

Community Based Services for Adults

Strategic Commissioning for Independence, Well-being and Choice

Date 2009-2015

Document History

Document Version	Document Stage	Date	Comments/Changes	
			Section	Change
Draft Version 3	Development	22-02-10	Section 3.2.5	Page 20-21 SP Info added
			Section 3.2.16	Page 24 Personal Health Budgets
			Section 4.5	Page 43-44 Transitions
			Section 5.1	Page 53 Care Market Info
			Section 5.6	Pages 58-60 SP Market Info added
			Section 7	Page 67 SP Budget Info added
			Section 7.2	Page 68 SP VfM Info added
			Section 7.3	Pages 69 Green Paper
Final version	Approved	30-04-09		
Draft Version 2	Development	24-04-09	3.1.5 National Driver World Class Commissioning	Wording Change
			4.8 Commissioning For Inclusion	New section
Draft Version 1	Development	10-04-09		

Document Owner	Contact Details	Telephone Ext.
Michael Brown	Acting Head of Service Commissioning ,Housing Services ,Fit for Future Business Models	2621
Julie Walls	Service Manager Commissioning in and Safeguarding	2367
Lesley Kell- Shervington	Programme Manager Fit for Futures Business models Adult Social Care	8218

Table of Contents

Subject	Page
1 Purpose of The Strategy	
Purpose of the Strategy	5
Definition of Strategic Commissioning	5
The Service Areas	5
Commissioning Strategy Structure	6
Introduction	7
Our Vision Statement	9
2. Gateshead Councils Approach to Strategic Commissioning	
Gateshead Councils Approach to Strategic Commissioning	10
Strategic Commissioning	10
The Commissioning Model	10
Joint Commissioning Plan	12
3. National/ Local Policy Context and Key Drivers	13
National/ Local Policy Context and Key Drivers	
National Drivers.	13
Local Drivers	17
4. Population Needs Analysis and Joint Strategic Needs Assessment	
Population Needs Analysis and Joint Strategic Needs Assessment	25
Client Groups	30
Older People	30
Dementia	33
Mental Health	36
Learning Difficulties	38
Physical Disabilities	41
Transitions	43
Commissioning for Inclusion	46
Implications for Commissioning	51
5 The Care Market in Gateshead	
The Care Market in Gateshead	53
Domiciliary Care	55
Day Care	56
Extra Care	57
Housing Related Support.	58
6. Work Force Analysis	
Workforce Analysis	61
National Picture	62
Regional Picture	63
Picture in Gateshead Council	63
Future Workforce	65
7. Financial Context	
Financial Context	66
Value for Money National and Regional Context	68
Government Green Paper Social Care Funding	69
Resource Allocation System	70

8. Performance Assessment Framework and Aims of Commissioning	
Performance Assessment Framework and Aims of Commissioning	71
CQC Care Quality Commission Performance Assessment Guide	71
Joint Strategic Commissioning Strategy Consultation	
Commissioning Strategy Implementation Plan	73-87
Glossary of terms	88-92
9 Appendices.	
Appendices	93-114

1. Purpose of the Strategy

This document aims to explain to *all* stakeholders the outcomes Gateshead Council wants to achieve from social care services over the next six years. It will be the rationale behind the overarching contracts and agreements with service providers, and the strategy will set out how commissioners want to shape the market for social care in the coming years.

The Gateshead Adult Social Care Commissioning Strategy has been designed to complement and support a range of national and local policy drivers and to create a modernisation pathway for service provision in Gateshead.

The Strategy culminates in a Gateshead Adult Social Care Commissioning Action Plan that highlights the route and timescales employed in the modernisation of social care services in Gateshead.

Definition of Strategic Commissioning

Commissioning has been defined by the Commission for Social Care Inspection (CSCI) as ‘ the process of translating aspirations into timely and quality services for users which meet their needs, promote their independence, provide choice, are cost effective and support the whole community (CSCI 2006).

The Vision for NHS World Class commissioning states the activity is more about transformation than transaction (DH2007a). Local Authorities are now being encouraged to change from thinking about service commission to thinking about strategic investment. In effect this means, becoming what some have termed, "Strategic Bridge Builders" meaning they look for gaps in the market for services people seem to be demanding and use strategic investments to encourage this market to develop' (Bartlet and Leadbeater 2008)

The Service Areas

The Commissioning Strategy focus is on adult services and includes the following service user groups

- Physical Disabilities,
- Sensory Impairments,
- Learning Disabilities,
- Older People,
- People with Mental Health Problems.
- Carers

Commissioning Strategy Structure

This strategy provides a framework for the strategic commissioning of adult social care services for the next 6 years and it relates to adults over 18 years old.

The strategy will guide and shape commissioning activity giving permission for service development, innovation and good practice encompassing the formation of new policy and revision of existing policy.

The strategy will challenge current practice, requiring it to change; this will have an impact on current models of procurement and contracting, negotiations with, and monitoring of, providers and their services.

It will challenge the nature of the relationship between the local authority and a whole range of current and potential service providers. This will include providers and organisations not usually directly associated with supporting the well-being of the community, such as businesses and commercial operations.

The nature of Commissioning in a strategic manner to achieve outcomes associated with the well-being of the community cannot be achieved unilaterally. This strategy acknowledges the need to align with and influence the commissioning activity of the Primary Care Trust, and Regional and Sub Regional Bodies.

Responsibility for the development and delivery of the strategy will be with Adult Community Based Services and a primary responsibility of the Commissioning Function.

The strategy will be refreshed in three yearly cycles, this will ensure that the strategy retains its focus and be responsive within the current financial framework and any constraints

An implementation plan will be formulated which will align the commissioning aims to processes and timescale as well as contributing towards financial planning.

The Care Quality Commission Outcomes Framework for Performance Assessment of adult social care will prove the viability of the commissioning strategy and inform the three year refresh of the strategy to achieve aims and desired outcomes.

1. Introduction

- 1.1.** Gateshead Council Community Based Services strives to maintain excellent levels of service to support people within the community. The landscape of services and support is changing and the council recognises the need to make sustainable changes over the coming years to meet the challenges ahead of us. In Gateshead the population overall is growing, the impact of this and demand projections means that we can see a situation where demand will challenge available resources.
- 1.2.** This strategy provides a long range and overarching perspective on commissioning adult social care for the service users of today and in the future. The strategy has a broad approach from which there is a framework for developing how commissioning activities in relation to service users will take place.
- 1.3.** The strategy is focused on the years 2009-2015 and a system of review will be initiated every 2 years to refresh and update the strategy. This strategy and its implementation will be supported with a detailed plan of action and implementation process, which will be updated, on a yearly basis.
- 1.4.** Good commissioning has at its core the need to understand people's needs now and to plan for the future. Shaping services that are fair, of good quality and which change in accordance with people's needs and wishes. Commissioners use resources they have in most effective ways to ensure that the range of activities includes:
 - Knowing what services people need to live a good life.
 - Utilising this knowledge and understanding to plan changes for the whole local area.
 - Taking action to change services where they are not good enough.
 - Paying for services to meet individual need.
 - Checking that outcomes from services are of a good quality and changing services and plans if needed.

Moreover this is a cyclical process, ensuring the needs and wishes of Gateshead people are well understood and the market is managed to include a range of local support and service provision at a reasonable price.

- 1.5.** Gateshead Councils approach to strategic commissioning will move the councils commissioning arena, developing it to encompass our current procurement methods and support the commissioning cycle (see page 13 Joint commissioning and planning) which aims to:
 - Assess the needs of the Gateshead population seeking to achieve outcomes for the whole community not just those eligible for social care support.
 - Analysing 'gaps' in the effectiveness of existing provision, and developing plans or strategies to meet those needs within available resources.
 - Influence and reshape the market and purchase services from providers.
 - Influence and work within a wider range of organisations, encouraging a partnership approach that will have an integral role to play and a strong influence over the health and well-being of the community.
 - Monitor and review the impact of services to drive up quality.

- 1.6. Gateshead Council has commenced a modernisation programme which will ensure that we deliver services that are 'Fit for the Future'. This means a restructuring of current services to keep in line with current trends and service demands. This approach will enable us to ensure there is a thriving, strong and diverse care market that is flexible and responsive to needs within the local community.
- 1.7. With this changing landscape the Commissioning Function will be commissioning services for well-being in the community, developing and working alongside partners in the statutory and third sectors. This is an expansion of existing statutory responsibilities to ensure a range of high quality care and support services are available for those with more complex needs.
- 1.8. The strategy contains detailed information on the needs of Gateshead People. Over time this will reflect the changing demographic face of the Gateshead population ensuring that the strategy remains accurate, robust and fit for purpose. Included in this strategy is an initial description of, the local social care market, how we intend to further analyse the market and the expected impact of this work.
- 1.9. This strategy is the lynchpin to commissioning within services for adults in Community Based Services in the future. It supports the Gateshead Council Corporate plan, recognises the role of the Director of Adult Social Care Services and strives to support the corporate objectives of Gateshead Council in supporting community well-being.
- 1.10. As a pilot council for Individual budgets we have seen the benefits this approach, as well as Direct Payments, can bring to service users. The initiative follows on from the promotion of the "Person Centred Planning Approach" and gives the power of how individuals have their needs met directly under their control. It is the most radical change in service provision since the publication of the Community Care Act 1988. A key element of the commissioning strategy is to assist people to conduct their own self-assessment, an in purchasing and managing their own care package. Adults will have greater choice and control in meeting their increasing expectations. Naturally our approach will be to respond systemically to meet these expectations.

The nature of these services will be shaped by:-

- Public involvement through consultation.
- A greater emphasis on efficiencies through the setting of joint performance targets ensuring partnership working with: -
- Community Based Services
- Joint and Regional working with other Councils
- Health, other Public, Voluntary and Independent sector organisations
- Real and effective partnerships resulting in better outcomes for individuals.

Our Vision

“Gateshead Council is committed to providing services to all residents of Gateshead who need support to live healthy fulfilled lives. Services will be commissioned to respond to the aspirations of each individual, will be tailored to meet their needs and will be underpinned by the concept of choice.”

1.11. Universal Services for adults will be developed for the people of Gateshead to access and to meet their diverse needs. Indeed the services available will be as a result of listening to what people want and in ensuring a broad network of sustainable services exist within the local community for people to access.

1.12. Vision 2030 [\[10\]](#) is Gateshead’s Sustainable Community Strategy, developed by the Gateshead Strategic Partnership in consultation with local people. The Gateshead Strategic Partnership Vision for Gateshead is:

“Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead”

2 Gateshead Councils Approach to Strategic Commissioning

2.1 Strategic Commissioning

This is an approach that will lead us to think differently about how a range of different investments and influences could be brought to bear to benefit the whole population. Strategic commissioning attempts to work at a higher level than traditional commissioning activity and will involve a wider range of stakeholders and partners. Partners and their inclusion will depend upon the assessment of their influence or the investment they could make to the overall outcome. If commissioning is to meet these outcomes it will need to extend beyond traditional social care services. It can also only meet them by achieving:

- A shift towards personalised services that are designed around individual need and which maintain independence and dignity;
- A reorientation towards promoting health and well-being;
- Commissioning interventions across agencies and services to promote social inclusion, appropriate housing, employment, and tackle health inequalities.
- An emphasis on prevention and early intervention, to reduce the demands on acute services.

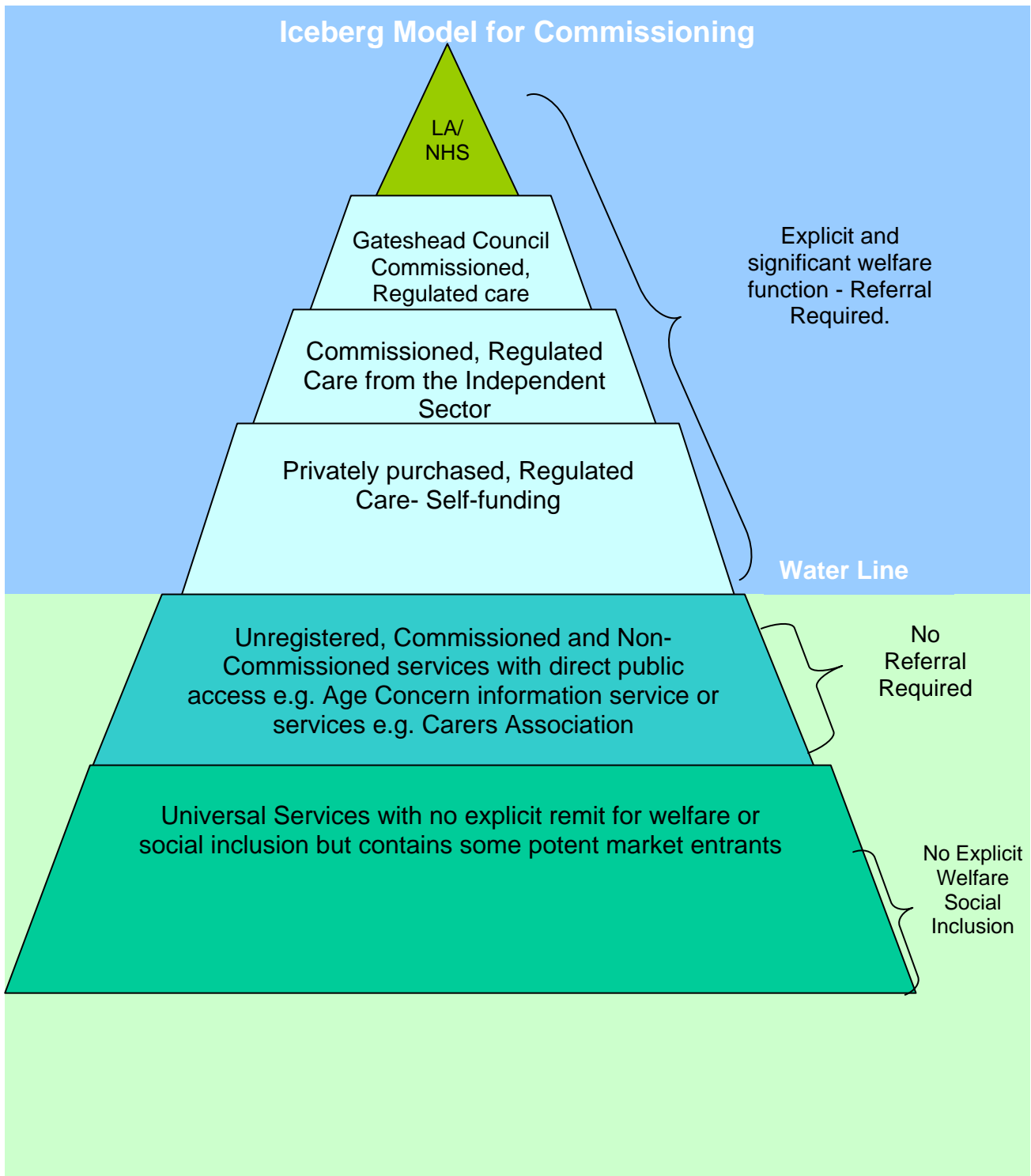
2.2 The Commissioning Model

Essentially the commissioning strategy will enable people who have support needs to be independent individuals who are in control of their life. This recognises people as full citizens taking part in all aspects of daily life as responsible and active people being full partners in the commissioning and development of services.

The model considers commissioning has three main levels:-

- **Strategic-** Area wide and regional level joint commissioning with a three to ten year outlook. Working across the whole community to develop the local market to support personalisation, to develop the workforce and to ensure that universal public services are accessible to all.
- **Operational-** locality based commissioning and support to citizens commissioning. Day to day commissioning activities with a one-two year outlook. Working to support citizens in directing their own care with information advocacy, brokerage and training.
- **Citizen-**citizens directing their own support, personal and individual budget holders.

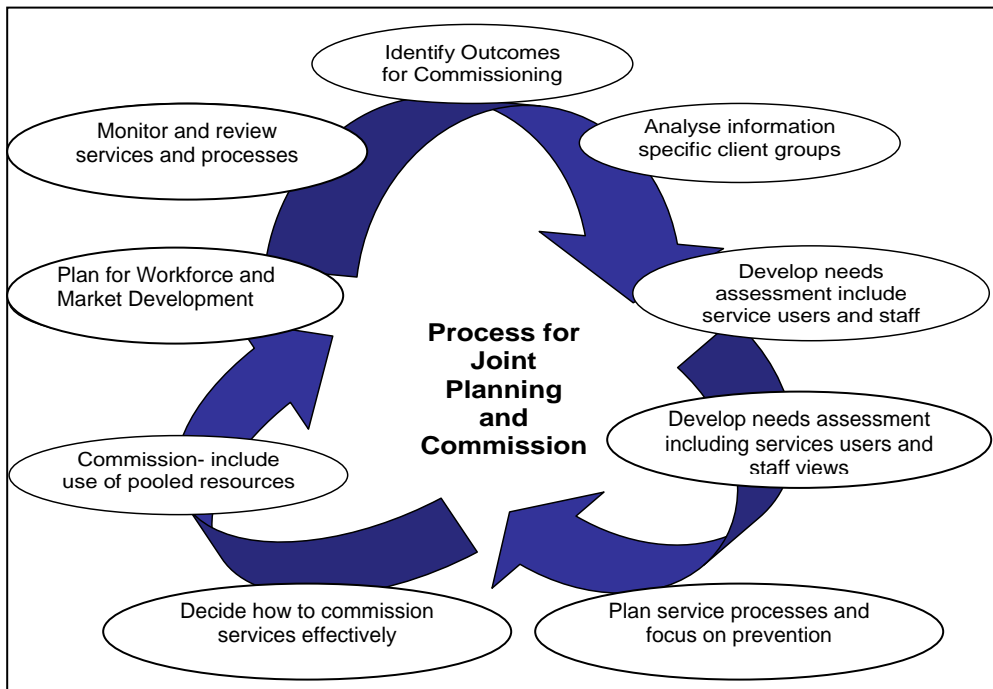
2.3 The 'Iceberg' Model below shows services commissioned by adult social care in line with its statutory duties above the water line. Below the water line, the model demonstrates there are many support services which are unknown or insufficiently recognised and therefore not utilised to their potential. The task for a full market analysis is to understand the complexity of the entire range of services.



Joint Commissioning and Planning

- 2.4 Current commissioning arrangements within Gateshead Council are increasing in both scope and complexity, broadening the role of the commissioning area within the council as a 'strategic' body with a range of functions.

This approach brings with it an opportunity to stimulate new and creative forms of care that are more responsive to the needs of users. The model below highlights the process for Joint Planning and commissioning for Gateshead Council and its partners.



For joint commissioning to become a success, strategic commissioners must be able to build upon the current system to develop alternative models of care delivery, while also ensuring that services to local people – especially hard to reach groups – do not become disadvantaged in the process. The market management role of strategic commissioners will be essential.

3 National and Local Policy Context and Key Drivers.

3.1 National Drivers

3.1.1 Our Health, Our Care, Our Say: A New Direction for Community Services (2006) [\[1\]](#) :

The Government set out seven outcomes for adult social care in particular, emphasis placed upon the importance of effective commissioning in delivering improved outcomes for service users. It supports the council's approach to developing a broader model than the traditional model used by commissioning services. The framework approach will promote health and well being, develop preventative approaches and provide support to people with long term conditions.

3.1.2 Relentless Optimism (2006) [\[2\]](#) : the seminar report underlined how a genuine shift to personalised services will depend on a willingness and ability to both commission and deliver services differently. It stressed the need to be aware of and ready to meet the aspirations of the next generation of vulnerable adults, which will be much higher than the current one.

3.1.3 The National Putting People First Strategy (2007 and 2008) [\[3\]](#) re-affirmed that person centred planning and self- directed support are to become mainstream. This is referred to as 'personalisation', by which users define their own individually tailored support packages. This means that personal budgets will be available for everyone eligible for publicly funded adult social care support, other than in circumstances where people require emergency access to provision.

3.1.4 There are National Service Frameworks [\[4\]](#) in place for:-

- Mental Health, [\[4a\]](#)
- Older People, [\[4b\]](#) and
- Long-term Neurological Conditions [\[4c\]](#).

They also include national strategies for:-

- End-of-life Care [\[5\]](#),
- Stroke Services [\[6\]](#)
- Dementia. [\[7\]](#)

The above both set out a series of service standards and action plans to ensure consistent levels of service effectiveness and provide objectives for joint commissioning.

3.1.5 Valuing People Now [\[7a\]](#)

The white paper 'Valuing People' (2001) sets out the Government's vision for people with a learning disability, across a range of services based on four key principles of rights, independence, choice, and inclusion. The white paper's vision covers a range of issues including health, housing and employment. 'Valuing People Now' seeks people's views on the priorities for the learning disability agenda over the next three years.

- To raise awareness of Valuing People Now.
- To have a good Partnership Board in every Local Authority.
- To make sure that healthcare is better and more accessible
- To create more choice of housing for people with learning disabilities and their families.
- To make sure that the Personalisation agenda works well for people with learning disabilities and their family carers, based on good person centred planning.
- To increase employment opportunities for people with learning disabilities
- Views of people with learning disabilities and their carers to be included in the planning and development of services
- Need to commission services to enable people to live independently near family and friends. Do this in partnership with people with learning disabilities, and carers. Partnership Boards have a role to play in this.
- Use existing structures –Joint Strategic Needs Assessments, Local Strategic Partnerships, Local Area Agreements, Joint Improvement Partnerships and Comprehensive Area Assessments. Partnership Boards need links with JSNAs, LSPs, LAAs and Overview and Scrutiny Committees
- Workforce and training need to change to reflect individual budgets.
- Need to collect better, more accurate, more useful data about people with learning disabilities

3.1.6 Living Well with Dementia Strategy [\[7b\]](#)

The Strategy outlines three key steps to improve the quality of life for people with dementia and their carers. First, we need to ensure better knowledge about dementia and remove the stigma that sadly still surrounds it. The challenge of removing common misconceptions is crucial. Dementia is not a natural consequence of ageing and it is not true that nothing can be done for people with the condition. In reality, a great deal can be done to help people overcome the problems of dementia, to prevent crises and to improve the quality of life of all involved. We must remove the stigma attached to dementia, which is similar in many ways to the stigma that cancer used to carry in the past.

3.1.7 Personalisation (2008) [\[8\]](#) : 'Commissioning' as it is normally understood will change as personalisation moves more centre stage. The centre of gravity of commissioning will shift towards the service user in future, and the Council will be in the position of supporting individuals or groups of service users to commission their own services. Gateshead has been one of the national pilot sites for developing self-directed support and the messages from these projects will increasingly inform how local commissioning develops. The challenges for the future of personalisation include the following:-

- The provision of an adequate supply of services from existing social care support providers, outside of the provision of block contracts.
- The safeguarding of vulnerable adults who are making individual arrangements and who are not easily monitored by receiving services together.
- Ensuring that there are effective market management procedures in place allowing providers to have access to support to change their internal structures and practise effectively.
- The effective monitoring of outcomes received by service users who are dispersed across the borough.
- Providing service users with an appropriate level of support in terms of brokerage and advocacy services to ensure that they control their own needs and aspirations.

The ultimate aim of the personalisation agenda will be to offer all service users the chance to operate their own individual commissioning by March 2013.

This links to the Gateshead Joint Strategic Needs Assessment and Identifies a necessary realignment of health resources to preventative care and community based services, by 1% in 2009/10 and up to 3% in 2010/11. It also identifies an increasing number of older people with dementia.

To increase the pace of change for the personalisation agenda the Government has introduced a new performance indicator: NI 130; the number of adults, older people and carers receiving self directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carers specific services aged 18 and over. This includes personal budgets and direct payments. Local authorities are expected to reach a 30% target by 31st March 2011, which is a substantial increase on the figures below.

	2008/09	Target 2009/10	Target 2010/11	Target 2011/12
Number of Adults	4%	5%	30%	60%
Number of Adults	298	400	2,400	4,800

3.1.8 'World Class' Commissioning NHS Partners [\[10\]](#)

This NHS initiative is a strategic and long-term approach to commissioning. World-class commissioners will be characterised by eleven competencies and the relevant elements can be adapted for adult social care as follows:

- Lead locally and be recognised as the leader for adult social care.
- Work collaboratively with community partners to commission services that optimise health and social care gains and reductions in health and social care inequalities.
- Proactively seek and build continuous and meaningful engagement with the public, service users and carers to shape services and improve health.
- Lead continuous and meaningful engagement with key stakeholders to inform strategy, and drive quality, service design and resource utilisation.

- Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health and social care needs and requirements.
- Prioritise investment according to local needs, service requirements and values of the Council and commissioning stakeholders and partners.
- Effectively stimulate the market to meet demand and secure required health and social care well-being outcomes.
- Promote and specify continuous improvements in quality and outcomes through commissioner and provider innovation and configuration.
- Secure procurement skills that ensure robust and viable contracts.
- Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes.
- Make sound financial investments to ensure sustainable development and value for money.

3.1.9 Safeguarding [\[11\]](#) The safeguarding of vulnerable adults is a national priority and must be reflected in all commissioned services, it is about locating safeguarding in the wider agenda of choice and control. A national consultation on the review of 'No Secrets' is being undertaken and consideration is being given to existing Safeguarding Partnerships to be placed on a statutory footing which will strengthen safeguarding and governance approaches within the commissioning function.

