AGENDA MANAGEMENT SHEET

Name of Committee: Cabinet

Date of Committee: 10 September 2009

Report Title: Refreshed Joint Commissioning Strategy for Older People Services 2009-2011

Summary

The refreshed Joint Commissioning Strategy for Older People Services has been jointly developed by Warwickshire County Council (Adult, Health and Community Services) and Warwickshire Primary Care Trust (NHS Warwickshire). It includes three strategic commissioning priorities:

1: Choice & Control & Services to Promote Independence
We want to put older people in control of their own services, giving them more choice, a stronger voice and promote their independence.

2: Joined up Services that are community based.
We want older people to experience seamless community based services from all partners including health and social care. These services will ensure that the independence of older people and their support carers can be maintained and increased.

3: Prevention and Well-Being
We will commission more services that promote well being and prevent older people from needing more intensive health and social care services.

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Would the recommended decision be contrary to the Budget and Policy Framework?
No.

Background papers
- Outcome from the Older People Implementation Plan

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees □
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<td>Other Elected Members</td>
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<td>X Alison Hallworth, Adult and Community Team Leader</td>
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<td>Other Bodies/Individuals</td>
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**FINAL DECISION**  **YES**

**SUGGESTED NEXT STEPS:**

- Details to be specified
- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
Warwickshire Joint Commissioning Strategy for Older People Services 2009-2011 and Implementation plan for 2009-2010

Report of the Strategic Director of Adult Health & Community Services

Recommendations

1. Background

1.1 In refreshing the Older People Commissioning Strategy comments on clarity issues, omissions and additions have been sought from a wide range of stakeholders, for example Providers, WCC Locality Commissioners, NHS Warwickshire, Older People Partnership, Local Borough & District Councils, Voluntary Sector. Plus feedback from a stakeholder workshop in June 2009 has also contributed to the refreshed document and annual Implementation Plan for 2009-2010.

(Appendix 1: Refreshed Older People Commissioning Strategy)
(Appendix 2: Refreshed Older People Commissioning Implementation Plan)

Throughout the life of the Older People Commissioning Strategy, extensive consultation exercises have taken place to ensure that it fits the general direction of travel and meets both the local and national drivers for change which affect Warwickshire’s Older People population.

The development of the Customer Engagement Team within the Directorate, with links to the corporate centre, has enabled a Consultation Strategy to be created and better customer engagement to take place. There has also been a significant structural change with the development of client focused Partnerships. The Older People Partnership has strong links the other Partnerships and visa versa:-

- Carers Partnership
- Older People Mental Health Partnership
• Supporting People Commissioning Body
• Learning Disability Partnership
• Physical Disability & Sensory Impairment Partnership
  (to be set up during 2009-2010)

2. Consultation on the Implementation Plan 2009/10

2.1 An event took place with Older People and stakeholders in June 2009 looking at some of the achievements and re-focusing on the priorities for 2009/10. A workshop approach enabled people to prioritise what was important to them. The outcomes from this event have played a significant part in the refreshed Older People Commissioning Strategy and the development of the 2009-2010 implementation plan.

2.2 An annual report on the 2008-2009 implementation plan highlighted 51 targets in total which made it clear that the plan needed to be refreshed to become more focused on priority targets for 2009-2010.

In the 2009-10 implementation plan, there has been a reduction from 51 priority targets for older people to 25; and the five strategic objectives have been condensed into three.

3. The Benefits of a Warwickshire Joint Commissioning Strategy for older peoples services

3.1 This refreshed strategy will enable Health & Adult Social Care to channel their efforts into service areas that focus on Older People in Warwickshire. This will help partners focus on the challenge of our ageing population and how they will need to plan for them. The agreed three strategic commissioning priorities are:

1: Choice & Control & Services to Promote Independence
We want to put older people in control of their own services, giving them more choice, a stronger voice and promote their independence

2: Joined up Services that are community based.
We want older people to experience seamless community based services from all partners including health and social care. These services will ensure that the independence of older people and their support carers can be maintained and increased.

3: Prevention and Well-Being
We will commission more services that promote well being and prevent older people from needing more intensive health and social care services.

4. Monitoring Actions from the Older People Implementation Plans

4.1 The Implementation Plan will be the delivery vehicle for identifying and monitoring key activities that will demonstrate progress on the identified key priorities.

4.2 Two update reports per year on the Older People Strategic Commissioning Implementation Plan will be presented to the Older People Partnership and the Joint
Chief Commissioners Offices Group.

4.3 Annual Reports on the Older People Strategic Commissioning Implementation Plans will be produced during April/May highlighting how targets have moved forward or been achieved.

DR GRAEME BETTS
Strategic Director of Adult, Health and Community Services
Shire Hall
Warwick

July 2009
Joint Commissioning Strategy for Older People Services 2007-2011

REFRESHED DOCUMENT
AUGUST 2009
Executive Summary

The 2007-2010 Joint Commissioning Strategy for Older People Services was jointly developed by Warwickshire County Council (Adult Health and Community Services) and Warwickshire Primary Care Trust (NHS Warwickshire). It was approved by elected members in March 2007 and NHS Warwickshire PEC Board in May 2007.

This refreshed 2008 – 2011 Joint Commissioning Strategy for Older People Services, was necessary due to the significant changes that have occurred in both organisations. The restructuring of the County Council and creation of new directorates has meant that the Strategic Commissioning has been strengthened and closer linked have been established with locality commissioners. This together with the creation of a new strategic commissioning division within NHS Warwickshire has enabled much closer links between the two organisations. A better understanding of each others organisational structures continues to improve.

To further add to the commitment of the two organisations joint governance arrangements have been established and agreed at the Joint Chief Officers Commissioning Group September 2007. This has lead to a Joint Older People Services Commissioning Governance Group being established to ensure that actions arising from this Strategy and recorded within the implementation plan are being achieved as a priority and within given timescales.

Another significant factor in updating this strategy is the Local Area Agreement changes and how it is a key driver and vehicle for delivering jointly commissioners services. The Healthcare commission have indicated that they will include in their assessment how the LAA is progressing with the adult social care agenda. It is therefore important to recognise the strategic links between this Strategy and the LAA.

Early 2007 saw a Joint Inspection of Older People Services for both the County Council and NHS Warwickshire by CSCI and the Healthcare Commission. Outcomes of the inspection have been reflected throughout this updated strategy and are included within the implementation plan.

From April 2008 following the publication of the Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities to establish, Local Involvement Networks (LINKs) with the expectation that Patient and Public Involvement Forums will be abolished in March 2008. These will replace Patient and Public Involvement Forums and will have the power to refer to local authority Overview and Scrutiny Committees and ask for information from service users. LINK will operate independently from the local authority, within its own governance structure and decision making processes.

The overarching purpose of the strategy is to improve the outcomes for older people. Effective commissioning is a prerequisite to deliver improved services for older people across Warwickshire. There are substantial areas of health and social care services for older people where joint commissioning could be applied to deliver more effective services. The strategy is a major step in joining up commissioning for older people. It takes full account of the national policy drivers and of the local context for services for older people.
The re-structuring of the County Council and the creation of new directorates has meant that strategic commissioning has been strengthened and closer links have been established with local commissioners.

The strategy sets out commissioning priorities based around key outcomes. These commissioning priorities have been decided as a result of an analysis of needs and service demands and an understanding of the local health and social care market. Full account has been taken of what older people and their carers have said about services and the work of the Older People’s Partnership Board.

The three strategic commissioning priorities are:

1. **Choice and Control and Services to Promote Independence**
   
   *We want to put older people in control of their own services, giving them more choice, a stronger voice and promote their independence can be maintained and increased and which will support carers.*

2. **Joined Up Services that our community based**
   
   *We want older people to experience seamless services from health and social care that are community based*

3. **Services that prevent ill health and promote well being**
   
   *We will commission more services that promote well being and prevent older people from needing more intensive health and social care services*

Under each of the above strategic priorities a number of key actions are identified to deliver the required changes. A detailed implementation plan has been developed highlighting key commissioning priorities for each strategic area. The implementation plan will be overseen by the Joint OP Commissioning Governance Group and the Joint Chief Officers Commissioning Group.
1: Introduction

This 2009 – 2011 refreshed Joint Commissioning Strategy for Older People Services has been jointly developed by Warwickshire County Council (Adult, Health and Community Services) and Warwickshire Primary Care Trust (NHS Warwickshire)

The overarching purpose of the strategy is to improve the outcomes for older people. It has been developed to enable a planned and co-ordinated approach to the development of services. It will be used as an integral part of both the County Council and the NHS Warwickshire’s decision making and planning processes. This strategy needs to be considered alongside the following documents:-

NHS Warwickshire’s Local Delivery Plan
Local Area Agreement
Adult, Health and Community Directorate Plan
Warwickshire Quality of Life for an Ageing Population Strategy
Supporting People Strategy
Older People Mental Health Strategy
Learning Disabilities Strategy
Carers Strategy
Long Term Conditions Strategy
End of Life Strategy
Better Outcomes, Lower Costs (preventative services)

2: Background

2.1 Commissioning

Effective commissioning is a prerequisite to deliver improved services for older people across Warwickshire.

Our definition of commissioning is as follows:

*Commissioning is the process through which organisations identify the needs of the population and make prioritised decisions to secure care to meet those needs within available resources. It involves the strategic planning of services followed by procurement and monitoring of service delivery.*

Commissioning is undergoing a period of significant change. Commissioning a Patient-Led NHS (2005) set out a new framework. Primary Care Trusts now have a responsibility for the overarching strategic planning and commissioning framework for health services but within this GP practices will increasingly take on responsibility for commissioning services that meet the health needs of their local populations under practice based commissioning. NHS regional procurement is also being developed.

The local authority, led by the Director of Adult Health & Community Services has a strategic responsibility for the planning, commissioning and delivery of social care. The local authority is also responsible for ensuring a wider approach to commissioning beyond health and social care through partnership vehicles such as the Local Area Agreement.
Further integration of resources through joint commissioning of health and social care and increased use of Health Act flexibilities is also expected.

