Tri-borough Market Position Statement

Introduction

Welcome to the first Market Position Statement for Adult Social Care in Hammersmith and Fulham, Kensington and Chelsea and Westminster. It is a signal of our ambition to provide better information to local and other interested organisations that provide services to people. We believe that we can only provide the full range of care and support that people want and need by working in partnership with other organisations, those we have contracts with and those that are funded by other bodies.

Government policy describes a future where voluntary and private sector partners play a key role in the delivery of services and where local authorities take an enabling and place-shaping role. If you add to this the ambition to provide everyone entitled to adult social care services with a personal budget, and the growth in numbers of people using Direct Payments, there can only be more change to the already complex systems of care and support.

This document should not be read in isolation. It provides a handy summary of the key information we hold on current and future need and our thoughts on how demand for services will change and might be met in the future. It provides links to more detailed sources of information on the Council websites and will be regularly updated, both in response to your feedback and comments and as our information and intentions change.

We hope you find it useful and that you will let us know what you think. Details of who to contact are provided in the document. Please use the feedback link below to find this information.

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Tri-borough Adult Social Care

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What is it and why is it useful?

- The Market Position Statement **(MPS)** is written for providers of adult social care (ASC) services. It summarises demand, supply and our commissioning intentions so that we can support our current and potential providers to develop the right services for meeting the needs of our residents.
- It strives for continuous improvement by encouraging innovation and sharing best practice.
- It will support better relationships between Commissioners and service providers, acting as a foundation for better
- When reading this, please note that all timetables are indicative and subject to change. Please contact us if you have an enquiry about a specific area.

Caring for people

- At the heart of our MPS is the principle of providing a support system that is inherently responsive to individuals needs and preferences. This is what we mean when we refer to 'personalisation'.
- This means a shift away from traditional service provision towards a model that encourages flexible, personalised care with strong emphasis on individuals outcomes and greater co-operation between services. We want to reduce dependency, support people to remain in their homes and in their communities for longer and help people to help themselves in terms of training, volunteering and employment opportunities.

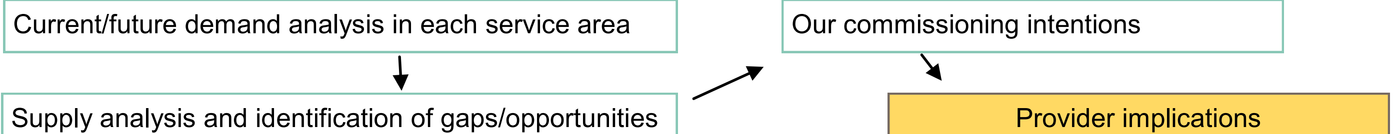
Strategic priorities

The following strategic priorities for Tri-borough ASC services summarise our commissioning direction and ideas on how to best meet need:

- Personalisation
- Dignity, respect and compassion
- Outcome based commissioning
- Integration of health and adult social care
- Early intervention, prevention and reablement
- Better for less

Strategic priorities

The headings below summarise the contents of each service area section. Our demand and supply analyses feeds inform our commissioning intentions. All three boxes lead to specific provider implications:



Recurrent provider implications

The table on the right, and continued overleaf, summarises key recurrent messages from the MPS. Please refer to the relevant service area section for more information and context around each message.

What we want / Increasing demand	Brief explanation
More Extra care	Our intention is to develop more extra care in each borough as we believe that this model supports independence, flexibility and better for less.
Assistive technology	AT has a big role to play in supporting people to remain at home and
Choice and control, personal budgets and direct payments	Providers need to be sure that they can offer flexibility, options and the financial structures to accommodate a higher proportion of self funders and people using personal budgets or direct payments. Providers should market their options to people who use services.
Focus on employment opportunities	Day opportunities should focus on volunteering or employment opportunities to promote independence, particularly for younger people eligible for care and support services.

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Key messages continued….

What we want / Increasing demand	Brief explanation
Dignity, respect and compassion	As noted, we are looking for providers to provide care in a holistic manner, treating the person rather than providing a one dimensional service. Dignity, respect and compassion will be a focus on when appraising service quality.
Evidenced outcomes	We want our providers to demonstrate how their service makes a difference to each person's health and quality of life as well as meeting health and social care outcomes, including cost savings and benefits.
Co-operation with other health and ASC services	As noted, we are looking for providers to provide care in a holistic manner, treating the person rather than providing a one dimensional service. We encourage and expect that providers will work together and learn from each other in order to achieve these outcomes.
Better messages on nutrition	Every service that provides food should ensure they are providing a nutritious meal and disseminating positive nutritional messages where possible. Malnutrition is a major cause of admission and readmission to hospital and can prolong hospital stays. We welcome ideas on how best to promote positive nutrition in the community.
Asset based approaches	Providers should make use of existing community facilities and volunteers to add value to their service. People's time, creativity and energy can be more valuable than money in some instances.
Better awareness of prevalent health conditions	There will be a surge in the number of people with dementia across the Tri-borough and all services should train staff in recognising dementia and know where to refer people with dementia and their carers for specific dementia support. Similarly, we want all providers to be able to recognise the signs of a stroke and to discourage lifestyles that increase the risk of someone having a stroke.
Third sector support	We welcome ideas from the third sector on where they feel they could add value to the services that our residents receive. For example, we have a specific opportunity in the need for better advice and practical support for people who use hearing equipment.
More flexible, accessible services	We want our services to be able to accommodate people with a range of needs. For example, our older people's housing should also be able to support older people with learning disabilities. Furthermore, services should be accessible for disabled people and people with sensory impairments.
Feedback and ideas	We want feedback on our relationship with providers (could we be more efficient?), our commissioning intentions and what we can do better. We also want ideas about ways to deliver services more effectively and/or efficiently.

The importance of feedback

- We have designed the structure and content of this document following consultation with some of our existing providers and we want this feedback to be on-going.

