Appendix 1

LUTON BOROUGH COUNCIL

ADULT SOCIAL CARE COMMISSIONING STRATEGIES 2008 – 2013

AN OVERVIEW

"GIVING YOU THE CHOICE ……."

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1 Introduction:

1.1 Adult social care services face a period of considerable change over the next five years that will have significant implications for the working of the whole Council Council. This report seeks to give an overview of the challenges that have to be faced and the strategic options and choices that will have to be made in addressing them. Essentially it will seek to identify where we are now in terms of service demand and delivery , where we think we want to be in the medium term future and the steps we need to take in order to get there.

1.2 This overview report is complemented by a set of draft five-year Commissioning Strategies for the main care-groups, namely, older people, adults with a learning disability, adults with Physical Disabilities or Sensory Impairments and adults with a mental health problem. These commissioning strategies identify in more detail some of those steps that we need to take on our journey to build better more sustainable services for the future. This must achieved in a planned way to maintain stability through the period of change and to ensure alignment with other changes taking place in public services the Council and it's partners.

1.3 The content of this Overview and of the separate draft commissioning strategies has already been strongly shaped by consultation with service users and family carers. Nevertheless, the strategies and this overview will be widely consulted on from July to September, 2008, after which they will be amended in the light of consultation feedback and submitted to the Council's Executive in November 2008 for final approval. Implementation of the strategies will then be monitored through the various consultative forums, with service users and family carers able to influence the direction of travel and the detail of how the plans are turned into reality.

1.4 Although the commissioning strategies have been produced and led by the Adult Social Care section of the Council's Housing and Community Living Directorate, they need to be "owned" by the Council as a whole. This is because the central theme running through all the strategies is that of facilitating vulnerable adults who require social care support to access ordinary local services as local citizens, many of which are provided or commissioned by the Council.

1.5 The challenge to all local authorities is to make judicious investments that effectively manage both service demand and supply, in a way that

benefits all residents. Delivering incremental and sustainable improvements that strengthen communities. An excellent example of this is the concept of building and modifying homes to 'life-time' standards, initially conceived as age friendly design with wider doorways better bathrooms and staircases these benefits are also hugely advantageous to young families – as a general rule what works for a wheelchair also works for a double buggy!

2 What is a Commissioning Strategy?

2.1 A commissioning strategy is a formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level, achieving measurable outcomes, agreed with service users and their carers.

2.2 It applies to all services, whether they are provided directly by the local authority or are purchased from the private or voluntary (third) sectors. A commissioning strategy identifies how resources will be progressively re-directed to deliver ever-evolving strategic priorities.

3 Where are we now?

3.1 Demographic Demand: Although Luton has a slightly younger age profile than many authorities; the overall population is ageing, thus requiring ever-higher levels of support. Whilst people are living longer, they are likely to be faced with more years of ill health.

3.2 High and Unequal Levels of Ill–Health: The levels of ill-health are above the national average, with nearly one third of households reporting that at least one member had a long term limiting illness at the last census. There is also significant disparity in that life expectancy in the lowest fifth of wards is 74.8 years, compared to the highest wards in Luton, which is 80.7 years.

3.3 Increasing Levels of Impairment: Medical advances mean that more children with severe and/or multiple impairments are surviving into adulthood, with an average increase of 1% per year. This will require more investment by both children's and adult care services in the management of the transition in care arrangements for youngsters with special needs, approaching adulthood.

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3.4 **High levels of deprivation:** Nearly 20% of the population falls within the 25% of wards with the highest levels of deprivation in the country; a third of the large council housing stock is in need of re-furbishment. (Decent homes programme in place for completion 2010)

3.5 **Ethnic Diversity:** Luton is home to an increasing diverse population which is continuing to grow. Whilst this brings benefits, this presents a challenge to ensuring equality of services to all parts of the community.

3.6 **Transient population:** Luton has, like London's inner Councils, a significant transient population, with an above average level of substance misuse and other associated problems.

3.7 **Under-developed Private and Voluntary (Third) Service Sectors:** Both of these sectors are locally under-developed to support and complement statutory services**.** There is a strong national commitment to Social Enterprise, as a means both of engaging with, and strengthening local communities, but also of improving and diversifying local care market places to provide competitive quality service options.

3.8 **Rising Expectations:** As elsewhere, people have rising expectations of both the range and quality of services that will be available to them. **The new generation of care service users tell us that they also expect much greater self determination and control over their day to day care**.

