LUTON BOROUGH COUNCIL
ADULT SOCIAL CARE

DRAFT STRATEGY FOR THE COMMISSIONING
OF SERVICES FOR OLDER PEOPLE

2008– 2013

EXECUTIVE SUMMARY FOR
PUBLIC CONSULTATION
1 INTRODUCTION

1.1 Purpose of the Draft Strategy

This Executive Summary of the draft Commissioning Strategy for Older People in Luton sets out a ten-year vision of how social care services for older people, and their carers, will be developed by Adult Social Care, together with a raft of commissioning proposals for the next five years. It gives an overview of the challenges faced and the strategic options and choices that have to be made to meet them.

The draft commissioning strategy is confined to older people 65 years or older. However, older people are not a uniform group and there is a wide range of diverse needs within the population aged 50+ years. Thus, the older population can be seen in three groups:

- **Entering old age** - People who have completed their career in paid employment and/or child rearing includes people as young as 50 years. Many are active and independent and will remain so into later old age. The aim would be to promote a healthy active life and well-being.

- **Transitional phase** – This group of older people is in transition between healthy, active life’s and frailty, which often occurs in the seventh or eighth decades. The aim of this strategy is to identify emerging problems ahead of crisis, and ensure effective responsive services, preventing crisis and reduce long-term dependency.

- **Frail older people** – People who are vulnerable as a result of health problems such as stroke or dementia, social care needs, general frail old age, or any combination of these. Frailty is often experienced later in old age, so services for older people should be designed with such needs in mind. The aim of this strategy is to anticipate and respond to these support needs, recognising the complex interaction of physical, mental and social care factors, which can compromise independence and quality of life.

This Executive Summary relating to older people is one of a series of four commissioning strategies covering the whole of adult social care services that the Council has produced and is simultaneously consulting on.
For the purposes of public consultation, this document presents the primary proposals for the development of these services, summarised through a series of commissioning proposals, with key questions posed to facilitate the process of consultation.

An 'Overview Report' has also been drafted, drawing out the common themes underpinning all of the commissioning strategies. If you would like to see how the vision presented in this report, relating to services for older people, fits into this broader strategic picture, please contact: Paul Wiltshire, Strategic Commissioning Manager for Community Living & Wellbeing on 01582 547188 or email at Paul.Wiltshire@luton.gov.uk, for a copy of the Overview Report

Public consultation on the strategy will commence in July 2008 and terminate in October 2008. Feedback from consultation and any amendments to the draft strategy suggested by this feedback will be presented to the Council’s Executive in early November 2008 and the final version of the strategy will be published after this.

1.2 The Modernisation of Older People Services

Although a start has been made in modernising Adult Social Care Older People Services, further change is needed to make them fully compliant with the latest guidance from central government. That guidance is based on the clearly expressed preferences of older people and their carers. They wish to be given more choice in the services available and have more control over their individual care. This entails a continued sustained shift away from institutional forms of care to a wider range of community-based services and extra care options.

In the Luton context this means

- Minimising long term institutional care by providing a range of services to enable older people to remain in their own home whilst improving access to mainstream community facilities
- Promotion of independent living for as long as possible rather that creating early dependency on care services
- Reduction in residential and nursing care placements
- Providing a wider range of extra care sheltered housing opportunities
- More outreach into ethnic minority communities backed by culturally appropriate service options
• A continued modernisation of day opportunities concentrating on a network of socially inclusive community centre’s

• The development of more advocacy and brokerage support to give older people and their carers more choice and control over their care

• More support for carers and families with extra short term provision options

• Development and provision of services across organisational boundaries to ensure best value provision integrating with Health to improve access to primary health care

• Increased involvement of users, partners and stakeholders in strategic planning

The emphasis throughout this change would be to enable older people to live as independently as possible in their own home, for as long as it is safe to do so, leading valued and fulfilling lives. The services in Luton will be measured by their capacity to achieve beneficial outcomes both for older people and their carers, enhancing the quality of their lives.

2 IMPACT OF THIS STRATEGY

There is a mixed range of older people services in Luton provided by Luton Borough Council, Health partners and the Third Sector. The partnership with local Health agencies needs to be continually strengthen in relation to integrating discharge planning and execution, nursing provisions, funding and negotiations on S31 /S28 agreements.

