



Strategic Commissioning People Group

Commissioning Intentions

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PREFACE

The purpose of these commissioning intentions is to provide an indication to our current and potential new providers of social care how, as a commissioning led authority, we intend to shape, with our health colleagues, the health and social care system within Warwickshire.

It is not intended to set out all of the activities that the People Group will be undertaking in any year but will;

- provide a context for commissioning changes
- list agreed commissioning intentions including changes that will improve the quality of services and/or achieve improved value for money
- signal to providers the areas where resources will be reducing or where new models of care will be required.

The commissioning intentions respond to the needs of communities within Warwickshire and is built on a set of outcomes that underpin the People Group Vision. These outcomes are set out in Appendix 1 and demonstrate our aspirations which are that people are; safe, independent, cared for, enjoy life, healthy, able to learn and contribute.

Key messages for providers – we will be seeking:

1. Evidence of person centred care
2. More efficient and innovative service delivery year on year
3. Improved evidence of delivery of outcomes including Quality of service provision
4. All commissioned services will need to register on the Warwickshire Directory.

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INTRODUCTION

Like all councils Warwickshire is facing tough financial times. With a savings programme in excess of £92 million for the council and savings across the Clinical Commissioning Groups means that overall there is less money within the health and social care economy. This document describes the People Groups commissioning intentions for the next few years.

As the largest part of the council the People Group will inevitably need to make some significant decisions about the future shape and scope of services to meet the needs of children, young people and vulnerable adults including their carers, within a reduced financial envelope.

The demographic profile of Warwickshire identifies older people as a key priority for the health and social care economy and as is already demonstrated the impact of this is being felt significantly across the three acute services. We have agreed to work together with health colleagues to look across the health and social care economy to identify ways of helping people to manage their own care, through better access to information and advice, to deliver care closer to home and to build on the assets and community resources that are often untapped.

At a national level the number of reforms; SEND, the New Ofsted and CQC inspection Frameworks, Dilnot, The Care Bill, the Integration Agenda with Health, to name just a few, will all, over the next few years have a significant impact on the demand and shape of services. Implementation of these reforms will be challenging, with high risks of confusion, complexity and complaints; it will involve

substantial extra work for us as a council during a period of severe financial challenges.

Without doubt Integration is recognised as a key vehicle to steer through these economically challenging times for both health and social care. Already we are working positively with our health colleagues across each of the three clinical commissioning groups.

Our key focus in these coming years will be to continue to build a strong integrated health and social care economy. We will also, through stronger dialogue with providers, identify efficiencies, opportunities and innovative solutions that allow commissioners to base buying decisions on stronger evidence of what works for customers.

We will co-produce commissioning solutions that empower people to make informed decisions for themselves and stop drawing people into services, instead recognising people's strengths and attributes and build on these to ensure that they live full and independent lives.

With a growing number of children, young people, older people and people with disabilities including those with multiple and often complex needs and diminishing resources there is even more imperative to enable and support a shift of resources from expensive specialist provision towards evidence based early interventions. This will be our priority during the coming year.

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KEY MESSAGES FROM THE JOINT STRATEGIC NEEDS

ASSESSMENT

WARWICKSHIRE PEOPLE & PLACE: KEY MESSAGES FOR ALL

Population Change and Increasing Dependency - During the last ten years, Warwickshire's population grew in line with national figures by 7.8% to 545,47. The largest growth has occurred in the very young and the old with the greatest growth in those aged over 85 and not necessarily in good health. This has occurred without a corresponding growth in the working population and the result is an increasing dependency ratio.

Households and Communities - The number of households in the county has grown by 9.5%, more than the national average and more than population growth. There has been growth, likely to continue, in single occupancy households, older people living independently at home for longer and people living with their parents for longer. The way that people relate to and identify with their neighbours, localities, communities and social networks is also changing: In the future, it is likely that these will be less obviously defined by spatial boundaries.

Economic and Labour Market Change – Although overall unemployment rates are falling, as a **proportion of all unemployed residents, long term unemployment now makes up 21% of all unemployment in June 2012 in Warwickshire, compared to 11% a year prior.** The unemployment rate amongst the 18 – 24 age group, although also now falling, is more than twice the rate of those aged over 24 and a third of these have been claiming JSA for more than six months.

