service users greater choice and control over the support they receive
- Provide better integration of adult social care service users in the community through increased use of services such as leisure, adult education, libraries and community centres
- Promote more active engagement of people in their communities

These improvements to services will enable more vulnerable and disabled residents to:

- Have increased opportunities to make informed decisions about their lives, including how their assessed eligible needs could be met
- Have good information, advice and support to inform their choices
- Continue to live for as long as possible in their own homes, avoiding the need for residential or nursing care
- Have increased opportunities to make a positive contribution to their communities and neighbourhood

And, as a consequence of the improvements, we will:

- Support more people to live at home for longer
- Reduce the costs of long term care
- Deliver efficiencies through changes to working systems, structures and patterns of service delivery

The 'Putting Me First' strategy recognises that as personal budgets are more widely introduced and people begin to exercise greater choice and control over the support they wish to receive, it is highly likely that gaps in the current market of services available will begin to appear.

There is a need to develop more flexible, responsive and user focused services within the market. This will mean that, in addition to the development of new types of provision, many existing services will need to change or be decommissioned.

The contractual arrangements for commissioned services will also need to develop and become more flexible. Flexible framework agreements will be introduced to facilitate service user choice.

There will be difficult and challenging decisions to be made concerning the future commissioning intentions and priorities for social care support as new ways of working and new services are developed while others decline, and it will be important that this work is carried out in a planned way to maintain stability within the market during the transitional period.

3.3 Finances and funding:

The current financial climate will have significant impacts on commissioning activities. Resources available to local authorities and other public sector bodies are decreasing, though the full scale and timings of these reductions are not yet known. The decline in resources as a result of Government policies has to be seen alongside already agreed local financial policies and initiatives. Among the main issues are:

- The government has set a target for public sector services to find approximately 25% savings in the next four years;
- During 2010/11 the Council is negotiating with providers who are in receipt of council funding in excess of £10,000 (including social care) to achieve a 4% reduction. This is in response to reductions in central government funding to councils already introduced during 20010/11.

- There are agreed financial saving proposals for 2011-12 relating to commissioning activity
- There are a number of other restrictions and possible reductions which may impact on the resources which the Council has available such as the freeze on Council tax.
- Further details of financial implications for local authorities will be come clear when announcements are made in the Government Spending Review (covering 2011/12 – 2004/15) on 20th October 2010.

4 FUTURE DEMAND

- 4.1 Based on the known demographics and trends set out above, Slough has to respond to a wide and varied range of needs, across the spectrum of social care.
- 4.2 Whilst the Authority does not have the high proportion of elderly people that is common in other areas, it does have particular issues such as areas of marked deprivation (and consequent related health needs and lower life expectancy) and high levels of mental health problems.
- 4.3 The nature of Slough's population requires responses which are appropriate to meet the needs of diverse communities.
- 4.4 Preparing to address future demands at the strategic level is best achieved by the development of a dynamic commissioning environment, where need is assessed on a cyclical basis. This will include implementing robust processes and analysis of information to ensure the commissioning and provision of appropriate support services.

5 MARKET ANALYSIS:

- 5.1 Current service provision in Slough has grown up over a number of years, with the result that there is a historical pattern of mainly 'traditional' services procured from a limited market. Not all these developments have been led or driven by the council's strategic priorities.
- 5.2 During the past 18 months the council's commissioning team has been working closely with providers to establish firm relations which will facilitate the commissioning and development of the services required to meet identified and agreed strategic priorities.
- 5.3 Work has also been undertaken to profile in detail commissioned services in terms of the range of current provision and the resource commitments.
- 5.4 This work will form the basis for reviewing existing service commitments and remodelling service provision. It shows that in 2010/11, £25,732,000 is available for externally commissioned services for adult social care and Supporting People services.
- 5.5 The table below gives a high level breakdown of the current pattern of spending

| | | £ | £ |
|--|---|-----------|-------------------|
| Supporting people | | | 3,970,000 |
| Block purchased services | | | |
| | Residential / Nursing | 7,651,000 | |
| | Domiciliary | 2,111,000 | 9,762,000 |
| Community based services | | | |
| | Advice and support (e.g. advocacy, carers support etc) | 467,000 | |
| | Care and respite (e.g. day care, lunch clubs, respite for carers etc) | 716,000 | |
| | Living at home (e.g. meals service, handyperson, equipment loans) | 660,000 | |
| | Out and about (e.g. transport etc) | 56,000 | 1,899,000 |
| Spot purchased services | | | |
| | Residential / Nursing | 9,500,000 | |
| | Domiciliary | 265,000 | |
| | Day Care | 336,000 | 10,101,000 |
| Total budget - externally commissioned services | | | 25,732,000 |