An increase in personnel within the Safeguarding Team in Gateshead Council will create a more robust approach in our safeguarding activities and enable the development of a governance process, which will influence our commissioning intentions.

3.2 Local Drivers:

3.2.1 Vision 2030 [\[12\]](#)

The Gateshead Strategic Partnership has agreed it's Vision for the Borough, Vision 2030, a long term strategy which sets out our collective aims and priorities for the future.

Within Vision 2030 there are 6 'Big Ideas': -

Sustainable Gateshead
Gateshead Goes Global
Creative Gateshead
Active and Healthy Gateshead
City of Gateshead
Gateshead Volunteers.

The Commissioning Strategy contributes to 'Active and Healthy Gateshead' through the delivery of support designed to increase independence, improve personal health and well-being, stimulate personal choice and reduce overall health and social care inequalities in the Borough.

The strategy recognises the valuable role and importance of "Gateshead Volunteers" and the need to continue to stimulate their active participation. The commitment to involving users and carers in service commissioning and monitoring will expand the base of supported volunteers in the Borough, as will the development of the Local Involvement Network. The review of the Council's Involvement Strategy [\[13\]](#) during 2008/9 will also take this forward.

In order to deliver choice and diversity in support services commissioners will develop the voluntary sector as a source of provision. In these ways the strategy will contribute to 'Gateshead Volunteers'.

The Commissioning Strategy will help to "Empower Older People and Ensure Healthier Communities" through promoting self-directed support to independent living, social inclusion, and tackling the avoidable inequalities in health and emotional well being.

"Improving Accessibility, Connectivity and Economic Prosperity" will gain from the priority to establish paid work and economic inclusion opportunities for adults with disabilities, central to local and national social care objectives, and hence this Strategy.

3.2.2 The Gateshead Agreement (Local Area Agreement 2008-2011)

The Gateshead Agreement [14] is the mechanism for delivering Vision 2030. The relevant targets for commissioning in the LAA are: -

Indicator	Detail	Target	
		2009/10	2010-11
NI 4 -	% of people who feel they can influence decisions in their locality	2008 weighted score 30.5%	
NI6 –	Participation in regular volunteering	2008 Weighted Score 15.5%	

The data the commissioning strategy will use to assess how far services are meeting needs will include material from compliments, complaints and general feedback. Therefore it will contribute to “Serving Our Customers”.

3.2.3 National Indicators

The Commissioning Strategy will support the Council's performance against the following national indicators:

Indicator	Detail	Target	
		2009-2010	2010-2011
NI 119	Self-reported measure of people's overall health and well being	TBC	TBC
NI 130	Social care users receiving Self-Directed Support	5%	30%
NI 136	People supported to live independently through social services (all ages)	3,500	3,550
NI 139	The extent to which older people receive the support they need to live independently at home	39.8% baseline	TBC
NI 141	Number of vulnerable people achieving independent living	73%	74%
NI 142	Number of vulnerable people who are supported to maintain independent living	96.5%	97%
NI 143	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence	TBC	TBC
NI 145	Adults with learning disabilities in settled accommodation	76%	77%
NI 146	Adults with learning disabilities in employment	4.50%	6%
NI 149	Adults in contact with secondary mental health services in settled accommodation	TBC	TBC
NI 150	Adults in contact with secondary mental health services in employment	TBC	TBC

3.2.4 Corporate Priorities [\[12a\]](#)

This Corporate Plan is Gateshead Council's statement of intent – our priorities and action to achieve Vision 2030. This Plan explains what these are and how we will make these happen. Elected members through our Overview and Scrutiny Committees will monitor the performance and progress of this Plan.

We have three promises;

- Making Gateshead a better place
- Listening to local people
- Delivering excellent services

To ensure the Council's work is focussed, the Plan identifies the six corporate priorities. The commissioning strategy supports the following priorities in particular: -

Corporate Priority 1- Building Stronger Communities

- Enhance engagement with neighbourhoods and communities to deliver locally responsive services

Corporate Priority 3- Empowering Older People and Ensuring Healthier Communities

- Support local people living longer, healthier lives; reducing the life expectancy gap between the best and worst areas in the Borough.
- Support older people and people with disabilities to live independently.
- Through the Gateshead Strategic Partnership, work with the voluntary sector and other partners to further develop preventative services.

Corporate Priority 4- Improving Accessibility, Connectivity and Economic Prosperity

- Reduce worklessness and improve skills, and focus on knowledge based creative and innovation industries

Corporate Priority 5- Serving Our Customers

- Developing new technologies to enhance customer service.
- Continuously improve services, targeting areas of under performance
- Improve communication and develop mechanisms to involve all user-groups in the improvement of customer-focussed services.

Corporate Priority 6- Ensuring a Sustainable Gateshead

- Build capacity across the Council, partners, and local communities
- Collaborate to deliver efficient, high quality services – through the Gateshead Strategic Partnership – and with other public, private and voluntary sectors.
- Ensure best use of resources to deliver Value for Money services and long-term financial sustainability

3.2.5 The Supporting People Programme [15] provides housing related support for vulnerable adults, to enable them to move on to or to maintain independent living. It is one of the potential funding components of an Individual Budget. In Gateshead the Supporting People Programme has developed the Quality Assurance Framework to involve current or ex users of services, to monitor the quality of services.

The performance of providers is monitored on a quarterly basis through the continued use of the Supporting People Performance Indicator workbooks that capture both Key Performance Indicators and Local Performance Indicators.

Supporting People was launched formally on the 1st April 2003. The programme is committed to providing better quality of life for vulnerable people enabling them to live more independently and to maintain their tenancies. The CLG (previously ODPM) identified the following groups of clients as in needs of support from the programme:

- People who have been homeless / rough sleeping
- Ex-offenders and people at risk of offending
- People with a physical or sensory disability
- People at risk from domestic violence
- People with alcohol or drug problems
- Teenage parents
- Elderly people
- Young people at risk
- People with learning disabilities
- People with HIV or AIDS
- Travellers
- Homeless families with supported needs
- People with mental health problems
- Mentally disordered offenders
- Refugees
- Young people leaving care
- Other vulnerable people

The support received by these groups of vulnerable people is for housing related support and does not include the provision of any social or health care services. The Supporting People programme fits into a national framework designed to give people more choices to live in their own communities with support rather than be lost into an institutionalised system.

The Supporting People National Strategy 'Independence and Opportunity' has four key areas for development of the programme:

- Keeping service users at the heart of the programme and of the local delivery of the service
- Building on the already successful partnerships with the Third Sector
- Delivering effectively in the new local government landscape
- Working towards better efficiency and less bureaucracy

The publication of the National Supporting People Strategy 'Independence and Opportunity' in June 2007 and the proceeding Government White Paper 'Our Health, Our Care, Our Say' in 2006 established a number of key outcomes for Supporting People and Social Care. The Gateshead Supporting People programme is committed to contribute towards the achievement of these outcomes for all its service users.

OUTCOMES

<u>Our Health, Our Care, Our Say Outcomes</u>	<u>Supporting People Programme Outcomes</u>
Improved health and emotional well-being	Being healthy
Improved quality of life	Staying safe
Making a positive contribution	Making a positive contribution
Increased choice and control	Enjoying and achieving
Freedom from discrimination	
Economic well-being	Achieving economic well-being
Maintaining personal dignity and respect	

Other aspects of the White Paper directly implicate the Supporting People Programme. It will be one of the funding streams that can be combined to build an Individual Budget with which users can buy their own services. £50k has been set aside for short term funding to assist service users to access Individual Budgets' for services meeting IB criteria. We are piloting this approach to see how short-term use of supporting people's monies can contribute to the personalisation process. This will be evaluated in April 2010.

3.2.6 Gateshead's Housing Strategy 2007-12 [\[16\]](#) objectives include the provision of a range of housing and support for vulnerable people, and to help residents to feel safe and free from fear in their homes and neighbourhoods. This links to the **Gateshead Council Older People's Housing Strategy 2008-2011** [\[17\]](#) and **Gateshead Council Older People's Strategy 2007** [\[53\]](#) both of which aim to reduce inequalities for older people. They share objectives such as older people exercising independence, choice and control over their lives; older people who participate in a range of cultural, leisure, social and employment activities to promote their independence and reduce the chances of social exclusion. Both aim for older people to live in, and have a choice of, housing that is safe, warm and appropriate to their needs.

3.2.7 Other Strategies The Commissioning Strategy relates to a range of other local strategies and plans. The major ones are summarised in “The Commissioning Strategy in Context” matrix.[\[18\]](#)

3.2.8 Gateshead Health and Social Care Partnership 2005 [\[19\]](#) has agreed the following position regarding commissioning. In carrying out their statutory duties and powers in social care the Council and its partners will commission safe and appropriate services that aim to:

- Promote a central place for prevention and early intervention.
- Promote independence, rehabilitation and recovery as much as possible. This means not only people living at home for as long as possible but them having choice and control over what happens to them.
- Encourage service users to participate in their local communities, use universal services and be economically active where practical.
- Provide users with a seamless experience of services through efficient partnership working and joint commissioning where possible.
- Develop outcomes that focus on quality of life for the user and carer, and what is important to them.
- Demonstrate value for money –i.e. the best outcomes for the resources applied.

3.2.9 User Involvement -Ask, Listen, Act [\[20\]](#) is Gateshead Council’s corporate strategy for public consultation and involvement. It is the context for the Social Care User and Carer Involvement Strategy, which will be central to the commissioning process. This is because such involvement encourages and sustains the independence, social inclusion and active citizenship that are key commissioning aims. It also recognises that users and carers have a unique insight that needs to be used if commissioning is to improve service quality and effectiveness. Involvement and consultation will be integral parts of commissioning, contract monitoring and review.

3.2.10 Link Involvement Network

Another development will be the impact of the Local Involvement Network (LINK) [\[21\]](#) on social care and health services – commissioning by both the Council and the local NHS will take account of LINK liaison work with patients, service users and community groups. The current work programme has identified mental health, carer support, residential care and hospital discharge arrangements as priorities. This programme will be an important source of quality data for commissioning.

3.2.11 Commissioning for Well-Being and Quality of Life

As was stated earlier, achieving these commissioning objectives demands a more holistic approach than simply the procurement of social care services. This is why the Council commissions other services that can help to overcome social isolation and exclusion, promote good mental health and rehabilitate lesser mental health problems. These include opportunities to be active, preparation for adult learning courses, and social development through self-expression. This was alluded to in the Joint Strategic Needs Assessment

Commitment to ensuring that access to cultural and leisure facilities is available to all residents of Gateshead will remain a priority. The ability of all the client groups to pursue an ordinary life will be a key objective. An essential component of social inclusion is employment, for both financial and social contact reasons. Therefore disability services as a whole will pursue a Council-wide approach to supporting people in ranges of employment and training opportunities.

Social inclusion for all adults who are vulnerable requires responses from communities as well as actions by services. Therefore Gateshead Neighbourhood Management arrangements will be seen as a support to social care services - to develop communities and their capacities is also to develop better outcomes for social care commissioning. Further, Local Area Agreements can be used to agree the social inclusion outcomes against which services can be evaluated.

3.2.12 Culturally Appropriate and Sensitive Services

The Commissioning function will aim to serve all the different ethnic and faith groups in Gateshead. Commissioning will meet the requirements of the Council's Race Equality Scheme [\[22\]](#) to tackle racial discrimination and promote good relations. The strategy will set out how the Council will use contract review to monitor provider performance and audit demographic evidence about service use by BME groups. Consultation in 2004 in the BME communities of Gateshead indicated they had difficulty obtaining appropriate information and signposts to services, as well as some specific gaps in provision. The service sections will identify how they intend to make progress towards equality of access, and work proactively with community groups to assess specific needs for culturally appropriate services.

3.2.13 Financial Inclusion Strategy [\[23\]](#)

The Financial Inclusion Strategy is about ensuring that everyone in Gateshead has equal access to financial services and products, and has access to information that will ensure they make the right choices on a range of financial issues. The Strategy has been developed across a range of partners, with agencies identifying commonalities, opportunities for joint working, and pulling together a range of information to empower and inform Gateshead residents. The strategy will look to target the most vulnerable and those most at risk from financial exclusion, or those that are already facing financial hardship. Its role is to ensure that all people are given a chance in life as being financially excluded can mean you are socially excluded, culturally excluded, and isolated from society. This is harmful to the individual, harmful to communities, and harmful to the borough of Gateshead.

3.2.14 Telehealth Strategy for Gateshead 2008-2011 [24] the strategy will contribute to realising the vision described in *Our Health, Our Care, Our Say: A New Direction for Community Services* (2006). [1] This highlighted the need for: better prevention services and earlier intervention; giving people greater choice and control, and supporting them to maintain independence and well-being; making better use of technology to support people; and working with a range of partners to deliver more joined up services. Emphasis was placed on personalising services and increasing choices for users, for example by expanding the range of local third sector providers. Telecare has the potential to play a powerful role in helping to achieve these outcomes for older and other vulnerable people in Gateshead.

3.2.15 Vision for Adult Social Care. In April 2008 Cabinet agreed an Action Plan on a vision for the future of adult social care in Gateshead called *Your Life, Your Way* [26]. This had been derived from a consultation exercise with a range of service user and carer groups, staff, and Viewpoint meetings. It also used material from another major consultation exercise in 2007, the 'Looking Forward' Festival [27] organised by the Older People's Assembly. [28] Action points from this consultation have been included in the commissioning aims for further consultation.

3.2.16 Personal Health Budgets

High Quality Care for All included a commitment to launch a pilot programme in 2009 to test personal health budgets to give people greater control over the services they receive.

The evaluation of the Social Care Individual Budget pilots indicated an increased proportion of people who felt in control of their care, this was particularly true of people with mental illness. The personal health budget pilot intends to build on this experience. The personal health budget will help people get the services they need to achieve their health outcomes by enabling them to have as much control over how money is spent on their care as is appropriate.

Notional budgets and real personal budgets held by a third party can be set up under existing legislation. However, the Health Bill 2009 will provide powers to allow the Secretary of State to make direct payments to people to enable them to arrange to pay for their own health care, in practice this will be devolved to PCTs. Initially this will be part of a pilot which if successful will see direct payments for health rolled out nationally.

4 Population Needs Analysis and Joint Strategic Needs Assessment

Introduction

The purpose of this section is to provide an idea of the size and nature of service user needs that will need to be addressed by this strategy.

The Area

Gateshead has changed beyond recognition in recent years. With a history as vibrant as its future, traditional, heavy industries have given way to high tech companies, leisure and cultural facilities. There is a pace and vibrancy about Gateshead and its near neighbour Newcastle that is helping to raise the profile of the area to an international level. With a current population of just under 200,000, Gateshead covers an area of 55 square miles incorporating both urban and rural areas and is the largest in area of the five Tyne and Wear districts.

The Population

Information from the 2001 census is that the population of Gateshead is just over 191,000. Of this figure

- Approx 92,000 male,
- Approx 98,000 female,
- Just under 150,000 are people over the age of 18.
- Just over 45,000 people suffer with a life long limiting illness and
- Just over 36,000 people are of working age.
- Just over 32000 people are older people- people 65+.

Using the national prevalence rates for the numbers of people with a learning disability it is estimated that between 448 and 897 people over the age of 18 years will have a severe learning disability.

Data from the NHS Information Centre show that 500 people with a learning disability are receiving a care based service in Gateshead.(Information for Learning Disability Review)

The ethnicity of the population identified in the 2001 census was predominantly white British (183,600), with small black and minority ethnic (BME) populations. There is a large orthodox Jewish community within Gateshead. Gateshead is one of the most important seats of Jewish further and higher education in the world.

Gateshead PCT shares the same integrated board and the same chief executive as Sunderland Teaching PCT and South Tyneside PCT who together form the NHS South of Tyne and Wear. The three PCTs have an integrated board that is responsible for strategic planning and development of services across the three PCTs.

4.1 The Joint strategic Needs Assessment [25](#) and 'Putting People First' [3](#)

The Putting People First Concordat calls for the transformation of public services starting with social care. Gateshead Council is committed to driving forward this agenda and building on the good work already started. Similar to every other council we cannot meet these challenges without radical change in how services are delivered. This means that we need to address the challenges we face now by making best use of resources available to us, Putting People First (2007) sets the direction for adult social care over the next 10 years and more. Putting People First confirms that reform can only be delivered through partnerships across central and local government and signals a sector-wide agreement on the direction of travel, and the commitment to delivering significant change by April 2011. Through working in partnership, and focusing on people, Gateshead Council will aim to improve peoples' health and wellbeing. This is further underpinned by the implementation of other DH priorities such as the national carers' strategy, Valuing People Now and the Dementia Strategy.

4.1.1 Service Transformation -Our Value Base.

The Transformation of Adult Social Care will be delivered through a number of Programmes and Work streams which will include the development of the local care market with all parties involved to ensure people, irrespective of illness or disability, are supported to:

- Live independently;
- Stay healthy and recover quickly from illness;
- Exercise maximum control over their own lives and the risks they take and where appropriate the lives and risks of their family members;
- Sustain a family unit which avoids children being required to take on inappropriate caring roles;
- Participate as active and equal citizens, both economically and socially;
- Have the best possible quality of life, irrespective of illness or disability;
- Retain maximum dignity and respect.

Our system-wide transformation, developed and owned by local partners in Gateshead will encompass the following factors: -

- **The Joint Strategic Needs Assessment JSNA** ensures engagement with people who use our services, the wider community and a comprehensive range of partners so as to build up the 'story of place' in Gateshead with its risks and challenges to health and well-being highlighted for our attention. Our joint strategic needs assessment will now shape our commissioning intentions and will inform the Sustainable Community Strategy and the future LAA local priorities. An integrated approach between Gateshead Council and Gateshead PCT will see commissioners and providers in the Public, Independent and 3rd Sectors working together to achieve specific outcomes on issues including:

- ⇒ Hospital discharge arrangements;
 - ⇒ The management of long term conditions;
 - ⇒ Packages of support with a health and/or nursing care element;
 - ⇒ Co-located services, bringing together social care; primary care and other relevant agencies
 - ⇒ Community equipment services;
 - ⇒ Universal information, advice and advocacy;
 - ⇒ Carer support and public/patient involvement;
 - ⇒ Early intervention and preventative approaches to health and well-being;
 - ⇒ Community action on health and well-being;
 - ⇒ A market development approach, including the pursuit of economic development opportunities, which result in a transformed yet secure market within which those with personalised budgets can purchase flexible responsive quality support which keeps them safe and improves their health, well-being and quality of life.
 - ⇒ Such an approach will seek to develop capacity, avoid de-stabilisation and enhance staff recruitment and retention.
 - ⇒ Promote the health and well being of older people with dementia and their carers.
 - ⇒ Provide supported accommodation options to address issues relating to the ageing population of family carers (of people with learning disabilities).
 - ⇒ Help all people with disabilities to find work and opportunities
 - ⇒ Reduce loneliness and isolation among older people
 - ⇒ Support older people who are caring for someone in the family
 - ⇒ Reduce homelessness
 - ⇒ Improve life expectancy in our less well-off areas
 - ⇒ Reduce domestic violence and its impact on children and young people
 - ⇒ Help young people to lead a healthy lifestyle and avoid obesity
 - ⇒ Reduce the number of teenage pregnancies
 - ⇒ Improve educational achievement
 - ⇒ Use local knowledge to support our work in local areas.
- **A Commissioning Strategy**, which includes incentives to stimulate development of high quality services that treat people with dignity and maximise choice and control whilst balancing investment in prevention, early intervention/re-ablement and providing intensive care and support for those with high-level complex needs. This should have the capacity to support third/private sector innovation, including social enterprise and where appropriate be undertaken jointly with the NHS and other statutory agencies such as the Learning and Skills Council.
 - **A framework for proportionate contact** and social care needs assessment to deliver more effective, joined-up processes. Greater emphasis on (assisted) self assessment, enabling social workers to undertake more appropriate assessments and spend more time on support, brokerage and advocacy to ensure users experience a 'no wrong door' service, building on the Partnerships

for Older People Pilot and Linkage plus learning, Gateshead Council was a pilot site for Linkage plus.

- **Whole system approach.** Together we will bring about the whole system transformation through a programme approach, which will work towards the personalisation of social care delivery and the empowerment of service users to better manage their care. The focus will be even more on improving health and well being and, with our partners in Gateshead, we will further the early intervention, well-being and prevention agenda. This will be based upon finding personalised solutions for people through: -
 - Universal services
 - Preventative services
 - Specialist Services
 - Choice and Control for people receiving services and their carers
 - Building social capital

This approach will

- Work to change the social care system away from the often complex, bureaucratic, traditional service provision towards a more straight forward, flexible approach, which delivers the outcomes people want and need and promotes their independence, well-being and dignity whilst safeguarding vulnerable people.
- Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting independence and improved wellbeing in line with the needs of the local population, reaching out to those at risk of poor outcomes.
- Remodel systems and processes so they are not only efficient and equitable but also recognise the ability of individuals to identify cost effective, personalised solutions through wider community networks and innovation.
- Join up services to provide easy to recognise access points, which coordinate or facilitate partner organisations to meet the needs of individuals. Systems should be put in place to identify hard to reach people and strategies developed to meet their needs.
- Raise the skills of the workforce to deliver the new system, through strengthening commissioning capability, promoting new ways of working and new types of worker and remodelling the social care workforce.

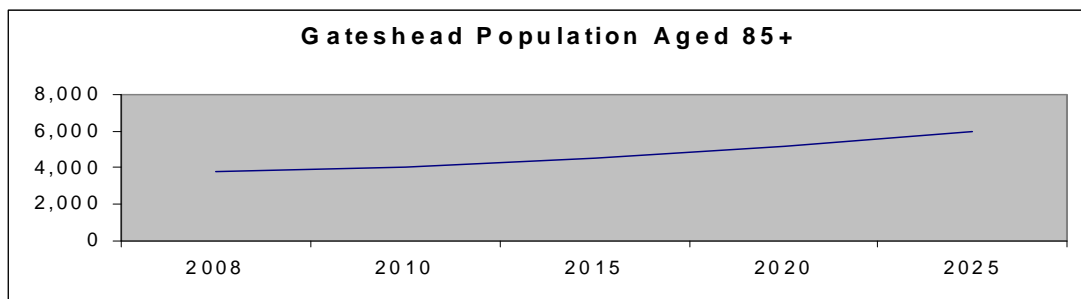
- The Transformation of Social Care is outlined in the following table:-

Transformation of Social Care			
	Personalisation Programme	Fit for Future Business Models Adult Social Care Programme	Commissioning Work Stream
Processes	Users and carers are engaged	Users and carers are engaged	Users and carers are engaged
	Providers offer choice and flexibility, commissioning arrangements are in place	Council service Providers are Reviewed to identify Future service models	Providers are engaged There is understanding of the Market and its gaps
	Brokerage and support services are in place.	Services in place to respond to Brokerage approach, personalisation and self directed support	Contact review Quality frameworks developed
	Supported assessment fully Integrated with CCAs and supported by RAS and support planning	Services developed to support Reablement and Specialist services for service user groups with financial support	Partnerships in place, Advocacy supported. People and organisations are much more involved in the design, commissioning and evaluation of services and how their needs are met.
Organisational Structure	Workforce fully trained and engaged in personalisation agenda	New council service models and structure agreed	Commissioning structure supports personalisation
	Roles/Responsibilities redefined	Roles /Responsibilities redefined	Roles/Responsibilities redefined
	Structure is integrated with Brokerage and support services models.	Council Services are aligned with Reablement, Brokerage and Support service models	Commissioning process supports reablement, brokerage and Supports service models
Technology	Use of IT	Use of IT	Use of IT
	Commissioning via web in place	Electronic monitoring of home care pilot in place	Data collection is organised and in place
Information and Data requirements	IT, Web, and current information (e.g.) leaflets are changed to reflect and support personalisation and brokerage	Change in-house Leaflets, staff Handbooks, Service User communication Folders to reflect new service	Commissioning leaflets changed web pages changed to support Personalisation and Future business models
	Development of self-Assessment, Contracting and commissioning strategy in place and implemented with structures to support brokerage models		Commissioning strategy In place

4.3 Client Groups

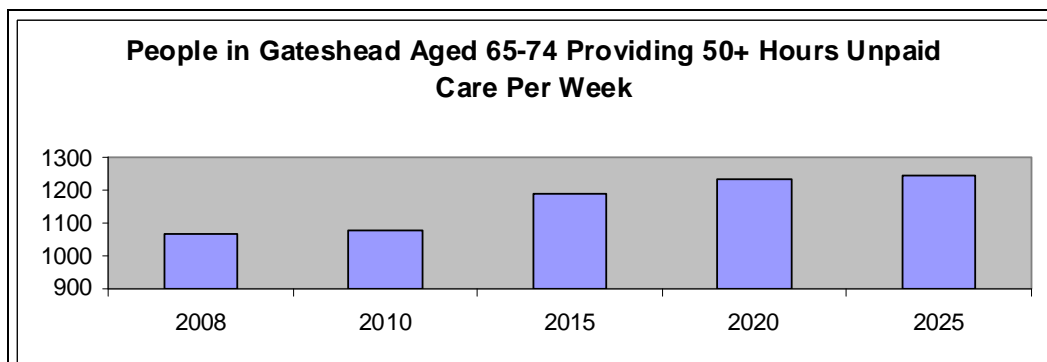
This section will give information broken down into the main client group areas and the implication for commissioning will generally be at the end of the main section

4.3.1 Older People. Figures from the Projecting Older People Population Information (POPPI) [\[29\]](#) database, displayed below in chart form, figure (i), shows how in the coming years the numbers of people aged over 85 will grow, and grow particularly quickly between 2015 and 2025.