The Changing Nature of Social Care- Local Authorities budgets have reduced and will continue to do so. The drive towards maintaining independence, the move to more preventative approaches, the duty to promote the integration of health and care services, and changing inspection guidance and quality assurance will all challenge the County Council and partners in the way that we view social care in the future, for both adults and children.

Persisting Inequalities - Our more prosperous neighbourhoods have been best placed to deal with the impacts of the recession and associated trends. Inequalities in educational attainment, life expectancy and the numbers of Looked After Children are some of those that still persist and the gap between the North and the South continues to increase.

The Impact of Technology on Future Need - New technologies can also facilitate change in the way health and wellbeing needs are addressed. In 2010, around 20% of us owned smartphones. At the end of 2012, this figure rose above 50% for the first time. At the same time, we are seeing improvements in broadband speed and availability, providing even more opportunities to engage with and deliver services to residents in cost effective ways.

THE 5 THEME & 10 TOPIC KEY MESSAGES

1. CHILDREN & YOUNG PEOPLE

Educational Attainment - **The percentage of students in Warwickshire achieving 5 A*-C English and mathematics at GCSE level has increased by 2 percentage points from 61 to 63 since 2011. However, one in three of the county's pupils are not attaining what is generally regarded as a minimum level of educational attainment. In the localities and groups such as LAC or those on Free School Meals with the very lowest levels of**

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attainment, numbers can be as low as only half of pupils are achieving what is commonly regarded as the minimum educational standard.

Looked After Children (LAC) - The number of LAC in Warwickshire has increased from 636 at 31st March 2011 to 681 at 31st March 2012. The number of children looked after has seen an increase year on year over the past five years, with a 41.3% increase between 31 March 2008 and 31 March 2012. Although the growth is slowing, this year's growth still represents an increase of 7%.

2. LIFESTYLE FACTORS EFFECTING HEALTH AND WELLBEING

Several lifestyle factors are increasingly a concern at both a national and local level. However, locally there is particular concern around obesity, a lack of physical activity and smoking, particularly during pregnancy.

One in four adults in Warwickshire or about 110,000 people are obese and this number is rising. One in five reception age children in Warwickshire are classed as being overweight and obese, but this increases to almost one in three by the time they have reached Year 6 age.

It is estimated that only 20% of the Warwickshire population are currently physically active and 18% of total premature deaths could be prevented if 100% of the population were physically active.

Smoking remains the primary cause of preventable mortality with over 900 deaths a year in Warwickshire. It is estimated that 19.1% of people aged over 18 in Warwickshire are smokers; nearly 83,000 adults. Of even more concern is that the amount of smoking in women at the time of delivery is significantly higher in Warwickshire at 23% of mothers compared to England's 13%.

3. ILL HEALTH

Long-Term Conditions (LTCs) - Around 1 in 3 adults live with at least one LTC and with a growing and ageing population; Warwickshire is predicted to see significant increases in these numbers. The numbers of patients recorded on general practice disease registers show that there are potentially large numbers of undiagnosed or unrecorded cases.

Mental Wellbeing - For people aged between 16 and 74 living in Warwickshire, the rate of common mental health conditions is 121.4 per 1,000 people. This means that an estimated 46,000 people aged between 16 and 74 in Warwickshire have a common mental health problem.

4. VULNERABLE COMMUNITIES

Reducing Health & Wellbeing Inequalities – Has been covered throughout.

Disability - There are estimated to be 34,664 people aged 18-64 with a moderate or serious physical disability in Warwickshire and this is predicted to rise to 37,397 by 2030, contributed to by the ageing population. The numbers of children with learning disabilities and complex needs surviving in adulthood are also growing, as are those adults surviving with learning disabilities into old age. 54.5% of social care customers with a learning disability were identified as living in their own home or with their family against the national average of 70%.

Safeguarding - Over the past three years, referrals to children's social care in Warwickshire have risen steadily by 18% from 2009 to 2012. Figures also show a 33% rise in the number of children made the subject of Section 47 enquiries and a significant increase in the number of children who were made subject to a CP Plan.

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5. OLD AGE

Dementia - In 2012, there were 3,169 patients on Warwickshire GP's disease register for dementia. However, data suggests that only 43% of people in Warwickshire with dementia have been formally diagnosed. This equates to over 4,000 people without a diagnosis. Between 2012 and 2028, the number of people with dementia is projected to increase by 57%.