2.2 Joint Commissioning in Warwickshire

In Warwickshire the establishment of a Warwickshire wide Primary Care Trust in October 2006, co-terminous with the local authority, offers the opportunity to put in place effective joint commissioning arrangements across the two organisations. There are substantial areas of health and social care services for older people where joint commissioning could be applied to deliver more effective services and better outcomes for older people.

The vision for joint commissioning in Warwickshire over the next 2-3 years is for ever closer working. Principles for joint commissioning and shared service outcomes are being developed.

Since the restructuring of the County Council and creation of new directorates has meant that the Strategic Commissioning has been strengthened and closer linked have been established with locality commissioners. This together with the creation of a new strategic commissioning division within NHS Warwickshire has enabled much closer links between the two organisations. A better understanding of each others organisational structures continues to improve.

To further add to the commitment of the two organisations joint governance arrangements have been established and agreed at the Joint Chief Officers Commissioning Group September 2007. This has lead to a Joint Older People Commissioning Governance Group being established to ensure that actions arising from this Strategy and recorded within the implementation plan are being achieved as a priority and within given timescales.

3: National Drivers for Change

This joint commissioning strategy takes full account of the national policy context for older people.

3.1 The National Service Framework (NSF) for Older People, a ten year plan published in 2001, continues to underpin further improvements in health and care for older people. It focuses on rooting out age discrimination, providing person centred care, promoting older people’s health and independence and fitting services around older people’s needs.

3.2 Our Health, Our Care, Our Say: a New Direction for Community Services, the Government White Paper published in January 2006, provides a focus for strategic commissioning. It sets out a clear vision for integrated and personalised services closer to home. Its overall goal is to ensure that services are designed around the needs and choices of patients, service users and citizens.
It has four key aims

- better prevention services with earlier intervention
- more action to tackle inequalities and improving access to community services
- more support for people with long term needs
- more choice and a louder voice for people

Within this white paper there is also indication of the move towards Self directed support (Direct Payments and Individual Budgets). This includes not only direct payments for social care services, but also models such as "in control" which aim to allow individual self-assessment to inform a personal resource allocation - individualised budgets. The overall aim is to put commissioning power in the hands of service users, their families and others who support them rather than presenting people with a menu of previously commissioned service responses. The Individual Budget pilot programme is an important part of the government's agenda to give people who use public services more choice and control.

3.3 Better Care Higher Standards is the national charter that tells anyone who needs care or support over the long term where they can expect local housing, health and social services to set standards for the services they provide, and what to do if these expectations are not met.

3.4 Dignity in Care was launched in November 2006 by the Department of Health to raise the profile of treating people who receive care services with dignity. It aims to spread best practice, drive up standards and reward those who make a difference. Capital investment is available to help local authorities improve the physical environment of care homes.

3.5 Further NHS reforms to secondary and primary care services have had a particular impact on older people who are the majority users. In 2003-4 people over 65 accounted for 43% of the total NHS budget and occupied 65% of acute hospital beds. Changes such as those designed to put patients at the centre of services, transform care for people with long term conditions, reduce hospital admissions and increase patient choice will have a particular impact on older people.

3.6 ‘A Recipe for Care - Not a Single Ingredient’ publication from the National Director for Older People describes how the re-configuration of NHS specialist services to bring care closer to home will make a big difference to the lives of older people and their families. The end result will be reduced need for acute hospital care and increased investment in preventative services and community based health and care services. The five key elements for bringing about these changes are seen as: early intervention, long term conditions management, early supported discharge, acute hospital care whenever needed and partnership working.

3.7 In the next few years, people’s expectations will be a significant driver of the way services are commissioned and provided. The people who are now entering “old age” will bring with them a range of expectations, which will be more demanding than previous generations. Service users and carers have taken part in numerous national consultation events. As a consequence, it is possible to identify a number of factors that are important to service users and
carers in terms of how services are commissioned and delivered. For example the Commission for Social Care Inspection’s report *Real Choices, Real Voices* highlighted the following key themes that older people say are important to them:

- Choice
- Flexibility
- Information
- Being like other people and taking risks
- Respect and being heard
- Fairness and non discrimination
- Cost and value
- Safety

### 3.8 Putting People First - A shared vision and commitment to the transformation of Adult Social Care (DOH December 2007).

It is a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives. *Putting People First*\(^1\), signed in December 2007, brings together a joint commitment to radically transform care services and sets out shared aims and values which will guide the transformation of adult social care. In doing so, the concordat reinforces the vision that in future people should have maximum choice, control and power over the support services they receive. Consequently, it is envisaged that in future, people requiring social care services will increasingly design and commission their own services, through the use of individualised budgets or direct payments.


There are 8 main areas of care, they are:

- Maternity and newborns
- Children Health
- Planned Care
- Mental Health
- Staying Healthy
- Long Term Conditions
- Acute Care
- End of Life Care

The report suggests that to achieve significant change in each of the above areas the following factors need to be considered when reviewing each service area.

- What is the service vision
- What are the Health inequalities
- Is it personalised care
- How do you access the service

\(^1\) *Putting People First, Ministers, local government, NHS, social care, professional and regulatory organisations (2007)*
Cabinet – 10 September 2009

- What are the dignity challenges and the patient as a person
- Integrating Care as a partnership
- Choice and Control
- Prevention
- Whole system deployment
- Innovation

3.10 The Operating Framework for the NHS in England 2008/09 (DOH December 2007)

3.11 The recently published Department of Health Commissioning Framework for Health and Well-being has both influenced and informed the future of local service commissioning in Warwickshire. Warwickshire PCT has produced in response to this document a Commissioning for a Healthier Warwickshire 2007-2012. The strategy endorsed by the Local Authority has agreed 7 specific commissioning principles, these are:-

- Improving access to services
- A fully engaged public
- Reducing health inequalities
- Maintaining independence
- Ensuring patient safety
- Clinically effective care
- Productive and efficient services

The government in its Commissioning framework for Health and Well-being (March 2007) tasked all PCT with developing commissioning strategies that would provide personalised services, promote health and well-being, proactively prevent ill health and work in partnership to reduce health inequalities by focussing on outcomes for children and adults. The commission recommended that eight main areas of work be considered when commissioning services:

- Put people at the centre of commissioning
- Understand the needs of our mental health population and the individuals who use or may use services now and in the future
- Sharing and using information more effectively:
- Assuring high quality provision for our services.
- Recognising the interdependence between work, health and well-being
- Develop incentives for commissioning for health and well-being
- Making it happen-local accountability
- Making it happen- capability and leadership

3.12 Choosing Health White Paper². This paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. The Government will provide information and practical support to get people motivated and improve emotional wellbeing and access to services so that healthy choices are easier to make.

² Choosing Health: Making healthy choices easier, Department of Health (2004)
3.13 **NHS Continuing Healthcare**. The Continuing Healthcare National Framework provides a common approach for all Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and Local Authorities with Social Services responsibilities (LAs) and includes national tools to support decision making, for the NHS in England. The National Framework simplifies the interaction between the process for the assessment of NHS Continuing Healthcare and the assessment of NHS-funded Nursing Care. New guidance for the National Framework has been written and comprises best practice guidance and sets out the process for the consideration of eligibility for NHS-funded Nursing Care under the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care which has been implemented since 1 October 2007.

3.14 **Doh; No Secrets**: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse refers in section 5 to the commissioning of services and contract monitoring. It states that Service commissioners, at both national and local level, should ensure that all documents, such as service specifications, invitations to tender and service contracts, fully reflect their policy for the protection of vulnerable adults and specify how they expect providers to meet the requirements of the policy. They should require that any allegation or complaint about abuse that may have occurred with a service subject to the contract specifications must be brought to the attention of the contracts officer of any purchasing authority. Monitoring arrangements should include adult protection issues.

3.15 **Safeguarding Adults**: A National Framework of Standards for good practice and outcomes in adult protection work document on ADSS; October 2005. This document recognises that the groups of adults targeted by ‘No Secrets’ were those ‘who are or may be eligible for community care services’ and those within that group who ‘were unable to protect themselves from significant harm’ were referred to as ‘vulnerable adults’. The term vulnerable adult as a definition is deemed to be contentious and misunderstood because it seems to locate the cause of abuse with the victim, rather than placing responsibility with the actions or omissions of others. The emphasis therefore within the Safeguarding Adults document is now on supporting adults to access services of their own choosing, rather than ‘stepping in’ to provide protection. ‘Better Government for Older people’ is an example of how the promotion of active citizenship for all is becoming viewed as holding a central role in preventing risks to independence. In recognition of the changing context, previous references to the protection of ‘vulnerable adults’ and adult protection’ work are now replaced by the new term; ‘Safeguarding Adults’. This phrase means all work which enables an adult ‘who is or may be eligible for community care services’ to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need – in relation to safeguarding – is for access to mainstream services such as the police.

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3 The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health (2007)
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4. **Local Drivers for Change**  
This joint commissioning strategy builds on previous planning documents in relation to services for Older People. These include the 2003 Strategy for Older People (Warwickshire County Council), the 2004/05 Strategic Review of Older People’s Services commissioned by Warwickshire County Council, Local Delivery Plans from the three former Primary Care Trusts and previous joint commissioning intentions for older people. However there are new key local drivers for change that now need to influence how we commission services in the future.

4.1 **Organisational Change**

Recent organisational change in Warwickshire offers a real opportunity to further develop joint working in older people’s services. The re-structure of the County Council resulting in the establishment of the Adult, Health and Community Services Directorate brings together a wider range of services to enable further working across service areas to the benefit of older people. As part of the Directorate, the new Strategic Commissioning and Performance Management Division which was formulated during late October 2007, will bring together the Supporting People Programme and the adult commissioning functions. Therefore bringing housing related support needs which do not fall within the social or personal care criteria’s and can enable people to remain or become independent and therefore enabling a more comprehensive spectrum of services to older people. The newly formed Strategic Commissioning and Performance Management Division will co-ordinate all Adult Health & Community Services Commissioning Strategies which will ensure there are linkages across both service provision and client groups.