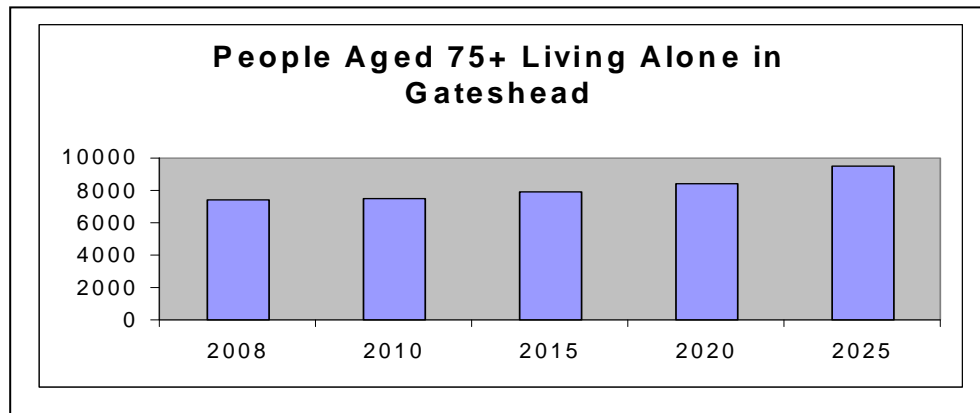
(Figure (i) Source: information management Gateshead Council)

This demographic change also means that the numbers of people in that age group with dementia will grow proportionately. It can also be anticipated that this demographic change will increase the numbers of family carers and the pressures on them as indicated in the graph below. **(figure ii)**



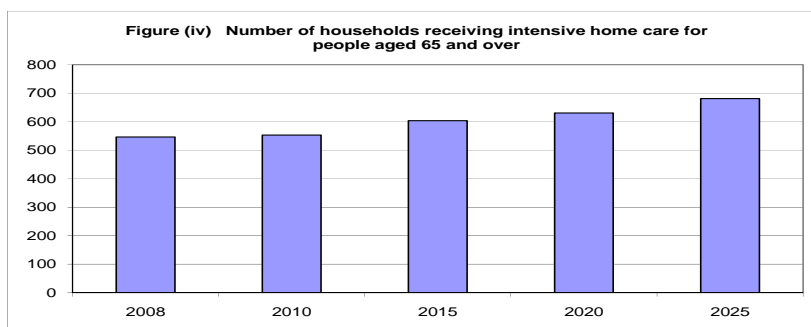
(Figure ii Source Projecting Older People Population Information)

The Gateshead Joint Strategic Needs Assessment [25] has identified that Gateshead will have a higher proportion of its 80+ years population living alone than many other comparable areas. This seems to be particularly true for the 2015-2025 period as indicated in Figure (iii) below



(Figure (iii) Source: Projecting Older People Population Information)

The demographic change can also be expected to create further demands on certain services. In the chart below figure (iv) the rise in households with people aged over 65 receiving intensive home care is estimated. Obviously services and service delivery change over time and this cannot be predicted in the same way that, other things being equal, future use can be calculated from past performance. But intensive home care would seem likely to continue in a recognisable form.



(Figure (vi) (Source: Projecting Older People Population Information)

Commissioning Implications for Older People

- 1 Expansion of extra care, other supported housing and appropriate housing in general, which offers a range of tenures to meet a wide range of need including for people with dementia.
- 2 Develop the capability of sheltered housing to deliver a full range of care services and appropriate facilities.
- 3 Expansion of alarm services across all tenures to enable people to live in their own home independently.
- 4 Identify and target areas and populations at greatest risk of deteriorating health and in greatest social need.
- 5 Development of low level floating support services for people in their own homes to meet their housing related support needs.
- 6 Analyse the lessons learned from the Partnerships for Older People Pilots and Linkage plus of which Gateshead was a pilot site use to inform prevention strategies and funding alongside other local and national evidence.
- 7 Need to develop joint planning and commissioning arrangements with the Primary Care Trust and housing commissioners to prioritise multi-agency Service improvements that will have maximum impact.
- 8 Need to develop different (easier) routes and processes into support services for older people through the personalisation programme e.g. self-assessment, self-directed care, individual budgets.
- 9 Need to develop a workforce strategy with partners delivering community health, social care and housing services to both secure a future workforce and equip it to meet the requirements of new models of service delivery identified through the Fit for Future Business Models Adult Social Care.
- 10 There is a greater proportion of women aged 65 and over living alone. Future commissioning of services will need to be sensitive to this specific need.
- 11 There are significant gaps in our information and understanding. Much information at present is not collected, or analysed to look at needs. We do not routinely collect information based on individual need. We need to be smarter in the way we collect and use information between health and social care.
- 12 To recognise more fully the needs of carers, particularly older carers, and their critical role in supporting large numbers of older people in their own homes. Services need to be developed that further enhance this.

13 To sustain adequate levels of domiciliary and care home provision during the transitional period of implementing this long-range strategy and to understand how to phase our commissioning activity to ensure that this provision is not compromised.

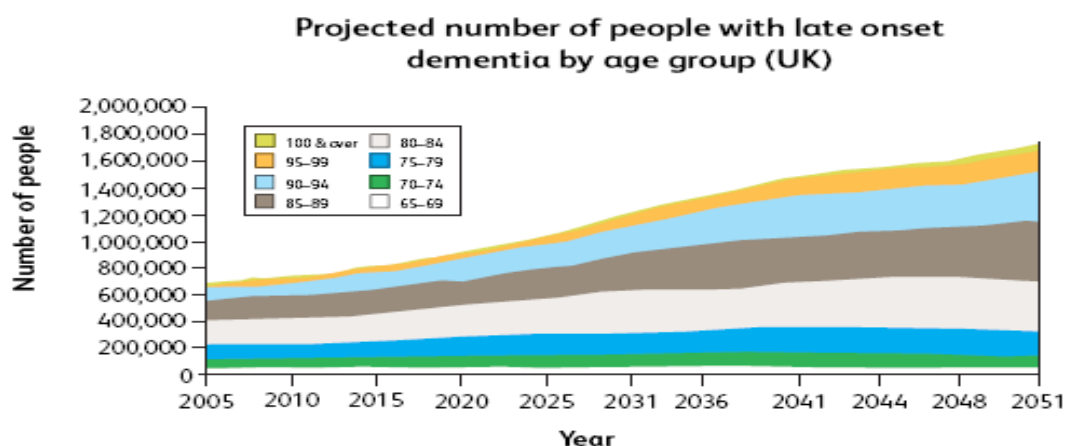
4.3.2 Dementia National Picture [\[7\]](#)

In 2007, Alzheimer’s Society commissioned the Institute of Psychiatry at King’s College London to evaluate the current evidence base on population prevalence – numbers of people with dementia and projections.

Their findings, published in the Dementia UK report, were that prevalence of dementia rises with age. Whereas one in 14 people over 65 has a form of dementia, this number rises to one in six over the age of 80. Further work looking at research data shows that in total, one in every three people over 65 will develop dementia before they die. By applying the agreed prevalence data to census data from the Office of National Statistics, it is possible to estimate how many people are currently living with dementia and how many there are likely to be in the future.

There are currently at least 570,000 people with dementia in England. This will rise significantly to over 700,000 by 2021. The diagram overleaf (**Projected number of people with late onset Dementia by age group (UK)**) shows further projections for the UK as a whole, showing an increase of 156% in the number of people with late onset dementia between 2005 and 2051.

The Dementia UK report also estimated numbers of people with dementia by locality. The numbers of people with dementia in the population vary significantly according to locality depending on the age profile of the local population. The older the profile of the local population, the more people with dementia there are likely to be.



4.3.3 Dementia Sufferers in Gateshead

The table below shows that the Gateshead PCT area is 10th out of 152 areas for the level of dementia sufferers in comparison with other PCT areas. The table also reflects the projected rise of 568 up to 2021.

Primary Care Trust area	Estimated number of people with dementia in 2007	Estimated number of people with dementia in 2021	Projected increase in number of people with dementia by 2021	Numbers of people with dementia on a GP register April 2007 – March 2008	Percentage of the numbers of people with dementia on the register	Position of PCT area compared to other PCTs where 1st is the PCT with the highest proportion of people on a register and 152nd is the lowest
Enfield	2,476	2,910	17.6 %	905	36.6 %	100th
Essex NE	2,901	4,173	43.8 %	1,312	45.2 %	27th
Essex SE	3,053	4,392	43.8 %	1,686	55.2 %	3rd
Essex SW Teaching	3,511	5,051	43.8 %	1,432	40.8 %	65th
Essex W	2,595	3,733	43.8 %	1,176	45.3 %	26th
Gateshead	2,214	2,782	25.6 %	1,090	49.2 %	10th
Gloucestershire	7,386	10,390	40.7 %	2,825	38.2 %	84th
Gloucestershire S	2,629	4,006	52.4 %	855	32.5 %	129th
Greenwich Teaching	1,798	2,018	12.3 %	800	44.5 %	33rd
Gt Yarmth & Waveney TCH	2,708	4,022	48.5 %	1,352	49.9 %	9th

4.3.4 Dementia -Impact on Commissioning

People with dementia are significant users of health and social care services. In addition the biggest growth in dementia will be amongst the 'oldest old' – people with dementia in their 80s and 90s with particularly complex needs compounded by a range of co-morbidities.

This will put significant pressure on services that are already unable to respond effectively unless change is delivered.

The vision set out in the Department of Health publications, Our health, our care, our say [1] and Putting People First [3], and the World Class Commissioning [10] programme seeks to move the current sickness and crisis revolution response to a more developed system of prevention and community based care where people are in control of their health and care. Given the significant and rising needs of people with dementia, this vision cannot succeed unless the challenge of dementia is tackled. The Dementia Strategy [7] provides the route map for commissioners.

Given the reliance of people with dementia on a large range of health and social care services, getting dementia care right will underpin work to move care out of acute into the community.

In addition, the personalisation agenda in Putting People First will not be deliverable unless the range of solutions available to support community based care is dementia friendly. Self Directed Support cannot be secured in the scale envisaged across a local health and social care community unless people with dementia are supported to access a larger and more diverse range of services. Alongside this, proposals for a new adult social care system will need to respond specifically to the challenge of dementia if it is to deliver a sustainable solution which guarantees quality of life. This is why dementia must form a key strand in forward plans to deliver independence, well-being and choice.

This will provide challenges for the commissioning function within the council to ensure availability of services that can meet the complex nature of needs that are evident in this client group.

Our commissioning aims encompass the good commissioning practice highlighted in the Alzheimer's Society Report Dementia What Every Commissioner Needs to Know.

4.3.5 Mental Health

An ageing population will have consequences for mental health services. The National Service Framework for Mental Health [4a] is limited to patients to the maximum age of 65, and there is no national strategy for older people’s mental health other than the National Dementia Strategy [7]. But the demographic evidence makes it likely that the numbers aged over 65 with anxiety or depression, for example, will increase whilst current mental health services are not configured for that age group.

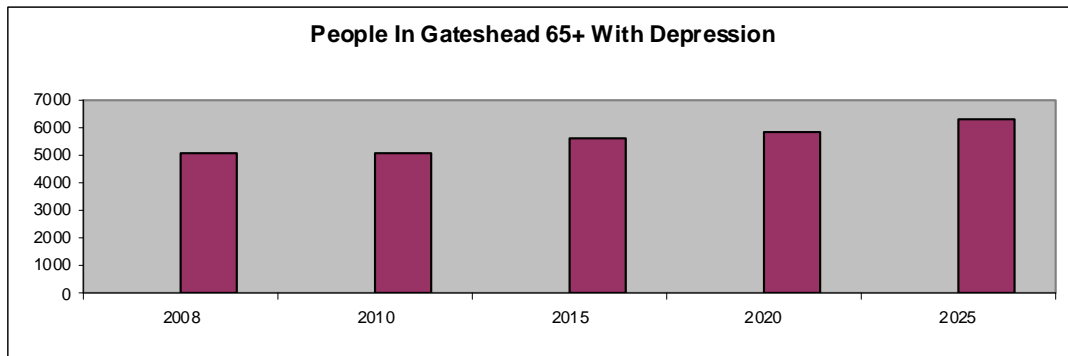


Figure (v) (Source: Projecting Older People Population Information)

The **Figure (v)** above shows the projected rise in the numbers of older people in Gateshead with depression. The 2006/07 primary care Quality and Outcomes Framework [30] data has identified that there are 1,700 people in Gateshead with severe and enduring mental health problems. At a rate of 0.8 per 1,000 people this is a higher prevalence rate than for that England as a whole, which is 0.7

On the ‘Index of Psychological Morbidity’ [31] below a score of 1 equals poor mental health status whereas a score of zero equals good mental health status. Gateshead compares poorly to England as a whole (see graph **Figure vi**). The indicator is a composite measure combining 1) suicide rates 2) prescription of drugs for anxiety and depression 3) numbers receiving benefits for mental health problems, and 4) psychiatric admissions. The widest gap is 2), prescriptions for drugs for anxiety and depression. This may be more of a comment on prescribing practices but it is relevant to the 24% of the population in Gateshead who reported a limiting long-term illness, compared to the 18% in England as a whole.

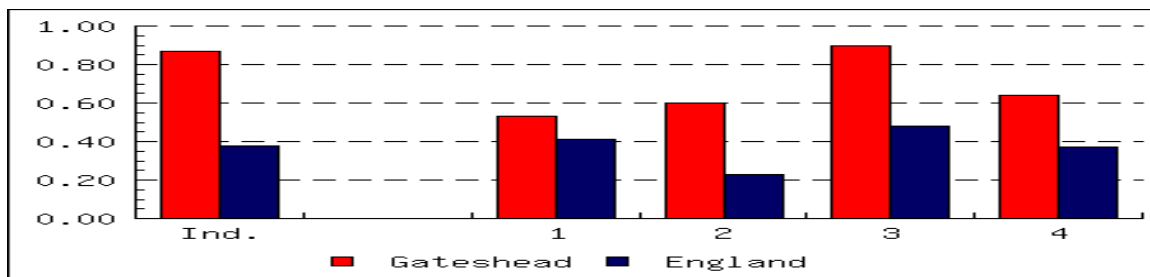


Figure (vi) (Source: Oxford University/South East Public Health Observatory 2001)

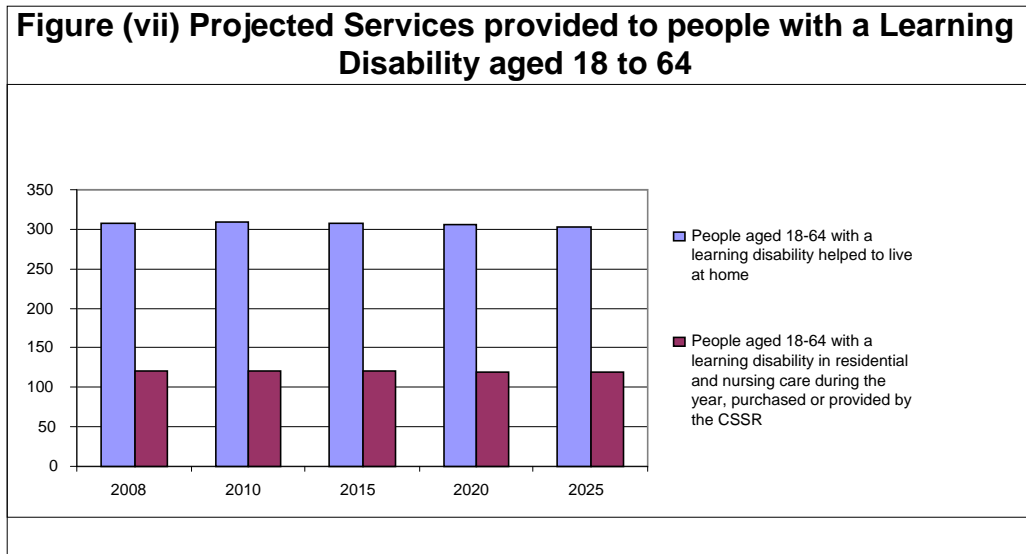
Through the development of the Vulnerable Housing Partnership, cases have been identified where service users are unable to access supported housing due to their mental health issues.

Commissioning Implications for Mental Health

- 1 Develop different routes and processes into support services to meet the needs for people with low to medium mental health needs
- 2 Expansion of supported housing provision with appropriate move-on housing developed
- 3 Restructuring of current provision to ensure eligibility criteria doesn't exclude people with low to medium mental health needs

4.3.6 Learning Disability

Gateshead's ageing population includes its population of people with learning disabilities, and this also applies to their family carers. This is shown below.



The projection is not for more people with learning disabilities in the local population – because their overall numbers will decline along with the working age population as a whole – but for a learning disability population growing older along with the rest of the population. See Figure (viii)

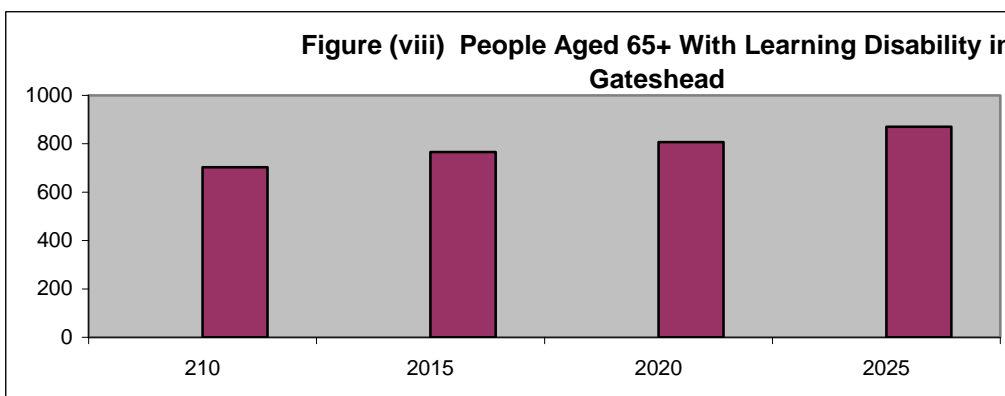


Figure (viii) (Source: Projecting Older People Population Information)

This is a current and not just a future issue. The Gateshead Council Adults with Disabilities Service has information about the living circumstances of 632 people with learning disabilities. Of these 239 (38%) live with a family carer, and of those 127 (53%) live with family carers who are aged 60 and over. Therefore securing the right level of appropriately supported accommodation for people with learning disabilities living with older family carers must be a priority.

One area to be aware of and to keep under review is people with a learning disability who live beyond 50 have increased vulnerability to early onset dementia. This is true for adults with Downs syndrome and particularly related to Alzheimer's disease.

As from 2006/07 the primary care Quality Outcomes Framework (QOF) now includes Learning Disability as a key indicator. QOF measures the prevalence of disease in primary care. In Gateshead 450 people ages 18 and over (0.3%) have been diagnosed with a learning disability compared to 0.3% across England.

Estimates of prevalence nationally from Valuing People [\[52\]](#) suggest that 650 people in Gateshead aged 18 and over have a severe learning difficulty. These are people who will need support to live independently. The gap of 200 between GP records and suggested prevalence may be due to data quality (this is a new QOF indicator) or unmet need.

It is not possible to look at trends in the prevalence of learning disability as there is currently a measure at only one point in time (2006/07) from QOF system that measures prevalence in primary care. It will take a number of years before data quality will be consistent at the general practice level.

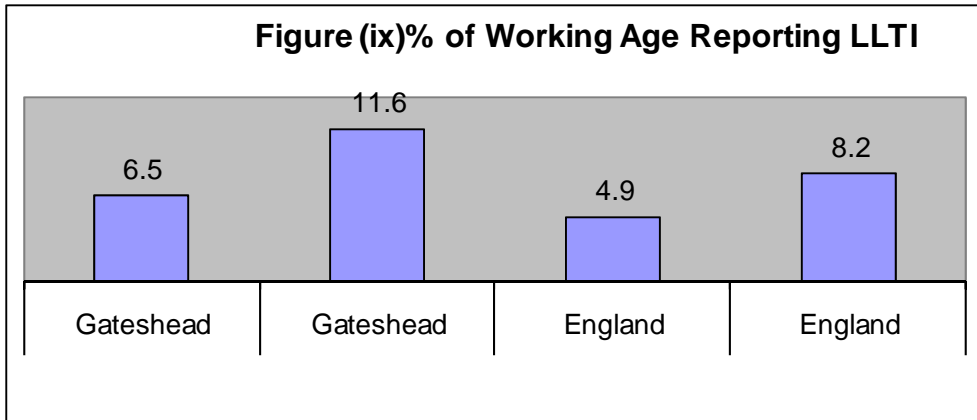
Commissioning Implications for people with Learning Disabilities

1. Commissioning activity relating to housing will need to meet increasing demand for independent housing tenancies.
2. People with a learning disability need equal access to universal services for leisure, education, training and employment. Support accessed through universal services will mean less need for traditional social care models.
3. Joint agency planning and commissioning for transition into adulthood needs to transcend children's and community care legislation and local policy and structures.
4. Develop a workforce strategy with partners delivering community health and social care services to both secure a future workforce and equip it to meet the requirements of new models of service delivery.
5. Working in partnership with the NHS and housing commissioners and providers to ensure that health inequalities experienced by people with a learning disability are recognised and addressed.
6. Many people with a learning disability are living longer and this has an impact on family carers and support needed.
7. People with a learning disability who live beyond 50 have increased vulnerability to early onset dementia. This is true for adults with Downs syndrome and particularly related to Alzheimer's disease.

8. As learning disabled people live longer they have a higher propensity to suffer diseases such as cancer and heart/circulatory problems. These conditions may be detected later in adults with learning disabilities and lead to a worse prognosis. The risk of becoming clinically depressed increases as people with learning disabilities become older, with all the health and social consequence of this.

4.3.7 Physical Disability and Sensory Impairment

4.3.7.1 'Limiting Long Term Illness'



(Source: 1991 and 2001 Census)

Figure (ix) above shows that in 1991 Gateshead had a higher percentage of the working age population reporting that they had a limiting long-term illness than England as a whole; ten years later this gap had widened. The increase in Gateshead was greater than that for England, but there are some obvious limitations to self-perceived rather than diagnosed conditions.

But the current projection shown above figure (ix) is not for a greater proportion of younger people with disabilities in the local population, because their overall numbers will decline along with the working age population as a whole. As fewer people are born, this will also be true of those with physical and sensory impairments. The exceptions could relate to visual impairments and this is discussed below.

It should also be noted that by the same token fewer children with disabilities will be born as the birth rate declines, but those who are born are likely to live much longer due to medical advances and to have more complex needs.

4.3.7.2 Visual Impairment

The estimate used by POPPI is of 6.4% of the population aged 75+ will have a registerable eye condition, i.e. this does not include those with a correctable sight loss caused for example by cataracts.

