

**FINAL STRATEGY, APPROVED BY EXECUTIVE ON  
8/12/08**

**LUTON BOROUGH COUNCIL**

**ADULT SOCIAL CARE SERVICES**

**STRATEGY FOR COMMISSIONING SERVICES FOR OLDER PEOPLE**

**2008 - 2013**



# **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

## **CONTENTS**

- 1 EXECUTIVE SUMMARY**
- 2 INTRODUCTION**
- 3 WHO IS COVERED IN THIS STRATEGY**
- 4 NATIONAL CONTEXT**
- 5 PRESENT AND FUTURE NEEDS**
- 6 CURRENT SERVICE PROVISION AND FUTURE PREDICTED REQUIREMENTS**
- 7 FEEDBACK FROM SERVICE USERS AND CARERS**
- 8 AIMS OF SERVICE REMODELLING IN LUTON**
- 9 COMMISSIONING PROPOSALS**
- 10 RESOURCE ASSUMPTIONS AND IMPLICATIONS**
- 11 PERFORMANCE MANAGEMENT**

**APPENDIX 1- PROCESS OF PUBLIC CONSULTATION**

**APPENDIX 2- SERVICE VALUES AND STANDARDS**

**APPENDIX 3- TIMETABLE OF IMPLEMENTATION**

# FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

## 1 EXECUTIVE SUMMARY

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

The principal aim of this draft Commissioning Strategy is to

- Outline a shared vision of how Social Care, Health, Housing and other partners' services can improve and reshape the range of services to deliver better outcomes for more Older People and their carers within available resources.
- Describe the need to work in partnership with older people, their carers and other community services to support older people to remain in their own home and as independently as possible, whilst it is safe for them to do so.

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

In the Luton context this means

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

# **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- The development of more advocacy and brokerage support to give older people and their carers more choice and control over their care, which is covered more fully in the carers strategy.
- More support for carers and families with extra short term provision options
- Development and provision of services across organisational boundaries to ensure best value provision integrating with Health to improve access to primary health care
- Increased involvement of users, partners and stakeholders in strategic planning

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

## **2 INTRODUCTION**

This is a draft strategy for the Commissioning of Services for Older People within Luton for the next five years, and is set in the context of a longer ten-year vision of increasing service development in Adult Social Care.

It sets out a broad direction of travel which will inform the redirection of resources and will provide a basis for open, transparent and positive discussions with current and potential partners to enhance the provision of services, and strengthen a 'whole-systems' approach to commissioning and service provision.

Because it is vital that this strategy responds to the needs and aspirations of older people and those who care for them, the key themes of this draft strategy will be summarised and widely distributed for a three month period of public consultation. These views will help to finalise the initial shape of the commissioning strategy. In November 2008 having taken full account of all representations, the final version will be submitted to participant partner agencies and Luton Borough Council Executive for approval.

The commissioning strategy will be refined yearly in the light of government policy, demography changes, resource adjustment and feedback from those who receive and deliver services. This will maintain a continuous improvement of services, with the safeguarding of older people as a key theme throughout.

# FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

## 3 WHO IS COVERED IN THIS STRATEGY?

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

- **Entering old age** - People who have completed their career in paid employment and/or child rearing includes people as young as 50 years. Many are active and independent and will remain so into later old age. The aim would be to promote a healthy active life and well-being.
- **Transitional phase** – This group of older people is in transition between healthy, active life and frailty, which often occurs in the seventh or eighth decades. The aim of this strategy is to identify emerging problems ahead of crisis, and ensure effective responsive services, preventing crisis and reduce long-term dependency.
- **Frail older people** – People who are vulnerable as a result of health problems such as stroke or dementia, social care needs, general frail old age, or any combination of these. Frailty is often experienced later in old age, so services for older people should be designed with such needs in mind. The aim of this strategy is to anticipate and respond to these support needs, recognising the complex interaction of physical, mental and social care factors, which can compromise independence and quality of life.

## 4 NATIONAL CONTEXT

Government policy and statements concerning adults including older people is outlined in the White Paper ***Our Health, Our Care, Our Say***. It sets out the following service delivery expectations:

- Improving health and emotional well being by improving access to, information about and advocacy support for services to older people and their carers
- Improving the quality of life by promoting greater social inclusion and undertaking assessments of carers needs and expand progressively the range of service options

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- Making a positive contribution by improving the management and co-ordination of the commissioning of services
- Giving increased choice and control to enable more people to manage for themselves and having a greater say in the planning and developing of future services.
- Ensuring freedom from discrimination and harassment by ensuring social care resources are more equitably distributed across the population groups on the basis of need, and by working the minority communities to ensure cultural appropriateness of all services offered to minority community users and carers
- Enabling economic well-being ensuring support for carers and older people allows social enterprise and employment opportunities as appropriate.
- Maintaining personal dignity and respect by ensuring all services make better use of resources and provide a consistently better quality of service

In the wider context the Local Government paper *Strong and Prosperous Communities* (2006) places a statutory duty on Local Authorities to work with non-LA partner agencies and to work more closely with Health through Local Area Agreements. It also encourages local authorities to develop ways of introducing individualised budgets, whereby individuals are given their own funding to purchase services within the necessary advocacy and brokerage support, drawing together currently disparate streams of funding. The aim is to have such a system fully implemented by 2015.

## **5 PRESENT AND FUTURE NEEDS**

### **5.1 Demographics & Demand**

There are approximately 184,400 people in Luton and the population has risen by 6.2% since 1991, with a further projected to rise by 2.7% by 2010 (189,000).

Of the population, 28% are from the Black and Minority Ethnic communities (national average is 9.1%).

Luton has over 80 nationalities. The largest groups being of Irish decent (10%), Pakistani (9.2%), African Caribbean (4.2%), and Bangladeshi (4.1%). The Muslim community makes up 14.6% of the Luton population in comparison with 3% on

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

average in England. The concentration of the Asian population is mainly in three out of nineteen wards in Luton.

Proportionally, Luton has on average less older people in comparison to the national average for England and Wales. It is 11.2% aged 60-74 years and 5.1% aged 75+ years (The national average being 13.3% and 7.6%). The older person age range in Luton is divided as follows:

- 27% (49500) is aged 50+
- 12% (22000) is aged 65+
- 1.3% (2400) aged 85+

2,300 people aged 65+ are from Black and Minority Ethnic communities, which is 10% of the 65+ age group. Within that group of older people, 8.7% are White Irish, 3.5% are from the Pakistani community, 3.4% from the Indian, and 3.3% from the African Caribbean communities.

It is predicted that by 2016, the white British population in Luton will increase by about 1%. However, the increases in the BME communities would be more significant; 500% in the Bangladeshi community, 300% Pakistani, 275% African Caribbean, 200% among Indians; and an emergence of older Chinese people

Within such communities there is a higher and rising proportion of people, especially among South Asian and Afro Caribbean communities, with higher incidences of longer-term conditions including diabetes, cardiovascular diseases, high blood pressure and strokes, which will significantly place greater demand on services and future development.