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Feedback

- Your engagement is vital for this document to be of use and we welcome feedback on any aspect of the MPS
- The MPS is to be a live document, formally updated every 6 months to reflect market changes, commissioning intentions and your feedback.

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How to navigate...

How can we improve the structure of the market position statement for you?

This market position statement is written for providers and we are looking to set out the information in the most user friendly way.

We have listened to your feedback and focused on providing useful information in a concise, structured way with a network of links so that you can dip in and out and use the market position statement as a working document.

Links...

You told us that you wanted to be able to dip in and out of any document produced, accessing useful information rather than needing to read through an entire document to find what you are looking for.

It is important that you understand our strategic priorities and it may be useful for you to know about a range of service areas outside of your own as there may be key opportunities for your organisations. However, we recognise that you may wish to use this market position statement to serve a variety of purposes and we think that giving you the option to pick and choose what you read and in what order supports this. Central to the ability to dip in and out is the network of links.

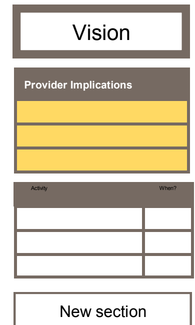
The contents page of this statement operates as a list of links to each service area, strategic priority etc. This is to allow quick access to sections that you are interested in reading about so that the market position statement can be conveniently referred to without the need to scroll through pages of information to find what you need. We hope that the ability to dip in and out of the market position statement.

Further, **each page of the market position statement has a list of links on the bottom left of the page.** These links allow you to quickly jump back to the main menu, to the feedback section if something is on your mind, and to any other sections of the market position statement that we have deemed most relevant to each page.

The structure of each section

Where possible we have developed a similar structure for each section of the market position statement.

- At the beginning of each section you will find the vision or dominant point of the section in a grey box, pictured right
- At the end of each section we highlight the significant implications for you as providers of services, pictured right
- At the end of each section we also provide timescales for any significant developments in commissioning where possible, pictured right.
- Boxes containing subtitles will be used to separate sections/introduce new ones, pictured right
- The information in between depends on the nature of the section but it will certainly include information on our **commissioning intentions,** a look at **current supply** and, where applicable, an **analysis of current and projected demand**



Online development of the market position statement: What works best for you?

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The market position statement will become part of the Tri-borough website towards the end of March, following feedback from you ad other stakeholders. We will continue to produce the PDF document but we see the eventual online form as advantageous because it will allow us to link to more data, national legislation and best practice across the country through the use of pop up boxes and the option to access further information rather than it all appearing in one document.

Your feedback is the most important factor in influencing the structure, as well as the content, of this document so get in touch ain our feedback section and let us know what we could do better/any ideas.

Explaining the Market Position Statement

- Can we Improve the information available to you?
- Can we Improve services that our residents receive?

This MPS aims to be an analytical, market-facing document, supporting current and potential providers to deliver the right quality, type and volume of services.

It is particularly pertinent at this time because our strategic direction has significant implications for service providers and we want to ensure that the council and service providers are both putting time, effort, energy and money into complementary priorities.

Who is it for?

This Market Position Statement has been produced by the Tri-borough Adult Social Care commissioning team and its intended readership is all existing and potential adult social care providers in Hammersmith and Fulham, Kensington and Chelsea and Westminster. This includes **existing adult social care providers, health providers** and **voluntary organisations** as well as potential **social enterprises** and **dormant adult social care providers** who believe they can add value to the care of our vulnerable residents with the identified opportunities.

Why is it useful?

The market position statement should assist you, as a provider, to plan your investment, adapt your services and business structure or simply get in touch and work with us to develop better services for less.

In providing information to existing and potential providers, we see the market position statement as predicated on, and supportive of, the expectation that **more people will have choice and control over their purchases in the future, either as self funders or through direct payments.**

As we anticipate **different contractual relationships between the Council and Providers**, we recognise the importance of equipping providers with sufficient knowledge to plan, respond to challenges and meet the needs of people who require care and support in the Tri-borough area in innovative ways. This will help **deliver variety and the right options for our residents.**

Why do we need it now?

The market position statement can help us to overcome the **major challenges** that adult social care faces with **increasing demand**, particularly amongst older people, not being matched by the **limited resources** to fund services. We believe that co-operation through sharing expertise and information supports a forward thinking, innovative adult social care market where we might achieve better outcomes for our residents at a lower cost

We want to facilitate **more options of quality care services** for people in the Tri-borough area. This is to ensure people can access the care they want, that people have other options should the provider fail either financially or in quality (as judged by the person using the service) and to help people meet outcomes without the need for hospital treatment or long term institutionalised care. As explained in the strategic direction below, these options can come through organisations providing better targeted services and flexible options with these whilst also making the most of existing community assets and activities.

Furthermore, we feel that it is necessary to offer support and guidance as our major strategic goals, listed below, might be seen as **radical changes** with major implications for service design when applied to individual services. We recognise the challenges you face and we want to reap the benefits that a radical change in the way services are offered might achieve and we need your help to progress in incremental ways.

The strategic goals for service improvement are listed below and described in more detail in the strategic goals section:

- Outcome based commissioning: Incremental movement towards outcome focused care can be very positive for residents and the Council Budget.
- Getting better for less is a familiar theme but now more important than ever as we look to improve the quality of care with less money. We are considering asset based approaches making the most of community assets, and looking how this might help us bridge the gap in funding..

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Explaining the Market Position Statement

… Continuing **'Why do we need it now?'**

The integration of adult social care with health is progressing and is an integral part of how we see care services being delivered in the future.

- Early intervention, prevention and reablement is another long term strategy that we are implementing now as we want to help people stay well for longer.
- The personalisation agenda and the growing number of people purchasing their care through personal budgets has meant that providers have had to adapt and deliver their services in different ways.
- The Compassion Agenda is a formal commitment to achieving a strong workforce both within the Council and within external organisations.