The Third Sectors provides a variety of services, but there are issues of capacity and sustainability, as well as standards and quality for some provider. Most of these services are well established and provide support for a diverse population of older people. However, there is a need to develop a better market place for Luton.

Services need to be modernised and other models of support need to be developed for a growing older population in Luton and to meet the needs of specific diverse elderly communities. Current provision in Luton can be grouped under the following headings, reflecting the different levels of support provided:
• Services that provide care and support in other accommodation settings, including sheltered housing, extra care sheltered housing, residential care, and social care in nursing homes.

• Services to enable older people who meet the Council’s eligibility criteria to remain in their home, such as home care services, carers assessments and support, housing related support services, day care, and other flexible care packages to help keep people at home and supporting carers

• Community support services: other preventative services to help older people remain outside the formal care systems, such as carer information and support services, health and well-being advice groups, social groups, befriender services, telecare services, community alarms, technology and other services, including those provided through the Third Sector that underpin independence.

What will this ten-year vision mean for older people living in Luton? It will mean the following:

• Currently, extra care sheltered housing has been the more preferred form of accommodation model, where premises are designed and built to be a community resource with the scope to provided a specified range of support for older people. All Council homes are under review under the Future Living Needs strategy, and site redevelopments to provide extra care sheltered housing is a proposed business case, such as the Farley Hill and the Elmtrees sites.

• Development of further extra care sheltered schemes to support the independence and wellbeing of older people. This will include the current commissioning intentions with Housing to review existing accommodation, voids, utilization and the need to replace residential placements.

• There is the need to reduce the number of full time residential/nursing placements and shift to more home based support services and a greater focus on respite and rehabilitation. The well-being of the individual is of the utmost importance. Thus, such a move will provide the possibility of more cost effective support solutions and the individual more control and choice

• Other developments will be community based respite, live in carers delivered by Direct Payments and Individual Budgets, rehabilitative and more focused community equipment, and assistive technology.
There is an increasing demand for quality nursing placements for people who are suffering with dementia at affordable prices with accredited providers. An accreditation scheme has been introduced for providers of higher quality care, which will be extended to neighbouring local authority homes to secure a good supply of provision in the short term.

With the increasing number of older carers and a growing older and diverse population, there is a need to ensure that robust carers support services are established. A carer’s support agency for all adults or carers centre’s need to be explored further and modeled according to the local need.

With individual budgets we will create a viable market in which people can commission individualised services as a preferred route to care. We will set up and resource processes and systems to ensure individual budgets are designed to move services away from welfare style provision to give individuals greater control over the design, development and commissioning of the services they require. This will enable them to live the life that they choose rather than, as now, the life that is prescribed by others.

Home care is of crucial importance in meeting the objective of helping people who wish to remain at home. It is envisioned that by developing and retaining effective Home Care providers, and the introduction of brokerage, the cost of the in-house home care provision will reduced significantly.

Areas for further development within the independent sector includes improving and modernising home care commissioning, which will be accomplished through the brokerage service and effective market management.

The modernisation of day opportunities is a part of the Future Living Needs strategy for older people. It is important that there is an integral link to community based services to ensure that older people are a part of the local community, feel safe and can contribute to society.

There is a limited diverse range of preventative service in Luton. There are small areas of good practice and effective services being delivered. However, there has been no overarching strategic direction for prevention and thus there has been adhoc investment in development. Many of these small scale preventative services are provided by voluntary and community groups. These organisations are eager to support and develop service for older people, but there are capacity and quality issues. There needs to be an investment in the areas of advocacy, carer’s support,
technology and equipment, housing related support, home maintenance and improvement, fall prevention, maintaining health, well-being and life skill.

- There needs to be a modernisation of in-house systems, which will help improve access to services, such as an internet based on-line self assessment tool, which will allow the population the choice to assess their own needs, or carry out an assessment on behalf of somebody else. These assessments will be either on a general needs basis, or a carers’ assessment. This self-assessment can be actioned by anyone who has difficulty in carrying out everyday activities, and can be carried out by carers, families or friends on behalf of others.