Apart from this base population data, there are also significant social factors that will also bring substantial pressures on needs and demands on services for older people in Luton over the next five years. These are:

- Deprivation - with Luton ranked nationally 103rd (out of 354) most deprived local authorities
- Health Issues in Luton - with 1,300 (2005/06) people aged 51+ admitted to hospital with cancer (about 60% aged 65+) – Cancer accounts for the death of 27% men and 20% women.
- Affordable Warmth in Luton - Just over 2,000 people aged 65+ admitted to hospital on an emergency basis (2005/06), of which 9% of that age group suffers from malnutrition. Nationally, over 10% of people 65+ years suffers from malnutrition – in Luton could mean about 2,220 older people
- BME Health – There are BME health issues, as the risks in inner wards of Luton are four times the national average for heart disease, strokes,

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

mortality and accidents. Diabetes is a major cause of disability in Luton – over 8,000 with types 1 and 2 – higher than national average. It is estimated that 15.8% of the 60+ age group suffer from this condition in Luton of which 31% is among older South Asian people

- Disability Issues - Nationally, up to 75% of those aged 75+ live with a chronic condition - in Luton this could mean up to 7,000 people. Currently, it is estimated that there are 991 older people in Luton suffering with dementia, 564 have a common mental disorder, 1,106 have severe depression, 365 are registered blind, 340 are partially sighted (aged 65+), 20 are registered as deaf and 71 are hard of hearing (aged 65+)

The needs for those who provide unpaid care for older people is an emerging issue, especially as the Luton older population continue to enjoy a quality of life. It is estimated that:

- 14.5% of older people provide unpaid care – including approximately 107 carers aged 85+ years old
- 1,684 older people provide 50+ hours of care per week – these people are twice as likely to be in poor health themselves and need to be supported in their own right and in their role as carers
- 246 carers in Luton aged 65+ had their own needs assessed or reviewed in 2005/06 and a service provided
- 9% of people in Luton aged 85+ live in permanent residential or nursing care supported by Luton Borough Council
- 15% of older people in Luton are Council or Registered Social Landlord tenants of which 45% among those are aged 75+
- 733 older people live in a communal establishment (including medical or care), 526 of whom are 75+ years (5.6% of that age population)
- We estimate 1,895 households with a frail elderly person (2.7% of all households)

To develop service effectively in Luton, there will need to be inclusive regular engagements and consultations with all sectors of the diverse community, including carers and people who are experts by experience.

In Luton there will be an increasing older diverse population, which will impact on demand for services. Provision will need to be flexible to meet the increase of longer-term conditions and the more specialised levels of support. Woven within these is the increasing option for choice of support that the individual may choose



## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

to purchase through self-directed care arrangements and direct payments. Thus, it is crucial that services modernise and that there is the development of more effective models of support for older people. This will include an increasing need for a diverse range of home care options, day time opportunities, active information, respite arrangements, culturally sensitive support services and a range of accommodation models

### **6 CURRENT SERVICE PROVISION & FUTURE PREDICTED REQUIREMENTS**

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

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

Services need to be modernised and other models of support need to be developed for a growing older population in Luton and to meet the needs of specific diverse elderly communities. Current provision in Luton can be grouped under the following headings, reflecting the different levels of support provided:

- **Services that provide care and support in other accommodation settings**, including sheltered housing, extra care sheltered housing, residential care, and social care in nursing homes.
- **Services to enable older people who meet the Council's eligibility criteria to remain in their home**, such as home care services, carers assessments and support, housing related support services, day care, and other flexible care packages to help keep people at home and supporting carers. Assistive technology needs to be made more easily available. A study of what is available and how it can be used needs to be undertaken.
- Alternative options need to be considered; such as communities of choice, shared ownership and more adventurous adaptations to existing accommodation.
- **Community support services**: other preventative services to help older people remain outside the formal care systems, such as carer information

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

and support services, health and well-being advice groups, social groups, befriender services, telecare services, community alarms, technology and other services, including those provided through the Third Sector that underpin independence.

### **6.1 Older People Accommodation & Housing Support Service**

#### **6.11 Sheltered and Extra Care Housing**

Luton Adult Social Care has a Future Living Needs Strategy, which sets out the background and demography of Luton and describes the accommodation requirements and journey to meet the living needs for older people in Luton. The process of developing this strategy has already begun. This has involved building more appropriate models of accommodation; extra care sheltered, and remodelled or reproviding old sites that do not fully meet the needs of individuals.

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

The Department has been successful with a £2.3million bid which will enable the replacement of Farley EPH with an extra care sheltered housing scheme, with some 60 extra care flats in partnership with Beds Pilgrim Housing and Castleoak care partnerships. Work is to start by March 2008. There is also £3.38 million available from Housing Corporation to develop 47 units for extra care housing in Elmtrees. The completion of this service due in 2009.

We will continue to develop further schemes to support the independence and wellbeing of older people. This will include the current commissioning intentions with Housing to review existing accommodation, voids, utilisation and the need to replace residential placements.

Working with Housing and seeking out RSL partners with capital to invest is crucial, especially in relation to appropriate provision that requires housing related support through the Supporting People programme and the need to secure an additional capital funding through the Housing Corporation. The Supporting People programme has the flexibility of providing preventative support mechanism (technology) as well as staff for a diverse range of accommodation models for older people.

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

This funding and programme takes Luton a further step in providing modern extra care and sheltered housing, meeting the future housing, care, and support needs of Luton's most vulnerable people.

### **6.12 Reduction of Residential Placements**

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

Other developments will be community based respite, live in carers delivered by Direct Payments and Individualised Budgets, rehabilitative and more focussed community equipment, and assistive technology. The initiatives through the POPP's programme and the intention to develop these support services further will enable this reduction

The current plans include the proposed decommissioning of the rehabilitative services at Westlea whilst the residents from the closures of Farley and Warden Hill are accommodated at Westlea home, the rehabilitative services and 'step down' beds have been transferred to Sherd Lodge. Respite facilities will also be commissioned from Westlea home and as demand increases opportunities will be explored with the independent sector homes.

### **6.12 Nursing Placements**

There is an increasing demand for nursing placements for people who are suffering with dementia. Some of the new extra care sheltered homes will meet the needs of older people with dementia and functional mental illnesses. However, there is an increasing possibility of there being a shortage of quality nursing places at affordable prices with accredited providers. An accreditation scheme has been introduced for providers of higher quality care, which will be extended to neighbouring local authority homes to secure a good supply of provision in the short term.

There is a need to explore and develop this potential market and examine providers who demonstrate good value for money.

## **6.2 Adult Social Care Support Services**

### **6.21 Carers Assessment**

With the increasing number of older carers and a growing older and diverse population, there is a need to ensure that robust carers support services are established.