The importance of feedback

We want to thank our providers for their support in creating this document. Your enthusiasm and thoughts have been a very helpful contribution. There are two main reasons why we need your further feedback:

1. This document has no use without our current and potential providers being engaged. We need you to tell us how we can make this document more worthwhile. We have been in touch with some of you and we will continue to consult to refine the sort of information that we make available.
2. It is also vital that we know what issues you are facing so that, where possible, we can work collaboratively.

This will ultimately improve the services available to our residents through market development.

We are calling for answers on:

- What works?
- What doesn't?
- What could we do better and how?

Please email any contributions or queries you have to **Pauline Mason** at pmason@westminster.gov.uk

Provider implications
Read through our strategic priorities to understand our direction and where your service fits in
Visit our care group sections to be clear on our plans in each area and ensure you are delivering the right quality of care
Read into current and projected demand to take advantage of any opportunities.
Tell us your ideas, concerns or how we can improve on what we are doing!

The next steps

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Activity	Date
Draft market position statement to go on individual borough websites for consultation	End April 2013
First Market position statement to be incorporated into the Tri-borough website	Mid May 2013
Reflection on provider feedback on both the market position statement and market development in general.	Ongoing
First full review of the market position statement with reflection on feedback from providers, the current state of the market and commissioning intentions	October 2013
Second, revised Market Position Statement produced	December 2013
Second full review	April 2014

Market facilitation: the Commissioner-Provider relationship

How can we improve the way we communicate and work with you?

The Market Position Statement should be a solid foundation for Commissioners and Providers to develop more of a shared approach to delivering care.

The Market Position Statement, itself an evolving document, demonstrates our commitment to the development of this relationship.

We are looking to provide support and information in a transparent way so that providers can develop services that enhance options, quality and value for people.

Joint commitments to overcoming barriers

Both Adult Social Care Commissioners and Providers need to be determined and creative in jointly leading the way towards innovative care provision that can meet the needs of our vulnerable residents, delivering positive outcomes for less money.

However, there are a number of barriers to this and there are commitments we all need to make to share the risk as we adjust care services. Some significant potential barriers we intend to overcome are listed below:

Inconsistent messages: Our vision should be clear, well communicated and encourage staff to reflect on how they might make decisions and perform their role more innovatively. We would like a similar commitment from your organisations. If you can incorporate our strategic goals into the way your organisation operates and ensure compassion in care throughout the organisation, we believe we can improve the care experience for people who use services.

A lack of transparent interaction: We need to be clear and honest about what we expect from providers in terms of quality and our commissioning intentions, building a relationship of trust through open dialogue. This market position statement is indicative of our commitment and we want you to tell us what information is missing that might make your lives easier.

Embracing and encouraging innovative change: We will pursue open dialogue with existing and potential providers of care and support so that together we can generate ideas for positive innovation in the services available and in delivery style. This may take the form of an open forum, road shows and other events where we can get an idea of what the market can deliver. We welcome your ideas of how care and support needs might be met in the Tri-borough area.

Our intention is that in the future our commissioned providers should work with us to develop the service according to best practice. This developmental approach will also provide the potential for innovative services/ solutions to problems as we look at ways to improve services together.

This will be emphasised in our contracts to ensure that we are not prevented from developing our service in ways that might improve outcomes for residents both in the short and long term. Our aim is that any development will be in line with the outcomes specified during the initial tender process and in the final contract awarded and will be through discussion and agreement with the provider

A lack of market knowledge: We will improve the quality of market information that we have to share with providers. Through consultation and better in-house communication, we will ensure that we know what people regard as quality care. We will present this information in a useful way to you. Tell us how we could present it better!

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Come to us with your ideas on market development. Share your best practice.
Tell us what information you need. How could we be more effective?

Market facilitation: the Commissioner-Provider relationship

Are you clear about the future contract model for your service and how you need to adapt? Get in touch

We are fortunate to be able to reflect on best practice and share ideas for commissioning services across three boroughs.

We will commission services on a case by case basis, adopting our approach as needed.

We are likely to move away from commissioning block contracts towards frameworks, accredited lists and spot purchases. We will also use a range of models to help adapt existing services to be able to accommodate personal budgets and direct payments.

Who will we commission?

We want to work with a range of providers through constructive competition on price and quality. We want our care and support services to meet outcomes for residents in the most cost effective way but this does not mean preference for smaller or larger providers.

Judgement on how to tender is made on a **case by case basis** and will fall within the **context of local and national procurement regulations and EU legislation.**. Commissioning decisions are dependent on a range of factors relating to **how we can best achieve outcomes for residents now and in the future,** including:

- What is the best way to commission for the whole area?
- Are there advantageous economies to be achieved through a Tri-borough tender?
- How can we best deliver for a personalised service?
- What effect will the commissioning decision have on the market in the long term?
- Can providers be offered flexibility to bid for 1, 2, 3… lots?
- Can the provider offer quality care that matches the demand of residents?

To ensure transparency and a level playing field, we procure services according to the standing orders of each Council which have procurement routes depending on contract size. Links to **standing orders**: Hammersmith and Fulham, Kensington and Chelsea, Westminster

Find current contract opportunities and details on the tenders and contracts section of the procurement website.

Contractual relationships

We are likely to move away from commissioning block contracts to **frameworks, accredited lists and spot purchases**.

We believe this will allow greater choice for people who use services in line with the personalisation agenda. It should also facilitate a less restricted market, free to provide innovative solutions to the care needs of all residents in the Tri-borough area, not just those eligible through the Council's FACs criteria.

Example 1: Incremental and core funding model

Year	Core funding	Free market
2012	70%	30%
2013	60%	40%
2014	50%	50%
2015	40%	60%
2016	30%	70%

Principle: managing the introduction of personal budgets into a market place that has been traditionally commissioned through block contracts

As the table to the left indicates, in this model, the percentage of funding through personal budget allocations, and therefore the power of choice, increases over time against core, guaranteed funding for the provider. Over time we would expect the market to develop its capability to offer flexibility, options and a more personalised service. This reduces and manages the risk of market failure.