The chart suggests a 30% increase (around 400 more) in the numbers of people aged 75+ in Gateshead with a registerable eye condition over the period 2008-2025. This follows the projected ageing of the population over that time as indicated in **Figure (x)**

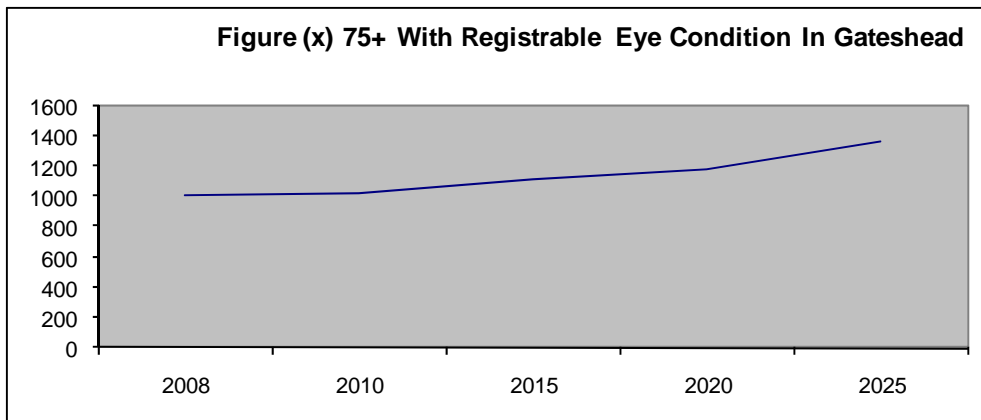
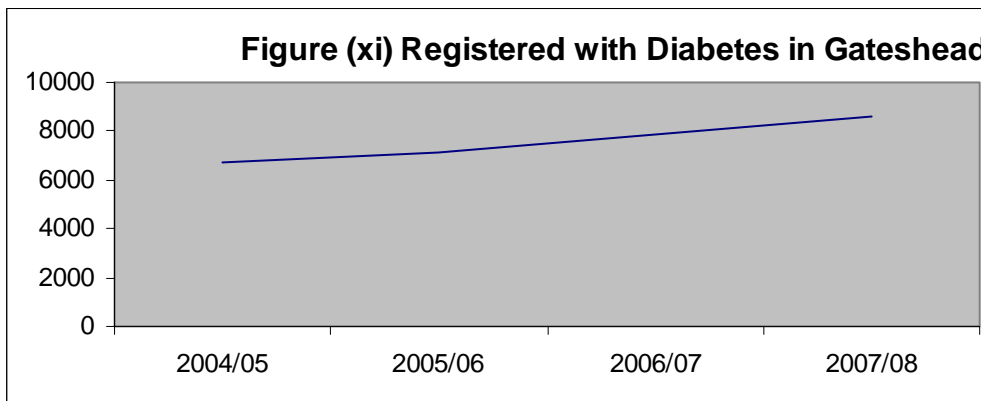


Figure (x)(Source: Projecting Older People Population Information)

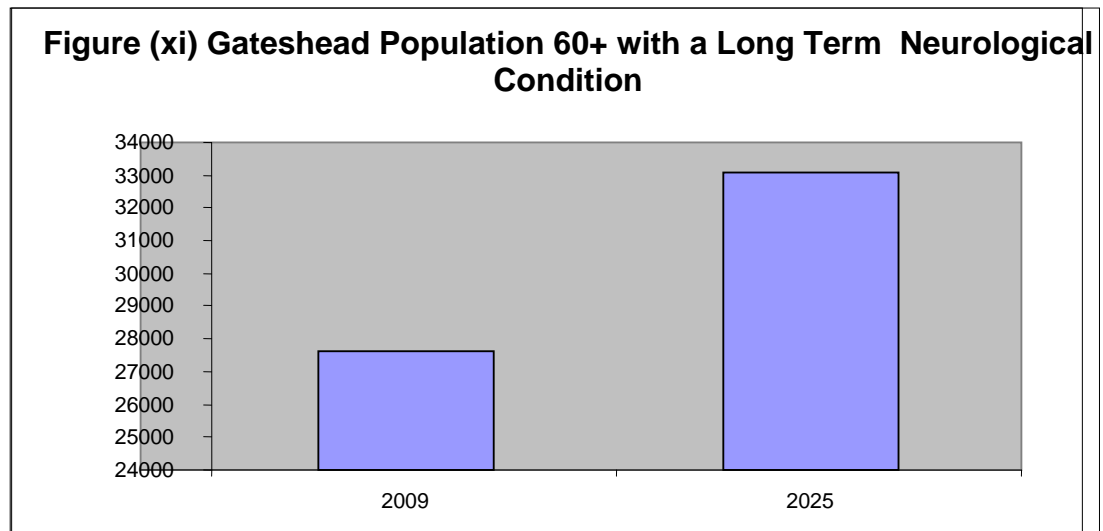
However the prevalence of other factors in Gateshead with the potential to increase incidence of visual impairment should be noted. A major one is the current rise in diabetes in Gateshead, illustrated in the chart overleaf Figure (xi). Similarly, obesity is linked to diabetes, and the 2007/08 Public Health Annual Report quotes the National Measurement Programme [\[32\]](#) as recording 20% of Gateshead children as obese at year 6. Therefore projections for visual impairment based solely on ageing will be an underestimate.



(Figure xi)(Source: Annual Report of the Director of Public Health 2007/08)

4.3.7.3 Long Term Neurological Conditions

According to the Government's National Service Framework for Long Term Conditions [\[33\]](#), 60% (3 out of 5) people aged over 60 in England suffer from a long-term condition. This is obviously set to rise given the projected ageing of the population. The chart Figure (xii) below shows this applied to the Gateshead population projection: an estimate of 27,600 people aged over 60 in 2009 increasing by 20% to 33,060 by 2025.



(Source: NSF for Long Term Neurological Conditions)

The NSF for Long term Neurological conditions recognises that the guidance can equally be applied to other long term conditions such as COPD, CHD and type 2 Diabetes.

4.3.8 Transitions

In social care terms transition is best described as the process of moving from one service/service area to another and for people with learning disabilities this process is likely to take place at two specific points in life. The first transition is the process of moving from school to adulthood that can include a move to college, employment or independent living and simultaneously will include a shift from children’s services to adult services.

The second transition period is as a result of the ageing process and the natural progression from services for younger adults i.e. 18-64 years to older people’s services i.e. services for people aged 65 + years. In commissioning terms the dilemma, particularly at this time is the fact that traditionally very few services are targeted to older people with learning disabilities. However with the recognition that there will be an increasing older society, which will include people with learning disabilities due to improved health care there is a commissioning challenge to improve service options for this group along with the rest of the ageing population.

It is important that transition is seen as a process and not an event, and preparation should start early. Often the first to be involved with a baby or young child with special needs, health professionals can help ensure that choice, self-management and independence are already familiar concepts to families by the time they become teenagers. However, to be really successful it is important that GPs and adult social care services are closely engaged too in preparing the young person for the eventual transfer to their care.[57](#)

The services provided for Teenage Parents and Young Offenders are covered in separate sections of the main Supporting People Plan document, the Care Leavers Supported Tenancy Scheme is co-ordinated by the Care Leavers Team and involves a number of individuals who have registered as landlords with the local authority and provide support to care leavers in their own accommodation. Most of the providers have previously been registered as foster parents with the Local Authority. The service has a capacity of 3 places, which have been full for most of the operational life.

Implications for commissioning

- 1 Agencies must be able to identify and understand the specific needs of disabled children, to predict future need more effectively in relation to physical and sensory impairment, to avoid an increase in unplanned requirements for high-cost specialist services.
- 2 An increase in referrals for specialist sensory impairment assessments may affect the number of specialist sensory impairment assessing staff required. It is currently difficult to recruit sensory impairment specialists.
- 3 There is likely to be increased demand for the range of formats in which people can access information (e.g. large print, digital and downloadable materials). This will have a cost implication.
- 4 There will be increased demand for equipment to support people with Sensory impairments, including Telecare. This may involve occupational therapists as well as sensory impairment staff and increase the number of occupational therapy assessments and reviews.
- 5 Risk assessment tools and systems need to be robust, and a range of staff need to be trained in understanding and addressing sensory impairment issues.
- 6 If sensory impairment amongst older people and people with Learning Disabilities is not effectively identified and supported, this has very significant implications for the incidence of falls and accidents, and the levels of independence people can achieve and maintain. This will have a major impact on the individual's quality of life and the consequences of injury could also be extremely costly to a range of services.

Summary

Therefore the implications of this needs analysis for commissioning, the strategic issues to which services will have to respond, are:

- Increasing numbers of elderly people living alone.
- Increasing numbers of elderly people living alone in rural areas.
- Expanding need for carer support.
- Increased visual impairment, including in younger age groups.
- Increasing numbers of people with learning disabilities who are older.
- Increasing need for mental health services for older people
- Increased need for services to meet the challenges of dementia care.
- Increased need for services to meet the challenges of engaging with 'hard to reach groups'.
- Heavier demands on services for people with long-term conditions.
- Supported accommodation solutions for people with learning Disabilities.
- More children with disabilities surviving into transitions services.
- Adaptations to housing.
- Need a clearer understanding of the needs of people with learning disabilities.
- Services to be more responsive to end of life care and limiting long term conditions.

4.4 Commissioning for Inclusion

4.4.1 Commissioning for inclusion will contribute to the sustainability of local communities by maintaining and supporting their natural diversity. The Council will continue to develop its role as community leader and 'place shaper' as envisaged by Sir Michael Lyons and the Local Government White Paper 'Strong and Prosperous Communities'.^[54] This approach contributes to the Commissioning Strategy by the securing of effective strategic partnership arrangements to support and sustain community well being and invest in prevention services to reduce future social care inequalities.

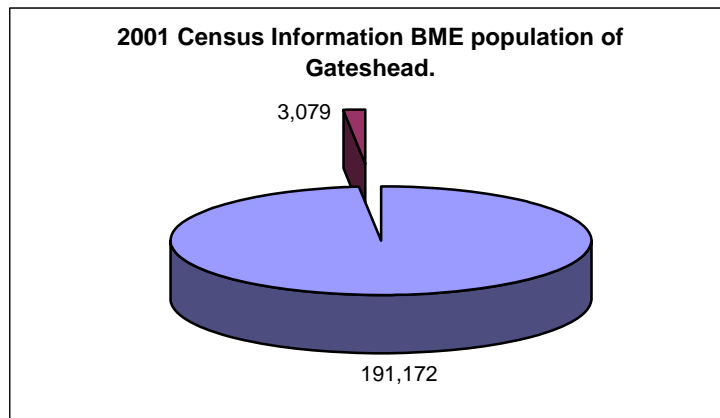
4.4.2 Strategic Commissioning Plans will be informed by local development emphasising areas of deprivation and those, which are likely to provide greatest return on investment whilst having maximum impact on lessening social care inequalities. Reduction in inequalities will result in mutual benefits and efficiencies for health and social care whilst improving the lives of people. Importantly there is a real connection with the "people" especially those who are described as "hard to reach". This will be further informed by a needs analysis of 'hard to reach groups' such as:

- Vulnerable Older People
- People living in remote rural areas
- People with Physical and Sensory support needs
- People with learning disabilities
- People with mental health problems
- Carers
- Minority Ethnic/Faith Groups
- Asylum seeker
- Lesbian, gay, bisexual and transgender (LGBT) people
- Invisible groups such as the homeless Gypsy and Traveler communities
- HIV Sufferers

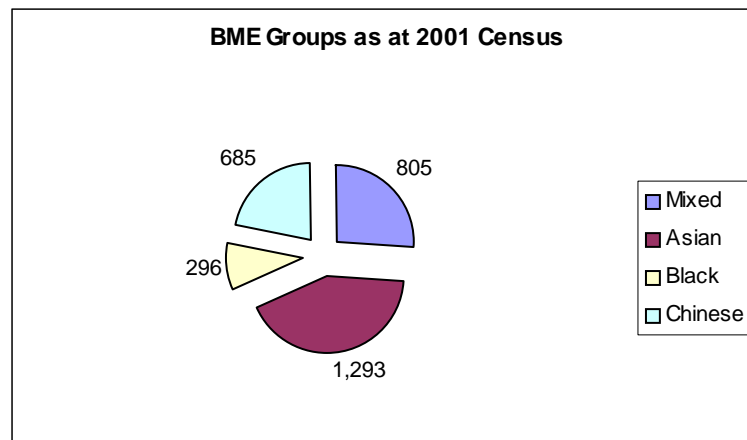
All of these groups will be able to access ordinary community facilities as well as the health and social care support they need, tailored to their personal outcomes.

4.4.3 BME Population Information

From the 2001 Census the population of Gateshead stood at 191,172 people. Of these 3,079 people in Gateshead were identified as from a BME group representing 1.7% of the population. The population of Tyne and Wear at this time was 1,075,938 people and of these people 33,976 people were classified as from a BME group representing 3.16% of the Tyne and Wear population. The pie chart below shows the size of the BME group of the Gateshead population as at 2001.



Of the 3,070 people classified as BME this can be further broken down in terms of Ethnicity. This is identified in the pie chart below.



4.4.3.1 Information for other 'Hard to reach groups' is limited, the Equality Standard for Local Government Report 2007 [\[55\]](#) has brought together the following information which links to the Commissioning Strategy and begins to provide detail for some of the areas in the pie chart above: -

- Race in Gateshead** - Gateshead has very low numbers of residents from minority ethnic backgrounds however, the BME community in Gateshead doubled from 0.8% in 1991 to 1.6% in 2001. The largest ethnic groups in Gateshead are the Mixed and Asian or Asian British groups, (0.9%). The next largest is the Chinese group, (0.3%). The Black or Black British and "other" groups are the smallest, (0.2%). More recently these numbers have been augmented by around 1,000 asylum seekers and migrant workers seeking employment, representing a range of distinct languages and cultures. In 2005/06 alone, 500 migrant workers registered for national insurance in Gateshead. 2.4% of the 46,308 young people aged 0-19 in Gateshead are part of a minority ethnic group. Of Gateshead's 1000 asylum seekers, around 216 are school age children.

- **Faith in Gateshead** – In the 2001 Census 82% of Gateshead residents stated that they followed a particular religion or faith, the largest being Christian (80%). Gateshead has a large Orthodox Jewish community, located in Lobley Hill and Bensham and Saltwell wards. These two wards have become home to what is now one of the largest orthodox Jewish education complexes in post-war Europe following the destruction of many centres of Jewish scholarship during WWII. The Jewish Community has been an important stabilising influence on the area, and a key factor in its continued regeneration. In addition, the presence of a large student body has had a positive impact on the local economy, and the community has been extremely successful in its work with the Council to secure funding for a range of projects.

4.4.3.2 In addition other ‘hard to reach groups’ are highlighted by the Equality Standard for Local Government Report 2007. This reflects information contained within this strategy and provides detail in other areas as follows: -

- **Age in Gateshead** - The population in Gateshead is getting older. Mid year estimates for 2005 show that there are 68,300 people aged 50 or over. This is in line with the 2004 based population projections, which project that by 2029, there will be 80,100 people aged 50 or over. This projected increase will have significant implications for both Council and non-council services in the future.
- **Gender in Gateshead** There are more females over the age of 75 (64.1%) than men (35.9%). Of all the unpaid carers in Gateshead 58% are women. Initial issues for the commissioning of adult social care services are to develop a clearer understanding of the population needs and ensure all services are equitable.
- **Sexual Orientation in Gateshead** - Gateshead has a small number of lesbian, gay and bisexual (LGB) communities. However, there is no obvious “gay scene” in Gateshead, as opposed to Newcastle, which has a fairly vibrant and lively scene. LGB people report that safety in Gateshead is an issue for them. It is clear from national evidence and Gateshead’s recent consultation that homophobic bullying is a significant issue and some people feel unable to “come out” for fear of the consequences or reactions of others. In future, as more service users may become more confident to declare their sexuality, commissioned adult care services will become more responsive to their needs.

- **Disability in Gateshead** - 23.9% of Gateshead residents stated in the 2001 Census that they have a disability or limiting long-term illness. This compares to 18.2% for the UK. Since 2001 there has been a decrease in the number of people who are economically inactive. However, 16% of the working age population are in receipt of sickness benefits such as incapacity benefit and severe disability allowance. A key challenge for the Council and the commissioning function is to develop a much clearer picture of disability in the borough in order to establish a baseline of current performance and to set meaningful, challenging, but realistic performance improvement targets.

4.4.4 The Challenges of an Ageing Population in Rural Areas

4.4.4.1 Gateshead has an extensive rural area particularly in the West of the borough. The report from the Commission for Rural Communities; The Personalisation of Adult Social Care in Rural Areas 2008 [\[56\]](#) highlights significant challenges for commissioning which will be affected by what is available in the local community and people's circumstances changing due to changes in health and the ageing process such as:

- Being more likely to need care and support to maintain their independence and well being in later life.
- Receiving support from families and friends, some of whom are older people themselves. This can be difficult to sustain and is not always possible or practical.
- For those people with health and social care needs who need support in the community and are eligible, through Fair Access to Care criteria (FAC), formal social care is provided and covers a huge variety of services from residential care, promoting independence centres, drop-in centres, meals service, day services and at home support.
- Importantly for commissioners, consideration needs to be given to the impact of ensuring individuals having greater choice and control over the services they receive. This needs to be aligned to the viability and cost implications of delivering personalised services in sparse rural areas ensuring that this brings real benefit to those with the greatest needs in rural areas.

4.4.4.2 The Council through its commissioning function with any partners must ensure that challenges are considered and responses are flexible and tailored appropriately, this will be facilitated by:

- **Aligning Costs to reflect Rural Constraints** - It will be important to carefully examine the impact of personalisation on rural premiums in social care as part of resource allocations, on service commissioning and at the level of individual resource allocations.
- **Monitoring of Self-Assessment And Support Planning** for older people to see if there are significant urban/rural differences that give rise to inequalities or different outcomes
- **Assessment of the impact of Market Development** on community structures, businesses and social enterprises - to explore, by talking and listening to older people and considering the outcomes of the policy. The Commissioning function will need to continue to assess the impact on providers, the workforce and older people's supporters, such as family, friends and neighbours.
- **Meeting Projected Needs**-This strategy will enable the Council to commission and deliver services to meet the projected changing needs of the County's population over the coming years. This is a requirement of the White Paper 'Our Health, Our Care, Our Say: a New Direction for Community Services' [\[1\]](#)

4.4.5 Commissioning for Inclusion - Implications

- 4.4.5.1** The Council will seek to enable people to have choice and control over the way they receive their support services. It will commission services, which contribute to the well-being of individuals and communities and be responsive to their needs.
- 4.4.5.2** This approach to commissioning builds upon our existing methods in that it seeks to achieve outcomes for the whole community not just those eligible for social care support. It seeks to influence and work with a wider range of partners such as the Health Service, other Councils as providers of universal services and the Third Sector (Voluntary, Community, Independent and Faith services), in the recognition that they have a powerful influence over the health and well being of the community.
- 4.4.5.3** The Council and the NHS produce Joint Strategic Needs Assessments for their populations, analysing inequalities, involving users and hard to reach groups, and setting plans to meet local priorities, this will inform our commissioning intentions.
- 4.4.5.4** Through the Commissioning function we will take a proactive approach to shaping the social care market by encouraging new providers and offering incentives for quality and outcome improvement for people classified as 'Hard to Reach'.
- 4.4.5.5** We will ensure service procurement that provides equal opportunities for the voluntary and community sectors, and that requires providers to promote social inclusion and equality.
- 4.4.5.6** The Council will ensure that consultation and user involvement mechanisms include 'hard to reach' groups
- 4.4.5.7** A key issue for Gateshead in the future will be the balance between the proportion of the population in work, and the proportion that has retired or that is on benefits. The proportion of older people and vulnerable adults generally is set to rise in relation to a smaller working population. On the current trend the proportion of the working age population reporting a limiting long-term illness will also be high. Therefore one of the priorities in Vision 2030 [\[12\]](#) is to attract younger people to live and work in Gateshead. Social care services can also contribute to reducing the population living on long- term benefits through the Gateshead Work Is An Option strategy.
- 4.4.5.8** An issue will be not only the numbers of older people but also their expectations, for example around home ownership. It cannot be assumed that the traditional model of forms of supported accommodation based on tenancies will meet future expectations. Alternative models, based perhaps on shared ownership, will have to be explored.

- 4.4.5.9** The JSNA indicated that Gateshead would have an above average proportion of older people who are living alone. This has implications for service provision, for example a possible emphasis on group activities and those with a sociable element.
- 4.4.5.10** The numbers of family carers, across the range of vulnerable adult groups, who are providing hours of unpaid care in excess of what would be required by a full-time job, are set to rise. Support services to carers will therefore assume more and more importance if life in the community is to be sustained.
- 4.4.5.11** If the current rise in diabetes and obesity goes unchecked there is the risk of increasing numbers of younger adults with visual impairments. This would be in addition to the increase to be expected among an ageing population.
- 4.4.5.12** The use of Assistive Technology aims to achieve the integration of telecare within social care, health and housing services in Gateshead. It will also support the wider health, housing and social care policy agenda as described in the section 'Key Drivers'.

5 The Care Market in Gateshead

5.1 CRILL & LAMA [51] CRILL (Capturing Regulatory Information at a Local Level) and LAMA (Local Market Analyser) are compiled by Care Quality Commission based upon performance data provided by each Local Authority. They provide high level information about the quality (as judged via CQC reports) of the local care provider market, linked to a snapshot of the purchasing made by the Council and PCT. CQC & the Council meet on a regular basis to consider this information. The meetings consider the significance of CRILL and LAMA type data; share knowledge about good practice in care; and discuss what joint approaches can be used to safeguard people receiving care, and influence quality in the care market. The data contained in CRILL and LAMA is now available and the data contained in CRILL now provides two years worth of evidence that can be used alongside other information to provide a comprehensive picture of councils' commissioning practices. It indicates the quality of outcomes arising from councils' commissioning and procurement policies and practice, and shows purchasing patterns and commissioning trends. The table below shows local, regional and outcomes based on LAMA/CRILL analysis;

Rating	Local	Regional	National
3 Star Excellent	7%	13%	14%
2 Star Good	43%	55%	56%
1 Star Adequate	36%	23%	17%
0 Star Poor	0%	1%	3%
Not Yet Rated	14%	8%	10%

5.2 Residential and Nursing Care in Gateshead There are 28 registered care homes in Gateshead commissioned from the independent sector, providing 826 residential care and 439 nursing beds, included within these categories 523 beds are registered for residential EMI and nursing EMI.

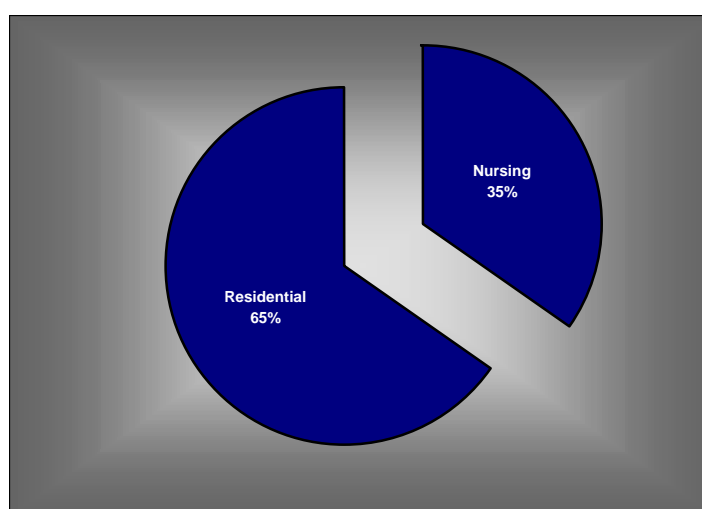


Figure (xiii): Commissioned residential and nursing care split

- 5.2.1** The total number of registered beds commissioned by the Council within the independent sector market place is 1320, of which 1265 are registered for over 65's. The 55 registered beds for younger adults provide care to the following categories: sensory impairment; physical disability; terminal illness; mental disorder and alcohol dependence.
- 5.2.2** The Council provides 100 intermediate care beds in four Promoting Independence Centres (PICs) across the Borough. These beds support hospital discharge, prevent hospital admission through assessment and rehabilitation and provide respite care. Included within the total number of beds are 3 long-term residential care beds for people with dementia.
- 5.2.3** Current evidence indicates that an average of 90% beds within the independent sector are utilised annually. This is comparable to 90% occupancy for in-house short-term beds in the PICs.

RAP S Service Type	07/08		06/07		05/06	
	18-64	65+	18-64	65+	18 -64	65+
CBS	1594	4178	1771	4685	2040	5059
Independent residential care	227	674	175	649	184	679
LA Residential care	12	48	9	14	12	22
Nursing	17	337	12	372	16	429
1 Grand Total	1850	5237	1967	5720	2252	6199

Figure (xiv): No. of adults supported by services commissioned by Gateshead Council

- 5.2.4** This has been a relatively stable position for the previous 2-3 years it is therefore feasible to assume from this that the overall bed total at this present time is at the correct level to meet the needs of the population. However future demographic trends could significantly impact upon this assumption and further detailed work will need to be undertaken.
- 5.2.5** The current capacity of residential care beds is enhanced through five Extra Care Schemes provided in partnership with Housing 21, a registered social landlord, providing 200 units of accommodation.
- 5.2.6** Extra care provides 24 hour care for older people living as tenants in their own apartments. It is likely that some people who may have previously required residential care are supported to live in the community in an extra care setting.
- 5.2.7** By 2020 the population projection for Gateshead predicts an increase of 11% for people aged 65-84 years and 57% for people aged 85+ years. The implications of this changing demographic will be significant in relation to commissioning decisions to deliver long term care arrangements for an ageing population. Further analysis will be required to understand the full impact.

5.2.8 A Quality Assessment Framework has been implemented for residential and nursing care homes, which will drive up the quality of care delivered by providers. The framework is incentivised across four fee bands, which will inform providers at the point of assessment what their fees will be for the current year.

5.3 Domiciliary Care Services

5.3.1 Adult Social Care provide domiciliary care services to all client groups, through a staff of 500 working in 2 Promoting Independence Teams and 8 Long –term Service Teams, including an evening service.

5.3.2 The Local Authority delivered on average 10.3 contact hours per household in 2008, whilst Independent Sector providers delivered an average of 15.2 contact hours. The Local Authority contact level compares closely with the national figure but is indicating a higher figure for Independent Sector contact hours in Gateshead compared to the England average.

