

Report of the Strategic Director, Adult and Community Services, to the meeting of the Shadow Health and Wellbeing Board to be held on 18 October 2011.

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Subject: Joint Commissioning Strategies for Adults

Summary statement:

Joint commissioning strategies have been prepared by NHS Bradford and Airedale and Bradford Council, covering four important groups of vulnerable people. The Integrated Commissioning Group, comprising senior managers from both agencies, has overseen the preparation of and consultation on the strategy documents.

The commissioning strategy documents cover older people; people with physical disabilities, sensory needs and long-term conditions; people with autism; and carers. The local NHS and the Council are taking an integrated, strategic approach to improving outcomes and use of resources for these groups of vulnerable adults.

The Health and Social Care Bill states that each responsible local authority and its local NHS commissioning partners, will have a duty to prepare a local Joint Health and Wellbeing Strategy. The four joint commissioning strategies presented here reflect this integrated approach for the health, well-being and care for vulnerable groups of local people.

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Portfolio: Adult social care

Overview & Scrutiny Areas:

Health



2009-2010
Positive engagement
of older people
2006-2007
Improving Rural Services:
Empowering Communities



1. SUMMARY

- 1.1 Joint commissioning strategies have been prepared by NHS Bradford and Airedale and Bradford Council, covering four important groups of vulnerable people. The Integrated Commissioning Group, comprising senior managers from both agencies, has overseen the preparation of and consultation on the strategy documents.
- 1.2 The commissioning strategy documents are as follows:
- Older people – *Meeting Changing Expectations*
 - People with physical disabilities, sensory needs and long-term conditions – *Independence, Inclusion and Support*
 - People with autism – *Fulfilling and rewarding lives in Bradford District*
 - Carers – *Caring Matters, Think Carer*
- and are attached as Appendices to this report.
- 1.3 The local NHS and the Council have developed these strategies to take an integrated, strategic approach to improving outcomes and use of resources for these groups of vulnerable adults. There are already joint programmes in place for people with learning disabilities (Changing Lives) and people with mental health needs.
- 1.4 The Health and Social Care Bill states that local authorities and NHS commissioners, working together on each local Health and Well-Being Board, will have a duty to prepare a local Joint Health and Wellbeing Strategy. This will set out plans to meet the needs identified in the local Joint Strategic Needs Assessment. The joint commissioning strategies presented here, are envisaged as key elements of this overall strategic approach for health, well-being and care for Bradford District's citizens.

2. BACKGROUND

- 2.1 The government's *Vision for Adult Social Care* (November 2010) states: *Local councils should..... play a lead role in their communities, ensuring local services are more coherent, responsive and integrated. Together with the NHS and other partners, councils should agree a shared view of local priorities and the outcomes to be achieved, and deliver commissioning strategies to meet the needs of their local populations – including the most vulnerable*¹.
- 2.2 The commissioning role has been defined as: *one in which the authority and its partners seek to secure the best outcomes for their local community by making use of all available resources* (from IDeA - Local Government Improvement and Development)². These strategies adopt this approach, which goes beyond the traditional definition of commissioning as solely a purchasing and procurement role.
- 2.3 Two of the strategies are local responses to the publication of national strategies: *Recognised, valued and supported: next steps for the Carers Strategy* (2010)³ and *Fulfilling and rewarding lives: the strategy for adults with autism in England* (2010)⁴. The commissioning strategies accord with the Council motions "Long-

¹ (para. 5.10)

² [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508](http://www.idea.gov.uk/idk/core/page.do?pageId=7973582)

³ <http://www.idea.gov.uk/idk/core/page.do?pageId=7973582>

⁴ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

term support for older people” (December 2008) and “Adult Social Care” (October 2009), emphasising support for people to remain independent, and the assurance of good quality care services. The older people’s commissioning strategy has been developed alongside the housing strategy *Great Places to Grow Older*, to offer older people housing that promotes well-being and independence; and for care and support to be at home or close to home wherever possible.