Example 2: Mini tender

Principle: Providers are invited to advise on how and by what means they will meet the needs of the budget holder.

This commissioning model might be most relevant to an individual with a personal budget of high value, or a group of individuals who choose to come together to purchase a service specifically tailored to their requirements.

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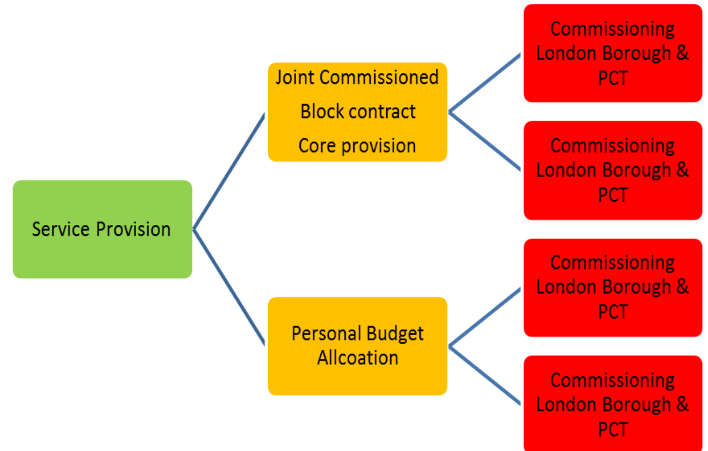
Example 3: Joint Commissioning core and revenue model

Principle: Achieving and managing personalisation as a joint commissioning opportunity for London Boroughs and Primary Care Trusts

It may be possible to obtain efficiency savings through joint commissioning of a block contract as core provision. By retaining an element of core provision, the commissioner is able to ensure the right standard and level of care remains available to those less able or not wishing to exercise the level of choice available. This allows the personal budget holder to either use the retained block contracted service provider or where appropriate use their budget to access provision from an unregulated market.

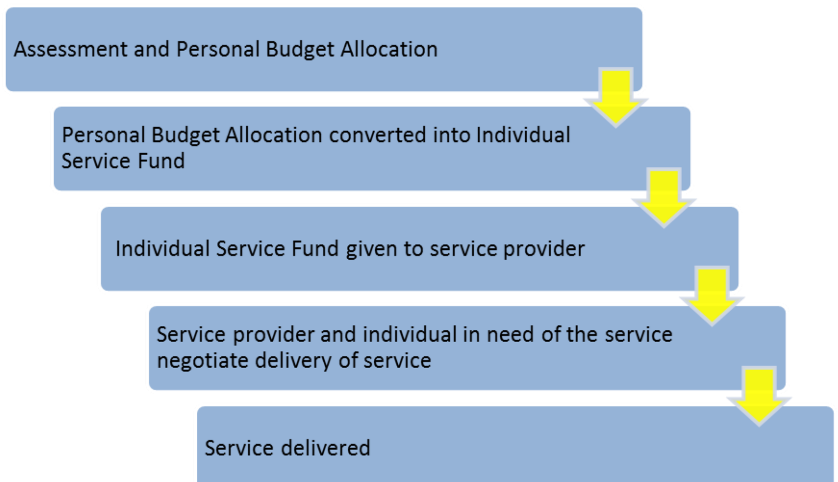


Example 4: Individual service fund commissioning model 1

Principle: Personal budget is held by a service provider. The person requiring the service determines the timing and tasks to be carried out with the service provider.

This model enables block contracting and commissioning to continue largely unchanged in their current form. This model most easily accommodates the transition from the more traditional arrangements used in the commissioning and contracting processes to the one that sits comfortably with person centred planning and the promotion of personal choice.

The service provider can negotiate the personal budget allocation depending on changing needs of the person receiving care.



Example 5: Virtual Choice model/Individual service fund commissioning model 2

Principle: Enabling the commissioner to develop and or maintain a diverse market within a service sector. This model identifies the need, in some instances for a range of different providers to be commissioned who might undertake and or specialise in the same or similar type of service.

Maintaining diversity in the market enables some providers to tailor or specialise the emphasis of their approach to the differing needs, wishes and desires of the person requiring a service.

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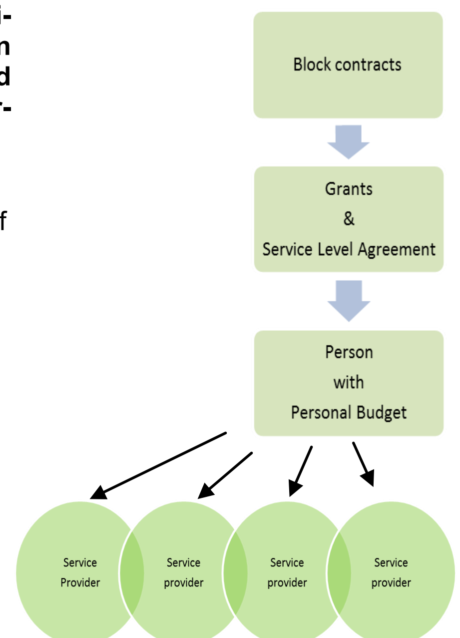
This model enables commissioners to use framework agreements, preferred provider lists or block contracts based on core or single source funding arrangements.

The personal budget holder can choose from a number of providers who should be collectively commissioned on the basis that they have the collective capacity to meet the needs of the population from a particular group.

The budget is virtual because it is non-cashable. The personal budget holder can change provider but only according to what is on the preferred provider list.