5.3.3 In 2008 the Local Authority in-house service provided approximately 35% of all home care totalling 7672 hours (source: HH1). Independent sector commissioned services in the same period delivered 13,854 hours of home care (source: HH1)

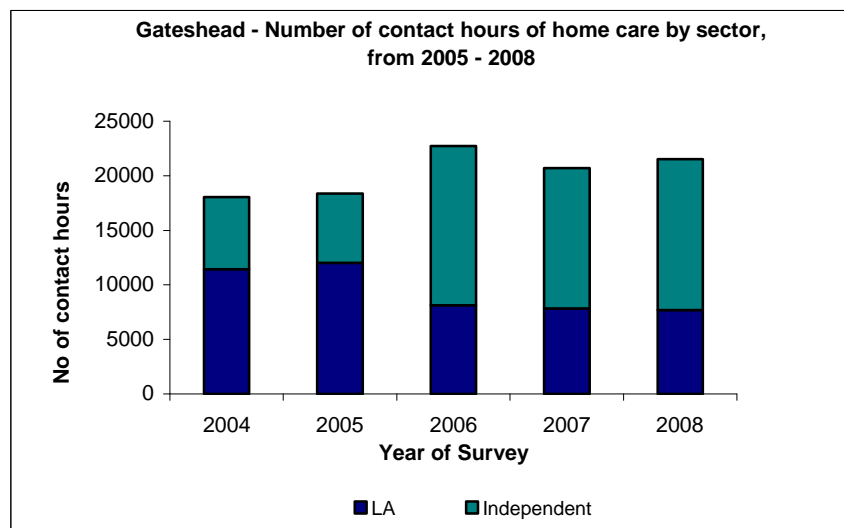


Figure (xv): Home care contact hours by sector (source:HH1 Sample week)

5.3.4 Figure (xv) on the previous page indicates the shift in balance between home care hours delivered by the Local Authority compared to the Independent Sector. It is likely that this differential will continue to widen with an incremental increase in services externally commissioned.

- 5.3.5** Through current commissioning arrangements there are 4 large block contract providers each delivering in the region of 1000 hours per week. The block providers work within the Gateshead Neighbourhood arrangements to ensure greater efficiencies are achieved through reduced travel times and improved response to service users. In addition a number of smaller providers are contracted to deliver spot contract arrangements.
- 5.3.6** In recognising both the current and future role of prevention in the social care market the in-house service is reconfiguring its service delivery towards a re-ablement model of service delivery. This will become key to the Council's ability to manage an increasing number of older people who will require services in the future.
- 5.3.7** Re-commissioning of block contracts will be undertaken whilst working closely with the in-house provider to ensure that commissioning and procurement decisions are reflecting the needs of Gateshead residents for the future and that the implications of personalisation are factored into the decision.

5.4 Day Care Services

- 5.4.1** Day care for older people is predominantly commissioned from the third sector and provides a range of services across the Local Authority area. Most of the commissioned activity is traditional in style being predominantly building based and involving transporting older people from their home to the service.
- 5.4.2** Services for older people have recently been subject to a review the outcomes of which will significantly influence future commissioning intentions in relation to both style of service and contractual arrangements. Future service design will be focussed around locality based delivery and will require providers to become more person centred to meet individual need and deliver on the basis of outcomes.
- 5.4.3** Specialist day service provision is commissioned for older people with mental health and dementia and provides in the region of 15 places per day, 7 days a week.
- 5.4.4** The Local Authority previously provided a traditional centre based service; this has now been remodelled and is delivered in partnership with Housing 21 from all three of the Extra Care Courts and four Promoting Independence Centres across the Borough. The new service provides day opportunities for 70 people.
- 5.4.5** There are a total of 313 day service places in Gateshead with only 9 of these provided by an independent provider. The services provide 250 place for people with learning disabilities; 14 for people with physical disabilities; 45 for mental health and 4 for people with a sensory impairment. Figure 4 above shows the extent of imbalance across the service user groups which may indicate further work is required to assess whether there remain areas of unmet need.

5.4.6 Currently 14 Service users with learning difficulties/complex needs and 3 with physical disabilities are attending day services commissioned out of borough.

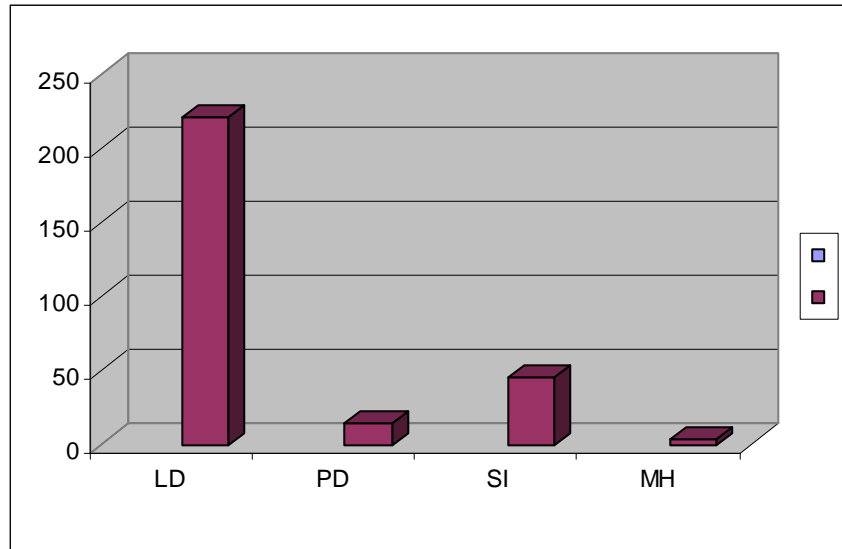


Figure (xvi): Total day service places for 18-64yrs

5.5 Extra Care Services

5.5.1 There are currently 200 units of extra care accommodation provided in five locations across Gateshead. All are new build and have formed part of a programme of modernisation of older peoples' services along with the development of Promoting Independence Centres and the Local Authority decision to discontinue in-house long-term residential care.

5.5.2 Commissioning of extra care has been undertaken in partnership with Housing 21, who in addition to the housing management function at each location are also commissioned to provide the care element in four of the five schemes. The Local Authority provides care in the fifth scheme, operating a hub style service, which delivers care into the surrounding locality.

5.5.3 Extra care is seen as a cornerstone to delivering care options to older people in a modern commissioning framework, and clearly has implications upon the long-term residential care market as for some older people extra care would be their preferred option. This option has proved to be particularly popular with older residents in Gateshead and a sixth extra care scheme is currently proposed.

5.5.4 Extra care is additionally a priority in the Older People's Housing Strategy, commissioning intentions will focus around both new developments and innovative use of existing sheltered housing to provide enhanced options for supported living.

5.6 Housing Related Support

5.6.1 Housing related support services are provided across Gateshead to a wide range of service user groups to help them to live independently in the community. Housing related support is currently funded by Supporting People within Area Based Grant arrangements on the basis of ring fenced funding; however with effect from April 2010 the ring fenced arrangements will no longer exist. A breakdown of these services by user group is shown below:

Service User Group	Capacity (no. of units)
Frail Elderly	227
Generic	204
Homeless Families with Support Needs	37
Mentally Disordered Offenders	15
Offenders or People at risk of Offending	33
Older people with support needs	6,831
People with a Physical or Sensory Disability	94
People with Drug Problems	34
People with HIV / AIDS	2
People with Learning Disabilities	80
People with Mental Health Problems	70
Refugees	40
Single Homeless with Support Needs	114
Teenage Parents	19
Women at Risk of Domestic Violence	38
Young People at Risk	57
Young People Leaving Care	3
Total	7,898

5.6.2 The total projected expenditure for 09/10 is £6.86 million, there is potential for this to be reconfigured over subsequent years as a result of the movement of funding into the Area Based Grant arrangements

5.6.3 There are 6,665 units in the rented social housing sector (i.e. local authority and housing association) which are designated for older people and receive a community alarm and warden service

5.6.4 The Council continues to develop its telecare solutions and has invested significantly into its approach to Assistive Technology. Through the Preventative Technology Grant the telephony, and new accommodation secured as part of a modernisation approach.

5.6.5 A Telehealth pilot is currently being undertaken in partnership with health, this is aimed at enabling people, particularly those with long-term conditions to be supported through innovative approaches to remain living in their own homes. This approach will be evaluated and discussions will take place with the PCT around commissioning intentions based upon the evaluation outcomes. MBR

- 5.6.6 In 08/09 there were 550 new service users accessing telecare and there are currently 7633 individuals connected to the Care Call service. The total number of connections (including environmental sensors)are 9343.MBR
- 5.6.7 There are current issues in securing appropriate properties for people with learning disabilities wishing to live independently at the point of transition. As younger people with learning disabilities and their family carer's age this will become an increasing problem, which will require further analysis.
- 5.6.8 In 09/10 there are 9 new services commissioned at a cost of £0.44m created 146 additional units of support per week. These are broken down into the following service user groups:

Service User Group	Capacity (no. of units)
Generic	20
Mentally Disordered Offenders	15
Offenders or People at risk of Offending	8
Older people with support needs	70
Women at Risk of Domestic Violence	10
Young People at Risk	23
Total	146

- 5.6.9 Additional funding was awarded from April 2009 for a two year period to fund a Handypersons small repairs service to benefit over 300 older people per year. The funding was received from CLG and we will receive £50k for 2009/10 and £70k for 2010/11.
- 5.6.10 A further two projects have been commissioned which will commence in the financial year 2010/11 to the value of £0.18m. The projects include capital funding that has been achieved through the Places of Change Programme and National Treatment Agency Tier 4.

The Places for Change programme is for Young People aged between the ages of 18 to 25 who require accommodation with housing related support. This service has been jointly commissioned with South Tyneside Supporting People Team who will have a contract for 6 bed spaces with Gateshead 14 bed spaces.

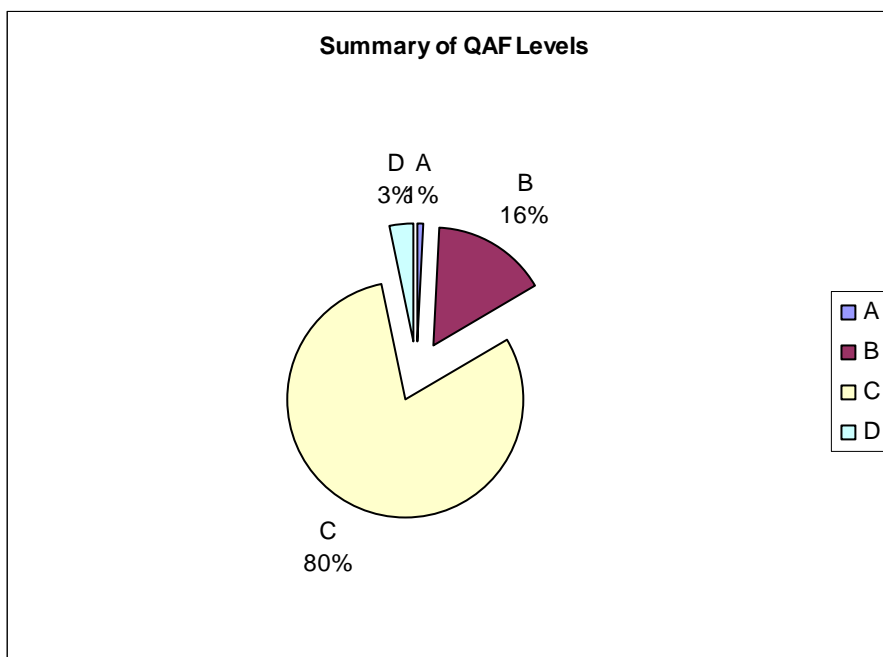
The Tier 4 project is for women with families who have drug and/or alcohol problems and require accommodation with housing related support. This service has been jointly commissioned with Newcastle and Northumberland Supporting People Teams with Gateshead and Newcastle purchasing 4 bed spaces each and Northumberland purchasing 2 bed spaces.

5.6.11 The current service provision for housing related support has both internal and external commissioned services. This is broken down as follows:

Area	Number of Services	Service %	Allocated Grant	Allocated Grant %
Internal Providers	25	17.36	£3,166,000	46.11
External Providers	119	82.64	£3,700,000	53.89
Total	144	100	£6,866,000	100

5.6.12 All SP services are monitored for levels of quality through the standard Quality Assessment Framework (QAF). There are four levels,
 A = Excellent
 B = Good
 C = Average
 D = Poor
 (From April 2009, these changed to 3 levels with level D being removed)

The SP services levels in Gateshead are currently as follows:



6 WORK FORCE ANALYSIS

Data for this section has been compiled from the draft CBS Adult Social Care Workforce Strategy. This aims to scope, contextualise and plan for the challenges and dilemmas that face the workforce in meeting the needs of service users, their carers and families now and in the future. The strategy also aims to focus the efforts of services within CBS, to better understand, plan and develop their human resources, while ensuring the delivery of excellent services is not compromised.

The Strategy for the Adult Social Care Workforce in England “Working to Put people First”

England faces substantial demographic change during the twenty-first century. There is an ageing population and already more people over 65 than under 16 for the first time in our history. About 1.75 million adults currently use social care in a variety of different ways to live more fulfilled lives. Local authorities spent £16.5 billion on social care for adults in 2007/08. In addition there are many people who fund or contribute to their own care.

The adult social care workforce is made up of about 1.5 million hardworking, committed, and talented people working in a variety of different roles. Over two thirds work in the private and third sectors, with 60% of the estimated 35,000 employers classified as micro (fewer than 10 employees) and a further 30% small (fewer than 50). There are even more relatives, friends and volunteers caring for people alongside the workforce.

Our vision for the future is a confident, enabled, and well equipped adult social care workforce transforming services in the way the Government set out in *Putting People First*. This will enable people, even those most disabled or disadvantaged, to participate as citizens in society and take as much control as possible over their own lives. Social care will play an important part in helping to deliver equality and human rights for people using services.

All of those who are leading, working in, and training the social care workforce must work together to make this transition with passion, understanding, and belief in why their role is important. There are six key priorities for the workforce going forward:

Leadership	To ensure that effective management and commissioning skills are crucial to transforming adult social care.
Recruitment and Retention	Recruitment and retention of quality social care staff, particularly in some areas, remains a challenge. The workforce should be drawn from a wide base of cultures, skills and attributes within local communities.
Workforce Remodeling and Commissioning in new ways	This is important to re-shape the workforce so it has the right people with the right skills undertaking the roles and tasks which people using services want.
Workforce Development	Aiming to create a more confident, empowered and diverse workforce with increasingly sophisticated skills in order to secure the dignity, quality of services and quality of life of those people receiving social care.
Joint and integrated working between social and health care and other services	This is important so that people who use services can be reassured that the workforce will work across organisational boundaries to meet their needs.
Regulation, assuring public safety and raising standards of care in the social care workforce	This is a priority for employers but will also be promoted through professional regulation by the General Social Care Council (GSCC) and through service regulation by the new Care Quality Commission (CQC).

The personalisation agenda, which aims to promote choice and independence, brings with it new challenges around traditional models of care, support and service delivery.

At the same time, recruitment and retention of the workforce is becoming an increasing issue. A number of factors influence this and include reduced numbers of working age adults available for recruitment, competition with other sectors for young people and significant numbers of the workforce approaching retirement age.

It is vital therefore, that workforce development activities are planned in a considered and strategic manner to ensure that the right people, are in the right place, at the right time.

National Picture

A clearer picture of the social care workforce is beginning to emerge as a result of the National Minimum Data Set (NMDS) [\[39\]](#). The National Minimum Date Set for Social Care (NMDS-SC) [\[40\]](#) gathers information about the social care sector both adults and children's services. It has been designed to gather information about services and information about the social care workforce

Skills for Care's workforce simulation model applies ratios of staff: people who use services (derived from NMDS-SC data) to forecasts of future demand for social care based on those made by the Personal Social Services Research Unit (PSSRU) [\[41\]](#) for the Department of Health. The model projects the paid workforce required by

2025 to between 2 million and 2 ½ million workers, depending on scenario. This represents an increase of between 50% and 80% on estimated 2006 numbers.

Regional Picture

The workforce information available locally, must be treated with some reservations around accuracy due to take up, thus far, of data entry to the NMDS. A clearer picture is emerging as Local Authorities and the Private Voluntary and Independent Sector (PVI) upload information, extrapolate findings, and gain insight.

‘The Social Care Workforce in the North East: A Stakeholder Analysis March 2008’ [\[42\]](#) gives the most precise and up to date (at time of writing) picture of the local workforce this information will be updated when available later this year

A Portrait of the Health and Social Care Workforce (North East) 2008 [\[44\]](#) produced by the NHS indicates:

- A working population that is decreasing relative to the vulnerable Customers’ health and social care organisations serve
- A higher proportion of people without qualifications than Great Britain as a whole
- Current school leavers that are better qualified than their parents but with less choosing to study science
- Health and social care organisations that employ around 149,000 people – 50% in the NHS, 12% in statutory social services and 36% in the independent sector
- A health and social care workforce that is female dominated in most professional areas.
- Relatively high turnover rates in the independent care sector, especially for domiciliary care

In respect of Age on first entering the care sector NMDS-SC analysis shows that while a third of workers started working in social care at age 18-24, another third come in between 30 and 45 and a quarter between 25 and 34. Furthermore, the 18-24 group includes more who will not stay in social care than the other groups.

Research suggests that the reasons for social care being attractive to older workers include: flexibility of hours; job satisfaction; workers become more aware of care work as they get older; the nature of the work increases in interest as workers themselves get older. An interpretation of this analysis could be that having an ‘older’ workforce is to be expected and that it is sustainable.

In Gateshead

The Community Based Services (CBS) draft Adult Social Care Workforce Strategy attempts to scope, contextualise, and plan for the challenges and dilemmas that face the workforce in meeting the needs of service users, their carers and families now and in the future. The strategy is currently subject to consultation before devising an action plan.

The strategy aims to focus the efforts of services and staff within CBS to better understand, plan and develop their human resources, while ensuring the delivery of excellent services is not compromised. It also aims to ensure that equality and diversity are at the heart of the strategy, our policy-making, planning and training.

The strategy considers and makes reference to the Council's partners, the wider social care workforce and universal services, who are involved in, and intrinsically linked to the delivery of modern social care. Thus while the focus is on CBS, our planning is inevitably inclusive of the wider health and social care community.

The ratio of older people to people of working age set to rise from 17.8% in 2008 to 22.2% in 2025, initially higher, then lower than for the NE as a whole, but higher than for England at all times

Gateshead Council was part of the national pilot for the NMDS-SC and has continued to lead on this issue.

Gateshead Council has been proactive in gathering information about its workforce and as result the Council has data sets that allow it to:

- Identify staff skills, needs and achievements
- Create a staff development and training plan that meets the needs of the organisation
- Carry out effective workforce planning for the current and future social care workforce
- Identify recruitment and retention issues and to develop succession-planning strategies
- Develop staff skills and competence in line with regulation and good social care practice
- Access to local and regional supported learning
- Provide anonymous information for Skills for Care to represent the social care sector and to attract resources to support the social care skills agenda

The Council has a mixed economy of professionally affiliated and non-professionally affiliated workers, volunteers, and expert service users and carers who contribute to the development and delivery of social care in Gateshead. Of the 2224 staff employed by CBS , 44% are full time and 56% are part time, with the majority of part time staff being female (50%).

Future Workforce - what we need to do in general

There is a general need to improve the management information system for workforce data across the region.

With the population in the North East set to decrease by 10% over the coming years, CBS has a need to develop strategies to attract more people into Social Care from a declining workforce population.

Action planning is outlined in the strategy following the themes in Putting People First [\[3\]](#) as follows:

- Leadership
- Workforce Re-Modelling and Commissioning
- Recruitment, Retention and Career Pathways
- Workforce Development
- Joint and Integrated Working
- Regulation

The following principles underpins thinking and decision making on the path to personalisation whilst acknowledging that equality and diversity being an overarching priority that is at the heart of the strategy and one that impacts on all workforce activity:

- Services should be commissioned, provided and evaluated with the key purpose of making a difference to the people we serve.
- The workforce is the means by which we deliver effective, quality services, and needs to be valued and supported in doing so.
- In providing and commissioning services, we will offer choice and quality.
- Workforce profiles should reflect the culture of the communities we serve.
- Staff should have access to learning, training and development opportunities that allow them to maximise their potential, and enable them to deliver person centred, socially inclusive services.
- Staff should work collaboratively and flexibly across disciplines and teams overcoming professional and organisational boundaries, to meet the needs of people accessing services.
- Service users and carers contributions are crucial to delivering effective, accessible services, and need to be valued and supported to contribute in a meaningful way.

Specific actions in the workforce strategy related to commissioning will become clearer following consultation. These actions will be incorporated in the commissioning strategy action plan in the next few months.

7 Financial Context

The financial impact on the Council will depend on a range of factors and decisions taken about the care models put in place to meet needs. The way in which services are funded when someone has a right to publicly subsidised services, and how much they will pay towards these services will all affect the net cost.

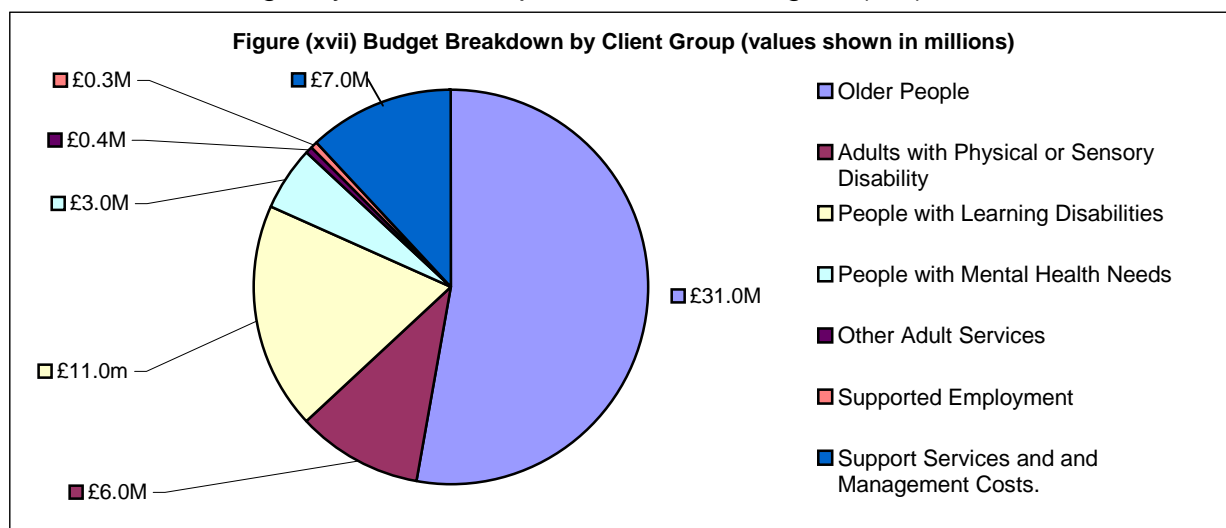
The Wanless Review attempts to project the costs of social care for older people in particular in the period to 2026. The Review looks at other more generous service models which could increase costs further and different approaches to the way the country could fund such models, including the share between public subsidy and private means.

The challenge set out in the Review is whether the country can afford these increases which would represent a significant rise in the proportion of Gross Domestic Product (GDP) committed to care, and how it should be funded.

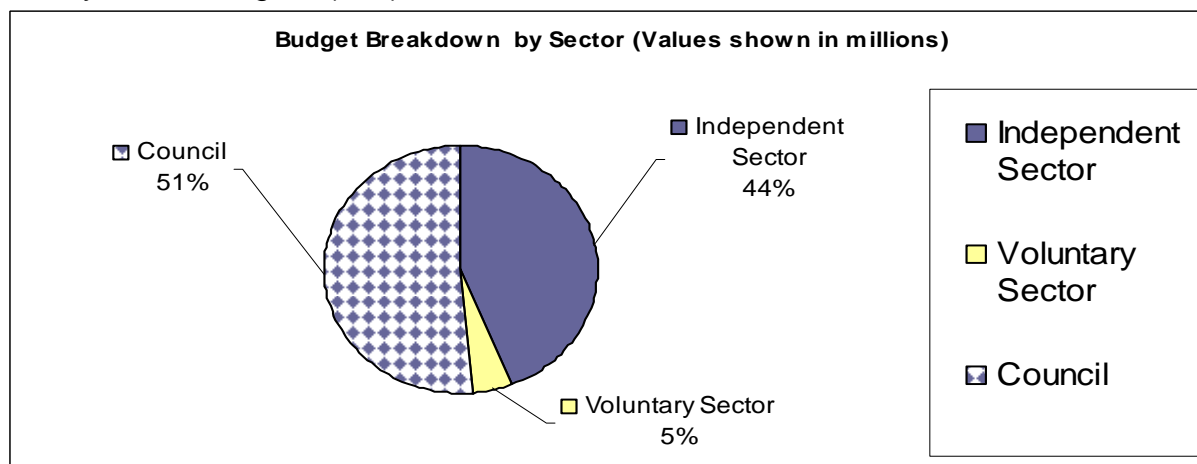
Whatever the uncertainties in the projections, the messages are clear – numbers, unit costs and service expectations will all lead to significant increases in overall costs. The indications are that there is unlikely to be significant change in the expectation that individuals with means will continue to fund some or all of their social care needs.