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

The number of carer assessments conducted is increasing. However, there are still a range of unpaid older carers who support older relatives and are in need of respite. There are already models of good practice in Luton in providing support for carers. This needs to be developed and choices of supported provided as viable options for people. These options can be provided through individual budgets or self-directed care packages.

A carer's support agency for all adults or carers centres need to be explored further and modelled according to the local need. This is currently being looked at under the carers strategy.

Consideration for holidays needs to be given as an alternative to respite care – this may be more cost effective and beneficial for the both the customer and the carer.

### **6.22 Individual Budgets and Self-Directed Care**

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

Information and access to information about these services is crucial. In Luton we will ensure that information and guidance is available in a raft of community languages ~ both written, audio, and on DVDs to ensure outreach into every grouping of the population.

Safeguarding is essential in this area and it is very important that brokers, advocates and facilitators are in place to support older people, with close monitoring systems working to protect people.

### **6.23 Home Care**

The nature and balance of service provision is currently split between in house and the independent sector. Home care is of crucial importance in meeting the objective of helping people who wish to remain at home.

It is envisioned that by developing and retaining effective Home Care providers, and the introduction of brokerage, the cost of the in-house home care provision will be reduced significantly

Future changes in who provides this service will not be based on cost factors alone, but on how the older person feels the service has contributed to their wellbeing and to be able to remain in their own homes.

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

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

We need to ensure that services meet specified standards of professionalism. Standards and systems of monitoring need to be designed in conjunction with customers. Consistency of care is very important and relationships of trust are built up, which need to be managed with care.

Services need to work closely with individuals, their families and advocates, to ensure that their religious or cultural needs are respected, when planning services.

### **6.24 Day Opportunities and Day Centres**

The modernisation of day opportunities is a part of the Future Living Needs strategy for older people. It is important that there is an integral link to community based services to ensure that older people are a part of the local community, feel safe and can contribute to society. The Chaul End centre has been a successful initiative of partnerships and social enterprise for adults; particularly for adults with physical disabilities. Other day opportunity provisions need to be developed in partnership with Community and Leisure and their existing provision of community services, as well as with local Health agencies. The sustainability work being developed through the POPP's projects could facilitate such development.

A buddy system needs to be designed and developed to enable people to access more social and educational opportunities. It is important that safeguards are established and monitored, so that vulnerable adults are not placed at risk.

Consultation has indicated that; the types of activities that are traditionally provided at community centres and day centres, are still very much required. These need to be expanded and made more accessible. It has also highlighted the need for other types of social activities to be explored. Examples of these include;

- Buddies to assist with going places; contact with animals, accessible hairdressing; pubs and clubs which offer support (protection to vulnerable adults); cooking clubs; shopping trips; holidays; drama groups etc.

### **6.3 Adult Social Care Support Services – Community & Preventative Services**

There is a limited diverse range of preventative service in Luton. There are small areas of good practice and effective service being delivered. However, there has been no overarching strategic direction for prevention and thus there has been adhoc investment in development.

Many of these small scale preventative services are provided by voluntary and community groups, of which Luton Adult Social Care has some contract

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

management oversight (POPP's preventative services). These organisations are eager to support and develop service for older people, but there are capacity and quality issues.

Many of these voluntary organisations are experts by experience and have developed specific knowledge and skills that would be valuable in planning and developing effective preventative services for the older people in Luton. Such areas of development would be on advocacy, carer's support, technology and equipment, housing related support, home maintenance and improvement, fall prevention, maintaining health, well-being and life skill.

It is crucial that Luton Adult Social Care works effectively to develop the voluntary and community sector. This involves recognising these organisations as partners to develop support for older people. Work needs to be conducted and planned with regards to capacity building, developing a quality framework, signing up to the local 'compact' and establishing better service and contract monitoring systems. Luton Adult Social Care, the voluntary and community sector and other agencies would need to plan and develop sustainable preventative projects, building in operational cost for smaller groups. In addition, there are established forums for older people that require governance and can provide a steer for service development. These forums would need to be representative of the community and would contribute to service improvement

Older people could act as reciprocal buddies for other vulnerable adults, such as those with learning disabilities, physical disabilities and sensory impairment other older people or people with mental health problems – this needs to be explored for all, in any new buddy scheme.

### **6.4 Modernisation of Systems**

#### **6.41 'End To End' Business Processes - Luton Business Partnership (LBP) Business Case**

With the implementation of the Luton Business Partnership end-to-end business plan, we will realise significant improvements in business processes, recording, information management and recording, to implement new processes to deliver longer term benefits in reducing admin time and costs, introduce more flexible working and reducing time on non-value adding tasks. The processes will produce significant savings of up to £767K by 2010

This major LBP business case identifies key areas where significant efficiency gains and improvements of service can be established now with actions for more efficiency gains and savings in the future.

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

Longer term these End to End efficiencies will include a fully resourced commissioning brokerage and procurement system and assist in the management of non-office based social worker assessments and reviews.

### **6.42 Online Assessment Facility**

We will improve access to services by developing an internet based on-line self assessment tool, which will allow the population the choice to assess their own needs, or carry out an assessment on behalf of somebody else. These assessments will be either on a general needs basis, or a carers' assessment.

This self-assessment can be actioned by anyone who has difficulty in carrying out everyday activities, and can be carried out by carers, families or friends on behalf of others.

The choice presented to the individual will included self-directed care or direct payment options.

Development of this facility in Luton will have a significant impact on current working practices, systems and support IT. It will reduce Social Work time both in the initial contact team and at reviews and will therefore to free up capacity and availability to carry out the more intensive assessments, and reviews. It will also increase opportunities to identify, and work with the cross-departmental issues when commissioning for socially inclusive services across services and service user groups.

This development is on the Housing & Community Living IM Service plan, scheduled for 2009/10 and will be 'Matrix' (interactive Luton Borough Council IT package) dependant.

## **7 MENTAL HEALTH SERVICES FOR OLDER PEOPLE**

### **7.1 Partnership for Older People Project**

Luton is a Round 1 Partnership for Older People Project (POPP) site. Between 2005- 2009, Luton will have received £860,000 from the Department of Health to develop a range of mental health services for older adults. These services have been developed in partnership with Luton PCT, Luton and Bedfordshire Mental Health Partnership Trust (BLPT), the University of Bedfordshire, services users, carers, older people and voluntary organisations.

7.1.1 A range of services has been developed and funding has been identified to sustain these services, as the Department of Health funding will now cease. These services include a memory assessment service, day opportunities for older people with moderate to severe dementias, carers training and support services and a range of preventative services for people with mild

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

to moderate functional and organic mental illnesses. The preventative services are all provided by local voluntary groups.

7.1.2. Throughout the project, Luton Borough Council has worked very closely with its partners to develop and improve services. It is anticipated that this close working relationship will continue thus ensuring that duplication is avoided, that the best use is made of available resources and a seamless service can be provided to older people with mental health problems and to their carers.