Consultation Question 1: Do you agree that the impacts of the strategy described above will be achievable and will be sufficient to bring about the transformation in the lives of older people?

Consultation Question 2: Do you agree that services should be targeted for all adult groups and not specify age 65+ as a separate group?

3 COMMISSIONING PROPOSALS

In this Section, the commissioning proposals are drawn together and related to the seven outcome headings, against which the Commission for Social Care Inspection will be evaluating services. They also meet the challenges of Government guidance, local accountability and secure value for money.

1. Improving Health and Emotional Well-Being

1.1 Re-negotiate with the Teaching Primary Care Trust the successor arrangements to the Section 31 Agreement in respect of currently joint-funded residential and nursing home placements, and the RNCC arrangements.

1.2 Establish measurably better quality customer focused outcomes from the OT and associated services.

1.3 Continue to develop the current ‘step down’ beds facilities for older people to continue the rehabilitative focus and time for lifestyle changing decisions.

1.4 Negotiate with providers to ensure a secure supply of good quality residential and nursing placements in Luton, including those who develop working age dementia.
1.5 Continue to develop Day Opportunities and facilities with a community-based focus, and socially inclusive services for all strands of the population, and build on the existing POPP’s initiatives.

1.6 Explore and develop a range of respite provision for older people and to provide additional support for carers.

**Consultation Question 3:** Do you agree that these are the right priorities for improving the general health of older people?

2. Improved Quality of Life

2.1 Undertake a review of all out-of-borough residential placements with a view to identifying those who would prefer or benefit from a more local specialist service, if the appropriate alternative provision were commissioned.

2.2 Enter into dialogue with existing service providers within the Borough to identify their capacity to develop required alternative provisions. This may involve opening up the tendering and accreditation processes to new providers, and entering into collaborative commissioning with Bedfordshire County Council and other neighbouring authorities to address common service gaps.

2.3 Maintain and extend the accreditation standards for dementia care to ensure a secure supply of high-quality service provision.

2.4 Seek out and commission a wider range of good quality respite services locally and other effective models of respite services, giving carers greater flexibility and choice.

2.5 Commission a wider range of good quality carer support services to give carers greater flexibility and choice.

2.6 Development with Housing, Supporting People and other agencies of a Home Improvement Agency, which will include a handyperson scheme.

**Consultation Question 4:** Do you believe that these proposed actions will secure the improvement in the quality of people’s lives? If not, which other measures do you think the Council, Health and voluntary agencies need to take?

**Consultation Question 5:** How can services and support for carers be improved to reflect the value of maintaining people at home?
Consultation Question 6: Do you agree that extra care sheltered housing is the preferred option to a residential home model of provision?

3. Making a Positive Contribution

3.1 As an integral part of service performance monitoring of service level agreements and procurement systems, ensure feedback and views from service users, carers, and stakeholders.

3.2 As part of the natural cycle of commissioning and performance management, there needs to be active regular engagement with older people; service users, carers and stakeholders. Their views should form an integral part of service planning and service development. These groups should meet regularly with senior managers and commissioning staff.

3.3 As an integral part of the development of the Service Improvement Programme, ensure that feedback from service users and carers at care plan reviews are fed back into the commissioning process and that representative groups of users and carers are given regular opportunities to meet with members and senior managers.

3.4 Develop and implement the preferred advocacy/support model to ensure all users, carers and families are given the best possible direction, support and guidance in taking up direct payments/individualised budgets opportunities to maximise lifestyle choice care and support.

Consultation Question 7: Are there other specific ways in which older people can make a positive contribution in their community?

4. Increased Choice and Control

4.1 Work towards the re-provision of more socially inclusive day opportunities that will allow for the wholesale review of current premises within the next five years.

4.2 Re-tender a specialist information and advocacy/support service for direct payments/individual budgets as in 3.4

4.3 Expand the role of the Direct Payments team by 2009 to assume a comprehensive parallel brokerage role, including the commissioning of services for those with individual budgets.

4.4 Contribute to the development across adult social care of a facility for on-line self-assessment by 2009.
4.5 Contribute to the development of a comprehensive rehabilitative and respite service for all adult social care users, offering a range of support options from specialist residential care, to home-based support, maximising choice and control.