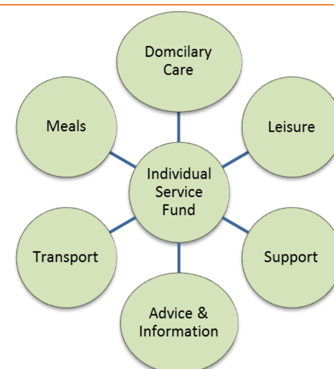


Market facilitation: the Commissioner-Provider relationship

Example 6: Building packages of care/Individual service fund commissioning model 3

Principle: Targeting people in the main who are unable or do not wish to manage their personal budget.

We would contract directly with a single or multiple number of providers. The personal budget is determined through assessment and is passed to a provider, who will then be required to negotiate with the person requiring the service. The basic difference between this and other models is it can be identified through the commissioning of a service that provides a multiple number of functions, e.g. bundles of care/support as pictured right. The bundle of care offered should equal the value of the personal budget but, if an individual requests, they may fund extra services through their own income.



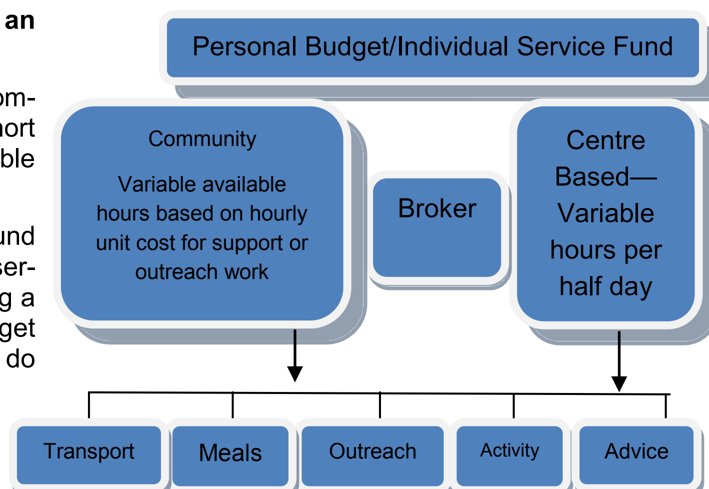
Example 7: Hours based/Individual service fund commissioning model 4

Principle: A personal budget might be exchanged for an allocation of an hours.

The primary but not exclusive purpose of this model for commissioning and contracting is day opportunities and short breaks where a number or a range of provision is available from one or more providers/suppliers.

After allocating a personal budget, an individual service fund is converted into a number of hours to exchange for services. The model depends on all the service offered having a fixed known, hourly value. Again, if the personal budget holder wants to increase the hours available, they could do so with their personal income.

A broker role would be essential in this model, supporting the personal budget holder.

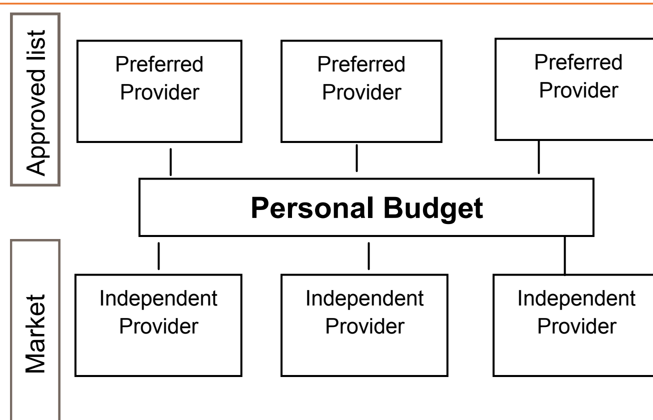


Example 8: Independent Provider Market and Preferred Provider List

Commissioning through a developed preferred or restricted provider list

Principle: The personal budget holder has the choice of providers from a preferred provider list and/or restricted list of providers/suppliers which has been predetermined by the Council. Alongside, a less regulated market of independent providers would continue to offer a budget holder a range of alternative choices.

A restricted list of providers may represent those suppliers able to comply or show that they are accredited by external inspectorates or able to show the Council that they are compliant with safeguarding and or quality and probity tests. The personal budget holder may wish to opt for the independent or unregulated market supplier as a means of meeting their needs in a less traditional way.



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Provider implications
Read into our strategic priorities, demand information, commissioning intentions and views on quality... where can your organisation add value? How could it be adapted?
Map your own demand information and appeal to people's choice, provide options/flexibility
Come to us with your ideas on market development. How could we be more effective?
Embrace co-production: Tell us what information you need. Share your best practice
Can you offer a professional brokerage service?

Market facilitation: Third sector grants

Outside of commissioned services, each borough has a grants program that considers services that can deliver positive health and care outcomes for residents.

We will continue to work with community and voluntary organisations through referrals and either commissioning, spot purchasing or providing grants where appropriate.

Hammersmith and Fulham

We have a ***third sector investment fund*** which acts as a grants programme for 8 areas, including adults and older people. To receive funding, services must meet the following requirements:

- Accessible for all people, regardless of disability.
- Proposals must not duplicate existing services.
- Must meet outcomes related to better health, preventing isolation and encouraging independence, in line with our strategic priorities.

Twice a year we also have a ***Fast Track, Small Grants*** programme which awards up to £5000, for one off events or pilot programmes, to third sector organisations which demonstrate value for money.

Recipients of these services are unlikely to be FACs eligible as we seek to avoid duplication of services.

Kensington and Chelsea

Kensington and Chelsea invest around £270,000 per year in grants to voluntary organisations. Additionally, £54,000 is invested through grants to Third Sector Carers' organisations. In 2011 a number of higher value grants were transferred to contracts, including day services, transport and information, advice and income maximisation.

For 2013 and 2014, all adult social care grants are being rolled over. £102,000 of grant funding will be transferred to corporate grants as these have a more general community focus. £152,000 and £54,000 of Carers' funding will remain with Adult Social Care to support clear care need, e.g. people with learning disabilities, vulnerable older people etc.