7.1.3. A Project Board was established to oversee the project. A Monitoring Group consisting of service users, older people, carers and voluntary organisations was also established to make sure that Luton POPP delivered its required objectives. These two groups have now been merged into a Partnership Forum and they are now focusing on identifying service requirements beyond 2009. This together with an evaluation of services carried out by the University of Luton, extensive consultation on the draft National Dementia Care Strategy and a POPP planning event will result in a local implementation plan.

7.1.4. The key objective for Adult Social Care are listed below and are also reflected in the joint draft PCT and LBC Commissioning Strategy for Mental Health Services in Luton (2009).

**Note:** In Luton, services for younger adults with dementias are currently being provided by older adult services. The reason for this is that the level of expertise in providing appropriate services that better meets the needs of younger people with dementias currently rests with staff that predominately work with older adults. The needs of this group of people are therefore also included within this strategy.

### **7.2 Older People Mental Health Commissioning Infrastructure**

7.2.1 Over the last three years, Luton POPP has had lead responsibility for commissioning mental health services for older people. As the project is coming to an end, a joint commissioning infrastructure needs to be established with the PCT. This will ensure that there is a continued joint leadership underpinning the future development of commissioning mental health services for older adults in Luton.

<b>Development of joint health and social care commissioning arrangements for mental health services for older adults</b>
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|--|
| <ul style="list-style-type: none"><li>• Agree and implement joint health and social care commissioning</li></ul> |
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## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

arrangements for older adults.

- Review existing mechanisms for governance e.g. replacing the Partnership Forum

### 7.3 Development of Provider Market

7.3.1 Mental health services for older adults are currently provided by a number of different statutory and third sector providers. These services tend to be focused on meeting the needs of people with dementia and very few services are available specifically for older adults with acute functional mental illnesses. Service users and carers have also expressed concerns over the quality of some of the services provided.

In order to increase choice for older adults and their carers, the aim is to increase the range and quality of mental health services available in Luton.

#### Development of Provider Market

- Increase the commissioning of specialist services for older adults with acute functional mental illnesses particularly day opportunities, respite and home care services.
- Develop outcome focused performance management measures that have more emphasis on quality of life indicators
- Identify minimum training requirements for all staff providing services to older adults with mental health problems.
- Work with local training providers to enable them to provide accredited training courses for staff providing services for people with dementias and those providing services for people with mental illnesses associated with old age.

### 7.4 *Transforming the Quality of Dementia Care – National Dementia Care Strategy*

7.4.1 The draft National Dementia Care Strategy was published earlier this year and consultation on this has recently ended. The final strategy is due to be published in November /December 2008 and is not expected to vary significantly from the draft version.

# FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

7.4.2 The key aims of the draft strategy are:

- Improving awareness
- Early and better diagnosis
- Improved quality of care
- Delivering the Strategy.

7.4.3 The strategy is an important step forward in improving the experience of people of all ages with dementia and that of their carers. Locally the following key actions for implementation have been identified:

## **Enhanced services for people with dementia**

- Review and revise the current dementia care pathway against the recommendations of the imminent National Dementia Care Strategy
- Establish a specialist dementia team
- Further develop voluntary sector services input to the memory assessment service to meet the requirements of the 'Dementia Care Adviser' role in line with recommendations within the National Dementia Care Strategy.
- Extend the existing memory service across Luton
- Develop services for younger adults with dementia
- Extend services, support and training opportunities available for carers.

## **7.5 Service User And Carer Involvement**

7.5.1 The implementation of successful user and carer involvement is identified as a clear policy imperative in recent policy guidance. LBC are committed to ensuring that service users and carers are equal partners both in terms of decisions that are made about their own care and the development of services at a strategic level.

7.5.2 The achievement of effective involvement requires the development of structures and processes to ensure that the principles of partnership are embedded within Luton's approach to providing mental health services for older adults.

7.5.3 This strategy will support the development of a structure that will ensure the delivery of several key outcomes:

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- Involvement in planning decisions to ensure that services, systems and structures meet the needs of users and carers
- Involvement in service developments
- Participation in service review and audit
- Contribution to, and influence of, the education, training and research and development agenda
- Involvement in staff recruitment and induction and training
- Increasing the numbers of carer in paid employment
- Involving service users and carers in performance monitoring
- Involvement of service users and carers from black and minority ethnic communities within Luton

7.5.4. We aim to develop effective structures and systems that ensure service users and carers are supported in their involvement through:

- Appropriate training, expenses, induction and access to administrative resources.
- Receiving the information and support they require to carry out their role effectively.

7.5.5 Luton POPP has already developed mechanisms to involve service users and carers, but these have tended to focus on people with dementia and not functional mental illnesses. These mechanisms need to be reviewed and strengthened.

<b>Development Of Effective Structures And Systems For Service User And Carer Involvement</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• Review existing mechanisms for service user and carer involvement in mental health services for older adults; identify gaps and develop costed plans for bridging these.</li></ul> |
|--|

# FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

## 7.6 Personalisation and Recovery/Reablement Focused Services

7.6.1 To complement the personalisation focus within social care, mental health services for older people should have a strong focus on recovery. Services provided for people with dementias should focus on the maintenance and enhancement of existing levels of skills. They should aim to encourage people to realise their full potential with the help of timely, intensive and targeted interventions through partnership across the whole system.

### Development Of Personalised Services

- Undertake service user/carer led assessment of current services to determine levels of recovery/reablement orientation and identify what needs to change to facilitate a recovery/reablement approach.
- Continue to move away from institutional care to more community based services.
- Invest in a greater range of floating support services to enable more people to manage their own tenancies and live outside of specialist housing schemes
- Explore the likely demand for and feasibility of an Adult Placement Scheme specifically for older people with chronic mental health problems.
- Increase the availability of self-directed care opportunities for older people with mental health problems and their carers and so significantly expand the numbers of direct payment arrangements in place.
- Review the support available for working age carers to move into or back into paid employment.
- Address the day opportunity needs of older people with chronic functional mental illnesses and younger people with dementia within the wider modernisation of day services in Luton.

## 7.7 Interface with Health Services

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- 7.7.1 Older people with mental health problems and their carers need to get help when they need it without being passed between services, often waiting long periods to access services.
- 7.7.2 To enable this, these needs to be clear protocols and effective relationships between Adult Social Care and primary, secondary and acute health services. Work is currently in progress to further develop pathways of care between services.

### **Interface with Health Services**

- Review social care/health interface; develop care pathways as needed and clear protocols for people with organic mental illnesses.
- Review social care/health interface; develop care pathways as needed and clear protocols for older people with functional mental illnesses.

## **7.8 Support for Carers**

- 7.8.1 The recently published Carer's strategy (Carers at the heart of 21<sup>st</sup> century families and communities, DH 2008) sets out a vision where, by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.
- 7.8.2 The strategy highlights the following outcomes to be achieved by 2018:
- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
  - Carers will be able to have a life of their own alongside their caring role
  - Carers will be supported so that they are not forced into financial hardship by their caring role
  - Carers will be supported to stay mentally and physically well and treated with dignity
  - Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive

## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

childhoods and to achieve against all the Every Child Matters outcomes.