6 COMMISSIONING PRIORITIES

6.1 Strategic Approach

- 6.1.1 The creation of this Strategy has provided the opportunity to look at and review all externally provided services to consider how services may be remodelled to meet the changes required by the introduction of 'Putting Me First' and to ensure value for money.
- 6.1.2 This strategic approach will also assist the Council in working closely with provider agencies to develop the market in the future.
- 6.1.3 Some existing services will be de-commissioned while others may change in terms of the nature of the service and who provides it as a result of re-commissioning.
- 6.1.4 There will also be changes to the nature of contracts for service provision

6.2 Commissioning Strategy Statement

- 6.2.1 This commissioning strategy sets out the priorities for adult social care over the next three years. It provides details on how we intend to respond to the changing needs of individuals within their local community. It emphasises a shift in the way we work to one that puts the individual at the centre of our approach. In doing this when commissioning all services we will focus on key 'outcomes' for each individual that address risks to their independence, safety, rights, choice and autonomy.
- 6.2.2 We will promote, develop and commission care and support that:
 - Is innovative and flexible in times of change and responsive to the needs and risks of our most vulnerable residents;
 - supports and enables people to live independently within their own communities for as long as is possible and appropriate
 - Achieves agreed outcomes and promotes choice and control in the planning and delivery of those outcomes;
 - Is delivered to defined measurable and controllable quality standards;
 - Demonstrates continuous effectiveness and efficiency to make the best use of the resources available to the Council.
- 6.2.3 The following approaches will underpin our commissioning work:

Reviewing current traditional forms of support:

We will:

- decommission and re-commission services that are unable to deliver person centred outcomes
- commission services which deliver the council's priorities and the objectives of this strategy

Empowering service users and carers:

We will:

- develop person centred approaches which respond appropriately to individuals' needs and preferences.
- support an individual's right to maintain, support or restore as appropriate their independence
- recognise service users' rights to exercise choice and control over decisions which affect their lives.
- Protect individuals from physical, sexual, psychological, financial abuse and neglect and acts of omission
- acknowledge and support the role of unpaid carers so that they can continue performing their caring roles.

Addressing risks to independence:

We will:

- establish integrated, inclusive and seamless responses that promote positive outcomes for vulnerable people.
- Commission flexible and accessible services which are tailored to individual circumstances and choice.
- focus on assisting individuals to identify the risks to their independence, and jointly determine strategies to minimise those risks as appropriate.

Safeguarding:

We will:

- implement common safeguarding standards in contract and service agreement documentation
- require commissioned services and their staff to be appropriately trained in safeguarding
- require up to date Criminal Records Bureau checks to have been completed for all relevant staff in commissioned services
- Ensure compliance in commissioned services with safeguarding policies and procedures
- Monitor compliance with safeguarding requirements

Improving commissioning approaches:

We will:

- maximise opportunities for increased partnership working to achieve better and quicker responses to individual need.
- identify, plan and develop joint approaches to improve the health, social care and wellbeing of the residents within the resources available to us.
- Collect and analyse of demographic and other data, to ensure an evidence based approach to commissioning.