Ageing & Frailty - The largest underlying causes of death, for the three years from 2008-10, are cancers and cardiovascular diseases each of which account for nearly 30% of all deaths across the county. During the same period, 39% of deaths occurred either at home or in care homes whereas 55% were in hospitals. The profile also includes a 'Total spend on end of life care per death' figure of £553 for Warwickshire against an England average of £1,096.

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OUR STRATEGIC APPROACH

As a council our strategic approach will be focussed on early intervention and prevention and will work on the premise that all individuals, be they children, young people or vulnerable and/or frail and elderly adults want to become or remain independent of the state.

For children and young people our emphasis will be on early intervention to give young people a good start in life and enable them to reach their full potential.

For vulnerable adults and the frail elderly our emphasis will be on helping them, where appropriate, to stay out of registered care and to build on capacity within local communities and in the voluntary sector.

And for informal carers we need to make sure that they have access to help and support and that we work with schools, neighbourhoods and community organisations to grow the pool of carers to ensure that caring is a characteristic of a resilient community rather than being an increasing burden on isolated individuals.

A different approach is now required if, as a People Group, we are to continue to meet eligible needs. This needs to be an approach that looks for and builds on the assets that individuals and communities have and an approach that values the capacity, skills, knowledge, connections and potential in individuals and the communities within which they live.ⁱ The more familiar 'deficit' approach focuses on the problems, needs and deficiencies in a community. It designs services to fill the gaps and fix the problems. As a result, a community can feel disempowered and dependent, Peo-

ple can become passive recipients of expensive services rather than active agents in their own and their families lives.ⁱⁱ We now need a different approach, one which accords with the re-ablement model. This means a move towards a different dialogue and way of working with citizens, communities and the wider public. Our strategic approach, therefore will focus on interventions that assist people to resolve the crisis that they face based on recovery and restoration.

But we recognise there will be times, when despite all efforts, some people will need additional support. When they do we need ensure that services are delivered at the right time and in the right place. Care closer to home will be a priority over the next year with an emphasis on avoiding unnecessary admissions and supporting discharge back into the community. We need to build extra case and support people to remain in their own home with support. And when residential care is the only option we want to ensure that people receive person centred care.

Aligned to this is the need to assure people who use care services of the high standards and quality of local services. This is particularly pertinent for those who purchase their own care and are given confidence, through a robust quality assurance framework that the services offered are of a high standard. During the next few years there has to be a vigour and rigour in securing cost benefits and good outcomes for individuals.

As commissioners we need to ensure that services are available and so we're working with the market to promote innovation whilst at the same time ensuring that services continue to deliver a high standard of care, with dignity and respect and the lifestyle choices of individuals remains central to decisions and services delivered.

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WORKING TOWARDS INTEGRATION

Many of these changes cannot be made by the People Group acting alone. Commissioning can only be effective if all parties who have an interest work together. We have already agreed with each of the respective clinical commissioning groups that we will aim to be more strategic in how we deploy resources, which will require better collaboration and co-ordination across the council and the Clinical Commissioning Groups as well as with Districts and Boroughs.

Jointly we have agreed that we will:

- Develop mechanisms that enable people to manage their own care through self assessment, information and advice and online resources.
- Create opportunities and initiatives to develop community based and preventative support services that deliver the health and social care outcomes that prevent, postpone and delay the need for formal support.
- Together identify, develop and implement opportunities to achieve financial savings and wider benefits through cooperation and working together around the key points of the health and social care interface, particularly, but not exclusively, in relation to older people and pathways out of hospital.
- Given the outcomes of Winterbourne and the Francis Report we will, and together, strive to deliver a vibrant competent workforce with quality at its core across all services including those that are commissioned and across the health and social care economy.

It is already well evidenced that there are many benefits for working together and aligning services and pathways. Together the council and the clinical commissioning groups have identified key areas of focus for integration that includes:

South Warwickshire Clinical Commissioning Group

Redesigning the voluntary sector offer
Discharge to Assess
Falls Services
Mental Health including CAMHS
Long Term Conditions eg; Dementia
Admission Avoidance
Care Home/End of Life Care.