The process to apply for 2014-2015 grants will be managed by the Community Engagement Team in Corporate Services, to have a single application process in the future. The application process will begin in Summer 2013.

Westminster

Most of the funding that previously came through grants in Westminster went into commissioned services in 2011-2012.

There is a Small Grants Fund, a pot of £100,000 with up to £5,000 available per organisation/project. As with the Small Grants fund in Hammersmith, it generally looks to fund innovative projects or to pump prime larger projects.

It is likely that we will be increasing the voluntary and community sector input into where this is spent this year. Although this money is not strictly for adult social care purposes there may be indirect benefits for adult social care outcomes as volunteer activity such as befriending or other schemes that prevent vulnerable people from being socially isolated might be supported with the over-arching priority of social cohesion.

Activity	Date
Hammersmith and Fulham *Fast Track, Small Grants* programme advertised	August 2013
Hammersmith and Fulham Third Sector Investment Fund advertised for monetary award in 2015	October 2013
Kensington and Chelsea 2014-2015 grant application process (Exact date TBC)	Summer 2013
Westminster small grants fund application process begins	

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Read through our strategic priorities to ensure that your organisation can add value to the services we deliver. You will need to evidence how you can meet specific outcomes.
Read through our demand and supply analysis in specific service areas to add to your evidence base of where you might add value
Ensure that your organisation is accessible for a wide range of people, regardless of disability
Engage with HF, KC or WAVE to keep track of funding opportunities and for support in developing your organisation.

Workforce, Training and Development

We want to facilitate the sharing of best practice, offer information and advice and signpost useful resources for training and quality improvements.

However, there will be increasing onus on you to manage your own workforce development. This Market Position Statement is an example of the kind of information you can use to conduct your own training and add value to your organisation and others.

The importance of a quality workforce

To deliver quality care and aspire for improvement in the experiences that people who use services have, a quality, committed workforce is vital from top to bottom. Recruitment, training and planned development is important as we see it as advantageous if you have a workforce that:

- has the necessary skills and experience to meet current and projected demand in your service
- is flexible and can be trained and informed to be a champion of strategic goals such as outcome based commissioning, personalisation, better for less, and, dignity, respect & compassion
- has strong interpersonal skills and motivation to deliver care in line with the compassion agenda
- can help meet health and social care outcomes with more holistic care. For example, a day opportunity might have staff trained in delivering nutritional advice which can reduce hospital admission/readmission.

Staff pay

We recognise concerns that reducing unit costs leads to lower wages and, in many cases, inconsistent staffing and low or unreliable quality levels as the recruitment of compassionate, skilled and incentivised staff is much more difficult.

Staff pay has been raised as a factor that affects care quality and, for this reason, we are considering our policy on minimum hourly rates, amongst other ways of incentivising the workforce, to understand how best to improve the quality and skill of the workforce. Our market position statement will be updated to reflect any developments.

Online resources

- **SCIE** – offers free training and resources here
- **Skills for Care** offer advice and guidance on their website
- The **National Minimum Data Set (NMDS),** coordinated by Skills for Care, requires registration which then opens up access to money for many types of training from mandatory training such as first aid to specialist dementia training. The website can be accessed here

What can you do?

We want providers to move away from reliance on Council training, increasingly identify their own weaknesses and show productive and innovative ways of building in quality.

This could be through internal training, adjusting work practices, identifying other sources of best practice and training etc. This market position statement can be used to inform all staff in your organisation of our strategic aims, commissioning intentions as well as information on demand and what qualities people want in their service.

In an era of personalisation and focus on outcomes, you should know the best ways to build quality in your organisation.

You might even consider advertising your internal training to other providers if you believe you can add value to other services.

Available training

We will be extending compassion training to our homecare providers

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Workforce, Training and Development

A new opportunity: Up-skilling social workers

You may have been contacted recently regarding the assessed and supported year in employment for newly qualified social workers (or ASYE for short). Our workforce development team currently has national Government funding from *Skills for Care* to support both newly qualified social workers and social workers already working in the Private and Community sectors.

We have a number of options that you may be able to benefit from:

1. Up-skilling social workers that already work in community and private organisations in safeguarding, interpersonal skills and community development (influenced by the White Paper)
2. Training for newly qualified social workers and training for a person within the organisation to assess the social worker
3. The opportunity to contribute to the education and career development of a social work student. Providers will be paid £1800 for the 100 day placement.

Provider implications
Read into demand and plan your recruitment and training around meeting the needs of the people you believe you can support. Let us know further demand information that would be useful to you and we will try to assist.
Keep an eye on commissioning strategy to see how you might contribute to overarching goals. Particularly, where integration of health and social care may require some retraining/further recruitment.
Take advantage of our offer of free training up until April 2013 and let us know what training you require. Use other resources that offer a wide range of free support.
Ensure that your service meets quality standards of care delivery and safeguarding
Consider hosting a social work student if you think it would add value to your service and their training
Come to us for guidance to support educational and career development needs of your registered social workers.
Ensure good communication and commitment through all levels of the organisation.

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Differences between the Boroughs

Have you read the Mandates/JSNAs/ Health and Well-being strategies for each borough? Follow the links below

As a Tri-borough Commissioning team, we have shared values, shared strategic priorities and we are increasingly sharing best practice to deliver value for money in all of our services across the Tri-borough. However, the reality is that services will often be run differently in each Borough as each Borough has:

- Political and economic sovereignty supported by separate budgets
- Unique demographics requiring different levels and types of services
- Unique assets such as housing, available services, human resources

Sovereignty

While we are combining services and working together to commission effective services for the Tri-borough area, each of the three local authorities exercises political and economic sovereignty.

This means that there may be slightly different visions/ plans for specific service groups, reflecting leadership and resident opinion/priorities. The individual borough mandates should be referred to for clarification on the position and priorities of each individual borough.

You should still go to each individual Borough website for corporate programmes on activity such as volunteering, community cohesion and other business support including funding opportunities.