3.9 **Constrained Resources:** Luton has benefited from a healthy financial settlement from central Government. Monitoring will continue to ensure a balance of the resources to meet both demographic growth and cost inflation. However, as with most local council's experience, demand for services continues to outstrip supply. In 2006 we raised the threshold of Adult Social Care eligibility from moderate need to substantial need. Greater strategic 'managed' investment in preventative services will be required in order to meet community needs and avert the increased demand upon eligible services.

3.10 **Staff Recruitment and Retention:** Without the advantage of "London weighting" on salaries but at the same time being situated close enough to London Councils for people to be able to easily commute, the Council faces difficulties in recruiting and retaining permanent staff within its adults social care services.

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4 Where do we want to be?

4.1 '**Putting People First' - Changing Lives.** Over and above these local challenges, the government is promoting a further demanding set of service changes in adult social care as a core part of its thrust to transform all public services. The emphasis is already shifting away from the traditional model of professionals assessing what people need and deciding how this need should be met, with little choice for the individual, towards a new approach through which the individual is helped to assess his or her own needs and to design a tailor-made package of support, supported by an individualised budget over which the person has control.

4.2 **"Our Health, Our Care, Our Say"** Sets the policy context for the future. Adult Social Care is responsible for delivering these outcomes with our partners and is performance managed in relation to this:

- Improve health and emotional well being;
- Improve quality of life;
- Support Adults making a positive contribution;
- Commitment to providing greater choice and control;
- Ensure freedom from discrimination;
- Improve economic wellbeing
- Promote personal dignity.

4.3 Recent proposals from Government (Putting People First, Transforming Social Care and Valuing People Now) are complimentary to the White Paper and point to an acceleration of its delivery. We need now to become excellent at delivering these outcomes. The ultimate aim is to have a single community based support system focussed on the health and wellbeing of the local population with prevention, early intervention, enablement and high quality personally tailored services running through it.

4.4 The role of the Council as a whole in delivering better outcomes can only be achieved in partnership. Primarily the Local Strategic Partnership with the Sustainable Community Strategy and Local Area Agreement providing the overarching framework. Building on our successful partnerships with other council departments; housing, community development, environment and regeneration etc., the new Leisure and Culture Trusts, the NHS and the voluntary community sector is essential. Ensuring a close fit with the development of 'World Class Commissioning' in the NHS; pursuing the right balance between choice, risk and responsibilities for each person, will be particularly important.

4.5 Focus on Outcomes: In order to be consistent with the aims we set ourselves , we must concentrate on delivering what is most important

to people and that which makes the most difference to their lives. What people tell us they want is what matters most and is key to realising the benefits of transformation

What will Transformation deliver:

- People will have much more choice and control over their services;
- Many more people will be using direct payments and Individual Budgets.
- People will have plans which are person centred and outcome focused;
- More people will be in paid work or volunteering
- People will be spending more time doing activities they choose during the day rather than going to traditional day centres
- More people will be supported to remain in their own home or become home owners/tenants in supported living
- There will be more user-led organisations and advocacy services;
- Family Carers will be getting more support and help to have their own lives and be healthy.
- More advice, information and support will be available to people funding their own care.

4 How are we going to get there?

5.1 **Commissioning Strategies:** Most aspects of what we do will need to change in order to fully realise these benefits The programme of change will need to be properly defined and the capacity developed to manage the change. The commissioning strategies will be critical in :

5.2 **Defining the Pathway:** Despite the acknowledged pressure on resources in adult social care, we are fortunate in having a stable financial base with good support from the Council. Further efficiencies must be gained by redesigning services and disinvesting in more traditional approaches so that we can invest more in individualised support making a direct impact on peoples lives.

5.3 **Commissioning for Change:** The Commissioning Strategies that this report introduces are the early framework for change the detail they contain will need to be regularly reviewed and updated, over time they will be increasingly:

- Joint Strategic Needs Assessment based. (see 5.16)

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- Local Area Agreement connected.
- Integrated and geared up to incentivise and stimulate quality provision offering high standards of care, dignity and maximum choice and control for service users.
- Effective market management.
- Generate universal information advice and advocacy services for people needing services and their carers ,irrespective of their eligibility for public funding.
- Inform the development of a common assessment process with a greater emphasis on self assessment.
- Encourage person centred planning and self directed support to become mainstream.
- Individual budgets for everyone eligible for publicly funded adult social care support.
- Increase the numbers of people utilizing Direct Payments
- Transform community equipment service consistent with the prescription/retail market model.
- Robust safeguarding systems.
- Promoting dignity in local care services.