4.2 **NHS Funding for Older People Services**

NHS Warwickshire funding for Older People Services is not separated out in the same way as WCC Social Care Budget and therefore it is difficult to quantify in the same way. However, the establishment of NHS Warwickshire has meant that a great coherent approach to joint service development across the whole county that was previously not achievable with three Primary Care Trusts with one Local Delivery Plan across the county has been beneficial. This has been further enhanced by the new commissioning directorate within NHS Warwickshire which gives a focus to their commissioning activity and the opportunity to align commissioning process across the two organisations.

4.3 **NHS Warks Commissioning Strategy for a Healthy Warwickshire 2007-2012**

NHS Warks have developed a Commissioning Strategy for a Healthy Warwickshire (2007-2012) The strategy sets out their commissioning plans and strategic intentions for the next five years. This provides the framework for improving health and health services in Warwickshire over the next five years and will form the benchmark against which each year’s commissioning plans will be tested. This strategy will help inform their local delivery plan (LDP) and each Borough and District area health plans.
4.4 **Service Re-design and Modernisation**
Both organisations need to re-design their services in order to deliver national policy imperatives and deliver improved outcomes for service users. In many instances doing this in partnership can result in more effective use of resources and a more streamlined service for service users. The avoidance of hospital admissions is a particular area that requires a joint approach in relation to older people.

4.5 **Care and Choice (Accommodation) Programme**
The main driver of this programme is to ensure that adult services users in Warwickshire benefit from services in their own home; and where appropriate, are able to access alternative accommodation that will help the Council meet their care and support needs irrespective of the demographic group they may fall within (i.e. home owner, tenant etc.).

To reshape the countywide provision of residential care options and services in order to provide increased choice and independence for service users, and to build on strategic partnerships in order to achieve a number of key objectives and drivers including Choice and Control, services that are joined up and more community based services.

4.6 **Performance Issues**
The Commission for Social Care Inspection (CSCI) 2005-06 record of performance assessment for adult social care in Warwickshire acknowledged improvements in relation to the commissioning of services for older people but identified a range of areas for improvement. These included the need for comprehensive joint commissioning plans based on a thorough needs analysis supported by a quality assurance and contract compliance framework.

There was a joint inspection of services for older people by CSCI and the Healthcare Commission early in 2007. This strategy has been reviewed in the light of the recommendations from that inspection.

4.6 **Equity and Consistency**
The legacy of there having been three Primary Care Trusts in Warwickshire means that services have developed differently across the three localities. This means that older people in the county have differing access to different services depending on where they live. With the establishment of NHS Warwickshire services can now be commissioned on a county-wide basis. Equally there is inequity in other service provision such as the way in which disabled facility grants are provided across the county. Best practice needs to be rolled out across the county and where necessary some services will need to be de-commissioned.

4.7 **The Local Area Agreement (LAA)**
LAA’s are a contract between central government and local government to deliver the priorities of local people demonstrating how public sector agencies work closely together to provide quality public services, using public money in the most efficient way possible. The White Paper "Strong and Prosperous Communities" proposed a more significant role for LAA’s as the key to a new
relationship with central government; connecting LAA's to the cycle of comprehensive spending reviews. The priorities the government has set out for the next 3 years cover issues such as improving education and skills, strengthening local economies, improving health and housing, reducing crime and the fear of crime. In agreeing targets for inclusion in the LAA, partners will need to consider how they will resource the delivery of priorities. Area based grants have been introduced to increase local flexibility over the use of resources, with Local authorities being able to use the area based grants to support the delivery of local, regional and national priorities in their areas, including the achievement of LAA targets.

There is a specific block in the Local Area Agreement for Healthier Communities and Older People which has a stated vision ‘to reduce health inequalities throughout the county and promote healthier lifestyles for all with particular attention to the need for independence and choice amongst older people. It contains specific targets to support older people to maintain independent living, increase low level emotional support services, improve satisfaction levels in home care and reduce unavoidable emergency hospital admissions. Older People representatives from the Older People Partnership Board will be encouraged to play a part in LAA process for their local community by attending the Local Strategic Partnerships which operate across the 5 local borough and district councils.

The Healthier Communities and Older People LAA Partnership Board have put forward the following indicators to go to the Public Service Board for inclusion in the new LAA, however these have not been finalised as yet.

LAA indicators for Healthier Communities and Older People are:-
NI 124 Long Term Conditions  
NI 139 Older People supported to live independently  
NI 141 Vulnerable people achieving independent living  
NI 142 Vulnerable people maintaining independent living

Local indicators are:
NI 119 Overall health and well being  
NI 135 Carers

4.8 NHS Continuing Healthcare
New guidance from the Department of Health on NHS Continuing Healthcare highlights the system of assessment to determine eligibility for full NHS funding of long-term care. The implementation of the guidance in October 2007 is likely to have significant resource implications for Warwickshire.

4.10 Resource Issues
Both NHS Warwickshire and the Adult, Health and Community Services Directorate are facing financial challenges. The significant resource constraints give an imperative to both organisations to work together to reduce duplication, re-design care pathways and achieve value for money.
5. **Key Factors Influencing the Commissioning Strategy**

In developing this strategy and the strategic commissioning priorities we have:

- Listened to what older people and their carers have said about services
- Taken full account of the work of the Older People’s Partnership Undertaken an analysis of needs and service demands
- Looked at issues that affect the local health and social care market.

5.1 **Consultations with Older People**

Warwickshire is committed to involving older people, their carers and all other stakeholders in the planning of future services. Within Warwickshire there are a number of mechanisms currently in place to engage service users and carers in service development. We are committed to involving Older People and Carers in the commissioning processes through various mechanisms including the new local involvement networks (LINKS) once established and the County Council Customer Engagement Team.

Feedback from local consultation events across health and social care services highlight similar themes to those identified nationally and mentioned above. In addition, service users and carers have told us they want:

- better communication
- improvements in transport
- more short breaks
- a named member of staff to be their point of contact
- easier access to services
- more support to enable them to stay in their own home

The top three priorities for older people identified by Warwickshire County Council’s Citizen Panel were:

- to support more people to live at home by providing more low level social care
- the provision of increased support to carers to help them continue their caring role
- the development of a greater range of alternatives to care homes where personal care is available 24 hours a day

**Appendix 1** shows further information on what we have been told about specific service issues.

In refreshing this strategy further comments on clarity issues, omissions and additions have been sought from a wide range of stakeholders. For example Providers, WCC Locality Commissioners, NHS Warwickshire, OPPB, Local Borough & District Councils, Voluntary Sector.

Extensive consultation exercises have also taken place in partnership with NHS Warwickshire to develop their Health Strategy during 2007.

The development of a WCC, Adult Health & Communities Services, Customer Engagement Strategy has been achieved. An appointment of a Customer Engagement Service Manager will further support greater service user engagement in the commissioning processes.
The establishment of the Carers Partnership Board will also have links into the Older People Partnership Board and visa versa.

5.2 Older People's Partnership Board
The work of the Older People’s Partnership Board (OPPB) established in 2007 been particularly important in informing this joint commissioning strategy. The OPPB was established to be a vehicle of change to improve services, delivery and outcomes. It achieves this by providing a stronger voice for older people, monitoring county-wide priorities, putting users in the driving seat and by promoting positive lifestyles.

The OPPB members have developed a Warwickshire Quality of Life for an Ageing Population strategy which aims to support and improve the quality of life, independence and well-being of older people living in the county. The underlying premise of the Warwickshire Quality of life for an Ageing Population strategy is to aid the development of more innovative services and looking at modern approaches of delivering services in order to enhance the independence of individuals.
A number of strategic priorities within the Warwickshire Quality of Life for an Ageing Population have been identified as:

- Equity, access and dignity
- Safety at home and in the community
- Improving access to information and advice
- Addressing the needs of diverse populations
- Supporting people in their own home
- Preventative services in the community
- Carers
- Valuing older people

These strategic priorities have strongly influenced the commissioning priorities identified in this joint commissioning strategy, thus cementing a closer relationship between commissioning and financial decisions with the views of service users, carers and the public. The Older People Partnership representatives are currently pulling together an implementation plan on the Warwickshire Quality of Life for an Ageing Population strategy.

5.3 Warwickshire Older People Forums
There are 10 Warwickshire Older People Forums in Warwickshire. Their views were sought on the 3 key priorities for Older People as outlined in this strategy and how they would like to be involved in planning and monitoring for Older People’s Services.

5.4 Analysis of Needs and Service Demands
In order to effectively jointly commission services a detailed analysis of need and service demands is required so that commissioning activity can respond to changing needs.
The following key themes and issues arise from our analysis of needs and service demands that will impact on the future commissioning of services:

- Warwickshire’s population is ageing and is expected to increase significantly by 2016, especially those aged 85 and over, resulting in a projected increase in demand for high level, community and preventative services.
- The incidence of older people with dementia is predicted to grow by 27% by 2016.
- There has been significant growth in Black and Minority Ethnic (BME) elders, who may require specific, culturally sensitive services; with county figures disguising differences in BME populations between districts. This does not necessarily mean we will set up specific provision, but will ensure mainstream services are able to meet everyone’s cultural and sensitive requirements.
- There are times when demand exceeds capacity in relation to the provision of care home places.
- Demand for intensive support is increasing and will continue to do so in light of the predicted numbers of older people with physical frailty and dementia.
- Inequalities in provision across the county.

Appendix 2 shows further information in relation to the needs analysis.

5.5 Issues Relating to the Health and Social Care Market

In order to commission services effectively an understanding of the market is required.

The national context for market development over the last five years has been one of increasing legislative requirements, high levels of need from an ageing population set against competing pressures not only on health and local authority budgets but also the key resource needed for good services – quality care workers.