Warwickshire North Clinical Commissioning Group

Redesigning the voluntary sector offer
Discharge to Assess (community based model)
Integration Community Services
Long Term Conditions eg; CVD, Dementia
Care Homes/End of Life Care
Admission Avoidance (Redesign of A & E)
Redesigning children health services

Coventry & Rugby Clinical Commissioning Group

Redesigning the voluntary sector offer
Discharge to Assess (Community Based Model)
Long Term Conditions eg; Dementia
Mental Health including CAMHS
Integrated Community Services
Care Homes/End of Life Care
Vulnerable Children 0 -5 yrs eg; looked after childrens health

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PEOPLE GROUP MISSION STATEMENT

The People Group mission is to support people, especially the most vulnerable and disadvantaged, to access throughout their lives, every opportunity to enjoy achieve and live independently.

“We believe in **personalising services** and evidenced based **early intervention** which is delivered by working with **strong cohesive communities** and **diverse markets** and **integrating services** wherever it makes sense to do so using an **evidenced base** approach in all that we do”

And we aspire to a whole systems approach as defined by The Association of Directors of Adult Social Services (ADASS) at a time of budget pressuresⁱⁱⁱ which are:

Prevention – Living an active life as a citizen for as long as possible

Recovery – Achieving as full a recovery as possible and receiving help in times of crisis.

Contribution – Making a fair contribution to this support; financially, through informal care and support; or from carers or the person concerned playing their part in achieving the desired outcomes.

Continued Support – Getting a personal budget and choosing how to spend this from a range of services that offer value for money

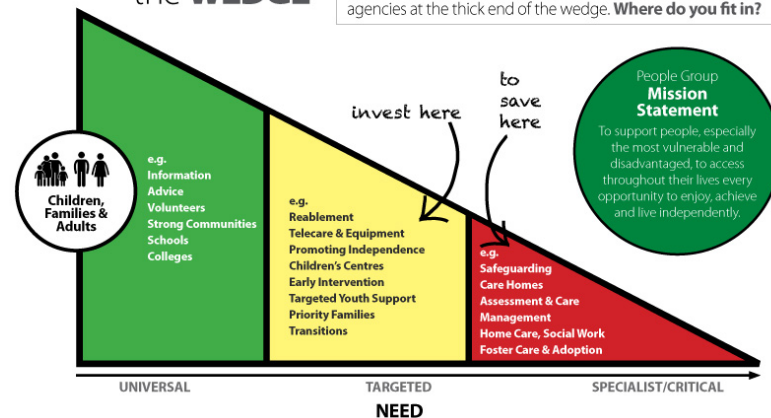
Efficient Processes – Designing processes to minimise waste, and eliminating anything that does not add value to what people need.

Partnership – Working together to achieve these outcomes across health and social care, councils or government, and the independent sector.

It is clear that innovative solutions need to be found to ensure that financial efficiencies can be achieved. This means being clear with our providers about future ways of working and opportunities for market innovation, changes and development. It will also mean managing the expectations of our clients as we prioritise and reorganise services to meet austerity budget challenges. We already have a strengthening partnership with the health economy and other strategic partners. We need to continue to develop these even further so that joint commissioning becomes the norm.

PEOPLE GROUP delivering within the WEDGE

We're celebrating our first year of bringing People services together, using the 'Wedge' to show how we are all shaping a targeted service. People Services are duty bound to deliver the thin end of the wedge, but we are committed to 'early help' that will prevent our customers reaching crisis. We also rely on other agencies at the thick end of the wedge. **Where do you fit in?**



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OUR COMMISSIONING PRINCIPLES

- Puts **Co-production** at the heart of commissioning
- A real focus on **Personalisation**. Driving through change about how services commissioned with personal budgets are controlled by customers from a market that is developed and responds to customer choice and control.
- Works within an **Evidenced Based** framework and have a focus on Early Intervention and Prevention so that children, young people and vulnerable adults can live independent lives without recourse to more formal forms of support.
- Fully embrace re-ablement, rehabilitation and recovery, acknowledging that many people can recover and regain all or much of their **Independence**.
- Fully utilises intelligence to ensure an **Efficient** use of resources are properly targeted demonstrating quality and effective use of resources aligning commissioning intentions with financial outturn and customer outcomes delivered.