7.8.3 In line with improving Carer Involvement (see above) we will listen to local carers and develop a range of personalised services to support carers in their caring role. Luton POPP has worked very closely with carers of people with dementias and a similar relationship needs to be developed with carers of older adults with functional mental illnesses.

### Improved Support For Carers

- Ensure accurate, accessible information is available to carers
- Establish a range of options for carers to have easily accessible short breaks from care
- Develop improved support for young carers
- Continue to provide generic training for carers as well as specialist training for carers supporting people with dementias and for carers of older adults with functional mental illnesses

### 7.9 Reducing Unfairness in Health and Well-Being

Public sector organisations have a statutory responsibility to promote race and disability equality.

*Delivering Race Equality in Mental Health Care*, was published by the Department of Health in 2005 and identifies three building blocks for delivering race equality:

- **More appropriate and responsive services** - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children
- **Community engagement** - delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers (nationally)
- **Better information** - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This includes a regular census of mental health patients.

## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

- 7.9.1 As part of POPP a multi-agency equality impact group was established to review take up of services provided through the project. This group should continue to meet but should be linked into the revised governance arrangements.
- 7.9.2 Two of the new Community Development Workers described in *Delivering Race Equality in Mental Health Care* are currently employed in Adult Social Care and are working closely with the Asian and African Caribbean communities in Luton focusing their work on mental health services for older adults.

### Reducing Inequalities

- **The multi-agency equality impact group should continue and be linked into the revised governance arrangements of mental health services for older adults**
- **Increase the range of culturally appropriate services for older people with mental health problems.**
- **Review how best to meet the needs of hard to reach groups of older people with mental health problems e.g. gypsies and travellers.**
- **Continue with the current partnership arrangements whereby Adult Social Care employ the Community Development Workers working with BME community groups focusing on the needs of older adults.**

### 7.10 Reducing Age Discrimination

7.10.1 *The National Services Framework for Older People* (2001) placed a duty on social care and health services to address age discrimination in services that were provided. However there continues to be some services that have traditionally excluded people aged 65 and above. Some of the services currently provided for people with functional mental illnesses may better meet the needs of older people with similar conditions.

### Rooting Out Age Discrimination

- With the commissioners of mental health services for working age

## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

adults review the appropriateness of commissioned services with age-related criteria regarding the flexibility of the criteria to reflect individual needs and research evidence to support effectiveness of age-related models.

- Review implicit age-discrimination within local strategies

### 7.10.2 Improved Access

Services for older people with mental health problems in Luton tend to be for people with dementia. There is little resource or expertise for older people with functional mental health needs. This group of people do not currently have easy access to services that have traditionally only been available for working age adults, such as counselling services, substance and alcohol misuse services, crisis response services and specialist day care services.

It is unacceptable that older people are unable to access these services and LBC must work with health commissioners and service providers to develop plans to ensure access for older people.

#### Improved Access to Services

- With the commissioners of mental health services for working age adults and health commissioners review the access arrangements to services traditionally provided only for working age adults, and make sure that older people make up at least 10% (tbc) of the total number of adults accessing existing services.

### 7.10.3 Advocacy

Older people with mental health problems especially those with dementia are particularly vulnerable in terms of their ability to make informed decisions and may require someone to speak or act on their behalf. The new statutory Independent Mental Capacity Advocate (IMCA) service was launched in April 2007. This service is currently available to older people who require such a service.

In addition to this, many older people are not very clear about their rights as citizens, may have difficulty in fully understanding their rights or may find it difficult to speak up for themselves.

Advocacy can help service users to:

- Make clear their own views and wishes;



## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- Make informed choices
- Obtain independent advice and accurate information
- Negotiate and resolve conflict.

There is a general lack of advocacy services for older adults with mental health problems and services need to be commissioned that provide different models of advocacy such as supporting self advocacy, citizen advocacy, crisis advocacy and peer advocacy.

### **Increase Availability of Advocacy Services**

- Increase availability of advocacy services for all older adults with mental health problems.
- Review existing provision of advocacy and develop commissioning plans to ensure that independent advocacy is easily available to all who need it.

#### **7.10.4 Promotion of Mental Health and Well-Being**

The Luton POPP has worked to actively promote an agenda of positive mental health and well-being. To support this a range of preventative services have been commissioned from the voluntary sector including services from 13 different black and minority ethnic community groups. Luton has hosted two national conferences focusing on ageing and mental well being with a third conference being planned for April 2009 and has provided a range of training to older people, carers and voluntary organisations.

### **Promotion of Mental Health and Well-Being**

- Work with health colleagues to develop and deliver an evidence based, mental health and well-being promotion strategy which will focus on the mental, physical and social needs of older people and that of their carers.

## **8. FEEDBACK FROM SERVICE USERS AND CARERS**

- 8.1 Service delivery is a key part of, and a success indicator of any commissioning strategy. Service users must be at the focus of all engagement for their voices to be heard, and their choices met. Engaging

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

with users is critical to making improvements to services happen whilst forming stronger links within existing and developing frameworks.

- 8.2 It is essential that this strategy is grounded in an understanding of how older people and their carers/families experience current services and an appreciation of their expectations.
- 8.3 Summarised below are responses and feedback from older people, their carers and families from a variety of sources, monitoring activities and events since January 2006
- 8.4 Service users and carers would like:
- More choice of services and more information about the options available to them
  - Services to be person centred, supporting independence, and allows enjoyment of a good quality of life.
  - The services provided or purchase themselves to treat them with respect and dignity, and support them in overcoming barriers to inclusion.
  - Services tailored to religious cultural and ethnicity needs of the user, and focussed on positive outcomes, quality of life and well being.
  - Services helping them remain in their own homes
  - Better assisted transport to day care opportunities so older people can access day centres
- 8.5 Black and Minority Ethnic (BME) older people want:
- An increasing reluctance to accept long term institutional care as the younger group of older people came on stream
  - More respite care arrangements at home rather than in temporary residential care
  - More low level services to meet up with friends socially
  - More culturally appropriate services ~ location, food, language, staffing and entertainment
  - Audio forms of information to overcome information and access difficulties
- 8.6 Carers specifically want:
- More support to enable them to continue caring for an older person at home
  - Carers are fearful that changes in day opportunities will leave them with less support
  - Easier access to an increased availability of respite and planned respite facilities
  - Carers would like better support before, during and after assessment
  - Carers feel that they are not sufficiently supported in knowing what is available and want easily accessible Information and training.
  - Carers feel that they have limited information and support accessing direct payments and in considering self directed care

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- Carers want a wider choice and availability of Respite breaks for their dependent to be within Luton when ever possible
- 8.7 Older Persons Mental Health users and carers want:
- day opportunities for people with dementia to be attached to residential care homes than stand alone units, so there is be familiarity with the staff and surroundings if short term respite care is needed
  - More information and advice on services available, including welfare rights advice and counselling
  - Better information on and access to community based non assessed services e.g. chiropody, home treatment, meals service, day care
  - Better medicine management support for older people with depression or dementia
  - Better dietary advice and support on food for people whose dementia is compromising their nutrition
  - Better information and access to speech and language therapy
- 8.8 These views from service users and carers have contributed to the share and outcomes of this commissioning strategy. This process of actively engaging the views and experiences of older people will continue and will shape the current ad future action plan.