Warwickshire is not alone in having an ageing population but a number of local factors affect market development across the county. Socio-economic factors such as the legacy of traditional mining/quarrying industries in Nuneaton have meant that some areas are relatively urbanised whilst others are sparsely populated or rural. The north and south “divide” is exacerbated by the high price of land in the south of the county linked to its vicinity to the South-East and the desirability of tourist locations such as Stratford upon Avon.

The cost of services in the north of the county and Rugby is therefore noticeably lower than in the south, where the provision of services to some rural areas is particularly difficult owing to the lack of available care staff. Competition for workers is not only fierce between care agencies but also arises from other employers such as the large supermarket chains and call centres, which can offer high wage rates without the requirements and commitment needed for delivering personal care.

Community Care Market News’ annual survey of national baseline fee rates found that the funding increases offered by the majority of councils for 2006/07 are well below the 3.5 to 3.8% needed to keep pace with care home cost.
inflation. Residential and nursing care is particularly expensive in the south of the county because of high land prices.

5.6 Market Management
A Market Management Strategy is now being developed which aims to provide a robust and consistent framework for the implementation of joint commissioning and other key service strategies such as Supporting People and Carers. It aims to forge stronger partnerships with providers, customers and other funding agencies such as the PCT whilst improving links to the performance agenda, including accountability to CSCI. Consequently, all Joint Commissioning Strategies must ensure that appropriate links are made with the Market Management Strategy.

The challenge to ensure effective commissioning and market management has never been greater given the Government’s latest policy driver in “Our Health, Our Care, Our Say: A new direction for community services” (2007), which requires us to improve choice for customers by introducing more individualised budgets and direct payments.

The vision which underpins self directed support will only become a reality if commissioners and providers find new ways to work together to support people in their desire to become active citizens. Commissioners need to understand and help to shape the local market, whilst providers need to think about how they individualise existing services. There are a number of practical ways in which these changes can be supported through the contracting process. The primary key is the growth of a culture of trust across the commissioner/provider boundary and an understanding that dialogue must always include those people who are most affected - local people who need support.

6. Strategic Commissioning Priorities
Following on from our analysis of needs, services and service demands, market analysis and consultation with older people, we have identified five key strategic commissioning priorities. These are based on key outcomes that older people have told us they want:

- More choice and control over services
- Services that are joined up
- More community based services that are closer to home or in the home
- Services that promote independence
- Services that prevent ill health and promote well being.

6.1 Choice and Control and Services to Promote Independence

*We want to put older people in control of their own services, giving them more choice, a stronger voice and promote their independence can be maintained and increased and which will support carers.*

Older people say they want control over their own lives and more choice. Control can be enhanced through services such as money management advice, advocacy and support to ensure the take up of direct payments.
The provision of information about service availability, service access and eligibility criteria also enable older people to exercise control and choice. Information and support is also crucial in enabling older people to be actively involved in their care.

We are committed to increasing the choice and control that older people have over their lives and the services they need. In the future we will put in place individual budgets for older people. We will particularly focus on ensuring that we understand the needs and expectations of older people from Black and Minority Ethnic communities so that we can commission appropriate services.

Older People have told us that they want to live as independently as possible in their own homes. They also want support to regain their independence after, for example, a period of ill health or admission to hospital. Independence includes some risk-taking and older people want to be able to choose to take informed risks in order to improve the quality of their lives. Independence is not only about ‘care services’, but includes being able to access a range of essential services such as banking and shopping. They want to be able to call upon the right support at the right time to help them deal with risks without losing or reducing their independence. We are committed to commissioning a range of services that promote independence.

We want to further strengthen the service user and carer voice and their independence by commissioning services for older people to ensure that our priorities continue to reflect their views.

In order to achieve the Choice and Control and promote independence we will prioritise strategic commissioning by:-

- Modernising Home Care Services
- Developing a Re-ablement Service
- Undertaking Service Reviews
- Modernising the Community Meals Service
- Reviewing Money Management, benefits and advice & Appointee ship
- Reviewing Transport Services
- Promoting the use of Direct Payment/Individual budgets

We recognise the significant contribution made by carers to enable older people to remain independent and we are already commissioning services that are leading to better outcomes for carers. We will continue to take full account of the needs of carers in our commissioning decisions.

6.2 Joined Up Services that are community based

We want older people to experience seamless services from health and social care that are community based

Older people say they want joined up, seamless services with one point of contact and a single assessment. Older people often have a range of needs that require support from both health and social care. We want to make sure that the services we commission are as joined up as possible and that they are built around the needs of individuals rather than those of service providers. We also want to avoid duplication wherever possible especially in our assessment and review processes.
The majority of older people say that they would prefer to stay in their own home. However, there are times when someone may need additional support that cannot be provided at home. This might include short-term care from intermediate care type services to prevent admission to hospital or support discharge from hospital.

In some circumstances, an older person may need to move to other types of accommodation such as sheltered housing, extra care housing or a care home. We will ensure that we commission a range of community-based services for older people, which meet agreed standards and uphold the dignity and respect of the older person.

In order to achieve Joined up services that are community based we will prioritise strategic commissioning by:

- Developing a Care & Choice Accommodation Programme
- Creating an Information Strategy
- Creating a vision for integrated community based services
- Developing options for Nursing Care Provision
- Developing in partnership Social Enterprises

6.3 Services that prevent ill health and promote well being

*We will commission more services that promote well being and prevent older people from needing more intensive health and social care services*

Older people tell us they want more preventative services. The prevention of ill health and disability and the promotion of well being are central to ensuring that older people have the highest quality of life. Supporting people to maintain health and well being extends beyond those services directly commissioned by health and social care for older people. Prevention and wellbeing includes good communications, socialising and participation in leisure services such as learning, hobbies and other individual interests. Warwickshire’s Local Area Agreement includes relevant actions to reduce health inequalities and promote healthier lifestyles for all.

In commissioning services for older people we are committed to commissioning more services that respond to the lower level needs of older people. We want to improve and expand our preventative services.

In order to achieve Services that prevent ill health and promote well being we will prioritise strategic commissioning by:

- Providing better Food Education
- Completing the strategic reviews of HIA’s
- Completing the strategic reviews of Telecare
- Completing the strategic reviews of ICES
- Evaluating the PHILLIS Service
7. Implementing the Older People Joint Commissioning Strategy

With the recent formation of NHS Warwickshire it is now possible to develop a joint county-wide strategic approach to commissioning health and social care for older people. This joint commissioning strategy therefore is only one part of an emerging integrated approach to commissioning services but needs to link NHS Warwickshire Health’s Commissioning Strategy to ensure services are commissioned or decommissioned more appropriately.

The implementation of this joint commissioning strategy is complex. Older people are the majority users of a wide range of mainstream services as well as those specifically commissioned. This strategy therefore needs to be implemented alongside all strategies previously mentioned and other related strategies for example Warwickshire’s Long Term Care Strategy, Urgent Care Strategy, Warwickshire Quality of Life for an Ageing Population Strategy, Supporting People 5 year strategy, Local Area Agreements, Carers Strategy.

There will also be a number of related service focused commissioning projects (for example for home care, telecare, Intermediate care, ICES) that are being worked on and actions reported via the Older People Partnership, so that regular updates can be received and the Older People implementation plans updated accordingly.

A Joint Older People Services Commissioning Implementation Plan has been developed to ensure a co-ordinated approach to reporting structures in achieved.

The Joint Older People Services Commissioning Strategy, implementation plan will be overseen by the Joint Chief Officers Commissioning Group and the commissioning governance group. The Older People’s Partnership Board will be the advisory group to the commissioners.

This strategy has been through an equality impact assessment in conjunction with colleagues in the Customer Engagement team.

This strategy is available in an easy read format, also in different languages and formats such as large print but on request only.
**Appendix 1:**

**Outcomes from local consultation and strategic objectives**

Information following a variety of consultation processes throughout the life of this strategy to date have highlighted the new strategic priority areas which customers have told us are important to them. They are:-

- **New priority 1**
  Choice and Control and Services to Promote Independence

- **New priority 2**
  Joined Up Services that are community based

- **New priority 3**
  Services that prevent ill health and promote well being

**Appendix 2: Analysis of Needs**

Work has been carried out in relation to needs analysis in relation to older people services and covers (but not exclusively) the following areas:

- What Warwickshire looks like?
- How Many People live in Warwickshire?
- Population Pyramids
- Where are the Older People in Warwickshire?
- How long can we expect older people to live?
- How Healthy are Older People in Warwickshire?
- How much of the life expectancy will be healthy and disability free?
- Which older people require our services?
- Which Older People WILL Require our Services in the Future?
- How Are We Currently Meeting Peoples’ Needs?
- How many Service Users Might we Expect to Have?
- What Factors may Affect the Way in That we Provide Services?
Appendix 3:
Strategic targets for 2009-2010 to achieve objectives are:

1: Modernisation of Home Care Services
2: Development of a Reablement Service
3: General Services Reviews
4: Modernisation of Meals on Wheels
5: Review of Lunch Clubs
6: Consultation of future day opportunities
7: Review and scope Money management & Advocacy services
8: Review Transport Services
9: Develop an Information Strategy
10: Continuation of the Care & Choice Accommodation Programme
11: Agree a shared vision for integrated community services
12: Commission integrated Intermediate Care Services
13: Ditto……………………… Alcester Service,
14: Ditto………………………… Virtual wards
15: Develop options around future Nursing Care provision
16: Develop in partnership Social Enterprises
17: Promote better food education
18: Actions arising from the Warks Housing Adaptations Strategy
19: Complete strategic review of Home Improvement agencies
20: Prepare for re-tender of ICES service
21: Evaluating the PHILLIS Service
22: Develop Stroke Strategy
23: Review Telecare Services
24: Develop a Robust Procurement Plan
25: Promote Personal Budgets

Full information on the consultation processes and data analysis in relation to this strategy can be accessed through the Lead Commissioner for Older People Services.