Adult Social care Budget for 2009 to 2010 = £58.7 Million

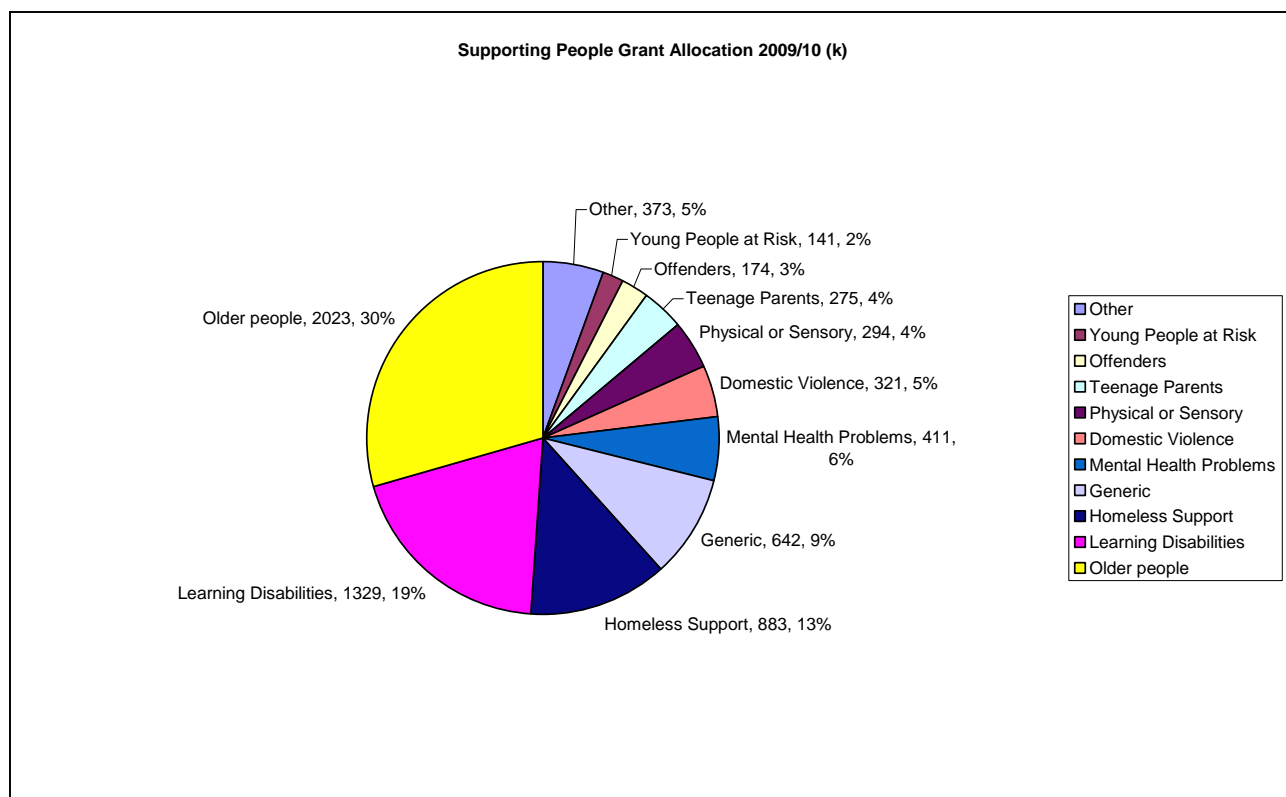
Breakdown of Budget by Client Group is contained in Figure (xvii)



And by sector in figure (xviii) below.



Supporting People Grant Allocation for 2009 to 2010 = £6.86 million
 Breakdown of Allocation by Client group is contained in figure (xviii)



7.1 Fair Access to Care Services (FACS) [36]

This initiative helps to ensure that the criteria for eligibility for social care services are easily understood, and comparable between Councils across England. It uses the categories of Low, Moderate, Critical, and Substantial need for care. Gateshead Council balances demand and available resources by funding services for people assessed as in Critical or Substantial need. Wherever possible those assessed as having Low or Moderate needs are signposted to alternatives in the informal and voluntary sectors.

7.2 Value for Money (VfM)

7.2.1 National and Regional Context

The Government's efficiency agenda is concerned with both service improvement and good financial management.

The Department for Communities and Local Government (formerly the Office of the Deputy Prime Minister) defines 'Value for Money' (VfM) as "a judgement about the price of a service in the light of the perceived value of that service" (OPDM Introductory Practice Aid). Most recently, the National Improvement and Efficiency Strategy (NIES) identified four key priorities around:

- Improving VfM to meet the 3% efficiency target
- Increasing innovative capacity of local authorities and their partners
- Giving communities a strong voice in reforming services to meet peoples needs
- Improving economic and neighbourhood renewal leadership capacity locally as part of local authorities place shaping role.

There are nine Regional Improvement and Efficiency Partnerships (RIEPs) [37], linked to the Association of Directors of Adult Social Services, working towards achieving the priorities of the national strategy. They will provide efficiency leadership, support to councils and local partners and ensure efficient resources are available to support change at a regional level.

The North East RIEP has produced a Regional Improvement and Efficiency Strategy and Delivery Plan, detailing how it will fulfil this remit. Its focus is on supporting, facilitating and challenging local authorities and their partners to deliver on their ambitions. Its range of on-going work streams includes commissioning, personalisation, and prevention, together with workforce development. Gateshead Council will make use of this to refine its own approaches.

7.2.2 Housing Related Support VfM

The supporting people programme established a national framework for all services to follow to monitor the quality of services. Gateshead Council has developed a VfM process for Housing Related Support services which allows the Commissioning Body to make a judgment whether the service is offering good value for money.

The process looks at:

- Proportion of expenditure between salary and on-costs/management costs
- Hourly rates based on contracted hours and direct support hours
- Quality levels
- Outcomes being achieved
- Benchmarking against similar services (both local and regional)

Since 2005, the Supporting Programme has achieved savings of approximately **£xx** through the VfM process without the quality and outcomes of services being affected. This has allowed Gateshead Council to create additional services to meet the unmet need in the borough.

7.3 Government Green Paper on Social Care Funding

The Government published its Green Paper *Shaping the Future of Care Together* in July 2009. The Green paper sets out the Government's proposals for ways to reform the care and support system for Adults in England.

Shaping the Future of Care Together recognises that society is going through dramatic change, people are living longer and leading more active lives and changing aspirations expect services to enable people to live their lives the way they want. By 2026 there will be 1.7million more adults who need care and support and a rising expectation of choice and control over their services.

It is widely accepted that the current system of funding long-term care in the UK is unfair, too complex and inadequately funded, the Green Paper sets out a vision to build a high quality National Care Service that is fair, simple and affordable. Increasing pressures on Local Authorities often mean that used to offer care and support when peoples' needs are highest when money could be better invested in prevention, rehabilitation and keeping people healthy.

Additionally, this will build upon the progress made in recent years through reforms such as *Putting People First* to improve the way the system works for people.

The role of Local Authorities continues to be recognised as key to delivering care and support and it is envisaged that they will continue to:

- Be the channel for state funding and support
- Undertake assessments
- Provide information, advocacy and care management for individuals
- Provide and commission services and manage the market of care and support providers
- Foster innovation in care and support using their freedom to decide how services are delivered at a local level

7.4 Resource Allocation System (RAS)

The LAC Circular 'Transforming Adult Social Care' sets out twelve outcomes which councils will be expected to make significant progress on by 2011. This includes a personal budget system for service users eligible for adult social care support.

Under the Self Direct Support Initiative (SDS) [\[9\]](#) users with an eligible assessed need will be allocated a personal budget to enable them to meet those needs in accordance with a validated support plan. The Resource Allocation System (RAS) is the system by which resources will be allocated to service users and carers with eligible assessed needs. The RAS supports the overarching policy objectives of the Putting People First approach which are to promote the independence, health and well-being of individuals while improving their choice and control over the support they receive. Eligibility is defined by the criteria under Fair Access to Care Services (FACS).[\[36\]](#) The threshold for eligibility will be that set from time to time by the authority in line with the Fair Access to Services Guidelines.

A sample survey project has been undertaken to develop a draft RAS for Gateshead. Results are being evaluated and further developed. A draft RAS has been agreed by the Council's Cabinet. A further pilot will be initiated, and, following evaluation it will inform a wider RAS to be rolled out from October 2009.

8. Performance Assessment Framework and Aims of Commissioning

8.1 Introduction

In delivering modern social care services in the coming years, the local authority will be faced with challenges on a number of levels which the strategy has begun to outline.

In developing this strategy we want to have a clearer understanding of the potential of the local care market and the needs of the local population. The challenges and direction of travel are clear and we now have to decide how we can best move forward for the people of Gateshead. The following section describes

- The Performance Framework for commissioning
- The aims of our commissioning activity.

8.2 Comprehensive Area Assessment (CAA) [\[50\]](#) looks at how well local services are working together to improve the quality of life for local people. It will make straightforward independent information available to people about their local services, helping them make informed choices and influence decisions: -

- It is about people and places
- It will give people a snapshot of life in their local area each year
- It will help local services improve quality of life in their area
- It will help people understand if they are getting value for money from their local services.

This strategy, together with the LAA, provides a coherent structure for the council and its partners to achieve the seven outcomes for social care. [\[1\]](#)

8.3 CQC Care Quality Commission Performance Assessment Guide [\[49\]](#)

The Care Quality Commission has produced a performance assessment framework 2008-2009 which has been revised after consultation with a wide range of respondents including people who use services and their carers, councils, inspectorates, government departments, voluntary and third sector organisations.

The outcome of this is that Adult Social Care is assessed against outcomes and domains these reflect what is important to service users. These are not graded and are not checklists rather they are used as a guide to help build a picture of how well and in what ways adult social care is working to achieve each outcome for people in the area.

Joint Strategic Commissioning Strategy Consultation

For the purposes of consultation the CQC Performance assessment guide was cross referenced to the aims of commissioning to consult with all stake holders this is outlined in Appendix [57](#)

Commissioning Strategy Implementation Plan

OUTCOME 1	IMPROVED HEALTH AND WELL-BEING			
People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.				
Vision Adult Social Care	1. Improved Health and Emotional Well-Being We will support individuals, groups and communities to have more control over their health and emotional wellbeing. A focus on prevention will be central.			
Action	Milestones	Target	Responsible Officer	Other Links
1. To develop a joint commissioning framework with South of Tyne and Wear PCT to extend the range of Services	<ul style="list-style-type: none"> - Jointly agree Draft Framework - Review existing Joint Commissioning arrangements to ensure alignment with the framework - Develop Further Joint commissioning approaches for North Tyne and Wear for Learning Disability and Mental health services 	Dec 2009 April 2010	Commissioning Service Manager Council and PCT	JSNA
2. To develop effective engagement protocols to enable service users and Carers to influence and develop services.	<ul style="list-style-type: none"> - Develop Peer Review and quality checks System across Adult Social Care Commissioning based on SP Model and Learning Disability developments - Develop procedure to enable service users to participate in procurement of adult care services. 	Dec 2009 June 2010	Commissioning Service Manager Corporate Procurement Team Leader Contract Review Officer	Ask, Listen, Act Involvement Strategy CBS Involvement strategy and learning disabilities review.
3. To create a robust system to collate information from a range of sources to inform commissioning intentions.	<ul style="list-style-type: none"> -Complete Audit of existing sources and link to other data collation processes -Explore IT solutions -Develop Data Sharing Protocols to support this Activity. 	March 2010 June 2010 Oct 2010	Information and ICT Manager.	JSNA

4. To ensure effective market development to offer greater choice to individuals who wish to purchase their own services.	-Commission Market Development exercise -Receive final report -Evaluate and agree action plan and recommendation.	June 2010 Sept 2009 Oct 2010	Head Of Service Adult Social Care Commissioning Programme Manager Personalisation	Transformation Adult Social Care Personalisation Project Plan JSNA
5. Develop incentives for commissioning for health and well-being as part of the LD review	-Ensure 4 events for potential and current LD Providers to develop the market and share good practise as highlighted the LD review	March 2010	Commissioning Service Manager	Learning Disabilities Review and Action Plan
6. To further develop quality assessment systems across all of Adult Social Care commissioned services	-Develop Quality Assessment Frameworks for -Phase 1 Residential services Younger People -Phase 2 Learning Disability Services -Phase 3 Voluntary Sectors. -Evaluate the effectiveness of the framework and consider how to roll this out across all services.	March 2011 Nov 2011	Commissioning Service Manager	Existing Quality Assessment Frameworks
7. To improve advice and information from established services to make informed choices.	-Develop existing links to adult social care Communication Strategy and Implementation Plan across Adult Social Care - Commission appropriate advocacy -Develop better use of technology to enable access to information	March 2010	Commissioning Service Manager	Communication Strategy and Implementation Plan Adult Social Care
8. To promote health and acknowledge cultural preferences through the provision of a nutritionally balanced diet in directly provided and commissioned services.	-Strengthen existing contract conditions and monitoring processes to take full account of diversity. -Survey providers regarding current provision and create a baseline of services	June 2010	Development officer Equalities Contract Review Officer Commissioning Officer	Equality Framework for local government JSNA
9. To commission services that deliver reablement and rehabilitation	-Determine overall approach for reablement and develop business plan for adult care services. -Commissioned block contract aligned to the above -Evaluate assistive technology pilot to determine joint commissioning intentions in relation to telehealth.	Nov 2009 May 2011 Mar 2010	Programme Manager Fit for Futures. Service Manager Provider Services. Care Call Manager	Transformation Adult Social Care Fit for Future Adult Social Care Programme

10. Identify need and commission services that supply end of life care.	-Determine overall approach for end of life care and develop business plan for adult care services. -Commissioned block contract aligned to the above	June 2010	Commissioning Service Manager	NSF End Of Life Care
11. Identify need and commission services that promote early intervention /preventative services for Dementia Sufferers	-Integrate local needs assessment to support dementia sufferers and align this to the housing strategy	Dec 2010	Head of Service Adult Social Care Commissioning	World Class Commissioning Plan JSNA

OUTCOME 2		IMPROVED QUALITY OF LIFE		
People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.				
Vision Adult Social Care	2. Improved Quality of Life We want more people, including family carers, to take part in their communities, have work and leisure, and the chance to feel fulfilled and valued.			
Action	Milestones	Target	Responsible Officer	Other Links
1. To ensure that 'Fit for Future' programme is aligned to other drivers for changes such as Personalisation to deliver high quality and effective services by broadening the range of universal services through market development	-Engage with potential partners -Agree targeted activity to develop the care market	April 2011 June 2011	Commissioning Service Manager	Transformation of Adult Social Care Personalisation JSNA
2. To improve range of choices of suitable, affordable accommodation to meet identified needs and aspirations of service users with disabilities	-Appoint Housing Options Development Officer -Develop Framework Agreement arrangements across a wide range of housing/care providers	Nov 2009 May 2010	Housing Options Development Officer	Housing Strategy for people with Learning Disabilities. Jan 2009 JSNA
3. To encourage innovative service user led business models such as social enterprise	-Appoint organisation through tender process to develop seeded commissioning model. -Evaluate model for application in other scenarios.	Dec 2009 Dec 2010	Team Leader Economic Development	

4. To commission for social inclusion to improve access to employment, housing, leisure and other mainstream opportunities.	-Build into tender and contract documentation an explicit remit to take account of social inclusion	Dec 2009	Commissioning Officer	Commissioning Strategy Social Inclusion Financial Inclusion Strategy Community Cohesion Strategy
5. To explore dis-investment in traditional care package delivery and re-investment in assistive technology.	-Scope out Project	Dec2010	Gateshead care Call Manager	Telecare Strategy
6. To ensure carers are offered choice of services so that needs are met in an appropriate way.	-Develop links to Carers Partnership to enable -Carers to Influence Service Development -Carers emergency support service implemented -Carers emergency support service to be reviewed. -Tenders for advocates for carers of people with Learning Disabilities to be published, -Contract awarded to deliver Advocacy Service	Mar 2010 Sept 2009 June 2010 Oct 2009 Dec 2009	Planning and Development Manager Team Manager Council Provider Services Commissioning Officer	Carers Strategy JSNA
7. To further develop individualised Commissioning Approaches	-Review Out of Borough Placements with a view to recommissioning in Gateshead where appropriate -Develop Framework Agreements, which will deliver complex or intensive specialised services.	Sept 2010	Mental health Service Manager Commissioning Service Manager	Fit For Futures Business Models Adult Social Care

OUTCOME 3		MAKING A POSITIVE CONTRIBUTION			
People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported					
Vision Adult Social Care		3. Making a Positive Contribution We want to help people, including our most vulnerable adults, to contribute to their community, family and friendships.			
Action		Milestones	Target	Responsible Officer	Other Links
1. To further develop a range of preventative services, to release resources for more effective re-investment.		-Develop further joint models or preventative services following the recommendations of the linkage pilot evaluation.	Dec 2010	Commissioning Manager	Transformation Social care Personalisation and Fit For Futures Business models
2. To establish a wider range of partners in the independent and third sector marketplace to enable greater diversification of accessible services through development of appropriate compacts.		-Commission Market Development exercise -Receive final report -Evaluate and agree action plan and recommendation.	June 2010 Sept 2009 Oct 2010	Commissioning Manager	Transformation Social care Personalisation and Fit For Futures Business models
3. To consider investment in services or facilities which would not typically be regarded as having an adult care focus to promote the widest possible access for people.		-Services Review Adult Social Care -Create service Baseline -Agree Financial Viability -Complete service consultation -Agree implementation -Complete Implementation	Nov 2009 Feb 2010 Feb 2010 April 2010 Dec 2010	Head of service Adult Social Care Commissioning Service Manager Provider services PLD.PH.	Fit for Future Business Models Adult Social Care
4. To further develop systems to ensure that all opportunities are realised to capture relevant service user and carer views.		-Audit current mechanisms for identification of gaps assuring quality and consistency -Develop improved systems based on analysis of the above to feed into improved commissioning.	May 2010	Social Care Complaints Manager	Annual Report Complaints and Representations
5. Develop Forums to enable providers to contribute views to shape services		-Develop Voluntary Sector think tank to contribute views -Review remit of forums for domiciliary care and residential care providers to strengthen commissioning intentions	Dec 2009 Mar 2010	Commissioning Manager.	JSNA

OUTCOME 4	INCREASED CHOICE AND CONTROL			
People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.				
Vision Adult Social Care	4. Increased Choice and Control Our aim is to design services around the individual, and support people to make their own decisions about how to meet their needs. We will work to ensure that accessible information is available to them, and that users' control over their support is a reality.			
Action	Milestones	Target	Responsible Officer	Other Links
1.To analyse Domiciliary Care market to ensure capacity within the whole system.	-Analyse demand and Capacity across the whole system -Initiate consultation with stakeholders -Revise existing contract to ensure fit for purpose	Dec 2010 Sept 2010 Dec 2010	Commissioning Service Manager Programme Manager Fit For Futures Business Models Adult Social Care	Fit for future Business models Adult Social Care Programme JSNA
2.To prepare independent and voluntary sector providers to meet challenges of Personalisation.	Commission Market Development exercise -Receive final report -Evaluate and agree action plan and recommendation. -Following evaluation agree next steps with stakeholders	June 2010 Sept 2009 Oct 2010 June 2010	Commissioning Service Manager Programme Manager Personalisation	Personalisation Programme JSNA
3.To explore how to address the unequal distribution of services across neighbourhoods, particularly in rural areas.	-Scope project	June 2011	Commissioning Service Manager Neighbourhood Management Team Leader.	Fit for future Business models Adult Social Care Programme Neighbourhood Plans.

<p>4. To ensure there is a thriving social care Market of quality assessed menu of services which are safe and affordable.</p>	<ul style="list-style-type: none"> -Commission Market Development exercise -Receive final report -Evaluate and agree action plan and recommendation -Develop Quality Assessment Framework -Phase 1 Residential Services younger people -Phase 2 Learning Disability Services -Phase 3 Voluntary Sectors. -Evaluate the effectiveness of the framework and consider how to roll this out across all services. 	<p>Sept 2009 Feb 2010 April 2010</p> <p>Mar 2011</p> <p>Nov 2011</p>		<p>Personalisation Programme JSNA</p>
--	--	--	--	---------------------------------------

OUTCOME 5	FREEDOM FROM DISCRIMINATION AND HARRASSMENT			
People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighbourhoods				
Vision Adult Social Care	5. Freedom from Discrimination and Harassment We will show respect for all, commission personalised services and promote equalities for everybody. In particular vulnerable adults will be protected from abuse and their wellbeing will be safeguarded.			
Action	Milestones	Target	Responsible Officer	Other Links
1. Work jointly with neighbourhood management to work jointly to further reduce instances of discrimination/harassment for people who use social care services.	-Scope project	June 2011	Neighbourhood Team Commissioning Service Manager	Neighbourhood Plan
2. Develop sustainable, structured approach to ensure there is clear information about services for people not eligible under FAC's, (Fair Access to Care eligibility criteria),	-Analyse referrals via Adult Social Care Direct -Analyse views of Health and Social Care professionals -Feed into commissioning service plan on a 6 monthly Basis Ref outcome 2 action 1	April 2011 June 2011	Commissioning Service Manager	
3. To Commission services which respond to identified needs of diverse communities and provide choice.	-Identify current mechanisms for engagement -Strengthen intelligence gathering Systems, identify gaps -Explore capacity of the potential workforce within the BME community	April 2010 Dec 2010	Commissioning Service Manager	Equality Impact Needs Assessment JSNA

OUTCOME 6	ECONOMIC WELLBEING				
People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment					
Vision Adult Social Care	6. Economic Well Being We will help people to improve their finances.				
Action	Milestones	Target	Responsible Officer	Other Links	
1. To develop Gateshead Advice Partnership and ensure a network of quality assured advice providers	-Contribute to Borough wide audit of advice services Contribute to formation of Gateshead standards and referrals protocols	Dec 2009 May 2010	Head of Service adult Social Care	Outcome 1 action 6 Financial Inclusion Strategy	
2. Provide further support for carers to pursue their career/employment aspirations.	Investigate feasibility of return to work support through voluntary organisations Amend standard relevant contract to introduce flexible service responding to employment needs/aspirations of carers	Dec 2010 Dec 2010	Planning and development manager Job Centre plus Commissioning service manager	Carers Strategy	
3. Develop a brokerage approach to enable service users and / or carers to get value for money when finding and managing their support independently.	? Brokerage/Personalisation.				

OUTCOME 7	MAINTAINING DIGNITY AND RESPECT				
People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.					
Vision Adult Social Care	7. Maintaining Personal Dignity and Respect We want individuals and families to have care that respects them and allows them to make choices and take decisions.				
Action	Milestones	Target	Responsible Officer	Other Links	
1. To develop a robust governance framework to ensure service users and their carers are safeguarded from abuse. To develop clear information sharing protocols across safeguarding and commissioned services.	-Annual analysis of data from safeguarding outcomes -Review all commissioned service contracts in response to the above.	Sept 2010 Sept 2010 on-going	Safeguarding Adults Co-ordinator	Safeguarding partnership Safeguarding policies and procedures Community Safety Strategy	
2. To ensure that all providers are offered and undertake appropriate levels of training on a regular basis to ensure a full understanding of their safeguarding role.	-To set up quarterly monitoring system to access take-up of safeguarding training by providers	Dec 2009	Safeguarding Adults Co-ordinator	Safeguarding partnership Safeguarding policies and procedures Community Safety Strategy	
3. To further develop quality assessment systems across all of adult care commissioned services to ensure clear criteria against which they assess effectiveness of safeguarding	-Develop quality assessment frameworks for -Phase 1 Residential services Younger People -Phase 2 Learning Disability Services -Phase 3 Voluntary Sectors. -Evaluate the effectiveness of the framework and consider how to roll this out across all services.	March 2011 Nov 2011	Safeguarding Adults Co-ordinator Commissioning Service Manager	Safeguarding partnership Safeguarding policies and procedures Community Safety Strategy	
4 Put People at the centre of commissioning of services- further to ensure that this encompasses the requirements of Valuing People Now.	-Set up process to link person centred planning with commissioning of services -Ensure collation of information from LD PCP reviews is collated to identify areas of service development to inform commissioning priorities and intentions -Promote advocacy services to meet demand identifying communication champion within social work teams -Review the offer of communication passports and how they link with person centred plans	January 2010 April 2010 April 2010 April 2010	Commissioning Manager	Joint review of Planning and buying services and support for people with learning disabilities and complex needs.	