### **9 AIMS OF SERVICE REMODELLING IN LUTON**

- 9.1 This Commissioning Strategy aims to make a reality the objectives and values set out in the government's paper 'Our Health, Our Care, Our Say'.
- 9.2 The application of these principles has already led to some modernisation of older people services but as already indicated this process is far from complete. The council is committed to these government objectives, which are reflected in the Luton Community Plan 2002-12 and the corporate values of Luton. The Luton values are:
- accountable,
  - customer focussed,
  - embracing equality and diversity,
  - integrity,
  - respect for others, and
  - with a transforming effect.
- 9.3 These have been translated to the Adult Social Care agreed service values (see Appendix 2). Thus, there is a foundation to build effective realistic partnerships with local and national agencies, especially the Third Sector, to deliver effective services.

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

9.4 Within this context, this strategy seeks to address a number of commissioning challenges over the next five years:

- To maintain expenditure within budget
- To decommission some institutional based care to re-invest in more appropriate community based options
- To develop arrangements that give service users, and their carers more choice and control over the services they receive
- To develop support systems, advocacy and encouragement to enable users and carers to take control through individualised budgets and direct payments
- To ensure that all contracts and service level agreements are monitored against the achievements of beneficial outcomes for service users and carers

9.5 The overall aim will be to provide services that are accountable, transparent (in relation to value for money), and shaped by people that uses those services.

### **10 COMMISSIONING PROPOSALS**

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

#### **10.1. Improving Health and Emotional Well-Being**

- 10.1.1 Re-negotiate with the Teaching Primary Care Trust the successor arrangements to the Section 31 Agreement in respect of currently joint-funded residential and nursing home placements, and the RNCC arrangements.
- 10.1.2 Establish measurably better quality customer focused outcomes from the OT and associated services.
- 10.1.3. Continue to develop the current 'step down' beds facilities for older people to continue the rehabilitative focus and time for life style changing decisions
- 10.1.4 Negotiate with providers to ensure a secure supply of good quality residential and nursing placements in Luton, including those who develop working age dementia.

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- 10.1.5 Continue to develop Day Opportunities and facilities with a community-based focus, and socially inclusive services for all strands of the population, and build on the existing POPP's initiatives
- 10.1.6 Explore and develop a range of respite provision for older people and to provide addition support for carers

### 10.2 Improved Quality of Life

- 10.2.1. Undertake a review of all out-of-borough residential placements with a view to identifying those who would prefer or benefit from a more local specialist service, if the appropriate alternative provision were commissioned.
- 10.2.2 Enter into dialogue with existing service providers within the Borough to identify their capacity to develop required alternative provisions. This may involve opening up the tendering and accreditation processes to new providers, and entering into collaborative commissioning with Bedfordshire County Council and other neighbouring authorities to address common service gaps
- 10.2.3. Maintain and extend the accreditation standards for dementia care to ensure a secure supply of high quality service provision.
- 10.2.4 Seek out and commission a wider range of good quality respite services locally and other effective models of respite services, giving carers greater flexibility and choice
- 10.2.5 Commission a wider range of good quality carer support services to give carers greater flexibility and choice
- 10.2.6 Identify within any review of the sheltered housing stock and the extra care schemes the scope for providing for older people and other service users with dementia or challenging behaviour, whether through building, adaptation or demolition of existing buildings.
- 10.2.7 Development with Housing, Supporting People and other agencies of a Home Improvement Agency, which will include a handyperson scheme

### 10.3 Making a Positive Contribution

- 3.1 As an integral part of service performance monitoring of service level agreements and procurement systems, ensure feedback and views from service users, carers, and stakeholders.
- 3.2 As part of the natural cycle of commissioning and performance management, there needs to be active regular engagement with older people; service users, carers and stakeholders. Their views should form an integral part of service

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

planning and service development. These groups should meet regularly with senior managers and commissioning staff.

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

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

### 10.4 Increased Choice and Control

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

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

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

4.4 Contribute to the development across adult social care of a facility for on-line self-assessment by 2009.

4.5 Contribute to the development of a comprehensive rehabilitative and respite service for all adult social care users, offering a range of support options from specialist residential care, to home-based support, maximising choice and control.

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

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

### 10.5 Freedom from Discrimination

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- 5.1 Establish more socially inclusive and culturally sensitive day opportunities services, resourced and staff to represent the Luton population
- 5.2 Ensure that service review and commissioning process reflect diversity values, with the views of service users, carers and stakeholders contributing to the service development and improvements.
- 5.3 Ensure that service review process reflect the principles of disability equality standards, with the views of service users, carers and stakeholders contributing to the service development and improvements.
- 5.4 To ensure a fair and equitable process of engagement with local voluntary and community groups, who have developed local services base on needs of specific diverse communities in Luton, the Bedfordshire and Luton COMPACT will be developed and incorporated in contracts and service management.
- 5.5 Aim to ensure that information on services are accessible and there is the provision to reach the diverse communities of Luton, as in section 4.8

### 6. Economic Well-Being

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

### 7. Maintaining Personal Dignity and Respect

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

## **11 FINANCIAL RESOURCES AND IMPLICATIONS**

- 11.1 The overall budget situation is expected to be difficult for the Council over the next five years, following what is expected to be a stringent Comprehensive Spending Review. This is likely to mean that the financial settlement for local authorities will not keep pace, either with the increasing demand for older people services, or with the escalating costs of existing services, rising at more than 2% above inflation each year.
- 11.2 Accordingly, the majority of the service improvements in this commissioning strategy will have to come from both efficiency savings and from the commissioning of ever more creative and cost-effective services. It is clear that for Luton Adult Social Care, the relationship between commissioning and de-commissioning must be transparent.

## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

11.3 In the development of more socially inclusive services, it will also be essential to secure targeted funding from other mainstream local authority departments and government agencies responsible for training, employment, housing, transport and leisure.

11.4 In recent years, the budgets for Adult Social Care older person's services and Luton PCT have been under pressure. Additional funding from the PCT currently may only be forthcoming through cost efficiencies processes and remodelling through joint commissioning.

### 11.5 Current Finances

Figures for Adult Social Care 07/08 predicted:

- Budgets' gross expenditure ~ £28.82M,
- Budgets' net expenditure ~ £20.78M.

The budgets continue to be under considerable costs and demands pressures.