Full Information in relation to the strategic targets are attached separately with this report.
BACKGROUND

OLDER PEOPLE OUTCOMES
The strategy identifies three commissioning priorities based on outcomes that older people said they want they are:

- Priority 1: More choice and control and Services that promote independence.
- Priority 2: Services that are joined up and more community based.
- Priority 3: Services that prevent ill health and promote wellbeing

NATIONAL FOCUS

- Personalised, flexible and seamless services to those in need of them
- Choice and control to individuals over the services they receive
- Joined up services that are co-ordinated, effective and efficient

LOCAL, DIRECTORATE PRIORITIES

- Putting People First: Independence, Prevention, Early Intervention, Health & Well Being
- Better outcomes; lower cost: Equipment, Adaptations, Falls & Bone Health, Stroke, Carers
- Care and Choices (Accommodation) Programme: Care Homes; Extra Care
- Closing the gap on inequalities: Personalised/Individual Budgets; Service User Engagement
- Care Closer to Home: Hospital Discharge, Continuing Health Care, Generic Teams, Integrated Services
- Self Directed Support: Information sharing/Assessment & Care Management, Electronic systems

THE OLDER PEOPLE COMMISSIONING IMPLEMENTATION PLAN 2009-2010
Under each Older People commissioning priority there are key actions to be implemented. This implementation plan pulls together all the existing and planned work required to deliver the priorities arising from the strategy. The Plan identifies other relevant linked activities, who will do the work, milestones, budgets and outcomes for service users.
This implementation plan will be monitored through the Older People Partnership, the Joint Commissioning Older People Governance Group and will be overseen by the Joint Chief Officer Commissioning Group. (JCOGC)
Strategic Commissioning Priority 1: more choice, control, and Services that promote independence. We want to put older people in control of their own services, giving them more choice, a stronger voice and promote their independence can maintained and increased and which supports carers.

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Milestones &amp; Targets</th>
<th>EVIDENCE OF Outcomes for service users</th>
<th>Who will do it?</th>
<th>Linked Plans/Activities</th>
<th>Update</th>
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<tbody>
<tr>
<td>1. Modernisation of Home care services for 2010 based on a home care commissioning strategy that fits with the wider strategic direction of older people’s services</td>
<td>HC focused contracts/spec-including specialist elements of what is available: -HC Nursing Spec -HC Dementia Spec -HC CHC Spec -Specialist services -re-ablement -Being able to choose from a wide range of service. -Taking control of their own lives Communication of what the new services looks like including</td>
<td>Linked to real life stories Examples of what has been working</td>
<td>WCC Lead Officers Simon Robson Liz Bruce Support Officers Lorna F Julie H Jon Reading Rob Wilkes Geoff Sherlock Karen Lewis-Bell Joyce Woodings Elaine Ives</td>
<td>Voluntary sector reviews Work on preventative services PHILLIS evaluation OP Inspection Action Plan 2.1.6 (2008-09) OP Workforce Development Strategy Care closer to home Individual budgets ILinks to 1.6 above</td>
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2. Develop a Re-ablement service | To be established June 2009 Communicate what new service will offer -referral process Leaflets Treatment plan Timescale of service Charges | Customers offered up to 6 weeks re-ablement Support and confidence building in the community Equipment aids to help live safely in the community Evidenced with evidence business case, value for money OUTCOME SPECS CLEAR REFERAL ROUTES key review | Lead: Donna Rutter Zoe Bogg |

3. General services reviews | Advocacy Day care Community meals Lunch clubs Low level services CHC –Care home specs? ICES TELECARE TELE HEALTH | Joined up services Mapped services across warks Value for money services Clear pathways Links to social enterprises Evidenced by consultation on what people tell us they want, nalaysi on need, service review model & template, more IB & OP Offered. Imp plan needs updating on service reviews | | |
| A Modernise the meals on wheels | - key stakeholder event mar/april 08  
New arrangements to start april 09 consultation done  
Various meals route Should be considered -shops -internet ordering | Customers will benefit from community-based services from a range of providers.  
Customers will benefit from having more choice and control over services they wish to purchase. | WCC  
Lead Officer  
Joyce Woodings  
Support Officers  
Christian Gesleman  
Jon Reading  
Julie Humphries | Voluntary sector reviews  
Work on preventative services |
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<tr>
<td>B Review Lunch Clubs</td>
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| C. Review low level services | Implement the recommendations from the commissioning review of voluntary sectors provision of preventative services | Customers will benefit from more choice and control in services they wish to purchase.  
Customers will benefit from services that prevent ill health and promote well being. | IB  
DP  
LLService reviews  
Lunch club reviews meals on wheels – retender  
PHILLIS evaluation | |
| d. Consultation on future day opportunities to ensure that they meet the future needs and expectations of OP | Complete Day Services Review 2009-10  
Determining Commissioning priorities 2010-11.  
Separate Day opportunities information gathering-Amanda Burns  
Mapping Services | Customers will benefit from services that are provided within their own communities to ensure their independence can be maintained and increased. | WCC/pct  
Lead Officers  
Liz Bruce  
Jon Reading  
Support Officers  
J Woodings  
Lorraine T-Hoff  
Alison Hawley  
J Humphries  
L Ferguson | |
| To review and scope future requirements for: | 1: re-rendering 2009/10 new specs required | Customers will have more choice and control over their finances. | Lead:  
Gill Jowers | AHCS Procurement Plan |
| 1: Money Management & Appointee ship benefits and advice | | | | |
| 2: Advocacy Service | | | | |
| 3: Personalisation Advocate | | | | |
| Review Transport services for Day services, low level services and lunch clubs | Part of the overall service reviews which should be included | | Lead Officer  
Anne Clarke  
Richard Brookes  
Kevin Painting | |
### Priority 2: Services that are joined up and more community based: We want older people to experience seamless services from health and social care that are community based

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<tr>
<th>Key Actions</th>
<th>Milestones &amp; Targets</th>
<th>EVIDENCE OF Outcomes for service users</th>
<th>Who will do it?</th>
<th>Linked Plans/Activities</th>
<th>Update</th>
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<tr>
<td>E. Information strategy</td>
<td>Knowing the options. Putting people first agenda 2009/10</td>
<td></td>
<td>Anne Clarks</td>
<td></td>
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<tr>
<td>Develop a Care &amp; Choice Accommodation Programme: Reshape countywide care accommodation options in line with demographic predictors, e.g. 77% increase in people over 85 2001 - 2021, including the provision of Extra Care Housing and specialist residential care services, e.g. dementia care and services for older people, and also for people with learning disabilities with the primary objective of providing an increased choice of services to meet the housing and social care and social needs of adults in Warwickshire primarily by supporting them in their own homes and local communities as long as practicable, and building on strategic partnerships to deliver key national and local objectives and drivers</td>
<td>Strategic Framework approved at 22 Cabinet (May). This is now in public domain This is initially a 5-year programme split into 2 phases; 2008-10, 2011-13 with a programme review scheduled for 2011-12</td>
<td>Choice and control for Warks citizens with a wider range of innovative, high quality and flexible care options that are joined up and seamless. More community based services, enabling people to remain in their own homes for as long as possible Promoting independence, prevention and wellbeing Improving outcomes for service users and carers. A whole community approach 24 hours service Community hub Programme review to date 2007-2008 2008-2009 2009-2010 2010-2011 Specialist support Seamless services Meets needs of communities which is a whole family, community approach and communicate this to all.</td>
<td>Tim Willis Jane Southead</td>
<td>OP Inspection Action Plan 2.1.2 Care closer to home OPMH Commissioning Strategy OP Workforce Development Strategy Links to 3.6 above Links to 4.3 above Links to telehealth Links to telecare Links to ICES CONDITONS STRATEGY SELF MANAGEMENT COMMUNITY SUPPORT NETWORKS</td>
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<tr>
<td>Bringing Care Closer to Home</td>
<td>steering group set up 2008/09</td>
<td>Outcomes for customers and partners</td>
<td>Lead Officers</td>
<td>Future organisational arrangements for PCT providers services</td>
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<td>a) Agree a shared vision for the commissioning of integrated community services across health and social care</td>
<td>Date vision signed off</td>
<td>1) People will receive care closer to home and not be admitted to hospital unnecessarily.</td>
<td>Liz Bruce</td>
<td>Review and re-design of community services OP Inspection Action Plan 6.1.1 &amp; 6.1.2</td>
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<td>Date shared with partners</td>
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<td>2) People will remain healthier and independent in their own communities.</td>
<td>Bie Grobet</td>
<td>Workforce Development Strategy</td>
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<td>List of Services involved</td>
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<tr>
<th>Bringing Care Closer to Home</th>
<th>2009-2010 New Management structure</th>
<th>SAFEGUARDING</th>
<th>Lead:</th>
<th>To virtual wards</th>
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<tr>
<td>b) Commission an integrated Intermediate Care Service that promotes and maximises independence and prevents avoidable hospital admissions and delayed discharges</td>
<td>Centralised contact centre</td>
<td></td>
<td>Jenni Spence</td>
<td>Alcester Model</td>
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<td>Countywide leaflet, procedures etc</td>
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<td>Re-ablement service</td>
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<td>Service published with stakeholders and customers</td>
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<td>Year on Year data collection to ensure service is achieving outcomes for customers</td>
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<th>Bringing Care Closer to Home</th>
<th>Re-design Community Hospital Site</th>
<th>Lead:</th>
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<tr>
<td>c) Alcester Development</td>
<td>New service aims</td>
<td>Alison Hawley</td>
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<tr>
<th>Bringing Care Closer to Home</th>
<th>Evidence data evaluation</th>
<th>Lead:</th>
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<tr>
<td>2.5 Bringing Care Closer to Home</td>
<td>Evaluation of Sites 2009-2010</td>
<td>Lorraine Taylor-Hoff</td>
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<td>e) Virtual Wards sites North &amp; South</td>
<td></td>
<td>Sera Bayley</td>
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<td></td>
<td>Alison Hawley</td>
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<tr>
<th>Develop options around future Nursing Care Provision</th>
<th>2008-2009 Clear guidelines between PCT &amp; Social Care</th>
<th>Customers will benefit from seamless service s which meet their needs within their own communities wherever possible.</th>
<th>Nitin Shukla</th>
<th>Links to CHC Eol Strategy</th>
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<td></td>
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<td>NEW SPECS NEEDED COMMUNITY BASED NURSING/HOME CARE PATHWAYS TO INTEGRATED TEAMS COMMUNICATIONS 2009/10</td>
<td>Lead Agency</td>
<td>Links to Continuing Health Care</td>
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<td>PCT Lead Officers</td>
<td>Links to Reshaping countywide care home provision 4.7 above.</td>
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<td></td>
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<td></td>
<td>Paul Maubach</td>
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<td>Justine Richards</td>
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<td>Jon Reading</td>
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<td>Support Officers</td>
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<td>Rob Wilkes</td>
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<td>Nitin Shukla</td>
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<th>Develop in partnership Social Enterprises</th>
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Priority 3: Services that prevent ill health and promote wellbeing: We will commission more services that promote well being and prevent older people from needing more intensive health and social care services.