5.6 **Services for Older People:** The Department has implemented a strategy of replacing some of its traditional residential homes for older people with new "extra care" housing complexes and has secured government funding for 111 such units.

5.7 **Services for People with a Learning Disability:** The Council has increased its investment in these services in recognition of the growing numbers, both of young people with multiple needs surviving into adulthood and of older people living longer. The Department has completed the replacement of its traditional hostels with much smaller and more neighbourhood-based supported living units and has introduced some very flexible "floating support" arrangements to complement traditional respite care services It has begun the process of promoting greater community outreach from its traditional day centres but needs to accelerate this process and move completely away from the model of segregated day centres. Similarly, some progress has been made in moving people on from reliance on day centres towards employment training, but a great deal more needs to be achieved to allow all of those willing and able to undertake some form of employment to secure paid jobs. Specialist Community Learning Disability Nurses are now an integral part of the Council's Community Learning Disability Team, rather than being separately employed within the NHS

5.8 **Services for People with a Physical Disability:** The Chaul End Community Centre has been purpose-built to facilitate access for those with a physical disability and serves as one example of the new model of provision all traditional day services need to move to. The Council's

residential home for people with physical disabilities has now been replaced by a series of individually tennanted bungalows, with assisted technology helping to promote peoples' independence. The recycling of assets that enabled this reprovision will act as a blueprint for further redevelopment. This work needs to continue to develop and lead the cultural sea change for both service users and staff in self determined care.

5.9 **Broader Development of Day Opportunities:** A Board has been established to look at the overall plan required to develop and re-provide all the remaining day care units with a new range of day time opportunities. It is suggested that the under-used community facilities such as community centres and sports and leisure centres will provide opportunities to develop and extend localised options. For example, a project has commenced to look at incorporating more provision in the existing community centres owned by the Council and in particular, Hockwell Ring has been identified as having potential to include provision for vulnerable adults. A project has been realised to deliver a social enterprise café in Farley under the guidance of Chaul End. It is expected this service will be open by early Summer 2008.Longer term scoping of this project will look at linking social opportunities within the extra care housing scheme and community centre. The Kingsway Depot café has been running since January 2008 under the guidance of Chaul End Centre.

5.10 **The Council as a Whole Promoting Healthy Lifestyles:** The department has looked at a number of ways in which to utilise the resources within the department. To date a number of specific sessions have been run in leisure centres.. The museum service has involved a number of groups to promote awareness of mental health and healthy styles. The arts service has projects to involve service users in creative arts and the library service has established reading groups with MIND, invested significant sums in audio books and have modernised the home library service. Further expansion to promote the health and well being agenda is being prepared as part of the commissioning of the new cultural trust.

5.11 **Carers Support Services:** With the increasing number of older carers and a growing older, diverse population, the department is developing more robust carers support services and a possible carers support agency for all carers or a carers centre. A Carers Strategy and Charter will be developed to draw together current good practice and existing good models in Luton.

5.12 **Aids and Adaptations:** Extra resources have been secured to address the backlog for aids and adaptations including assessment and delivery. In addition a consultant was engaged to introduce an end-to-end approach for the delivery of occupational health. Various financial models are being explored to allow funds to be recycled over

a number of years to further support investment for both those in need of disabled facility and decent home grants.

5.13 **Expansion of a handyperson scheme and development of Home Improvement Agency (HIA):** This project complements the existing work of Age Concern and extend assistance to those in need to help with jobs in the home. Research has shown that these schemes provide a valuable service with beneficial effects for the health, safety and well-being of older people and other vulnerable groups.

5.14 **Re-Negotiating Arrangements with Health:** The Department already has a Section 31 Partnership Agreement with Luton Primary Care Trust in respect of the Joint Equipment Service and a further agreement through which the Council lead commissions adult learning disability services. Negotiations are taking place for the continuance of these arrangements and for the extension of formal partnership working into other areas, including mental health services and services for older people.

5.15 **Initial Work on the Joint Strategic Needs Assessment:** The Council has commenced work with Luton Teaching primary Care Trust to produce the first Joint Strategic Needs Assessment. The learning from this initial work here and in other areas will be applied over the coming year to expanding and improving the quality of this assessment and the outcomes from this work will inform the detailed commissioning proposals emerging from the commissioning strategies.

The completion of the Joint Strategic Needs Assessment will influence the implementation of the new NHS Commissioning Framework and the Luton PCT's potential to commission specialised health and wellbeing services from both the Sports and Leisure and Cultural Trust.