At the time of writing the likely figures for 2007/08, plus comparisons from 2004/05 onwards are as follows:

Area	2004-05 Actual £	2005-06 Actual £	2006-07 Actual £	2007-08 Prediction £
Service Strategy/Management	494,745	593,249	752,390	722,849
Assessment & Care Management	3,712,261	3,424,853	3,703,367	3,628,154
Payments to Primary Care & Health Trusts	261,524	249,668	218,000	218,900
Home Care - In House Provision	3,400,808	3,719,208	3,611,201	3,590,809
Home Care - Independent Sector	2,933,151	2,994,542	3,172,140	3,864,150
Residential - In House Provision	6,031,995	6,212,497	6,319,548	5,037,579
Residential Care - Independent Sector	4,534,544	4,662,754	5,049,625	5,843,614
Nursing Care - Independent Sector	2,366,501	2,976,382	3,244,173	3,396,463
Day Care - In House Provision	1,599,145	1,680,192	1,745,978	1,742,058
Direct Payments	149,589	148,859	121,063	219,870
Meals at Home	185,965	164,555	87,367	87,640
Adaptations	94,852	101,850	75,727	71,590
Payments to Voluntary Organisations	81,711	93,853		163,030
Other Supplies & Services	250,009	417,891	314,770	230,830
<b>Gross Expenditure</b>	<b>26,096,800</b>	<b>27,440,352</b>	<b>28,415,349</b>	<b>28,817,536</b>
Government Grant	-2,610,761	-2,831,920	-2,920,703	- 2,848,270
Client Contributions	-4,852,206	-5,280,333	-5,348,708	- 5,106,224
Income from Primary Care & Health Trusts	-314,645	-122,127	-385,178	- 39,200
Income from Other Authorities	-36,194	-42,443	-33,859	- 30,420
Miscellaneous Income	-49,237	-29,101	-23,381	- 12,960



## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

Income	-7,863,042	-8,305,924	-8,711,828	- 8,037,074
Net Expenditure	18,233,757	19,134,428	19,703,520	20,780,462

There are considerable cost and demand pressures on Luton Borough Council, Adult Social Care and services for older people, for reasons outlined below.

### 11.6 Anticipated financial position

11.6.1 It is difficult to predict the uncertain level of funding likely to be available for commissioning services for older people over a five-year period as it depends on Government political and financial decisions:

- Funding decisions and grant allocations to local authorities are generally announced annually for the following year or two. However, full three-year settlements will be aligned with the next Comprehensive Spending Review Cycle (2008-11).
- Reviews of funding of local services and whether a national charging system should be introduced, and on funding for social care for older people, await government decisions.
- Some government grants that are ring-fenced monies and are allocated on a formula basis to local authorities; some have to be bid for. In Luton, we will bid for government grants that may be available in future years to further our service and commissioning strategies
- The Gershon Report identified significant efficiency savings government departments have agreed to make and local government must also make efficiency savings. To date, LBP have identified savings of about £850,000 by the end of 2010 through the use of better office systems and new technology, and up to £220,000 cashable savings from the new procurement brokerage strategy.
- Other external factors include the level of inflation and wage settlements

11.6.2 Decisions Members take around Council tax rates, and budget allocations are significant factors because demand will further be affected by

- Demographic changes and the steep rises in numbers of potential older people using and accessing services in all communities.
- Health conditions including the prevalence of disabilities and long-term conditions; and health policies and provision. The level of services provided or commissioned by Luton tPCT has an impact on the demand for social care services.
- Rising consumer expectations for quality care
- Social care is labour intensive and relatively expensive:

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- 11.6.3 Corporately, Luton Borough Council has recognised difficulties in funding major projects to improve service delivery for older people, and agreed additional funding for £2006/07 and 2007/08.
- 11.6.4 There is national and local recognition of the shortage of health and social care workers, and the need for staff to adapt and be multi-skilled to reflect the changing patterns in the arrangements for social care. A review of workforce planning is taking place nationally, regionally, and locally to meet the need for the continuing investments in the training and development of staff with a view to reducing the dependency of the Division of expensive agency and fixed term temporary staff. To retain sufficient high calibre staff base levels of remuneration and benefit will be kept under review and continuing low morale issues around resourcing addressed
- 11.6.5 To maintain the drive in Luton to create and deliver more community based services it is essential that decommissioned services funding is reinvested in the wider range of developing services, with the attendant shift in expenditures from institutional to more integrated community based services.
- 11.6.6 Decisions will be made on the priorities to decrease or increase investments, with disinvesting in poorly performing services of whatever kind and reinvesting in better performing and suited services, using performance management indicators as measures of success.

## **12 PERFORMANCE MANAGEMENT**

- 12.1 Following public consultation on the key themes of this commissioning strategy, it will be amended and finalised. The strategy will then be translated into an annual round of service improvement planning. This will allocate resources and set disaggregated targets to be met at every level of management, identifying lead managers for all service improvement initiatives.
- 12.2 Every service will put in place a systematic process for eliciting feedback from service users and carers. Representative groups of service users, carers and service providers will meet annually with the Adult Social Care Service Improvement Board and with the Scrutiny Committee to review progress and to advise on the priorities for the next annual round of service improvement planning.
- 12.3 All services will also be monitored in accordance with the Service Improvement Framework, focussing on the achievement of beneficial

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

outcomes for both service users and carers and, in particular, upon the achievement of increased independence.

12.4 In addition to these core outcome measures, the following performance indicators will also be taken into account:

<b>Commissioning, Care Management and Advocacy</b>
<ul style="list-style-type: none"> <li>• Delivering the strategy within budget</li> <li>• The amount of funding secured from other sources as a % of the total gross revenue expenditure</li> <li>• The % of people receiving a statement of needs</li> <li>• The % of people receiving a service within 4 weeks of referral</li> <li>• The % of service users who have an advocate or broker</li> <li>• The satisfaction levels of service users and carers</li> <li>• The take-up of services by ethnic minority users and carers, relative to the population as a whole</li> <li>• The % of staff with a recognised qualification</li> </ul>
<b>Residential Care/ Nursing Care ~Older people, Older People with Dementia, with physical disabilities,</b>
<ul style="list-style-type: none"> <li>• The numbers of clients in residential / nursing care</li> <li>• The % in in-borough as opposed to out-of-borough placements</li> <li>• Unit cost of providing residential and nursing home care</li> <li>• Costs of out of borough placements</li> </ul>
<b>Equipment</b>
<ul style="list-style-type: none"> <li>• The numbers of and % of equipment delivered within 7 days</li> </ul>
<b>Short Term Breaks / Respite</b>
<ul style="list-style-type: none"> <li>• The number of short term breaks provided (measured in days)</li> <li>• The number of carers benefiting from short term breaks as a % of those receiving community care</li> </ul>
<b>Day Care</b>
<ul style="list-style-type: none"> <li>• The % of time spent in community-based activities as against centre-based activities</li> </ul>
<b>Carers</b>
<ul style="list-style-type: none"> <li>• The number receiving carers assessments</li> </ul>

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

<ul style="list-style-type: none"><li>• The % carers receiving services of all receiving services</li></ul>
<b>Home Care</b>
<ul style="list-style-type: none"><li>• The number supported to live at home (care managed and non care managed)</li><li>• The number supported to live at home (intensive home care)</li></ul>
<b>Direct Payments / Self Directed Care</b>
<ul style="list-style-type: none"><li>• The number of direct payments in place</li></ul>

### **APPENDIX 1**

#### **SERVICE VALUES AND STANDARDS**

##### **Service Values:**

These are the values and attitudes that will inform the way that staff delivers services.