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<tr>
<th>Key Actions</th>
<th>Milestones &amp; targets</th>
<th>EVIDENCE OF OUTCOMES FOR SERVICE USERS</th>
<th>Who will do it</th>
<th>Linked Plans/Activities</th>
<th>Update</th>
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<tbody>
<tr>
<td>A. Promoting better Food Education</td>
<td>Screening homecare/care homes Leaflets education</td>
<td>Customers will benefit from a county wide strategy of Housing adaptations which helps to prevent ill health and promotes wellbeing.</td>
<td>Richard Brooks</td>
<td></td>
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<tr>
<td>b. A 1 Works Strategy for Housing Adaptations across Health, Social Care and Housing achieved.</td>
<td>Strategy achieved 2008-2009 Implementation Plan developed Project Board established to oversee actions to include: Dev summary of strategy for wider public consultation A DFG’s workstream</td>
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<tr>
<td>b. Complete the strategic review of Home Improvement Agencies Housing related also linked to telecare, telehealth, and ICES</td>
<td>Decision on a way forward is expected during 2009-2010 Further funding achieved for a handy person service to be tendered during 2009-2010</td>
<td>Customers will benefit from services such as HIA’s which support the prevention of ill health and promotes wellbeing, by proving a range of services within the home environment and by signposting to other agencies.</td>
<td>Rachel Norwood</td>
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<tr>
<td>Prepare for the Re tender of the ICES service</td>
<td>2010-2011</td>
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</table>

Support Officers: Denise Cross David Baxendale Ruth Bell
Links to the HIA strategic commissioning review
OP and MH Workforce Development Strategies

Customer will benefit from services such as HIA’s which support the prevention of ill health and promotes wellbeing, by proving a range of services within the home environment and by signposting to other agencies.
<table>
<thead>
<tr>
<th>Undertake review of Telecare Service</th>
<th>2009-2010</th>
<th>Lead Officer</th>
<th>Links with Tele health service</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Gill Jowers</td>
<td>ICES service</td>
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<td>Extra Care Housing and in the community</td>
</tr>
<tr>
<td>c. Evaluate the PHILLIS service</td>
<td>NW rural shopping service and rural meals service commissioned during 2008-2009. 2009-2010 PHILLIS evaluation Report</td>
<td>Customers will benefit from low level preventative services which will promote well being and prevent the need for more intensive health and social care services. -SERVICE GAPS INFORMATION NEEDED</td>
<td>WCC Lead Officer L Bruce Support Officers J Wooding Julie Humphries Lorna Ferguson Elaine Ives</td>
</tr>
<tr>
<td>Develop Stroke Pathways</td>
<td>2008-2009 Acute Pathway 2009-2010 Rehab Pathway</td>
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</table>
### PROCESSES AFFECTING THE IMPLEMENTATION PLANS

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Milestones &amp; Targets</th>
<th>EVIDENCE OF OUTCOMES FOR SERVICE USERS</th>
<th>Who will do it</th>
<th>Linked Plans/Activities</th>
<th>Update</th>
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<tbody>
<tr>
<td>B) To work in partnership with OPP who will overview and monitor this implementation plan</td>
<td></td>
<td></td>
<td>Lead Officer Julie Humphries</td>
<td></td>
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</tr>
<tr>
<td>C) To Identify commissioning priorities for older people from BME Communities</td>
<td>Involvement activities undertaken to date 2008-09 with the BME forums: • input into the 5 year SP Strategy • input into the SP Older Peoples review • input into the Care &amp; Choice programme in Nuneaton Feedback from these activities have been/ or will be once analysed be incorporated in the drawing up of final documents. There is also regular updates provided by the OPP representatives to the BME forums and issues/ questions raised are then taken back to the OPP.</td>
<td>Customer Engagement and establishing integrated commissioning priorities for BME Communities. Support Officers Chris Lewington Minakshee Patel</td>
<td>All other service reviews</td>
<td>OP Inspection Action Plan 1.3.4 OP Workforce Development Plan Links to 3.1 below (day services) Links to 3.3 below (Dom Care) Links to 4.7 below (Care Homes)</td>
<td></td>
</tr>
<tr>
<td>Key Actions</td>
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<td>EVIDENCE OF OUTCOMES FOR SERVICE USERS</td>
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<td><strong>D) Provide advice, information and personal navigation to all customers who want it.</strong></td>
<td>2008-09 Information Strategy developed for all customers including self funders. Access to information via WCC website e.g. Supporting People Directory Care Services Directory W.PIC. Level 1 homes strategy. Care Choices Directory Frequently asked questions All commissioning strategies refreshed 2009-2010 Ensure all strategies are available on the web</td>
<td>All customers will be able to access information and be personally supported to access services. This will enable customers to make informed choices enabling them to remain in control of their lives.</td>
<td>Support Officers Gill Jowers</td>
<td>Work of PIP sub group Equalities work in PCT Information Strategy Action Plan OP Inspection Action Plan 5.1.1 &amp; 5.1.2</td>
<td>We have in place updated assessment and care management arrangements that are outcome focused and person centred and develop a common assessment framework (CAF) in line with Dept of Health Guidance.</td>
</tr>
<tr>
<td><strong>E) Ensure that points of access to health and social care services are as streamlined as possible</strong></td>
<td>2008-9 Awareness in each agency of points of access &amp; good signposting across agencies</td>
<td>Customers will benefit from seamless, accessible services that are closer to their own community.</td>
<td>Support Officers Chris Renshaw</td>
<td>One Stop Shops Wellness Centres OP Inspection Action 5.1.2 (2008-09)</td>
<td>The Access project approved and the first meeting of the board met in January 09. The project targets are on time.</td>
</tr>
<tr>
<td><strong>F) Develop Procurement Plan for Older People Services</strong></td>
<td>A separate Procurement plan has been achieved</td>
<td>We want customers to experience seamless services from health &amp; social care that are planned for and available in local communities.</td>
<td>WCC Lead Officer Jon Reading Rob Wilkes</td>
<td>This action effects the whole of this Implementation Plan and identifies timescales for achieving newly commissioned services.</td>
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<tr>
<td><strong>G) Implement the National Continuing Health Care Criteria from October 2007</strong></td>
<td>DoH Guidance Warks process established</td>
<td>Customers will benefit from a seamless processes that enables them to access services in a timely fashion</td>
<td>Lead Officer Nitin Shukla</td>
<td>Links to LDP OP Workforce Development Strategy</td>
<td></td>
</tr>
<tr>
<td>Key Actions</td>
<td>Milestones &amp; Targets</td>
<td>EVIDENCE OF OUTCOMES FOR SERVICE USERS</td>
<td>Who will do it</td>
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<tr>
<td>H) Ensure that the Older People’s Partnership (OPP) is an effective voice for older people in commissioning services</td>
<td>2009 – 2010</td>
<td>Ensure that OPP receives updates on OPP implement targets. Annual review report is presented to OPP prior to DLT and JCOCG Data sharing via OP Forums</td>
<td>Customer Engagement with all client groups ensures service users voices are heard</td>
<td>OP Inspection Action Plan 1.3.1,1.3.2 &amp; 1.3.3 (2208-2009) Warks Quality of Life for an Ageing Population Strategy. 2008 The customer First Team are assisting the 10 Warks Older People Forums to arrange locality based information sharing events. OP Forum dates 2009-2010 Nuneaton &amp; Bedworth OP Forum North Warks OP Forum Stratford District SCAN Rugby CORE Alcester SCAN event Links to WCC single equality scheme Links to LAA Links to Healthier Communities &amp; Older People Board Links to PSB</td>
<td></td>
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</tbody>
</table>
| 3.8 Actively promote the use of direct payments for older people and their carers | Increased target by 120 - 2006-07  
Increased target by 76 – 2007-08  
Re-commission support services  
Streamline & implement procedures and protocols by April 2008  
Plan required around training and practice  
2008-2009  
More support for individuals accessing IB & dp.  
Leaflets-Written Information  
How to use service Buddy Schemes | More customers will be able to choose to use a Direct Payment.  
More customers will be using Direct Payments to achieve an independent lifestyle with the use of flexible support.  
Should be demonstrated through personal stories. | Support Officer  
Anne Clarke  
Gill Jowers | Links to Directorate Plan,  
Carers Strategy and other joint commissioning strategies.  
OP Inspection Action Plan 3.4.1, 3.4.2, 3.4.3  
Direct Payments Report and Action Plan  
OP Workforce Development Strategy  
Personalised/Individual Budgets |
|---|---|---|---|---|
| 3.8 Actively promote the use of direct payments for older people and their carers | Increased target by 120 - 2006-07  
Increased target by 76 – 2007-08  
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Gill Jowers | Links to Directorate Plan,  
Carers Strategy and other joint commissioning strategies.  
OP Inspection Action Plan 3.4.1, 3.4.2, 3.4.3  
Direct Payments Report and Action Plan  
OP Workforce Development Strategy  
Personalised/Individual Budgets |
<p>| E. Dignity &amp; respect | PROCESS | | | |
| F. Central contact point | PROCESS | | | |
| G. Linked strategies | PROCESS | | | |</p>
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</table>
| **1.3 Development further the Dignity & Respect work within Social Care with all partners** | **1:** Build on internal work and externalise with partners | Customers will be shown more dignity and respect in the services they receive | Leads: Simon Robson Steve J Smith Rachel Crocket Elaine Ives | External Contracts  
LTC Steering Group activities  
End of Life Strategy group activities  
Review and design of community services  
Care closer to Home group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
|   | **2:** Develop summary of Warks approach to Dignity & Respect requirements |   |   |   |
| **1:** Build on internal work and externalise with partners | **2:** Develop summary of Warks approach to Dignity & Respect requirements | Customers will be shown more dignity and respect in the services they receive | Leads: Simon Robson Steve J Smith Rachel Crocket Elaine Ives | External Contracts  
LTC Steering Group activities  
End of Life Strategy group activities  
Review and design of community services  
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-internal processes to be externalised by PCT |
| **3:** Build on internal work and  
externalise with partners | **2:** Develop summary of Warks approach to Dignity & Respect requirements | Customers will be shown more dignity and respect in the services they receive | Leads: Simon Robson Steve J Smith Rachel Crocket Elaine Ives | External Contracts  
LTC Steering Group activities  
End of Life Strategy group activities  
Review and design of community services  
Care closer to Home group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
|   |   |   |   |   |
| **1.2 Development of long term conditions Strategy** | **1:** Sign off Strategy | To help customers manage their own care and have more choice and control over their lives | Leads: Alison Hawley Martina Ellery Chris Lewington | WM Neurological Alliance  
LTC Steering Group  
End of Life Strategy  
Review and design of community services  
Contracts/spec  
-internal processes to be externalised by PCT |
|   | **2:** Evidence details of successes for customers |   |   |   |
|   | **3:** LTC Neurological Alliance Targets |   |   |   |
| **1:** Sign off Strategy | **2:** Evidence details of successes for customers | To help customers manage their own care and have more choice and control over their lives | Leads: Alison Hawley Martina Ellery Chris Lewington | WM Neurological Alliance  
LTC Steering Group  
End of Life Strategy  
Review and design of community services  
Contracts/spec  
-internal processes to be externalised by PCT |
| **3:** LTC Neurological Alliance Targets |   |   |   |   |
| **1.4 Refresh and sign off the Warwickshire Hospital Discharge Protocol** | **1:** Sign off by all partners 2009-2010 Ensure Protocol is widely distributed and used by all partners | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
- | Leads: Bie Grobet Jon Sorros | Care Closer to Home Group activities  
End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
|   | **2:** Ensure Protocol is widely distributed and used by all partners | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
- | Leads: Bie Grobet Jon Sorros | Care Closer to Home Group activities  
End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
| **3:** Develop summary of protocol for distribution to customers |   | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
- | Leads: Bie Grobet Jon Sorros | Care Closer to Home Group activities  
End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
| **1:** Sign off by all partners 2009-2010 Ensure Protocol is widely distributed and used by all partners | **2:** Ensure Protocol is widely distributed and used by all partners | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
- | Leads: Bie Grobet Jon Sorros | Care Closer to Home Group activities  
End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
| **3:** Develop summary of protocol for distribution to customers |   | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
- | Leads: Bie Grobet Jon Sorros | Care Closer to Home Group activities  
End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
|   | **1:** Sign off by all partners 2009-2010 Ensure Protocol is widely distributed and used by all partners | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
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End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
| **3:** Develop summary of protocol for distribution to customers |   | To enable customers to be aware of the Hospital Discharge procedures within Warwickshire  
- | Leads: Bie Grobet Jon Sorros | Care Closer to Home Group activities  
End of life strategy group activities  
Contracts/spec  
-internal processes to be externalised by PCT |
| **1.5 Sign off End of Life Strategy and work on Implementation plan for 2009-2010** | **2009-2010 EOL Implementation plan** |   | Gerard Dilion | Contracts/spec  
-internal processes to be externalised by PCT |
<table>
<thead>
<tr>
<th>4.1 Respond to the actions arising from the ‘Improving Lives Strategy’ developed in 2008-2009</th>
<th>Create Action Plan 2009/2010</th>
<th>Customers will benefit from joined up services that are co-ordinated, effective and efficient. And meet the DOH Dignity Challenge. Move to process (link need a copy of the document JH to speak to RW)</th>
<th>Support Officers: Rob Wilkes</th>
<th>End of Life Review: Continuing Health Care work. OP Inspection Action Plan 2.1.2</th>
<th>OP Workforce Development Strategy</th>
</tr>
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<tbody>
<tr>
<td><strong>PROCESS</strong></td>
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<tr>
<td>5.3 Warks Bone Health &amp; Falls Strategy 2008-2012 achieved</td>
<td>Achieved but not signed off 2009-2010 Develop commissioning intentions 2008/2010 Seek clarity on resources 2008-2010 Put in place a joint falls care pathway</td>
<td>Customers will benefit from a Countywide Bone Health &amp; Falls Strategy that promotes well being and prevents the need for more intensive health &amp; social care services.</td>
<td>Support Officers: Denise Cross</td>
<td>Care closer to home Community Integrated Services Links to LAA</td>
<td></td>
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<tr>
<td>Implementation Plan Process</td>
<td></td>
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<tr>
<td>2.6 Bringing Care Closer to Home</td>
<td>Date Acute Stroke Pathways achieved Date Rehab stroke pathway achieved Documents published and understood by all partners and customers</td>
<td>Evidence that partners and customers are aware of the stroke pathways</td>
<td>Lead</td>
<td></td>
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</table>
Summary:

This paper provides an update on the agreed 2008-2009 Joint Strategic Commissioning Implementation Plan for Older People Services. There are five strategic commissioning priorities within the strategy (listed below) under which we have jointly agreed 51 targets enabling us to achieve outcomes for our customers and makes recommendations for changes in 2009-2010.

P1: Choice and control  
P2: Services that are Joined up  
P3: More Community Based Services  
P4: Promoting Independence  
P5: Prevention and Wellbeing

This report gives a summary of our achievements during 2008-2009 for each of the priority areas. A more detailed Implementation plan is attached. Appendix 1

Recommendation that Joint Chief Commissioning Officers

1: Acknowledge the Annual Report and its findings.  
2: Agree the need to refresh the Joint Commissioning Strategy for Older People Services 2009-2011  
3: Agree the re-shaping of the 2009-2010 Implementation Plan  
4: Agree the new governance arrangements for Older People Services  
5: Agree the approach proposed to move forward on this strategy

1: Introduction

1.1 This strategy was originally produced in 2007 and refreshed in 2008 due to significant changes that occurred within both organisations.  
1.2 The overarching purpose of the strategy is to improve the outcomes for Older People across Warwickshire by offering more joined up services and putting older people in control of their own services, giving them more choice and a stronger voice. Plus commissioning services that are more community based which help to
promote independence and well being and prevention older people from needing more intensive health and social care services.

1.3 The introduction of several other strategies during 2008, has meant that the Older People Strategy needs to be refreshed again. It currently encompasses services for Carers, Physical Disability and Sensory Impairment, Supporting People and Older People Mental Health Services which now have they own specific strategies and annual implementation plans.

1.4 It is proposed therefore that the strategy is refreshed again to reflect a more focused approach on Older People services for 2009-2010.

1.5 It is also proposed that a different style of implementation plan is created to demonstrate more clearly how we are working together to achieve the targets that we set with our customers.

2: A summary of Achievements to date:

<table>
<thead>
<tr>
<th>2.1</th>
<th>The achievements in service delivery during 2008-2009 in terms of progress in green are:</th>
</tr>
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<tbody>
<tr>
<td>P1:</td>
<td><strong>Choice and Control</strong></td>
</tr>
<tr>
<td>2.2</td>
<td>To scope future requirements for the money management, appointee ship, benefits advice and receivership service. The AHCS Procurement, which incorporates commissioning and procurement plans for all services, has now been completed and authorised by Cabinet on 27/11/08. In this case, an extension of existing contracts has been required to explore the full impact of increased personalisation.</td>
</tr>
<tr>
<td>2.3</td>
<td>To reshape delivery of Advocacy services - The AHCS Procurement, which incorporates commissioning and procurement plans for all services, has now been completed and authorised by Cabinet on 27/11/08. In this case, an extension of existing contracts has been required to explore the full impact of increased personalisation.</td>
</tr>
<tr>
<td>2.4</td>
<td>Introduce individual budgets for older people: Rugby OPPD is an early implementation site for Individual budgets. Everyone has a new assessment will now be told what resource is available to meet their needs (their Individual budget), enabling them to make choices about how their support is planned and to choose how much direct involvement they want in managing their individual budgets – taking their budget as a direct payment is one option in the range. Simpler process, including lighter touch monitoring, is in place – co-produced by operational staff, customers and carers. New training programmes for staff has been developed-customers and their carers will be contributing to the sessions. Peer support group for DP customers established. DVD in which customers and staff talk about the benefits of DP has been filmed and will be used for promotional activity and training Warks overall performance in this area has continued to improve and is now in the highest banding. This has included an increase in the number of older people using a DP – at 30 Sept 425 people aged 65+</td>
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<tr>
<td>2.5</td>
<td>Put in place an updated assessment and care management arrangements that are outcome focused and person centred and develop a Common Assessment Framework (CAF) in line with Dept of Health Guidance: In terms of outcome focused assessment, new self assessment, support plan and review tools have been developed (by October 2008) with customers and staff. These have been crystal marked and rolled out with Individual Budgets from October 2008. Roll out has gone live in Rugby district.</td>
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<tr>
<td>2.6</td>
<td>Review is underway of internal home care services based on a home care</td>
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commissioning strategy that fits with the wider strategic direction of older people’s services.

2.7 New Home Care service specifications are being developed first meeting is on 9th April 09. Extended contracts for a further 18 months up until September 2010.