- 2.4 The four strategies have all been amended as a result of consultation processes through the relevant partnership arrangements. The Older People’s Partnership and the Physical Disabilities and Sensory Needs Partnership were already well-established. The Carers Partnership and Autism Partnership Board are new bodies which have been established in tandem with the development of the strategies. All four groups will play important roles in implementing the strategies.
- 2.5 By publishing joint commissioning intentions, people using services, carers, voluntary and community groups, clinicians and the general public have an opportunity to influence plans and actions. Service providers are supported to understand local needs and thereby direct investment in the District and develop the local health and social care workforce.
- 2.6 External funders increasingly require evidence that funding bids fit local strategic priorities, therefore the strategies are a tool for attracting funding into the District. A recent example is Age Concern Bradford and District’s successful Lottery bid for its befriending scheme, which referenced the local Joint Strategic Needs Assessment and the consultation draft of *Meeting Changing Expectation* as evidence of local need and strategic fit⁵.
- 2.7 Each strategy document is based on a standard format:
 - Introduction – the purpose of the strategy, vision and outcomes.
 - What people and carers tell us.
 - “What’s on offer” - current service supply and investment.
 - “The bigger picture” – national and local policy.
 - Needs, challenges and opportunities.
 - The way forward.
 - Commissioning themes / priorities.
- 2.8 There are themes which are common to all strategies and will therefore feature strongly in the future Health and Well-Being Strategy. Each strategy addresses the considerable challenge of demographic growth in demand, allied to pressure on expenditure, across all groups of vulnerable people, and corresponding growth in the amount of unpaid, usually family care-giving. This challenge requires difficult decisions to be made as we move from traditional patterns of service provision and shift investment to preventive support and to individual budgets for health and social care. Sharing the strategy and rationale underlying such changes can improve public understanding and trust.
- 2.9 Common for all four strategies are the priority given to:
 - information, advice and access arrangements
 - participation in community, economic and social life.
 - preventive support, early diagnosis and intervention
 - services which offer short-term, often intensive, intervention, to support recovery and maximum independence.
 - an integrated approach – to services, budgets and decision-making.

⁵ http://news.biglotteryfund.org.uk/pr_160811_yh_rc_hull_s_young_can_do_people?regioncode=-y

- personalisation – people having choice and control, and the right information and support available to make decisions and plan one’s own care and support.
- market development - whether people are spending individual budgets for health and social care, or their own funds, we need local providers who can respond to demand and provide good quality care and support.

The strategies connect these priorities to making best use of resources, shifting investment and responding to the financial challenges faced by the public sector.

- 2.10 All the strategies emphasise the importance of a skilled and caring workforce, aware of and trained in the needs of the people they support. For example, awareness and training regarding autism, acquired brain injury, carers’ issues and dementia, all feature; as does the need for multi-skilled workers who can deliver integrated health and social care plans and avoid unnecessary duplication of effort.
- 2.11 There are distinct themes for each strategy as well as the above common themes, reflecting in part that services are well-established for older people and people with physical disabilities and sensory needs; whereas services for carers and especially people with autism, have been less well-developed.
- 2.12 *Meeting Changing Expectations* indicates that older people often see quality, safety and dignity in service provision as more important than having a choice of provider or an individual budget, and this is reflected in the strategy’s commissioning priorities. Whilst continuing to improve how care quality is assured, commissioners must ensure that people have the necessary support to make decisions and use individual budgets. There is a risk that choice can feel like a burden, and older people must have support to take full advantage of personalisation.
- 2.13 *Meeting Changing Expectations* prioritises joint work to implement the National Dementia Strategy, manage other long-term conditions, and reduce unnecessary hospital and care home admissions. There are new local service developments to improve diagnosis, treatment and early support for people with dementia; and a joint “Intermediate Care Plus” programme to develop better services for urgent response, admission avoidance and good hospital discharge.
- 2.14 *Independence, Inclusion and Support* prioritises support with employment, skills and learning; and a widening of options beyond traditional day care services. It emphasises the need for the right specialist interventions for rehabilitation and care, ensuring that people with diverse and complex needs can access the right support. For example, people with dual sensory impairment; people with acquired brain injury; people with degenerative neurological conditions all have very different and specific needs.
- 2.15 *Independence, Inclusion and Support* and *Fulfilling and rewarding lives in Bradford District* both prioritise support for young people and families in transition from children’s to adult services. This is a difficult and challenging time that, too often, the different processes and systems for each age group make even more difficult. Children’s and adults’ commissioners are involved in joint work to improve the experience of young people and families, and use the information from children’s needs assessment to anticipate demand and plan ahead.
- 2.16 *Fulfilling and rewarding lives in Bradford District* emphasises the difficulties that people with autism experience in accessing diagnosis, good information and advice. Standard assessment processes can be ill-suited for people with specific barriers to social communication. Therefore the strategy emphasises professional