Shaping the market:

We will:

- build on current market shaping strategies through the use of well established contracting processes
- consolidate effective working relationships with social care providers.
- involve providers positively in planning and commissioning processes
- use a mix of publicly and self funded services where appropriate and improve access to universal services, where these contribute to support needs.
- work cooperatively, to enhance the transparency and flexibility of relationships across market sectors to establish a more sustainable mixed economy of care
- improve quality responses and outcomes for service users

Promoting workforce development:

We will:

- facilitate workforce planning in partnership with the private sector, third sector and other key stakeholders to promote a coordinated workforce approach within the local market.
- assist adult social care staff to become appropriately skilled, trained and qualified to perform the range of responses and functions required in the future
- target funding that sustains the

Sustaining the environment:

We will:

- raise awareness of environmental issues and promote best practice standards to assist the reduction of waste and harmful emissions that impact on the local environment and public health.
- encourage providers of adult social care to achieve more output with fewer resources by reducing consumption, reusing or re-cycling wherever possible and reducing the impact of travel to improve the environment.

Continuously improving responses:

We will

- develop frameworks that specify the range of quality thresholds that promote best practice and meet the expectations of service users, carers and key stakeholders.
- ensure that quality frameworks promote autonomy, choice, independence and empowerment
- ensure that providers demonstrate value for money, economic viability and capacity and ability for continuous improvement
- maintain effective arrangements for monitoring and review.

Integrated living:

We will:

- focus on providing housing support options that enable individuals to maintain their independence, functioning and quality of life in the community
- explore options for the development of 'extra care' type housing schemes for people with mental health and learning disabilities which will reduce the numbers in residential care

6.3 Priorities

The reductions in available resources, changes in needs and the introduction of personal budgets giving services users more choice and control mean that adult social care services have to be reshaped to respond to these issues. Future provision will need to be different.

In order to deliver our objectives and priorities, the services below will be developed and commissioned during the period up to March 2012:

- Advice and Information across all care groups including carers;
- Brokerage and advocacy across all care groups for those who meet the adult social care eligibility criteria;
- Assistive technology for all care groups including emergency alarm response service
- Relief care and respite for carers;
- Dementia services to ensure they are more accessible for those under the age of 75 and are more community based;
- Residential, nursing and dementia care services reconfigured to reflect future demand;
- Day opportunities for older people reviewed and re-commissioned to enable greater choice and independence;
- Community based mental health services focusing on promoting independence and choice;
- Domiciliary care services to deliver greater independence for older and disabled people by encouraging people to do things for themselves, rather do things for them;
- Meals service
- Support for substance misuse and HIV clients commissioned in partnership with other Council service areas
- Community transport
- Supported tenancy and 'extra care' housing schemes for people with more complex and challenging needs; including those with mental health problems, physical disabilities, sensory loss, learning disabilities and autism.
- Shared Lives schemes to include a greater number of people who are at risk of social isolation and/or losing their independence.

6.4 Programme Plan

- 6.4.1 The general principles for commissioning externally funded services are being applied to existing contracts that will have to be modified, taking into account the focus on ensuring links with agreed priorities, increasing service user choice and control and delivering increased efficiencies and value for money.
- 6.4.2 A detailed plan is being developed which sets out the actions needed in relation to all existing externally purchased services, including where new contracts are required.
- 6.4.3 This will include de-commissioning of some services and re-letting of contracts on a new basis. The programme will identify in more detail the timescales for commissioning and decommissioning of services. It is not possible to forecast the cost of individual contracts at this stage.
- 6.4.4 It is anticipated that the major part of the programme can be delivered in the next 18 months, with completion by April 2013. As many of the Councils contracts would normally expire in the next year, it may be necessary for some existing contracts to be extended while new arrangements are put in place in line with the detailed programme.
- 6.4.5 There will be extensive and on-going engagement and consultation with key stakeholders including service users, carers and provider agencies throughout the implementation of the strategy. This will include discussions at relevant Partnership Boards, the regular Providers forum and other events.

7 BACKGROUND DOCUMENTS

- 7.1 Slough Borough Councils Strategic Commissioning Framework – June 2010;
- 7.2 Joint Strategic Needs Assessment for Slough - October 2009;
- 7.3 Joint Commissioning Strategy for Slough 2007 – 2015.
- 7.4 Putting People First (PPF) DoH December 2007;
- 7.5 Our Health, Our Care, Our Say DoH 30 January 2006;
- 7.6 PPF related Circulars issued in January 2008, March 2009 and March 2010.