For example, while Hammersmith & Fulham and Kensington & Chelsea have their FACs criteria set at moderate, Westminster have their FACs criteria set at substantial/critical.

The differences can lead to different plans/actions in each borough but it must be emphasised that there is a lot of overlap in the borough mandates and that the Tri-borough thinking and location of the teams means that we have a common strategic direction in most instances.

Related to the idea of individual borough sovereignty is the reality that each borough has different housing stock, different community facilities, different demographic make up and, therefore, different priorities and methods for when it comes to meeting needs and setting priorities in each borough.

The budgets

In order to deliver our savings target of £10.95 million by 2014/2015 we will continue to look for savings in our existing services.

We also want to change the way that we view people and places, making the most of community assets and supporting reablement and independence rather than focusing on dependency.

The following page has a breakdowns of each Council's 2013/14 budgets. The budgets are split up differently and savings in areas are based on on-going reviews and linked directly to our strategic priorities.

Please continue to check individual borough websites for most accurate up to date information.

Provider implications
Read into our strategic priorities, demand information, commissioning intentions and views on quality to help us deliver better for less
Visit each individual Borough website//JSNA/Well-being strategy
Be mindful of the differences of providing a service in each Borough

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Borough websites	Hammersmith and Fulham	Kensington and Chelsea	Westminster
Borough mandates	Hammersmith and Fulham	Kensington and Chelsea	Westminster
Borough JSNAs	Hammersmith and Fulham	Kensington and Chelsea	Westminster
Health and Well-being Strategies	Hammersmith and Fulham	Kensington and Chelsea	Westminster

The budgets

Hammersmith and Fulham				
Service area	2012/13 Budget	Savings	Growth	2013/14 Provisional Budget
Learning Disabilities	£11,830,600		£917,300	£12,747,900
Mental Health	£4,733,744	£26,200		£4,707,544
Older People services	£27,550,700	£1,086,100		£26,464,600
Physical Disabilities	£5,469,300	£327,500		£5,141,800
Community Health	£87,800			£87,800
Net Controllable Expenditure	**£49,672,144**	**£522,500**		**£49,149,644**

Kensington and Chelsea				
Service area	2012/13 Budget	Savings	Growth	2013/14 Provisional Budget
Learning Disabilities	£8,516,000		£2,778,000	£11,294,000
Mental Health	£6,747,000		£400,000	£6,347,000
Older People services	£24,951,000	£1,104,000		£23,847,000
Physical Disabilities	£4,517,000	£242,000		£4,275,000
Other adults (substance misuse/ aids)	£1,398,000	£1,159,000		£239,000
Public Transport	£9,824,000		£403,000	£10, 227,000
Supporting People	£1,750,000		£625,000	£1,125,000
Net Controllable Expenditure	**£63,150,000**	**£576,000**		**£62,574,000**

Westminster				
Service area	2012/13 Budget	Savings	Growth	2013/14 Provisional Budget
Other Adult Services	£2,580,000	£-650,000		£1,930,000
Learning Disabilities	£17,867,000	£-1,167,000		£16,700,000
Mental Health	£10,206,000	£-600,000		£9,606,000
Older Peoples Service	£38,404,000	£-97,000		£38,307,000
Physical Disabilities Services	£7,568,000	£-20,000		£7,548,000
Substance Misuse	£795,000	0		£795,000
Care & Health Commissioning	£1,184,000	£-35,000		£1,149,000
Net Controllable Expenditure	**£78,604,000**	**£-2,928,000**		**£76,035,000**

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Help us to reduce our net controllable expenditure but maintain quality through delivering more efficient services. Refer to our strategic priorities and guidance to support with this.

Read into our thoughts and plans in each service area section to identify where your organisation fits, or could fit ,into our vision and the wider care market

Our strategic priorities

Supported from the top, and engrained in commissioning decision making, we believe that our strategic goals can help create high quality, innovative services that meet the needs of vulnerable people in Hammersmith and Fulham, Kensington and Chelsea and Westminster.

They are long term priorities and we want all social care services in each borough to be mindful of them, demonstrating how they align where appropriate. .

The goals below are more significant in some services than others. However, they are all interrelated and form part of our whole vision, steering, planning and decision making for each service. Reading and understanding our commissioning intentions for specific service areas an/or cross cutting services should make it clear where the strategies apply to your service area.

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Dignity, Respect and Compassion

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Personalisation, choice and control

Can you offer:

- Choice and Flexibility?
- Tailored support?
- An easy to cost up menu of services?

We want all our services to treat each person according to their individual care needs and preferences.

It is important that providers adapt their service offer to deliver flexible options and tailored support, particularly as more and more people will be making their own choices in purchasing care with their personal budgets and direct payments or as self funders.

How?

We see the personalisation of services as the route to delivering improved outcomes for individuals at a lower cost to the public purse: Better for Less

Personalisation isn't just about direct payments. Personal budgets and direct payments are just payment mechanisms to support choice and control. Providers should offer services in a more person centred way, regardless of how payment is organised.

This means having a flexible service that is tailored to the individual. We see residents best placed to determine their needs in line with dignity, respect and compassion.

Providers should strive to offer people as much choice and control as possible, both over the types of support they receive and how their service is delivered

Providers should consider what is important to a particular individual when delivering a service, and be able to adjust the service accordingly.

Personal Budgets

A personal budget lets people know how much money it will cost to meet their eligible support needs.

Everyone who is eligible for on-going support from Adult Social Care is to be informed of their personal budget allocation (including any financial contribution they are required to make).

People have the option for the Council to arrange their support in the traditional way, or to take the money and set up their own arrangements (**Direct Payments**)

Personal budgets complement the push for personalised services as providers must respond to the opportunity for people to choose and control how their money is spent.

The move to personal budgets also offers the opportunity for people to come together, pool their budgets and purchase services to get more for their money.