and public awareness and understanding, and clear routes to diagnosis and assessment. Personalisation and individual budgets are seen as real opportunities for people with autism, who have rarely been able to benefit from traditional patterns of provision. However, for this to succeed, assessment processes have to be accessible and appropriate, and allocate resource equitably. The strategy emphasises support for people with autism to find and stay in work; and proposes that 'buddying' and mentoring provision could help get young adults off to a good start and overcome the fear of going out into the community.

- 2.17 *Caring Matters – Think Carer* looks at carers as both expert partners in the delivery of care and support; and as people at increased risk of social isolation, ill-health, and low income. Carers are the most diverse of all vulnerable groups, and there are likely to be 50,000 people caring for family, friends and neighbours at any one time in the District. The strategy includes young carers and carers of children with disabilities. The commissioning approach outlined is to pool the Council's investment from the former 'carers grant', with local NHS resource for carer breaks and support. This will further improve information, advice and support for carers, and the opportunity for carers to benefit from personalised support alongside the services provided to the people they care for. The strategy aims for carers to be recognised and valued, to be healthy, and to fulfil one's potential.
- 2.18 Each strategy has been amended as a result of consultation, and Appendix 5 summarises the consultation processes and changes made as a result.

3. OVERVIEW AND SCRUTINY COMMITTEE CONSIDERATION

- 3.1 The strategies are joint health and social care documents, and it has been agreed that they will be considered at Health Overview and Scrutiny on 3rd November, rather than duplicating the scrutiny effort.
- 3.2 Social Care Overview and Scrutiny have set priorities in 2011-12 to look at services for carers and for people with autism. The continuing scrutiny of transition from children's to adults, is relevant in both the autism, and physical disabilities and sensory needs strategies.
- 3.3 Health Overview and Scrutiny received a petition of services for people with acquired brain injury in have an interest in Acquired Brain Injury following consideration of a petition from the Headway charity in September 2010. The need for specialist services which the petition and report identifies, is addressed in *Independence, Inclusion and Support*, including the review of specialist rehabilitation services, and subsequent care pathways and support for people in the community, rather than in out-of-area placement.

4. OTHER CONSIDERATIONS

NONE

5. OPTIONS

- 5.1 Each commissioning strategy document is put forward with the proposal that it should be agreed; and that the Strategic Director for Adult and Community Services will work with local NHS commissioners and local partnership arrangements to ensure the strategies are implemented.
- 5.2 Alternative options would leave the Council without published strategic intentions

for vulnerable groups of its citizens, and may divert officer resources into refining the strategies rather than developing and implementing action plans. Hence no other specific options are put forward.

6. FINANCIAL & RESOURCE APPRAISAL

6.1 The strategies refer to the demographic increases expected in demand for services from all vulnerable groups, evidenced by population trends and projecting from the children's services needs assessment. There are no direct financial implications from adopting the strategy documents, but they do give strategic context for consideration of future budget pressures and decisions. Changes to service provision and financial implications will be brought forward as specific service provisions are reviewed.

7. RISK MANAGEMENT

7.1 The strategies have implications for reputational risk. It is proposed that it is important for significant changes and any decommissioning of services to have a strategic context; but it is equally important for the Council to be perceived as taking key decisions and actions, and not to invest undue time and effort in preparing strategies. Option A proposes adopting the strategies, ensuring the officer time is invested in implementation and achieving positive change for the District.

8. LEGAL APPRAISAL

8.1 It is proposed that the legal implications of decisions and actions taken in implementing the strategies, are brought forward for consideration with each specific decision and action. This has been the case, for example, with the decisions on long-term support for older people affecting the Council's residential homes.

8.2 The strategies contribute towards the Council meeting its obligations in statutory guidance, in particular *Prioritising Need In The Context Of Putting People First* (2010)⁶ refers to the expectation that commissioning strategies will be produced by 2011.