1. Treating people with courtesy, honesty, dignity and respect, including respect for the confidentiality of personal information shared.
2. Helping people to feel safe and secure protected as far as possible from avoidable harm.
3. Treating people fairly on the basis of need with no discrimination on grounds of age, disability, ethnicity, gender, gender reassignment, HIV status, of religious belief.
4. Valuing the individuality and the diversity of both service users and their carers.
5. Empowering people to be as independent as possible and to reach their full potential, including responsible risk taking and exercising control of their own care.
6. Working fully in partnership with service users, their carers and other associated organisations.

##### **Service Standards:**

These standards focus on the way in which services can be measurably monitored for their quality

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

1. Assessments of need will be conducted in a timely and responsive way, resulting in individualised care plans if eligibility criteria are met.
2. Potential service users and/or their carers will be provided with full information and advocacy support as necessary, to make informed choices and decisions about their own care.
3. All care plans will identify measurably beneficial outcomes, agreed with service users and their carers that are reviewed at least every twelve months.
4. Services will be commissioned in an open and transparent way, applying best value principles and maximising social inclusion.
5. Individual preferences, continuity of care and cultural appropriateness will be accommodated in all services as far as is possible within available resources.

Ongoing feedback and involvement by service users, their carers and other stakeholders will inform a commitment to continuous service improvement.

### **APPENDIX 2**

Draft timetable for implementation

The implementation of this strategy will require synchronised changes across all service areas, and will form part of the wider, more detailed service plans for Adult Social Care. The Older Persons Strategy and those for Learning Disabilities and Physical Disabilities will be synchronised and dovetailed.

There is more certainty about the commissioning intentions for the first year but this draft timetable is likely to be amended a considerable number of times both pre and post consultation.

Year 1 -2

- Commissioning strategies finalised, agreed and presented to members
- Public consultation on strategies undertaken
- ASC restructure delivers an assessment and care management service integrated with BLPT/ PCT/ joint discharge protocols renegotiated
- ASC restructure delivers a fully resourced commissioning service area structures for macro and micro commissioning
- Negotiations with the PCT to develop and continue joint working, integrated discharges intermediate care, partnerships and other joint funded initiatives and agreements.
- OT service is restructured back into ASC, and refocused on outcome based assessments

## **FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08**

- Cross services brokerage function established and resourced and market management improvements in independent sector business arrangements, contracts, specifications and QA service improvement measure.
- End to end efficiencies and ESCR projects implemented
- Shakedown the implementation of the home care tender and implications for the service sector in-house
- Carers' strategy implemented which maintains an integrated approach to valuing carers in maintaining people in their own homes.
- Implement reprovisioning of the extra care sheltered housing projects.
- Day opportunities review completed including community centres with a view to identifying new locations and changing functions ~ hubs and satellites
- Develop the Self directed care and direct payments strategy and build up numbers significantly
- All independent placements commissioned in cost effective placements.
- Further respite provision secured locally

### Years 3-4

- Business case for the transfer of In-house services to the Airport trust completed and implemented
- On line assessments facility introduced

# FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

## Appendix 3

### RESPONSE TO FEEDBACK FROM CONSULTATION ON THE DRAFT STRATEGY FOR OLDER PEOPLE

The final version of this strategy has been amended to take account of the widespread feedback received from stakeholders on the draft strategy that was distributed for public consultation in July-September 2008.

The following table summarises the feedback received and how the strategy was amended in response to this.

<b>Feedback Given</b>	<b>Impact on Strategy</b>
<p><b>Safeguarding</b></p> <p>There were a number of issues relating to the safeguarding of vulnerable adults.</p>	<p>Safeguarding was addressed throughout the strategy with examples as to how specific issues should be safeguarded against. Monitoring and evaluation were given a much more significant profile.</p>
<p><b>Carers</b></p> <p>'There is no reference to Carers in the strategy'.</p>	<p>Acknowledged by adding in a reference to the Carers Strategy.</p>
<p><b>Personalisation</b></p> <p>Respondents called for more support for those people who did not have family carers to guide them through the new systems, as well as more radical thinking about sharing resources.</p>	<p>The strategy was amended to include specific provision for brokers, advocates, facilitators, volunteers, buddies and financial brokers. Shared banks are also now highlighted as an example of a method of pooling resources.</p>
<p><b>Freedom from Discrimination and Harassment</b></p> <p>Greater emphasis need to be placed on listening to individuals needs to ensure that their cultural and religious needs are respected when planning their services.</p>	<p>This is now acknowledged within the strategy to ensure that planners work with families and carers to ensure that religious/cultural needs are recorded, so that that they are not forgotten when planning appropriate services.</p>

## FINAL STRATEGY, APPROVED BY EXECUTIVE ON 8/12/08

<p><b>Promote Economic well Being</b> Greater emphasis on helping people into paid employment welcomed, as long as people were not forced down this route.</p>	<p>This is addressed by the mainstreaming of Supported Employment and the new progression services</p>
<p><b>Supported Living</b>  More choice is required on how people can maintain their independence, by living in more supported environments</p>	<p>This is acknowledged and addressed by including examples of different types of supported living, such as communities of choice, shared ownership and the more adventurous use and availability of assistive technology</p> <p>Commitment was given to undertake a study of what is available with regards to assistive technology and how it can be used</p>
<p><b>Increased Choice and Control</b>  Day Opportunities and Holidays Respondents felt that there was not enough choice. Day Centre were really the only thing available and therefore places were highly prized and difficult to access</p>	<p>This was acknowledged with a commitment to explore other types of social activities and methods of making them more accessible – this would be supported by the addition of a volunteering/buddy scheme.</p>
<p><b>Maintaining Dignity and Respect</b>  Consistency of home care personnel was a particular issue for many respondents, both with the levels of care and the frequency in changes with the people providing that care.</p>	<p>Statement added to the strategy that addresses the consistency of care and the need to set up standards and provide training.</p>
<p>Concerns about attitudes of carers and other staff</p>	<p>Again this was acknowledged by adding a statement that training needs to be provided that addresses the maintenance of a person's dignity and</p>



**FINAL STRATEGY, APPROVED BY EXECUTIVE ON  
8/12/08**

	respect.
<b>Mental Health Services for Older People</b>  Respondents commented that this was largely missing from strategy and	This was acknowledged and a whole section was added to the strategy to address issues around Mental Health, which was supplied with the support of POPP's.