OUR COMMISSIONING PRIORITIES

1. **To empower customers and families** by providing accessible sources of information and advice, involving customers in their individual plans, and by increasing the use of self assessment and timely intervention
2. **To enable customers and families to learn, work and live safely in their own homes and communities** by accessing locally based services and opportunities, reducing unnecessary admissions to institutional settings such as residential care and out of authority schools and colleges. We will continue to commission, jointly where possible, high quality specialist provision for those with acute/severe needs.
3. **To prevent, postpone and minimise people's need for formal forms of support** by commissioning evidenced based targeted support that ensures early identification, assessment and timely intervention.

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WORKING WITH THE MARKET

In order to maximize the effectiveness of commissioning the People Group will work with others; people who use services, their families and carers, partners, providers and the rest of the Council to develop the following:

- **Market/Gap Analysis.** This is currently fragmented and further analysis will be undertaken to enable commissioners and providers to better understand where there are gaps in provision. These will be produced and published through our Market Position Statements some of which have already been published ([LINK HERE](#))
- **Financial.** The People Group will continue to develop its approach to value for money and will focus in particular on areas of service where spend is above that of comparator Authorities. We want to work with providers to find better cost effective solutions. We will continue to use the care fund calculator so that as a council we are transparent. We want to introduce other elements such as; open book accounting and individual service funds.
- **Market Development.** The People Group will continue to use “Framework Agreements” which enable individuals to purchase services directly via their personal budgets, where this is appropriate. We will also look at other forms of contracting and align this to our financial efficiencies. We will provide opportunities for partnerships and sub-contracting between providers to encourage the market to become more flexible and responsive. We are keen to encourage new types of organisations into Warwick-

shire that will provide real choice and are responsive to how people want to live their lives.

- **Market Management and Quality.** The market management functions will focus on fee rates, viability of the market and ensure that the council has good intelligence to understand the shape and the sustainability of the market. Included within this will be a review and reshape of our contract monitoring function to improve the robustness and voice of consumers of our commissioned services, making sure there is contract compliance. Within this framework we will introduce more robust outcome based contracts and establish a stronger mechanism for measuring the impact of interventions.

With providers we will endeavour to secure high quality provision and ensure that all providers, including personal assistants appropriately safeguard vulnerable people. The delivery of quality services and safeguarding will continue to be a priority.

- **Partnership Approach.** The People Group continues to be committed to working with communities, neighbourhoods, individuals and the voluntary sector to achieve its outcomes and the approach to commissioning services will complement the assets communities already have in place. Importantly we will establish mechanisms through the use of IT to gather feedback from users of services about the services we commission on their behalf.

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COMMISSIONING INTENTIONS

DRIVING DOWN DEMAND

1. With health and Public Health review all voluntary and independent sector contracts to re-align and focus the outcomes on the commissioning priorities and reduce the need for more formal forms of support.
2. With health continue to reduce the number of people entering residential and nursing care directly from hospital. To do this a range of models will be used; intermediate care, improved end of life care within a residential/nursing care setting to reduce admissions.
3. With partners develop community based services to reduce hospital admissions.
4. Continue to populate the Warwickshire Directory and the development of an online self assessment and emarket place so that young people, parents and carers and people who need social care services can; get information about the range of services and purchase their own care, all in one place. We will explore the concept of an IT system that allows people to arrange and pay for services on-line should they wish too and will continue to work with health to continue the evolution and implementation of a joint online assessment process that is accessible by all key agencies.
5. Review our support services for people taking their personal budget as a direct payment to make sure that everyone is getting access to the right information and advice to maximise the benefits of Direct Payments. Enable user led and third sector organisations to offer advice and support to people to manage their personal budget as an alternative to direct support from the local authority. This includes advice and support to employ personal assistants.
6. Ensure all new or reviewed provider contracts are part of the 'care with confidence' scheme within the Warwickshire Directory.
7. Tender the Sub-regional Advocacy and user empowerment contracts and ensure that advocacy is a strong feature as services transform across health and social care. We will continue to work with the region to review mediation services for parents in dispute with WCC and complete commissioning and embedding of advocacy services for parents / carers.
8. Through the New Sparks investment stimulate individuals ,local communities and small enterprises to provide a range of services for children, young people or vulnerable adults to; increase social stimulation, reduce isolation, prevent escalation in need and promote health and increase wellbeing within local communities. This will include the development of localised support for carers.