4.6 Review the provision of the Passenger Transport Unit specialist transport service and renegotiate the specification to facilitate access to more dispersed community activities.

4.7 Expand the style, content and range of public information in English and the Luton community languages both on-line, written, visual, audio and through outreach services across the full range of service provision, ensuring that distribution and access reaches the community groups of Luton.

Consultation Question 8: How would you improve information and access for older people and their carers, who are willing to use direct payments and self directed care?

5. Freedom from Discrimination

5.1 Establish more socially inclusive and culturally sensitive day opportunities services, resourced and staff to represent the Luton population

5.2 Ensure that service review and commissioning process reflect diversity values, with the views of service users, carers and stakeholders contributing to the service development and improvements.

5.3 Ensure that service review process reflect the principles of disability equality standards, with the views of service users, carers and stakeholders contributing to the service development and improvements.

5.4 To ensure a fair and equitable process of engagement with local voluntary and community groups, who have developed local services base on needs of specific diverse communities in Luton, the Bedfordshire and Luton COMPACT will be developed and incorporated in contracts and service management.

5.5 Aim to ensure that information on services are accessible and there is the provision to reach the diverse communities of Luton, as in section 4.8

Consultation Question 9: How can access to services increase for older people from minority ethnic communities? Do you agree that services should be for specific ethnic minority groups or should all services be culturally appropriate?
6. Economic Well-Being

6.1 Contribute to the commissioning of support and training for unpaid carers as experts by experience to facilitate training and contribute to key strategic planning and developmental groups

7. Maintaining Personal Dignity and Respect

7.1 Negotiate with Health and independent sector social care providers a comprehensive training programme for all care staff and unpaid carers working with people with older people, dementia and long term impairments

Consultation Question 10: Do you agree that the impacts of the strategy described will be achievable and will be sufficient to bring about a change in the lives of older people living in Luton?

Consultation Question 11: Taking account of all the other proposals above that might contribute to achieving these objectives; do you believe that there are any other measures that should be taken over the next 5 years?

3 RESOURCE IMPLICATIONS

The overall budget situation is expected to be difficult for the Council over the next five years, following what is expected to be a stringent Comprehensive Spending Review. This is likely to mean that the financial settlement for local authorities will not keep pace, either with the increasing demand for older people services, or with the escalating costs of existing services, rising at more than 2% above inflation each year.

Accordingly, the majority of the service improvements in this commissioning strategy will have to come from both efficiency savings and from the commissioning of ever more creative and cost-effective services. It is clear that for Luton Adult Social Care, the relationship between commissioning and de-commissioning must be transparent.

In the development of more socially inclusive services, it will also be essential to secure targeted funding from other mainstream local authority departments and government agencies responsible for training, employment, housing, transport and leisure.
In recent years, the budgets for Adult Social Care older person’s services and Luton PCT have been under pressure. Additional funding from the PCT currently may only be forthcoming through cost efficiencies processes and remodeling through joint commissioning.

There is national and local recognition of the shortage of health and social care workers, and the need for staff to adapt and be multi-skilled to reflect the changing patterns in the arrangements for social care. A review of workforce planning is taking place nationally, regionally, and locally to meet the need for the continuing investments in the training and development of staff with a view to reducing the dependency of the Division of expensive agency and fixed term temporary staff. To retain sufficient high caliber staff base levels of remuneration and benefit will be kept under review and continuing low morale issues around resourcing addressed

To maintain the drive in Luton to create and deliver more community based services it is essential that decommissioned services funding is reinvested in the wider range of developing services, with the attendant shift in expenditures from institutional to more integrated community based services.

Decisions will be made on the priorities to decrease or increase investments, with disinvesting in poorly performing services of whatever kind and reinvesting in better performing and suited services, using performance management indicators as measures of success.

Consultation Question 12: Do you agree with the proposal to shift the balance of funding away from institutional care towards community and individualised services?

Consultation Question 13: The aim of personal budgets is to enable people who can, have maximum choice, control and power over the support services they receive. Would you be willing to shape and commission your own service?

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