6 What are the Strategic Choices to be Made?

6.1 **Balance of Spending on Adult Social Care:** The Council will have to keep under constant review its level of spend on adult social care in the light of its grant settlement from central government to ensure that spending is keeping pace with demographic pressures. Although further above-inflation budget growth is likely to be needed to meet growing demand for adult social care services, the emphasis within the commissioning strategies is on minimising the need for this by re-investing existing commitments (e.g from residential care to supported living), targeting high-cost out of Council placements and making more effective use of the existing leisure, community and sports facilities

already provided or commissioned by the Council. We now also have the Social Care Reform Grant to assist us in personalising adult social care.

6.2 **Targeting of Resources:** In common with most authorities, Luton has now confined its eligibility for services to those in Critical and Substantial Need (excluding those in Moderate and Low Need). A few authorities have now further reduced their eligibility to only those in Critical Need and the Council will also need to keep this option under review.

6.3 **Balance of Spend on Directly and Indirectly provided services:** The Council has reduced the level of its in-house service provision but it is still at a higher level than in many similar authorities. As in-house services are more expensive than equivalent services in the independent sector the balance will be reviewed as we move towards the personalisation agenda.

6.4 **Balance of Spend on the Voluntary (Third) Sector:** As the Council targets its services ever more narrowly on those in greatest need, it will need to keep under review its compensatory investment in the voluntary sector to provide preventative services, allowing statutory services to withdraw.

6.5 **Culturally Appropriate Services:** It is a particular challenge to Luton to decide how best to develop culturally appropriate services for its diverse communities. The main two options open to the Council to meet this challenge are by i) only providing integrated services which are fully accessible to all communities or ii) by doing this but also continuing to supplement this generic approach through the provision of specifically targeted services to meet the needs of some sections of minority ethnic communities where there is a particular demand for this (current examples being the Asian and African-Caribbean Older Persons Day Services and the range of Luncheon Clubs for BME communities). This issue will be explored through public consultation on the strategies.

6.6 **Rationalisation of Buildings:** The Council has a substantial number of buildings and land holdings which will require inclusion in the Capital Strategy. We can then look corporately at releasing funding to reinvest in the development of services fit for the future. One option could be to up-grade selected community and sports centres to ensure that they can fully meet the needs of people with multiple disabilities who are currently reliant on segregated day centre provision.

6.7 **Individual Brokerage:** The brokerage service has been introduced, to provide a more effective procurement process. However decisions will need to be made on future developments of the function and in particular the role required for, assisting people to use their forthcoming individual budgets. The Council will need to consider whether to

develop expand in-house brokerage services or commission Third Sector organisations to undertake this role.

6.8 **Workforce Development:** We will need to ensure that our workforce is involved in personalising adult social care as it will be primarily achieved by cultural changes in the way we relate to people. This will require an understanding of what needs to change and why. Learning new skills will be essential as well as 'unlearning' and changing mindsets that served us well previously but will no longer be fit for purpose in the future. This points to a large investment at an early stage in the programme in engagement and personal development right across the workforce.

6.9 **Partnership with Health:** The Council will also need to decide whether it wishes to further extend its partnership working with the NHS and if so, in which particular ways – for example, some local authorities have now fully integrated their adult social care function with their local Primary Care Trust.

7 Conclusion

7.1 All of the above issues underpin the separate commissioning strategies for each of the adult care groups to a greater or lesser extent. Some options may be more appropriate for some adult care groups than for others, because services across the different sectors are at different stages of development. At the same time, many of the issues are interdependent. For example, in selecting the Community Centres that are to act as the hubs for integrating vulnerable adults into their communities, it will be necessary to cater for all such groups but not in such numbers as to unbalance the mainstream, inclusive nature of the provision.

We need to be clear about what can be achieved in a 5 year period . The focus will remain on service improvement and redesign to achieve a more personalised approach over this time. However, we will, as has been accepted need to consider structural issues in the department, the council, and our partners so that we can develop more integrated preventative solutions that deliver better use of resources. Recycled assets must be clearly accounted for, and ring fenced for reinvestment throughout the partnerships.

Critical to the approach will be how we use our resources and develop a system of resource allocation which whilst being open and transparent also has the necessary checks and balances in place to ensure financial stability.

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The drive towards the individualised agenda will be the focus of Luton's future service delivery. Significant step charge will be necessary to achieve these ambitions. The commissioning strategies will set the framework, following consultation with service users and carers, for the core aim of working towards flexible and personalised support to vulnerable adults in the community.

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