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9. With health partners, including public health, we will review all commissioned services from the third sector to make sure that services are responding to health and social care priorities and providing value for money. We will also work closely with our District and Borough partners to meet local priorities and particularly to respond to any gaps.
10. Working alongside colleagues across the council to produce a robust voluntary strategy that will support new approaches to build community capacity, for example progressing “time banks” and “time credits” and other volunteering initiatives.
11. Deliver a joint policy and protocol on Integrated Community Equipment (ICES) and Assistive Technology (AT) as the first offer and develop the market capacity to respond to increasing demand over time with approaches which are creative and innovative, yielding efficiency savings. Included in this will be a requirement that AT is used within Extra Care Housing schemes.
12. With health partners and develop strategies that maximises self-management of conditions within the community with appropriate support from primary care.
13. Provide information and advice on where people can access independent support and appropriate guidance to help them make informed choices about financial planning for care. It is our intention to work with providers to address issues and implications associated with the future funding of care and support and reduce risk as we await the final guidance in relation to Dilnot.

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CHILDRENS SERVICES

1. Review the outcomes of the Dartington project to date to better understand the impact to date and to commission Family Therapy Services to reduce numbers of looked after children if appropriate.
2. Explore options for creating local and residential capacity within Warwickshire, including the potential for a block contract for a children home in Warwickshire to accommodate up to 4 young people for long term placements or short term assessment placements. Sub-regional contract options would be explored within this activity.
3. Review current residential placements and identify up to 3 Children and Young People in the first instance who are appropriate for a step down model service from residential care to fostering. We will engage with the market to pilot with up to 3 people.
4. Review the current West Midlands Residential Childrens Care Framework. Options to continue the contract should be appraised alongside the possibility of exit with future placements using the care fund calculator.
5. Review and re-commission the short term emergency foster placements to achieve efficiencies and improved outcomes.
6. Ensure the 2014 sufficiency Duty has a clear commissioning dimension.
7. Review and re-model internal fostering for 1 to 1 placements to reduce high cost external placements and explore options to commission foster care support from IFAs to sustain these placements (initially 10 places).
8. Re-let the sub-regional fostering framework with a view to increase capacity whilst sustaining high quality provision and reduce the range of prices paid for a standard service. We currently have 12 providers and are seeking to increase this to 30 – 40 and thereby increase the proportion of placements on the framework up to 85% (from 50%).
9. Work with the market to explore innovative solutions for family and parenting assessments in more appropriate settings.
10. Commission a one front door for homelessness support and a hub model for the county.
11. Commission a voluntary or independent provider to develop a supported lodging scheme for young people 16 plus who are at risk of entering the looked after system.

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12. Re-commission the young carers contract in partnership with Public Health with a focus on the impact of their caring responsibilities to reduce their needs in later life for ongoing public services.
 13. With public health, raise awareness and build capacity within communities to enable self reliance and help to reduce the need for more formal forms of support.
 14. Jointly review and commission a streamline and efficient speech and language services.
 15. Review and re-commission education arrangements for young people with disabilities 16+ to produce a local offer that reduces the number of young people being placed out of county by 100 in the next four years. (Stats: currently 150 children 16+ placed out of County).
 16. Repatriate all young people with SEND from out of County Independent schools unless there is good reason otherwise and discuss with providers the development of a framework of a range of support they could offer in county schools to continue to provide on going and relevant support to keep young people in County. (230 children in independent schools at a cost of £10m – 2013)
 17. Redesign and reduce spend on transport costs
 18. Tender the redesigned Childrens Centre model and transition to new providers.
 19. Review CSW contract to redesign and streamline and reduce duplication.
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ALL AGE DISABILITIES