9. OTHER IMPLICATIONS

9.1 EQUALITY & DIVERSITY

9.1.1 The strategy documents addresses the needs of a vulnerable group of people who may be subject to discrimination arising from age, disability. They recognise the diversity of the local population, experience and need in each vulnerable group. They are expected to have a positive impact for older people and people with disabilities. Each strategy in turn takes account of the diversity of the population, in particular the needs of vulnerable people from Black and Minority Ethnic communities; and that most older people are women.

9.1.2 It is proposed that full equality analysis and implications of decisions and actions to implement the strategies, are brought forward for consideration with the relevant decisions and actions.

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www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113155.pdf

9.1.3 *Fulfilling and Rewarding Lives in Bradford District* notes that autism and Aspergers Syndrome are disabilities which affect people's ability to access a range of statutory services. Many of the commissioning priorities in the strategy reflect the requirement to make reasonable adjustments to enable access to health services and entitlement to assessment and, where eligible, service provision.

9.1.4 Carers are counted as being 'associated' with someone who is protected by the law because of their age or disability⁷. Therefore *Caring Matters – Think Carer* aims to have a positive impact for carers, in reducing health inequalities, achieving potential (eg. in employment and maximising income), and being recognised and valued.

9.1.5 *Meeting Changing Expectations and Independence, Inclusion and Support* are intended to have a positive impact on equality for older people and people with disabilities, and refer to challenging discrimination as the basis for people being included in universal service provision, employment, and community life. Both strategies include specific service reviews which have a potential negative impact on people using current provisions. The specific impact and equality analysis has been and will be addressed as these specific reviews progress and report.

9.2 SUSTAINABILITY IMPLICATIONS

9.2.1 The purpose of each strategy includes developing a sustainable future for service provision, responding to the demographic and financial challenges. It is proposed that this favours Option A, to adopt each commissioning strategy.

9.3 GREENHOUSE GAS EMISSIONS IMPACTS

9.3.1 It is anticipated that some of the proposed commissioning priorities will have positive impact on greenhouse gas emissions, for example reviews of building-based services in out-of-date premises; and increased use of technology to monitor safety and trigger a timely response. Other priorities, such as caring for people at home in rural locations, may involve care staff travelling and impacting adversely on greenhouse gas emissions. Again, these impacts will be appraised further as specific service changes are brought forward.

9.4 COMMUNITY SAFETY IMPLICATIONS

9.4.1 Older people and people with disabilities can be at increased risk of crime, and feelings of vulnerability to crime. It will be important to consider safety implications as proposals for service change are brought forward; for example increased use of public transport and leisure facilities, can expose people to hate crime.

9.5 HUMAN RIGHTS ACT

9.5.1 It is proposed that the human rights implications of decisions and actions taken in implementing the strategies, are brought forward for consideration with each specific decision and action. The intention with each strategy document is to treat people with disabilities as citizens with full human rights, and counter discrimination and stigmatisation.

9.6 TRADE UNION

9.6.1 It is proposed that the human rights implications of decisions and actions taken in

⁷ *Equality Act 2010: What do I need to know as a carer?* Government Equalities Office (2010)
http://www.adviceguide.org.uk/index/equality_act_2010_carer.pdf

implementing the strategies, are brought forward for consideration with each specific decision and action. There will be implications for any service changes involved decommissioning of in-house provision.

9.7 WARD IMPLICATIONS

9.7.1 It is proposed that the human rights implications of decisions and actions taken in implementing the strategies, are brought forward for consideration with each specific decision and action.

10. NOT FOR PUBLICATION DOCUMENTS

NONE

11. RECOMMENDATIONS

It is recommended that:

Executive accepts the four joint commissioning strategy documents as Council policy. The Strategic Director for Adult and Community Services to work with local NHS commissioners and local partnership arrangements to ensure the strategies are implemented.

12. APPENDICES

Appendix 1 - Older people: *Meeting Changing Expectations*

Appendix 2 - People with physical disabilities, sensory needs and long-term conditions: *Independence, Inclusion and Support*

Appendix 3 - People with autism: *Fulfilling and rewarding lives in Bradford District*

Appendix 4 - Carers – *Caring Matters, Think Carer*

Appendix 5 - Summary of consultations.

13. BACKGROUND DOCUMENTS

The commissioning strategy documents themselves refer to appendices which contain supporting detail. These are available from the report author.