OUTCOME 8 LEADERSHIP				
People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.				
Action	Milestones	Target	Responsible Officer	Other Links
1.To ensure that commissioning priorities are aligned with the vision for Adult Social Care.	-Review Commissioning priorities following annual update of the vision for adult social care	Commence 2009 annually thereafter	Commissioning Service Manager	Vision 2030 Putting People First Personalisation Programme JSNA
2.To ensure that providers are able to deliver services utilising appropriately skilled and qualified workforce. 3.Develop Multi-agency workforce planning across all relevant agencies to meet future needs.	-CBS workforce Strategy will inform these actions once consultation on the strategy is complete		Commissioning Service Manager	National workforce Strategy Gateshead Workforce strategy Regional Workforce Strategy JSNA
4.To ensure relevant data collection tracks changes in service delivery and supports management of business risks.	-Review of QAF to include risk threshold system	Nov 2009	Commissioning Service Manager Contract Review Officer	
5. Further develop the performance management system to enable effective monitoring of commissioning activity.	-Set up Targets in relation to the following:- -Reviews on targets(timescale) Efficiencies(budget savings) Improved quality of regulated services Amend Commissioning Team Work Plan	Feb 2010	Head of Service Adult Social Care Commissioning Service manager Commissioning Information and ICT Manager.	Fit for Futures Adult Social Care Business Models Personalisation

OUTCOME 9	COMMISSIONING AND USE OF RESOURCES			
People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.				
Action	Milestones	Target	Responsible Officer	Other Links
1. To develop a joint commissioning framework with South of Tyne and Wear PCT to extend the range of Services	<ul style="list-style-type: none"> -Jointly agree Draft Framework -Review existing Joint Commissioning arrangements to ensure alignment with the framework -Develop further joint commissioning approaches for North Tyne and Wear for Learning Disability and Mental health services 	<p>December 2009</p> <p>April 2010</p>	Commissioning Service Manager PCT Representative	JSNA
2. To achieve greater levels of local accountability through partnership boards to ensure effective use of resources and value for money	<ul style="list-style-type: none"> -Audit information needs to influence commissioning intentions -Strengthen system of representation of Commissioners on Partnership Boards 	<p>March 2010</p> <p>March 2010</p>	Commissioning Service Manager Partnership Leads	JSNA
3. Prioritise current SP funded provision to enable the Commissioning Body to make funding decisions beyond March 2011	<ul style="list-style-type: none"> -Develop framework agreement -Carry out Option Appraisals on all SP funded contracts - Commissioning Body Prioritise each provision for funding decisions for 2011/12 	<p>April 2010</p> <p>October 2010</p> <p>November 2010</p>	Commissioning Service Manager Commissioning Body Members	
4. To develop a policy with partners for decommissioning services, this will be underpinned by robust evidence to ensure effective use of resources.	<ul style="list-style-type: none"> -Develop overarching Commissioning Policy using Supporting People Policy 	Dec 2010	Commissioning Service Manager	

5. Develop flexible procurement approaches to ensure that contracts are viable and achieve value for money	-Develop framework agreements	March 2011	Commissioning Service Manager	
6. Review and Reshape all in-house and independent Domiciliary Care Provision	-Set up Steering group -Complete full review of all Spot and Block Contracts -In house service to be reviewed -Go to procurement	Nov 2009-09-04 Sept 2010 Sept 2010-2011	Commissioning Service Manager OP Provider Service Manager	
7. To identify current trends for service users with visual impairment needs and align services to commissioning intentions	- Review of current commissioned services	December 2010	Commissioning Service Manager	JSNA
7. Review Adult Social Care Commissioning Structure to align resources to commissioning intentions which contribute to the overall delivery of the transformation of adult social care.	-Complete Commissioning Strategy -Complete Service Review -Implement recommendations.	March 2010	Head of service	

Glossary of Terms

Advocacy	Help given to people to enable them to express their opinions, eg about what community care services they require, and/or rights to which they or their advocates believe them to be entitled. An advocate can be a friend or relative authorised to speak or act on behalf of a person.
Assessment	The collection and interpretation of data to determine an individual's need for health, personal and social care and support services, undertaken with the individual, his/her relatives or representatives, and relevant professionals.
Best Value (BV)	A legal requirement of all local authorities to make sure that they deliver value for money across their services. This is implemented by carrying out reviews, consultations and monitoring of BV performance indicators.
Brokerage	Support brokerage has a number of functions that imply an array of activities or tasks. It is best seen and understood by this set of functions, rather than seeing brokerage encapsulated within a role of a support broker. Support brokerage needs to be understood as inherently community based. The key functions of brokerage include: <ul style="list-style-type: none"> • To find out what is available • To explore what is possible • Provide information (signposting) • Give technical advice • Encourage and develop informal supports • Coordinate supports and resources • Assist the person to manage their obligations and responsibilities in relation to their budget • Facilitation to enable things to happen • Help with support planning and person centred planning • Help the person speak up for themselves or where necessary to speak up on their behalf.
Care Package	A collective name for the service(s) a person can expect to receive following assessment.
Carer	A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill; the carer can be of any age.
Care Management	The process of meeting needs at an individual level, which is sometimes known as micro commissioning.
Commission for Social Care Inspection (CSCI)	The single independent inspectorate for all social care services in England.
Commissioner	A person responsible for securing the best services for a given population.
Commissioning	The process of meeting needs at a strategic level for whole groups of service users and/or whole populations, and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost effective way. Through this process commissioning secures services to meet the identified needs of, and improve outcomes for Adults through the ongoing arrangement and

	procurement of services, and the reviewing of these services following the reassessment of needs. Involves anticipating future needs and expectations rather reacting to present demand.
Community strategies	Plans that promote the economic, environmental and social well-being of local areas by local authorities as required by the Local Government Act 2000.
Community Care	Care or support provided by social services departments and/or the NHS to assist people in their day-to-day living.
Continuing Care	Healthcare, provided over a long period of time, to meet physical or mental health needs which have arisen as the result of disability, accident or illness. It can be provided in hospital, or a person can be supported in their own home, or in residential or nursing homes.
Contract	A mutual, legally abiding agreement enforceable by law.
Contracting	Putting the purchase of services into a legally binding agreement.
Contract Types	
- Block Contract	A contract that guarantees a given volume of business to the service provider. This can often lead to a lower unit cost being agreed.
- Direct Payment	Payments giving individuals the means of controlling their own care by giving regular payments to directly purchase services to meet their needs.
- Framework	Contract Services provided under an agreed Contract whereby specific services can be purchased through the agreed Terms and Conditions of the Contract, with no obligations on the relevant partner to purchase any services.
- Grant Agreement	An agreement to specify the core aims and expected outcomes from the awarding of a grant.
- Individual budgets.	The bringing together of a variety of income streams from different Statutory Sector organisations to provide a sum for an individual to control the way that it is spent to meet their needs (including the use of direct payments).
- Joint Purchasing	Services purchased jointly by at least two partners to meet jointly agreed needs.
- Service Agreement	An agreement to support the purchasing of services from the Third Sector by creating a contractual relationship.
- Service Level Agreement	Agreements agreed between two departments within partner organisations to purchase in-house services.
- Spot Purchasing	A method of purchasing services for individuals to achieve the most flexible responses to an individual's needs.
Day Care	Day-time care, often provided in a centre away from a person's home, covering a wide range of services from social and educational activities to training, therapy and personal care.
Disincentivise	The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.
Domiciliary Care	Services provided to people in their home to assist them in living independently within the community, e.g., meals on wheels, community nursing and home helps.
Extra Care Housing	Also known as very sheltered housing, it is a style of housing and care, usually for older people, that falls between traditional sheltered housing and residential care homes.
Fair Access to	Guidance issued by the Department of Health to Services local

Care (FACS)	authorities about eligibility criteria for adult social care.
Housing Related Support Services	Support services which are provided to a person for a purpose of developing that person's capacity to live independently in accommodation, or sustaining his or her capacity to do so.
In-house Services	A service provided directly by the council.
Independence Well-being and Choice	Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England is a Green Paper setting out the Government's proposals for the future direction of social care for adults of all ages in England.
Independent Sector	All non-statutory organisations, including Private Sector and Third Sector companies and organisations.
Individual Budgets (IB)	Individual budgets give a clear allocation of cash, or a notional sum, to an individual to control the way money is spent to meet his or her care needs. IBs can bring together a variety of income streams from different agencies as well as social care.
Intermediate Care Services	Care which bridges hospital and home care and is often rehabilitative.
Joint Commissioning	The process in which at least two partners act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into services.
JSNA	Joint Strategic Needs Assessment
Local Involvement Networks (LINKs)	LINKs are a way for local people and communities to engage with health and social care organisations. Their aim is to improve communication between people and commissioners and providers, and to make sure that commissioners are more accountable to the public.
Local Area Agreement (LAA)	A Local Area Agreement is an agreement that sets out the priorities for a local area in certain policy fields as agreed between central government, the local authority and Local Strategic Partnership (LSP). The agreement is made up of outcomes, indicators and targets aimed at delivering a better quality of life for people through improving performance on a range of national and local priorities.
Long-term Conditions	Those conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.
Milestone	A point at which you can measure progress on the way to achieving a goal or objective.
Model	The form that the funding programme takes when implemented in practice.
National Minimum Standards (NMS)	Standards set by the Department of Health for a range of social care services, including care homes, domiciliary care agencies and adult placement schemes.
National Service Framework (NSF)	Department of Health guidance that defines evidence- based standards and good practice in a clinical area or for a patient group. Examples include mental health, coronary heart disease and older people.
Our health, Our care, Our say	Government White Paper setting out details of its future policy on health and social care services.

Performance Indicators (PI)	Measures used to judge whether objectives have been met. Various PIs exist including Best Value, Supporting People, and Commission for Social Care Inspection, and locally set PIs.
Primary Care Trusts (PCTs)	Locally managed freestanding primary care NHS bodies, responsible for delivering health care and health improvements to local residents. They commission or directly provide a range of community health services as part of their functions.
Private Sector Providers	All profit-making companies. Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.
Procurement	The specific activity that selects providers, purchases services and manages contracts from the independent sector and in-house providers. This may involve, for example, competitive tendering and stimulating the market.
Purchasing	The process of securing or buying services.
Quality and Outcomes Framework (QOF)	Part of the contract PCTs have with GPs. It is nationally negotiated and rewards best practice and improving quality.
Respite Care	Help to carers to give them a temporary break from the care they provide, which may be for very short periods of a few hours or for longer periods of time.
Service Level Agreements (SLAs)	Written undertakings agreed between purchasing and providing agencies
Service modernisation	Within the public sector there is an on-going emphasis on 'continuous improvement' in service delivery. Efficient government focuses on people; ensuring excellence; maximising choice; and getting the best for the public pound.
Skills for Care	Skills for Care is responsible for the strategic development of the adult social care workforce in England. It supports employers in improving standards of care through training and development, workforce planning and workforce intelligence.
Social Care Markets	Describe how the purchasers and providers of social care services do business with one another. As in all markets, there are different combinations of purchasers and providers, interacting differently in all the service sectors for each of the service user groups and sometimes differently within the same authority, as, for example, between urban and rural areas in what are termed different market segments.
Social enterprise	A business which principally reinvests surplus back into it's organisation to achieve social purposes.
Social exclusion	Social exclusion occurs when people or areas suffer from a combination of linked problems including unemployment, poor skills, low incomes, poor housing, high-crime environments, bad health and family breakdown. It involves exclusion from essential services or aspects of everyday life that most others take for granted.
Stakeholders	All of the relevant parties including councillors, managers and staff of local authorities, other related commissioning bodies, such as Health, service providers in the statutory, private and voluntary sectors and, above all, service users and their carers and their associated advocacy organisations.

Statutory Sector	Organisations in existence due to requirements within an Act of Parliament or other legislative body.
Statutory Body	An organisation set up as required by an Act of Parliament or other legislative body. The statutory duties of these organisations are laid out in legislation.
Supporting People	A programme for funding housing related support services to help vulnerable people live independently in their own tenancies.
Telecare	A combination of equipment, monitoring and response that can help individuals to remain independent at home. It can include basic community alarm services able to respond in an emergency and provide regular contact by telephone as well as detectors which detect factors such as falls, fire or gas and trigger a warning to a response centre. Telecare can work in a preventative or monitoring mode, for example, through monitoring signs, which can provide early warning of deterioration, prompting a response from family or professionals. Telecare can also provide safety and security by protecting against bogus callers and burglary
Third Sector	Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.
Universal Services	Services provided for the whole community, including education and health, housing, leisure facilities and transport.
Valuing People	The Government's vision and proposals for improving the lives of people with learning disabilities and their families and carers based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and opportunities to be independent.
VCO / VCS	Voluntary and Community Organisation / Voluntary and Community Sector An 'umbrella term', referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, which operate on a non-profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers.
White Paper	Documents produced by the government setting out details of future policy on a particular subject.
Wanless report	"Securing Good care for older people – Taking a long term view" – a report providing a comprehensive analysis of the demand for social care with estimates for spending requirements over the next 20 years based on a detailed examination of the factors affecting demand and how improvements in outcomes can be achieved cost-effectively. Importantly, the review also considered whether there is a fairer and more cost-effective way of funding social care than the current means-tested system.
World Class Commissioning	Organisational competencies for Primary Care Trusts to achieve.

Appendix

No	Appended Documentation	Document Hyperlink
1	Our Health, Our Care, Our Say: A New Direction for Community Services (2006)	Our Care ,Our health, Our Say.pdf
<p>This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper, Independence, Well-being and Choice. There will be a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into people's busy lives. We will give people a stronger voice so that they are the major drivers of service improvement.</p>		
2	Relentless Optimism (2006)	Relentless Optimism.pdf
<p>Based on a policy seminar hosted by the CSCI in 2006, this report challenges the thinking of commissioners, providers and regulators, considers the barriers to commissioning more personalised services, and reflects on innovative and practical ways of moving forward. One of the seminar contributors spoke of his 'relentless optimism' about changing systems and structures to make life better for individuals, families and communities.</p>		
3	The National Putting People First Strategy (2007 and 2008)	The National Putting People First.pdf
<p>Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.</p> <p>This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values that will guide the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people's experience of local support and services.</p>		
4	National Service Frameworks	www.dh.gov.uk/en/Healthcare/NationalServiceFramework
<p>National service frameworks (NSFs) are long term strategies for improving specific areas of care. They set national standards, identify key interventions and put in place agreed time scales for implementation</p>		
4a	NSF Mental Health	NSF Mental Health.pdf
<p>This National Service Framework addresses the mental health needs of working age adults up to 65. It sets out national standards; national service models; local action and national underpinning programs for implementation; and a series of national milestones to assure progress, with performance indicators to support effective performance management. An organisational framework for providing integrated services and for commissioning services across the spectrum is also included.</p>		
4b	NSF Older People	NSF Older People.pdf
<p>A National Service Framework for Older People has been established to look at the problems older people face in receiving care in order to deliver higher quality services. The key standards that underpin the Framework are outlined. These include plans to eradicate age discrimination and to support person-centred care with newly integrated services. A new layer of intermediate care is being developed at home or in care settings, while general hospital care should be delivered by the appropriate hospital staff. The NHS is also to take action on stroke prevention, in the promotion of health and active life and a reduction in the number of falls for older people. Integrated mental health services are to be provided for older people. The process of translating these nationally supported standards into local delivery is outlined.</p>		

4c	NSF Long-term Neurological Conditions	NSF Long term Neurological Conditions.pdf
<p>The Long-term (Neurological) Conditions National Service Framework (NSF) was launched in March 2005. The NSF aims to transform the way health and social care services support people to live with long-term neurological conditions. Key themes are independent living, care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved. The principles of the NSF are also relevant to service development for other long-term conditions. This NSF is a key tool for delivering the government's strategy to support people with long-term conditions outlined in the White Paper Our health, our care, our say and the NHS Improvement Plan: Putting People at the Heart of Public Services. It applies to health and social services working with local agencies involved in supporting people to live independently, such as providers of transport, housing, employment, education, benefits and pensions.</p>		
5	National Strategy End of Life Care	The National End of Life Care Strategy.pdf
<p>The Government has published the End of Life Care Strategy - promoting high quality care for all adults at the end of life that is the first for the UK and covers adults in England. Its aim is to provide people approaching the end of life with more choice about where they would like to live and die. It encompasses all adults with advanced, progressive illness and care given in all settings. The strategy has been developed by an expert advisory board chaired by Professor Mike Richards, National Cancer Director, and including key stakeholders from statutory health, social care, and third sector organisations, professional and academic organisations. The strategy has been informed and shaped by the work on end of life care undertaken by strategic health authorities for the NHS Next Stage Review.</p>		
6	National Strategy Stroke Services	National Stroke Strategy.pdf
<p>This national strategy is intended to provide a quality framework to secure improvements to stroke services, to provide guidance and support to commissioners and strategic health authorities and social care, and inform the expectations of patients and their families by providing a guide to high quality health/social care services.</p>		
7	National Strategy Dementia	Living Well with Dementia Strategy.pdf
<p>This strategy provides a strategic framework within which local services can :-</p> <ul style="list-style-type: none"> • Deliver quality improvements to dementia services and address health inequalities relating to dementia; • Provide advice and guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services; and • Provide a guide to the content of high-quality services for dementia. 		

8	Personalisation (2008)	Personalisation transforming social care.pdf
<p>Across Government, the shared ambition is to put people first through a radical reform of public services. It will mean that people are able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.</p> <p>This holistic approach is set out in 'Putting people first: a shared vision and commitment to the transformation of adult social care', the ministerial concordat launched on 10 December 2007.</p> <p>Personalisation of social care services</p> <p>Personalisation, including a strategic shift towards early intervention and prevention, will be the cornerstone of public services. This means that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings.</p> <p>The work on direct payments and individual budgets, alongside that of In Control, are crucial to delivering greater personalisation, choice and improved quality. They are not separate initiatives or fleeting experiments, but fundamental components of a future social care system.</p>		
9	Self Directed Support Partnerships	www.in-control.org.uk
<p>In Control started work in 2003 to change the social care system in England. The old system did not put people in control of their own support or life.</p> <p>In Control designed a new system - Self-Directed Support. The Government now wants all local authorities to change their systems to Self-Directed Support.</p> <p>Today In Control Partnerships is a social enterprise - a charity and an independent company. It works in partnership with citizens and government, and with charities and commercial companies.</p>		
10	'World Class' Commissioning NHS Partners	http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204
<p>The world class commissioning program will transform the way health and care services are commissioned. World class commissioning will deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes.</p> <p>There are four key elements to the program; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework. The vision for world class commissioning sets out our aspirations for the way we commission health and care services. It outlines what it means to be world class and describes how commissioners will help deliver wider health improvement.</p>		

11	Safeguarding	http://council/vulnerableadults/
<p>'No Secrets' guidance published by the Department of Health in 2000 builds upon the Government's respect for human rights. It is issued under Section 7 of the Local Authority Social Services Act 1970 and details a national policy on the protection of vulnerable adults through effective multi agency teamwork.</p> <p>The status and application of these procedures</p> <p>These procedures are our response to 'No Secrets' and apply whenever it is suspected that a vulnerable adult might be suffering significant harm or exploitation because their human and civil rights are being violated by another person. For example, in respect of right to private and family life or freedom from degrading treatment and crime. They apply to vulnerable adults who are:</p> <p>1 permanent and temporary residents of Gateshead;</p> <p>2 Gateshead residents placed or receiving service outside Gateshead;</p> <p>3 From other authorities and receiving services within Gateshead They apply:</p> <p> 1 whatever the setting and whoever the alleged abuser is;</p> <p> 2 whether or not the adult has mental capacity to make decisions but this will clearly affect the response we make.</p>		
12a	Corporate Plan	Corporate Plan.2007-200-pdf.pdf
<p>Gateshead has changed significantly over the last 25 years. Our journey has been based on a long term vision and commitment to unlocking the potential of Gateshead. This picture of change is impressively illustrated through some of Gateshead's achievements. Our reputation has grown nationally, £500 Million has been invested in Gateshead Quays in the last 10 years. In 1987, unemployment in Gateshead was 17%, today it is 4%. We are now entering the next stage in our journey of shaping our landscape, our place, to improve the quality of life for Gateshead residents.</p> <p>The Gateshead Strategic Partnership has agreed its Vision for the Borough, Vision2030, and a long term strategy that sets out our collective aims and priorities for the future. This Corporate Plan is Gateshead Council's statement of intent – our priorities and action to achieve Vision 2030. Our full Council of 66 elected members, including our 10 Cabinet Members, have agreed 6 corporate priorities for the Council for the next 3 years. This Plan explains what these are and how we will make these happen.</p>		
12 b	Vision 2030- Corporate priorities	Vision 2030 .pdf
<p>Vision 2030 is Gateshead Strategic Partnership's ambitious Sustainable Community Strategy. Sustainable communities are at the heart of Vision 2030 - this is our statement of intent to make Gateshead the best place to live, work and visit. It is meant to inspire our public, private, voluntary and community sector partners in Gateshead to achieve a step change improvement in the Borough. It is based upon 6 'Big Ideas' which are our aspirations and have been developed through debate, discussion and visioning with people in Gateshead.</p> <p>Vision 2030 sets the direction and focus for our Local Area Agreement (LAA) which is the delivery plan for this strategy. We will review delivery and progress annually to make sure we are meeting the needs and aspirations of our communities. To ensure this happens we will develop a simplified performance framework and have clear accountability for all partners. Progress will be reported to, and monitored by, local people and Gateshead Strategic Partnership.</p>		
13	Gateshead Councils Involvement Strategy	InvolvementStrategy.pdf
<p>This Strategy is for the people who use Social Care Services (SCS), their Carers and our staff who support them. Social Care services have a long tradition of partnership working with service users and carers. This strategy aims to build on our previous work and to help us to develop a more consistent approach to continuing involvement.</p>		

14	Gateshead Council Local Area Agreement	Gateshead Local Area Agreement.pdf
<p>Our vision for making a difference in Gateshead through our Local Area Agreement (LAA) includes:</p> <ul style="list-style-type: none"> • Local people living longer and having a better quality of life • Wider life choices for local people and support to access them • Effective early intervention for children, young people and adults <p>The LAA gives us the opportunity to change and challenge our current arrangements in relation to delivering services. Through the LAA we are looking to devise ambition targets delivered in innovative ways between the respective agencies and delivering what local people want.</p>		
15	The Supporting People Programme	What is Supporting People LP.pdf
<p>The Supporting People programme offers vulnerable people the opportunity to improve their quality of life by providing a stable environment, which enables greater independence. It will deliver high quality and strategically planned housing-related services, which are cost effective and reliable, and complement existing care services. The planning and development of services will be needs led. Supporting People is a working partnership of local government, service users and support agencies.</p>		
16	Gateshead Housing Strategy 2007-2012	Housing Strategy 2007-2012.pdf
<p>The Housing Strategy sets out the long-term vision for housing up to and beyond 2012. It explains how our priorities flow from our research, the consultation we have carried out across the council and through national, regional, and local priorities and strategies. Housing has a key role to play in supporting the needs of people who live in, or wish to move to, Gateshead. This includes:</p> <ul style="list-style-type: none"> • Improving peoples health; • Tackling the financial exclusion of some of our poorest households; • Building 'respect' and community cohesion within our neighbourhoods; • Contributing to climate change targets on CO2 emissions for a better environment; and • Supporting educational attainment and economic growth. <p>This strategy builds upon the strengths of the past and shows how we will meet the challenges of the future so that Gateshead continues to provide good quality affordable homes and excellent housing services that meet the needs and aspirations of local people. The four objectives of the Regional Housing Strategy provide the context for the priorities developed within this strategy</p>		
17	Gateshead Council Older People's Housing Strategy 2008-2012	Older Peoples Housing Strategy 2003-2008.pdf
<p>The Housing Strategy for Older People aims to re-balance the older persons' housing market, to ensure independence and social inclusion and ensure that older people have active and fulfilling lives within sustainable communities. It will work towards meeting the needs and aspirations of older people well into the future. It aims to provide more new accommodation, detail investment in existing housing across tenures, provide affordable housing and Lifetime Homes, and provide more extra care accommodation. It is based upon extensive stakeholder and service user consultation as well as research which supports our understanding of what we need to do. The strategy will add to the active aging agenda set out in the government's Opportunity Age and will help us to achieve key objectives of our Sustainable Community Strategy, Vision 2030. We will use housing and related services to ensure life for older people is as active and fulfilling as in earlier years.</p>		

18	The Commissioning Strategy in Context” matrix.	The Commissioning Strategy in Context .doc
This Matrix provides clear links to all other strategies and sets the commissioning strategy as a core part of these.		
19	Gateshead Health and Social Care Partnership 2005	
The Gateshead Health & Social Care Partnership is one of the 'Family of Partnerships' that supports the Local Strategic Partnership. Its members are organisations have agreed to work together to deliver services aimed at improving health and care.		
20	User Involvement -Ask, Listen, Act is Gateshead Council’s Corporate Strategy See Involvement Strategy 13	InvolvementStrategy.pdf
21	Local Involvement Network	www.gateshead.gov.uk/Care%20and%20Health/links/LINKs.aspx
Following a very thorough tender evaluation process and with the help of local people and members of Patients Forum we have agreed a suitable Host for the Gateshead LINK. Gateshead Voluntary Organisations Council (GVOC) have been awarded the contract. Please don't hesitate to contact them if you have any questions about what they will do and how they will support local people to get the LINK up and running. Call them on 0191 478 4103.		
22	Council’s Race Equality Scheme	Race Equality.pdf
3 years we have made progress in ensuring equality of opportunity for local people, employees and partners. We are aware of the importance of equality of opportunity in discharging of our functions and in the leadership we provide in the local community. We will continue to take positive steps to eliminate discrimination, promote equality of opportunity and good race relations. This Scheme is based on our assessment of how our policies and functions impact on race equality. There are areas on which we need to work harder, for instance engaging with minority ethnic communities and the Scheme sets out how this will be addressed. Diversity brings strength and we are committed to ensuring that all local people, regardless of their race, ethnicity or faith, have the opportunity to achieve their potential, have their needs met – so far as we are able, have access to services, do not fear discrimination within the local community. In addition, we realise that it is important to build trust and understanding between communities so that discrimination is eliminated and good race relations are fostered.		
23	Financial Inclusion Strategy	
Awaiting completion		