1. Commission a range of residential and community short breaks services for disabled people of all ages that promote choice and flexibility, encourage the use of direct payments and facilitate a shift from residential to community provision. To include commissioning a minimum of 21 residential short stay beds for disabled adults and young people in transition (16 - 17 years), 4 residential short stay beds for children and young people up to 18 years and a range of overnight and daytime community short breaks in each district operated by a minimum of 10 different service providers countywide. For disabled children and young people it is anticipated that approximately 1,500 residential short stay nights will be required.
2. In partnership with Health, review CAMHS services with the intention of realigning financial resources to increase access to Tier 1 and 2 support and reduce the need for Tier 3 and 4 interventions. Learning from sub-regional partners, explore and secure investment to pilot a Tier 3.5 CAMHS service to reduce hospital admissions for young people.
3. De-commission financial support services to parents of children with disabilities. (We pay Macintyre to pay parents annually at a cost to us of £12k).
4. Commission specialist housing and support for between 54 and 70 people with disabilities, Autism and/or mental health issues in Warwickshire with specific focus on enabling people to move out of residential care and to repatriate home to Warwickshire.
5. In partnership with CCG's implement commissioning intentions agreed in Warwickshire's joint plan to deliver the requirements of the Winterbourne concordat with particular focus on exploring the development of lead commissioning and pooled budget arrangements; facilitating the repatriation of 4 people out of county in inpatient facilities; supporting individuals placed in Brooklands to return to their local community and to reduce the need for future hospital admissions in and out of county through service re-design and commissioning activity.
6. Agree a sub-regional ordinary residence protocol to support the commissioning of new specialist services to meet the high support needs of people with a learning disability, physical disability and/or autism with a particular focus on young people in transition.
7. Pilot Individual Service Funds with up to 8 learning disability, Autism and/or mental health providers to deliver greater flexibility, improved outcomes for customers and to achieve at least a 2% efficiency saving on support packages commissioned via this arrangement.
8. Ensure assistive technology is the first offer of support to disabled people and their families; encourage the market to use innovative technologies to promote independence and reduce reliance on paid support and de commission at least a quarter of all supported living

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waking nights and sleep ins through the use of Assistive Technology.

9. Commission 5 Changing Places and 5 sensory rooms in each local area to promote community access and to reduce reliance on paid support.
10. Jointly agree the health and social care offer for people with complex needs who require building based day provision and re-commission services as appropriate; including Warwickshire County Councils Complex Needs Service within the existing budget. Explore the opportunity to pool budgets across health & social care to commission jointly.
11. Commission a range of community support solutions, including accommodation with support where appropriate, for approximately 56 16-17 year olds who are likely to meet adults FACS criteria over the next 2 years.
12. Review and re-design or de-commission all employment contracts for disabled people, including people with Autism and people with mental health issues. Ensure through development and revision of service specifications that all commissioned support providers actively work to support disabled people into employment, learning or volunteering.
13. In partnership with Public Health, review and re-design or de-commission mental health well-being hubs and learning disability community hubs to ensure effective use of resources.
14. Align with Coventry and commission a minimum of 10 Shared Lives carers in Warwickshire over the next four years to provide a minimum of 15 placements for people with disabilities, Autism, mental health problems and/or complex needs.
15. Ensure that all commissioned services are working to a service specification that reflects the nature and cost of what they are delivering. In particular, remove 104 supported living schemes for 282 people with a learning disability and autism from the homecare framework and achieve a 5% efficiency on commissioned hourly rates.
16. Develop a new on-line tendering process for commissioning accommodation with support packages that encourages a minimum of 5 new providers in to the local market and ensures that customers receive support that meets their desired outcomes within their available personal budget.
17. In partnership with Public Health, review all mental health service contracts and agree future commissioning intentions.
18. Clarify through all services specifications the requirement for customers, parents and carers to transport individuals to and from service provision, unless otherwise in individual circumstances. Strategically review transport options available to disabled people and consider outsourcing current services to make efficiencies.

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19. Commission a user led organisation to provide peer to peer early intervention support to people with autism that enables them to learn, live and work locally with a clear focus on preventing escalation of need.
20. Review services provided internally by the Services for Deaf Team and commissioned externally from Warwickshire Association for the Blind to design a new sensory impairment service that meets statutory requirements, promotes positive outcomes and value for money.
21. Invest in a service to support vulnerable adults who are bordering on FACS eligibility focussed on enabling them to remain independent and to prevent escalation of need in to statutory services.

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FRAIL ELDERLY THEMES

TRANSFORMING CARE AT HOME

1. With health and for those over the age of 75 years, establish a care planning process that is person centred and includes advance care planning and make this available to professionals across the health and social care economy.
2. Review the domiciliary care framework and jointly commission a model of integrated community based services incorporating; reablement, assistive technology, community based services in a bid to provide care closer to home and develop a quality market place that offers affordable and sustainable support.