2.8 Review and Modernise the meals on wheels and lunch club services to ensure that those older people who require the service receive a quality meal when they need one: Review completed and recommendations approved by Cabinet. Existing provider notified of proposals. Steering group to reconvene during December to map out tendering process including an implementation plan and timescales. The new service should be available from 1st April 2010 if not sooner.

P2: Services that are Joined Up

2.9 Develop Warks Quality of Life for an Ageing Population 2008-2010 and approved by WCC Cabinet Oct 2008.


2.12 Local Joint agreement achieved for Continuing Health Care protocols. A section 117 action plan is being worked on.

2.13 Procurement Plan for Older People Services has been established

2.14 Agreement to extend existing Integrated Community Equipment Service (ICES) to enable more work to be carried out on the retail model which will inform the next service tender process. This has been agreed by the ICES Partnership Board and an Exemption agreement has been requested.

2.15 Development of Draft Bone Health & Falls Strategy has been presented to DLT and Overview and Scrutiny. Final agreement awaited from PCT.

2.16 Warwickshire Adaptations Strategy developed with WCC, PCT and 5 Borough & District Councils

P3: More Community Based Services

2.21 The Improving Lives Strategy was approved by Cabinet in June 2008. It outlines a range of actions to improve standards across services. It includes the introduction of a new core contract for residential and nursing homes related to performance and dignity.

2.22 Care and Choice Accommodation Programme (CACAP) has been established to reshape countywide care accommodation across Warks. The (CACAP) Strategic Framework sets up a five year programme split into 2 phases (2008-10) & (2011-13) with a programme review scheduled for (2011-12). This was approved at Cabinet in May 2008

P4: Promoting Independence

2.17 Actively promote the use of direct payments for older people and their carers

2.18 Ensure that the Older People’s Partnership Group (OPPG) is an effective voice for older people in commissioning services stronger links have been made with the Local Area Agreement (LAA) Healthier Communities & Older People theme group

2.19 Set up a new Carers’ Partnership Board to monitor and oversee on commissioning priorities for Carer Services

2.20 Develop multi-agency Carers Strategy and implementation plan 2008-2009

P5: Prevention and Well-Being

2.23 Identify commissioning priorities for older people from BME Communities Involvement activities undertaken to date with the BME forums: input into the 5 year
SP Strategy, input into the SP Older Peoples review, input into the Care & Choice programme in Nuneaton. Feedback from these activities have been/ or will be once analysed be incorporated in the drawing up of final documents. There is also regular updates provided by the OPPB representatives to the BME forums and issues/ questions raised are then taken back to the OPPB.

2.24 Draft Bone Health & Falls Strategy 2008 – 2011 completed and awaiting approval from PCT

2.25 Warks Strategy for Housing Adaptations across Health, Social Care and Housing completed. Awaiting sign off by each Local Authority.

3: **Achievements in service delivery during 2008-2009 in terms of progress in amber are:**

**P1: Choice and Control**

3.1 Commission new service which considers Deprivation of Liberty: commissioning impact assessment to determine number of ‘DOLS’ assessments required for Older People services and the number of assessors.

3.2 Work collaboratively to empower older people with long term conditions to manage their own care: Comments have been given to the PCT from Adult Healthcare. Wide consultation between January & March 09. Sign off by PEC awaited.

3.3 Ensure that the Older People and Carers Partnerships as well as older people in the wider community are meaningfully involved in the Supporting People Older People Strategic Review and outcomes reflect this.

3.4 Supporting People OP Strategic Review commenced. Draft report due Dec 08/Jan 09. As part of the consultation over 7000 questionnaires sent to OP in Warwickshire, including people living in sheltered accommodation, those with a community alarm and members of the OP Forums and BME community groups. Over 1,000 questionnaires completed and returned.

3.5 Focussed forums with OP planned between Jan and March 09 to consult with OP on the draft report of the outcome of the Supporting People Older People Strategic Review. Older people have inputted into the Supporting People Older Peoples Strategic review via questionnaires and specific focus groups. The information received is being analysed.

3.6 Develop a Strategic Commissioning Strategy for Physical Disability & Sensory Impairment Services: The 1st draft has been produced and circulated to colleagues and Overview and Scrutiny members for initial comments. 2nd Draft including initial comments will go out for public consultation during June-July –August 2009. The final report will go the WCC Cabinet during September 2009.

3.7 Implement the recommendations from the commissioning review of voluntary sector provision of preventative services: An evaluation of the Phillis service has been undertaken with a full service review to commence in 2009. – Low level services prioritised as part of procurement programme for 2008/09 running into 2009/10 and approved by cabinet November 2008. Review methodology being finalised and resources being identified

3.8 Other Low level service reviews have been prioritised as part of procurement programme for 2008/09 running into 2009/10 & approved by cabinet November 08

3.9 Community Meals and Lunch workshop held with all stakeholders to look at future services.

**P2: Services that are Joined Up**

3.10 Increase the level of understanding of Supporting People programme and service for front line and co-ordinating staff: Database created but not yet implemented, pending work with Customer 1st to ensure fit for purpose, across the Division. Spreadsheet being kept to record briefing sessions and events attended to ensure
a proactive approach in 09/10 Strategic Review of Supporting People OP services held a stakeholder and provider event.

Supporting People Strategic Review of Older People Services to include Sheltered Housing, Community Alarm and floating support services: Supporting People OP Strategic Review commences and draft report due before 31st March 2009.

A telecare service has been developed that enable older people to remain in their own homes. This service is being reviewed 2009/2010.

Review existing intermediate care service which promotes and maximises independence and prevents avoidable hospital admissions and delayed discharges. Warwickshire now has one point of access for the Intermediate care service across the 5 borough & districts areas of Warwickshire. The service now operates to standard policies and procedures. There are closer links and pathways to internal Social Care services.

Strategic Review of Disabled Facility Grants (DFG’s) across Warwickshire with the 5 Borough and District council housing colleagues completed.

P3: More Community Based Services

Ensure that points of access to health and social care services are as streamlined as possible: The Access project approved and first meeting of the board during January 09. The project timescales are on target.

Review of existing Intermediate Care Service has lead to a single point of access for the whole County and a more equitable service across the 5 local Borough and District Councils of Warwickshire.

PHILLIS service offers a signposting service for low level services across Warks

Joint Warwickshire CAVA and AH&CS Commissioning Event 30th March 2008 to launch the development of a Service review Tool kit and self assessment process for reviewing all WCC- AH & CS services. This will initially be for Day Services, Low level services and lunch clubs.

A visioning exercise has been undertaken with customers, carers and providers of Physical Disability and Sensory Impairment services. Outcomes from which have formed the basis of the newly developed Joint Warwickshire Commissioning Strategy for Physical Disability and Sensory Impairment Services for 2009-2014.

Two workshops have been held during 2008/2009 to further develop the Warwickshire Quality of Life for an Ageing Population Strategy, which included customers, carers, partners and other stakeholders on the type of information requested from partner agencies. The strategy links to the LAA Healthier Communities & Older People Theme group and Public Services Board.

P4: Promoting Independence

Working towards a shared vision for the commissioning of integrated community services across health and social care.

Service Review of day services, day hospitals, low level services and lunch clubs to ensure that they meet the future needs and expectations of OP: Steering group established and a project initiation document produced plus the mapping of social care contracts has been undertaken. Review process to start April 2009.

Jointly commission services with Supporting People to better utilise resources and meet the needs of individuals by providing holistic services: Supporting People OP Strategic Review commenced, report due March 2009

Strategic Review of OP services held a stakeholder and provider event as part of the review process.

Commission more preventive service based on evaluation of the PHILLIS model. North Warks Shopping Service started and pilot meals service in rural locations.

P5: Prevention and Well-Being

Commission more flexible services for older people, which could include a mixture of floating support, community based alarms through the Supporting People
3.27 Complete the strategic review of Warwickshire Home Improvement Agencies: Project Consultants recruited to enhance work of HIA strategic review by looking at further cost efficiencies and benefits for each partner. Joint WCC and 5 local Borough & District Council Housing Lead Project Board being established to oversee work. Final report expected Mar 09 for presentation agreement on option for the future to be held on 1st April 2009.

4: Key tasks which have been achieved but now moved to their own implementation plans

4.1 Develop a joint older people mental health strategy and implementation plan in 2008.
4.2 Commission fully integrated older people mental health team: moved to OPMH implementation plan 2008
4.3 Commission wide range of services to support people with dementia including extra care with special design features, and early diagnosis and intervention services with specialist home care service have moved to OPMH Implementation plan 2008.
4.4 Develop a Carers commissioning strategy and implementation plan in 2008 based on needs analysis.
4.5 Conduct a review of existing carer services 2008 which has been incorporated in the carers implementation plan.

5: Monitoring & Governance Arrangements

5.1 The current system of electronically sharing data on all targets listed seems to work well
5.2 There is a strong need to re-establish the Joint Commissioner meetings with officers on a quarterly basis so that updates can be discussed and shared more widely. This will include any new initiatives that are being worked on, or where services are being re-configured.
5.3 A proposed Older People Governance Arrangements chart is attached (Appendix 2) which will fit the proposed new style of reporting during 2009-2010 and the proposed refreshed Older People Strategy.

6. Proposal for moving forward

6.1 It is proposed that a joint event is held in June, with all stakeholders including commissioners to refresh the strategy and develop the new style implementation plan.
6.2 That the refreshed strategy and implementation plan for 2009-2010 is presented at the Older People Partnership, Directorate Leadership Team, Joint Chief Officers Commissioning Group for sign off.
7: **Recommendations**

7.1 Acknowledge the report and its findings.
7.2 Agree the need to refresh the Joint Commissioning Strategy for Older People Services
7.3 Agree the re-shaping of 2009-2010 Implementation Plan for Older People Services
7.4 Agree the new governance arrangements for Older People Services
7.5 Agree the approach proposed to move forward on this strategy

Julie Humphries  
Lead Commissioner for Older People & Physical Disability & Sensory Impairment Services  
May 2009