24	Telehealth Strategy for Gateshead 2008-2011	Telecare Strategy Gateshead Council.doc
<p>This strategy aims to achieve the integration of telecare within social care, health and housing services in Gateshead. It will also support the wider health, housing and social care policy agenda as described in the section 'Key Drivers'. The following eleven outcomes, most of which have been adopted from the Government's guidance paper 'Building Telecare in England', will form the basis of the work that will be undertaken within this strategy:</p> <ul style="list-style-type: none"> • Integrated delivery of telecare support packages in a range of dwellings (public and private) • Improved choice and flexibility enabling older and vulnerable people to live independently and with dignity • Reduced need for residential/nursing care • Unlocked resources and redirected elsewhere in the system • More personal freedom for carers and reduced burden placed on carers • Contribution to care and support for people with long term health conditions • Reduced acute hospital admissions • Reduced falls and accidents in the home • Increased support for hospital discharge and intermediate care services • Contribution to the development of a range of preventative services • Help those who wish to die at home to do so with dignity <p>The strategy will contribute to realising the vision described in Our Health, Our Care, Our Say: A New Direction for Community Services (2006). This highlighted the need for: better prevention services and earlier intervention; giving people greater choice and control, and supporting them to maintain independence and well-being; making better use of technology to support people; and working with a range of partners to deliver more joined up services. Emphasis was placed on personalising services and increasing choices for users, for example by expanding the range of local third sector providers. Telecare has the potential to play a powerful role in helping to achieve these outcomes for older and other vulnerable people in Gateshead</p>		
25	The Gateshead Joint Strategic Needs Assessment	JSNA.pdf
<p>The Gateshead Joint Strategic Needs Assessment (JSNA) is being developed as a tool to inform effective Commissioning, through an iterative process to ensure that all stakeholders are able to view the data, and contribute to our understanding of local priorities and issues. This process is still under way. The JSNA must be considered alongside the Directors of Public Health Annual Report, the Overview and Scrutiny Committee Review of Inequalities and the Children and Young People's Plan 2007. The recommendations from all of these are critical to our work to tackle the determinants of ill health and to reduce inequalities, throughout the life course and are inextricably linked with this JSNA. The work needs to be undertaken at all stages of life: children, adults and older people.</p>		
26	Your Life, Your Way (April 2008)	Long Term Conditions Good Practice Guide.pdf
27	Looking Forward Festival	
<p>Festival organised in 2003 with private voluntary and statutory organisation to launch the older peoples assembly and the linkup in Gateshead pilot</p>		
28	Older Peoples Assembly	www.olderpeoplesassembly.co.uk
<p>Formulated for the Gateshead form for older people the assembly was launched in 2007 and provides a useful resource for all older people in Gateshead.</p>		

29	POPPI Projecting Older People Population Information	www.poppi.org.uk
<p>Provides population data by age band, gender, ethnic group, religion, tenure, transport, living with no central heating, and by state pension for English local authorities. Calculations are applied to population figures to estimate projected numbers of older people by; those living alone, living in care home, receiving unpaid care, their ability to carry out domestic tasks and self care.</p>		
30	The 2006/07 Primary Care Quality and Outcomes Framework	Developing Quality Outcomes Framework .pdf
<p>The Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services contract in 2004. It was a pioneering approach to improving quality of care through a voluntary incentive scheme rewarding GP practices for how well they care for patients, not just how many patients they have on their list. The ultimate purpose of QOF is to add years to life and life to years.</p>		
31	Index of Psychological Morbidity'	www.hpi.org.uk
<p>Mental ill health is a condition that can severely impact on the quality of life of those suffering from it and those immediately around them. It may also lead to other forms of deprivation such as unemployment or homelessness. Individuals may find themselves in a downward spiral that may be difficult to break out of. Creating a small area measure of psychological morbidity is not straightforward. There are no standard small area measures covering England that are ready to use. Survey approaches, using standard measures, would require very large sample sizes and do not yet exist. This suggests an approach using information that is already collected in support of administrative processes. However there are problems with the use of administrative records. These datasets are likely to lead to definitions of mental illness which are particular to the administrative process from which they are drawn. These will not necessarily fit exactly with what is required for the Health Poverty Index.</p>		
32	2007/08 Public Health Annual Report quotes the National Measurement Programme	National Child Measurement Programme.pdf
<p>This guidance sets out advice on how the National Child Measurement Programme (NCMP) should be implemented. It has been developed in consultation with staff in Primary Care Trusts (PCT's) who have responsibility for implementation of the programme, and takes account of lessons learned in the first years of the programme.</p> <p>This guidance provides advice to PCT's on:</p> <ul style="list-style-type: none"> • Arrangements for measuring the height and weight of primary and middle school children and recording the data locally; • Submitting data to the NHS Information Centre (IC) and the data validation process; • Sending parents their child's results (whether routinely, or on a request-only basis); and • Key dates for the programme for 2007/08 and 2008/09. 		
33	NSF Long term Conditions	Long Term Conditions Good Practice Guide.pdf
<p>This Good Practice Guide has been written in response to requests from NHS and social service organisations to help them implement the National Service Framework for Long-term Conditions at a local level.</p>		
34	Work Is An Option Strategy	Work Opportunities Strategy Report.doc
<p>This report proposes the introduction of a new Work Opportunities Strategy called 'Work Is An Option' for Gateshead residents who have a complex physical or sensory impairment, learning disability or mental health need.</p>		

35	Building Telecare in England	Building Telecare in England.pdf
<p>Telecare offers the promise of enabling thousands of older people to live independently, in control and with dignity for longer. This document provides local authorities and their partners with guidance in developing telecare services for their communities. It sets out the purpose of the Preventative Technology Grant and sets out expectations for the use of the grant.</p>		
36	Fair Access to Services (FACS)	Guidance FACS.pdf
<p>This guidance provides councils with a framework for setting their eligibility criteria for adult social care, and should be implemented by April 2003. Implementation will lead to fairer and more consistent eligibility decisions across the country. The framework is based on individuals' needs and associated risks to independence, and includes four eligibility bands - critical, substantial, moderate and low. When placing individuals in these bands, the guidance stresses that councils should not only identify immediate needs but also needs that would worsen for the lack of timely help.</p> <p>At the heart of the guidance is the principle that councils should operate just one eligibility decision for all adults seeking social care support; that is, should people be helped or not? Councils should not operate eligibility criteria for the type and depth of assessments that they carry out; likewise, they should not operate eligibility criteria for specific services. The guidance explains how assessments and subsequent care planning should be carried out, in proportion to needs and in good time.</p>		
37	Regional Improvement and Efficiency Partnerships (RIEPs)	Guide to REIP's pdf
<p>Delivering better outcomes for citizens is the primary focus of successful local government. With a strict financial environment and rising public expectations, delivering effective services means maximising and targeting resources. Regional Improvement and Efficiency Partnerships (RIEPs) will play a key role in supporting councils to deliver priority outcomes for their communities. RIEPs are currently developing Regional Improvement and Efficiency Strategies which will support councils in tackling key challenges across the region and in improving the quality and efficiency of their public services.</p>		
38	Adult Social Care Workforce Strategy	Putting People First Workforce Strategy pdf
<p>This interim statement identifies the key issues for the workforce as set out in Putting People First and goes on to develop these into broader, strategic priorities for the workforce. It is intended to provide all stakeholders, whether public service or private and voluntary sector, with a high-level overview of strategy development prior to finalisation of the full Adult Social Care Workforce Strategy for launch in October this year.</p>		
39	National Minimum Data Set (NMDS)	www.nmds-sc-online.org.uk/
<p>The NMDS-SC gathers information about the social care sector. It has been designed to gather information about services and information about the social care workforce</p>		
40	Minimum Data Set for Social Care (NMDS-SC)	www.nmds-sc-online.org.uk
<p>The National Minimum Data Set for Social Care (NMDS-SC) : Data Items</p> <p>The National Minimum Data Set for Social Care (NMDS-SC) consists of a set of Data Items, Sub-Items and Classifications, in two parts:</p> <p>Part 1: relating to social care-providing establishments, and</p> <p>Part 2: relating to individual workers.</p> <p>The NMDS-SC is not a data collection tool in its own right. Two questionnaires designed to collect the NMDS-SC, one for organisations and one (in two versions) for individual staff, have been produced separately.</p>		

41	Personal Social Services Research Unit (PSSRU) for the Department of Health	www.lse.ac.uk
<p>The Personal Social Services Research Unit (PSSRU) is one of the leading social care research groups, not just in the UK, but internationally. Since its establishment in 1974, PSSRU has had considerable impact on national social care policy in the UK and in a number of other countries. PSSRU has also established itself as the leading European group on mental health economics and policy, and has an excellent worldwide reputation for its work in this field</p>		
42	PVI Private, Voluntary and Independent	
<p>Reference anachronism PVI =Private, Voluntary and Independent</p>		
43	The Social Care Workforce in the North East: A Stakeholder Analysis March 2008'	Commissioning strategy MSC\Workforce Portrait 2008 Edition.pdf
44	A Portrait of the Health and Social Care Workforce (North East) 2008	Commissioning strategy MSC\Workforce Portrait 2008 Edition.pdf
<p>This 2008 portrait presents the most recent data we have to describe the health and social care workforce in the North East. It also provides some key messages for service commissioners and providers to consider as we implement our ambitious vision – ‘The NHS in North East England will be the leader in excellence in health improvement and health care services’.</p> <p>Health and social care services in England are changing. A combination of national policy drivers and expectations of the general public mean that over the next ten years NHS and social care services will be more personalised and will be provided in convenient locations by a wider range of organisations than at present.</p>		
45	Care Quality Commission	www.cqc.org.uk
<p>The Care Quality Commission is the new health and social care regulator for England. We look at the joined up picture of health and social care. Our aim is to ensure better care for everyone in hospital, in a care home and at home</p>		
46	GSCC	www.gsc.org.uk
<p>The General Social Care Council is responsible for setting standards of conduct and practice for social care workers and their employers, for regulating the workforce, and for regulating social work education and training. The GSCC is a Non Departmental Public Body established in October 2001 under the Care Standards Act 2000. It is sponsored by the Department of Health but works also closely with the Department for Children, Schools and Families in delivering the children’s and young people’s care agenda.</p>		
47	Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England 2005	Independence Well being and Choice Green Paper.pdf
<p>This Green Paper sets out a vision for adult social care over the next 10 to 15 years and how this might be realised. It invites everyone to give their views on the vision and the ideas set out in the document, as well as to contribute new ideas to the debate.</p>		
48	CQC Care Quality Commission Performance Assessment guide 2008	48.CQC Performance Assessment Guide.pdf
<p>This guide sets out how the process of performance assessment for adult social care (ASC) will be delivered in 2008-09. It is for use and reference by ASC departments, Business Relationship Managers (BRMs), Performance and Information Managers (PIMs) and Service Inspectors (SIs) in assessing adult social care. The briefing also refers to Service Inspection (SI) because findings from service inspections are an explicit part of performance assessment of councils adult social care commissioning and provision.</p>		

49	The Commission for Social Care Inspection's (CSCI) New Outcomes Frameworks for Performance Assessment of Adult Social Care 2008-2009	Performance Assessment outcomes and characteristics.pdf
<p>The outcomes framework 2008-09 has been revised following consultation with a wide range of respondents including people who use services and their carers, councils, inspectorates, government departments and voluntary and third sector organisations.</p> <p>Outcomes and domains (leadership and commissioning and use of resources)</p> <p>Adult social care services are assessed against outcomes and domains. The outcomes and domains are short statements to show what is important to people who use services. The text directly below the outcomes and domains describes what this means for social care services.</p>		
50	Comprehensive Area Assessment (CAA)	Comprehensive Area Assessment framework.pdf
<p>Comprehensive Area Assessment (CAA) is the new framework for the independent assessment of local public services in England. This document sets out how CAA will be delivered from April 2009.</p>		
51	Alzheimer's Society Report Dementia What Every Commissioner Needs to Know	Alzheimer's Soc - What every commissioner needs to know - April 2009e.pdf
<p>This guide is to help commissioners of health and social care services</p>		
52	Valuing People Now	Valuing People Now.pdf
<p>The white paper 'Valuing People' (2001) sets out the Government's vision for people with a learning disability, across a range of services based on four key principles of rights, independence, choice, and inclusion. The white paper's vision covered a range of issues including health, housing and employment. 'Valuing People Now' seeks people's views on the priorities for the learning disability agenda over the next three years.</p>		
53	Gateshead Council Older Peoples Strategy 2007-2009	Commissioning strategy MSC\Older Peoples Strategy 2007-2009.pdf
<p>The Older People's Strategy sits alongside a range of other key plans, strategies and workstreams such as the Gateshead Community Strategy, Gateshead Community Safety Strategy and National Service Frameworks. These plans all have an important contribution to make in delivering improved outcomes for older people living in Gateshead.</p> <p>In January 2006 the Social Exclusion Unit (then part of the Office of the Deputy Prime Minister) published 'A Sure Start to Later Life - Ending Inequalities for older people'. Gateshead's strategy reflects the key outcomes for older people identified in this report.</p>		
54	Strong and Prosperous Communities	Strong and Prosperous Communities.pdf
<p>It proposes a new approach to local partnership to give local authorities more opportunity to lead their area, work with other services and better meet the public's needs .It sets out the important contribution of our cities to the economic health of our communities. We want the offer of greater power to cities and city-regions matched by stronger governance and accountability at that level. It puts in place a more streamlined and proportionate performance regime which commits the Government to a radical simplification of the existing system and a massive reduction in the number of targets for local partners.</p>		

55	Equality Standards for Local Government 2007	..Equality Standard for Local Government Level 3
<p>The Council has adopted the Equality Standard for Local Government as the framework for improving our performance in equality and has committed itself towards achieving level 5 by 2009. By working towards the Standard, the Council has been able to integrate equalities in service and workforce planning. The Council has undertaken impact assessments on its policies and functions and has worked with local people to engage them to help us to improve.</p>		
56	The Personalisation of Adult Social Care in Rural Areas 2008	Personalisation of Adult Social Care in Rural Areas.pdf
<p>The personalisation of adult social care brings both opportunities and challenges for rural communities. Importantly, it will give individuals greater choice and control over the services they receive. However, the viability and cost implications of delivering personalised services in sparse rural areas have to be carefully considered. To ensure the personalisation of social care brings real benefit to those with the greatest needs in rural areas, the Department of Health and its partners in central Government and locally will need to rural proof their policies and programmes so that they consider rural circumstances and tailor their approach accordingly.</p>		

57 Commissioning Aims

Aims for Commissioning

What follows are tables giving brief information about the outcomes and domains within the framework and how the aims of the commissioning function will serve the performance assessment framework.

OUTCOME 1	Improved Health and Well-being
<p>People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.</p>	
Performance Characteristics	
<ol style="list-style-type: none">1. People are well informed and advised about physical and mental health and well-being. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.2. People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.3. People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.4. At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.	
Gateshead Council Commissioning Aims	
<ol style="list-style-type: none">12. To build upon the existing joint needs assessment at both individual and strategic levels to enable development of effective joint commissioning which will deliver services that promote health and well-being.13. To ensure that people are at the centre of commissioning through effective engagement to enable them to influence and develop local services.14. To better understand and analyse the health and social care needs of the local population by capturing all the relevant data sources.15. To ensure effective market development by identifying gaps and predicting demand to offer greater choice to individuals who wish to purchase their own services.16. To develop high quality services through effective quality assessment systems.17. To better co-ordinate advice and information for Gateshead residents to enable them to make informed choices.18. To promote health and acknowledge cultural preferences through the provision of a nutritionally balanced diet in directly provided and commissioned services.	

OUTCOME 2	Improved Quality of Life
<p>People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.</p>	
Performance Characteristics	
<ol style="list-style-type: none"> 1. People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life. 2. People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, health care, leisure, shops and colleges, adapt services to make them easier to use. 3. People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported 	
Gateshead Council Commissioning Aims	
<ol style="list-style-type: none"> 1. To understand the financial, social and organisational implications during the transition phase of remodelling the market to meet the needs of Gateshead residents. 2. To ensure that 'Fit for Future' programme is aligned to other drivers for changes such as Personalisation to deliver high quality and effective services that fully recognise the role of universal services such as adult education. 3. To ensure libraries and leisure centres engage in a wider range of occupational, daily living, health and well-being activities and services. 4. To ensure a range of choices of suitable, affordable accommodation are available to meet identified needs and aspirations. 5. To encourage innovative service led business models such as social enterprise by challenging traditional commissioning approaches. 6. To ensure social inclusion for those with most complex needs through improved access to employment, housing and leisure as well as other mainstream opportunities. 7. To explore dis-investment in traditional care package delivery and re-investment in assistive technology. 8. To develop the social care market to provide choice and flexibility for people with complex needs and their carers. 9. To ensure carers are offered choice of services so that needs are met in an appropriate way which will improve their quality of life. 10. To develop more joint approaches with the PCT to improve quality of life outcomes for Gateshead residents. 	

OUTCOME 3 Making a Positive Contribution

People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported

Performance Characteristics

1. People who use services and their carers are supported to take part in community life.
2. Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work.
3. People who use services and carers contribute their experience and views about social care. Their experience and views help to shape service improvements.

Gateshead Council Commissioning Aims

1. To build upon the evidence of the local evaluation and good practice recognised from the Linkage pilot to further develop a range of preventative services, thereby release resources for more effective re-investment.
2. To establish a wider range of partners in the independent and third sector marketplace to enable greater diversification of accessible services through development of appropriate compacts.
3. To consider investment in services or facilities which would not typically be regarded as having an adult care focus to promote the widest possible access for people.
4. To further develop systems to ensure that all opportunities are realised to capture relevant service user and carer views.
5. Create further opportunities for service users and carers to support peers to develop new services and reshape existing services.

OUTCOME 4	Increased Choice and Control
People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.	
Performance Characteristics	
<ol style="list-style-type: none"> 1. All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding. 2. People who use services and their carers are helped to assess their needs and plan personalised support. 3. People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds. 4. People who use services and their carers can contact service providers when they need to. Complaints are well managed. 	
Gateshead Council Commissioning Aims	
<ol style="list-style-type: none"> 1. To analyse current contractual arrangements in the home care market to ensure enough capacity within the whole system. This will require consideration to aligning service redesign in the in-house provision to compliment external provision to address any emerging shortfalls. 2. To increase levels of consistent engagement with independent and voluntary sector providers to ensure full involvement in transferring services to meet challenges of Personalisation. 3. To invest further in innovation where providers and other organisations can test original approaches to service provision without risk to their business. This will require different relationships with the commissioner and provider. 4. To explore with partners how to address the unequal distribution of services across neighbourhoods. 5. To ensure services are available to purchase with Direct Payments or Individual Budgets and recognise and support the sole of small local providers who may be able to meet these needs, particularly in rural areas. 6. To develop and Manage the interface between service users and providers in the light of emerging mechanisms such as Self –Assessment, Self-directed care and other models which support choice and independence for service users. 7. To ensure there is a thriving social care Market of quality assessed menu of services which are safe and affordable. 8. To provide a comprehensive, current, accessible and accurate range of information from a trusted source(s) .This includes specific information about support options, costs and funding to enable choice and control. 9. To ensure co-ordination with health partners to maximise support choices available to all people who use services and their carers. 10. To ensure health and social care complaints are managed well in line with current national policies. 	

OUTCOME 5 | Freedom from Discrimination and Harassment

People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighbourhoods.

Performance Characteristics

1. People who use services and their carers have fair access to services. They can get advice about entitlements and options for support. Their entitlements (eligibility) for social care and continuing health care are upheld. The take-up of services is monitored and organisations supporting people who use services and carers have opportunities to discuss the results.
2. People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

Gateshead Council Commissioning Aims

3. To further explore the development of the third sector to sign post people to services to inform commissioning intentions.
4. Develop robust partnership arrangements with neighbourhood management to work jointly to further reduce instances of discrimination/harassment for people who use social care services.
5. Ensure there is clear information about services that fall outside FAC's, (Fair Access to Care eligibility criteria), that offer support around peoples needs and choices and their carers.
6. Develop partnerships with Private, Voluntary and Independent sector organisations / providers to identify hard to reach groups in order to target services appropriately.

OUTCOME 6 | Economic Well-being

People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment.

Performance Characteristics

1. People who use services and their carers are helped through readily available information and advice to manage income to meet support costs and to be financially secure.
2. People of working age who use services and their carers are assisted in preparing for, and finding employment.
3. Carers are able to continue in employment or return to work where they choose to do so.

Gateshead Council Commissioning Aims

1. To develop Gateshead Advice Partnership and ensure a network of quality assured advice providers based in robust evidence of need.
2. Benefits advice and information is promoted through Private, Voluntary, Independent organisations and the Local Authority. This will include the use of sign posting to relevant expertise to maximise income for support costs, promoting financial security and independence.
3. Provide further support for carers to pursue their career/employment aspirations.
4. Develop a brokerage approach to enable service users and / or carers to get value for money when finding and managing their support independently.

OUTCOME 7 | Maintaining Personal Dignity and Respect

People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

Performance Characteristics

1. People who use services and their carers are safeguarded from abuse, neglect and self-harm.
2. People who use services and their carers find that personal care respects their dignity, privacy and personal preferences.
3. Social care workers respect the individual preferences of people who use services and their carers in maintaining their own living space to acceptable standards.
4. Family members and carers are supported and treated as experts and care partners.

Gateshead Council Commissioning Aims

1. To develop a robust governance framework which will guide procurement and commissioning activities to ensure service users and their carers are safeguarded from abuse.
2. To ensure that the wishes and preferences of people who use services are respected through effective reviews and monitoring processes and contract compliance.
3. To develop clear information sharing protocols across safeguarding and commissioning services.
4. To ensure that all providers are offered and undertake appropriate levels of training on a regular basis to ensure a full understanding of their safeguarding role. This forms part of their contract compliance arrangements.
5. To ensure that developing quality frameworks have clear criteria against which they assess effectiveness of safeguarding systems in commissioned services
6. Ensure social care and health partners work closely to ensure improvement in care practices and routines

DOMAIN 8	Leadership
<p>People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.</p>	
Performance Characteristics	
<ol style="list-style-type: none"> 1. People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services. 2. People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time. 3. The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners. 4. Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed. 	
Gateshead Council Commissioning Aims	
<ol style="list-style-type: none"> 1. To ensure that commissioning priorities are aligned with the vision for Adult Social Care. 2. To ensure that the full range of engagement and involvement mechanisms are fully used to inform commissioning priorities. 3. To ensure that providers are able to deliver services utilising appropriately skilled and qualified workforce. 4. To consider the workforce implications and the different range of knowledge and skills that will be requested from all providers to deliver a wide range of services. 5. Develop Multi-agency workforce planning across all relevant agencies to meet future needs. 6. To consider how the right range of assessment, advice, skills and brokerage services will be commissioned to meet the personalisation agenda. 7. To ensure strategic planning for improved outcomes is comprehensively informed by population needs assessment and customer feedback. 8. To ensure relevant data is collected from partners to support identification of needs. 9. To ensure relevant data collection tracks changes in service delivery and supports management of business risks. 10. Ensure staff understand the need for performance data systems, the impact of this on their role and its contribution towards improving service outcomes. 11. Further develop the performance management system to enable effective monitoring of commissioning activity. 	

DOMAIN 9	Commissioning and Use of Resources
-----------------	---

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

Performance Characteristics

1. The views of people who use services', carers', local people, partners' and service providers' are listened to by commissioners. These views influence commissioning for better outcomes for people.
2. Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value

Gateshead Council Commissioning Aims

1. To ensure that the right services are commissioned and that they are resourced from a diverse range of sources, in particular the third sector.
2. To develop mechanisms to enable on-going engagement with service users to shape services and ensure increased accountability and value for money approaches.
3. To develop a clear understanding of the care market in Gateshead which will inform local commissioning strategies to address known health inequalities identified in the Joint strategic needs assessment, drive up service quality and achieve excellent value.
4. To use Local Area Agreement Framework to drive Joint Commissioning through Health Act Flexibilities e.g. pooled budgets.
5. To achieve greater levels of local accountability through existing mechanisms such as partnership boards and scrutiny arrangements.
6. To develop a policy with partners for decommissioning services, this will be underpinned by robust evidence to ensure effective use of resources.
7. To develop clear information sharing protocols with partner organisations to support agreed joint priorities and improvement outcomes.
8. Further develop the partnership structures to use resources effectively and jointly commission value for money activities.

58	Transitions Moving on Well	Transition moving on well.pdf
<p>Transition: getting it right for young people, published by the Department of Health and Department for Education and Skills in 2006, highlighted that all young people with health needs are at risk during transition and that those with neurological disorders and disabilities are the least well served. GPs and adult services must recognise their long-term health needs so as to deliver appropriate services. Health needs include therapeutic and practical inputs, treatment for complications and functional deterioration which may result from progressive conditions, appropriate treatment for everyday and unrelated diseases, and understanding about what young people can do to maintain their own health. This guide supports the commissioning process by clarifying the driving principles of person-centred planning and partnership working, clarifying the roles and responsibilities of the professionals/main agencies involved in the transition process.</p>		
59	Transitions getting it right for young People	Transition getting it right for young people.pdf
<p>This good practice guide aims to bring together current understanding and knowledge on the subject of transition between paediatrics and adult services. Wherever possible it relies on published evidence as well as opinion and expert knowledge derived from the USA, Canada and Australia as well as the UK. Inevitably there is a particular focus on healthcare but the importance of a broad multidisciplinary approach to transition is emphasised throughout.</p>		