ACCOMODATION WITH SUPPORT

3. Review the Housing Improvement Agency service with housing partners to ensure it achieves measurable outcomes for the frail elderly population of Warwickshire.
4. Implement the outcomes of the Home Truths project to reduce the utilisation of residential care by 5 %
5. Increase the specialist residential and nursing care provision within Warwickshire by 10% with at least 5% of these in Intermediate Care and 5% in Dementia Care. Review all contracts relating to elderly care across the residential and nursing care market to continually drive up quality including End of Life care to avoid unnecessary admissions to acute care.
6. Over the next four years commission in excess of 1500 Extra Care Housing with support. Ensuring provision for people who are frail as a suitable alternative to residential care.
7. Improve the overall standards and performance in residential and nursing care homes to avoid people having to go into hospital unnecessarily.
8. Review and re-commission Warwickshire Care Services residential care services.
9. For people who choose to enter a residential care home, work with providers to:

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- Develop personalised support arrangements
 - Reduce unplanned hospital admissions and ensure that staff can support people to remain in the care home until their death in accordance with their advanced care plan (if this is their choice).
10. Expand the person centred care training for residential and nursing care staff to improve the quality of care across the County. Link this to quality premium payments where appropriate.
 11. Work with relevant stakeholders to improve the availability of appropriate accommodation for vulnerable people across the County.
 12. With partners develop a relevant statement of intention for accommodation with support, so to ensure aims and outcomes are shared across Warwickshire.

HEALTH & WELLBEING

13. Jointly commission a falls prevention strategy that supports people in the community and those in residential and nursing care homes and reduce admission to acute care for falls by a minimum of 20%.
14. Develop an End of Life Care Strategy with health and one which responds to the recommendations of the Social Care Framework for End of life Care which supports people to die well in an environment of their choice.
15. Jointly review and commission a joint model for stroke care and those with acquired brain injuries that includes a specialist social rehabilitation service for people with neurological and other disabilities so that people can retain their independence as quickly as possible.
16. With health provide dementia advisors to enable people with dementia to live well.
17. Working with partners, incorporate the use of advance care planning and support planning tools to enable people to plan for support at their end of life and reduce the number of people admitted to an acute setting to die by 10%.
18. With health partners, including primary care, work to achieve more timely diagnosis rates for people with dementia in line with the national target of 67% diagnosis rates (currently 42% in Warwickshire)
19. Commission dementia training to ensure that the health and social care workforce is skilled and competent in delivering person centred care There is an expectation that savings will be achieved by improved models of person centred care.

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CARERS

20. Review and re-commission young carers services ensuring that the primary causes and solutions are captured within the 'Think Family' framework.
21. With health review and re-commission a range of community based services including short breaks for carers to reduce carer breakdown to reduce unnecessary admissions to Acute and residential care by 5%.
22. Review, redesign and commission a local carers support resource that incorporates a range of support services for carers. Establish an infrastructure of peer led support groups that combined across the county form a carer consortium with the expectation that they will empower carers to shape their own means of representation, support, and services and opportunities. This should acknowledge carers as experts by experience and recognise and value the role they undertake in families and communities

INTEGRATED WORKING WITH HEALTH

23. Develop an integrated health and social care approach which enables quick and safe access to a full range of crisis support, rehabilitation and recovery services, including interim support to enable time to plan for the longer term.
24. Work with health partners to enable people with dementia to live in their own home, avoiding unnecessary hospital admissions and premature admission to residential care.
25. Work with health partners to maximise ongoing funding provided to create and develop services and support that reflect all the principles of personalisation, re-ablement and recovery.
26. Work with health partners to develop an effective model for the distribution of Continuing Health Care funding that ensures timely assessment and quality support.
27. With health partners develop dementia navigators to support customers with dementia to live well

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MEASURING SUCCESS

This document has set out to briefly describe our commissioning intentions, but detailed delivery plans either have been or will be developed for each intention. To measure our success an Outcomes Framework for the People Group is attached as Appendix 1. This will underpin the performance of all commissioned services from the People Group

ⁱ A Glass half full. I&DEA. March 2010.

ⁱⁱ Ditto

ⁱⁱⁱ Joining up health and social care...pg 9