Direct Payments

A Direct Payment allows an individual to control and choose how to spend the money that the Council is making available to meet their needs. **We want to make direct payments accessible for more people so that people have a genuine choice between direct payments and commissioned services.**

There is currently 453 people in Westminster, 495 in Kensington & Chelsea and 375 in Hammersmith & Fulham receiving direct payments as detailed

The proportion of people taking direct payments varies between client groups but is well under half the number of people who could potentially select this option.

The next page summarises why we expect the amount of direct payments to increase. The exact increase is uncertain as people will be given the option rather than required to take a direct payment.

Number of people receiving direct payments split by age group

	HF	KC	WCC
16-24	220	35	25
25-34		50	48
35-44		59	55
45-54		89	73
55-64		67	57
65-74	61	60	80
75-84	53	60	65
85+	41	75	50
Total	**375**	**495**	**453**

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Personalisation, choice and control

More direct payments?

We want to make direct payments accessible for more people so that people have a genuine choice between direct payments and really good commissioned services. To make DPs more accessible we will do the following:

1. We plan to offer more financial support options so that more people can take a direct payment if they wish, with less money about how to manage the money
2. We are encouraging providers to make their services available to people with direct payments and we will provide advice and support to enable providers to adapt their financial models where necessary.
3. We are making it easier for people to find suitable services with the introduction of a user friendly Tri-borough Portal website, featuring a list of providers for people to select from according to region and care need.

The Commissioner's role

Commissioning will facilitate the relationship between people who use services and people who offer flexible, quality services by developing with colleagues in procurement, a **range of contractual options** for Personal Budget users to purchase from e.g. frameworks, accredited lists.

We will also continue to put **people at the centre of commissioning**, ensuring that we talk to people who use services about what types of care they need, their concerns and what makes them happy. We will feed this information on quality preferences to providers but we also expect providers to develop their own market knowledge, understanding what people want from services in order to best provide options and adapt to personalisation.

We will facilitate the sharing of best practice and discussion to support you through the necessary financial adjustments when adjusting your service to accommodate direct payments and self funders

A new challenge and a new market

Adapting your costing and service offer to appeal to residents buying care through personal budgets can:

- Improve outcomes and care quality for people.
- Expand your market by reaching those who purchase care independent of council support.

We have worked with some providers to help them do this and we would be happy to help others to do similarly. For example we recently held an event where we discussed with providers of older people's day opportunities how they might adjust their financial processes to best accommodate personal budgets.

Have a look at potential funding models before reading about our commissioning intentions in the service area sections

Provider implications
Your service should offer choice and options that are easy to identify
Offer your services at a rate that people can purchase through direct payments.
Your service should offer the flexibility to adapt and tailor care delivery to the individual.
You should be engaging with the people who use your services and using feedback to inform both individual care packages and overall service delivery and design
Your workforce should take a personal approach to care, maximising dignity, respect and compassion.
Clear information and advice should be available on support and care options, i.e. a menu of options for those on direct payments, self funders and referrals
People should be able to select and purchase particular aspects of the service
You will need to remodel your financial structure to accommodate a higher proportion of self funders and direct payments
With more people on personal budgets and taking direct payments, providers might offer **support planning and brokerage**, depending on the funding model in each service area

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Dignity, respect and compassion

Are the people who use your services happy with how they are treated?

Do your staff need training to work more compassionately?

People who use care and support services have frequently highlighted the importance of being treated with dignity, respect and compassion and we share their view that in order to receive the best outcomes for individuals, the workforce delivering the care should be motivated and obliged to show such character traits.

Compassion is about being able to empathise with another person's care needs and offer emotional and practical care and support to the individual in order to meet these needs, helping them to achieve a better quality of life and positive outcomes.

Dignity in Care

The following factors of care must be taken into account by providers to ensure dignity in care (SCIE):

- Choice and control: see personalisation
- Communication: speaking and listening with respect. This should influence the type and quality of service that someone receives
- Eating and nutritional care: See nutrition and home meals
- Pain management: Ensuring people living with pain have the right help and medication to reduce suffering and improve their quality of life
- Personal hygiene: Enable people to maintain their usual standards of personal hygiene
- Practical assistance: Enabling people to maintain their independence
- Privacy: Respecting confidentiality and personal space
- Social Inclusion: Supporting people to keep in contact with family and friends and participate in social activities

Our commitment to compassion in care

We want compassion to be embedded in all internal and external adult social care and healthcare services:

We are looking to set up a health and adult social care forum to embed compassion across care services.

We held a dignity and compassion summit in November 2012 with health and adult social care together, for the first time, to talk about the compassion agenda.

We have been providing free compassion training ('Everyone Matters') for our Hammersmith and Fulham and Kensington and Chelsea home care providers (Westminster received the training this time last year)

We believe that a compassion agenda can complement and reinforce the movement from time and task towards a person-centred approach with holistic consideration of the ways that people suffer and what enables them to flour-

Ideas for the compassion agenda

We need to change thinking and behaviour at all levels across all sectors to embed a compassionate culture in health and social care. We need to treat each other with compassion to model how we expect frontline staff to behave

The Council and Providers should all emphasise the importance of recruiting more for mind-set, attitude and motivation. Care for human beings should permeate services at all levels

There is need to allow time for management and all other staff to reflect upon their job in order to make changes towards more compassionate care

We need to ensure that the agenda is led from the top but there is space for everyone to contribute

We need to build trust and transparency (something this MPS aims to do) in order for people to engage in compassion and share such practice

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Provider implications
Listen to the people who use your services and support them to receive the qualities of care they want.
Ensure that your workforce are demonstrating compassion by hiring people with characteristics and motivation that support a compassionate approach and embed ding compassion in your organisation, ensuring managers champion it.
As part of compassion and ensuring dignity, advice might be offered on nutrition, sign of malnutrition must be noticed and staff should consider how they might support an individual to make lifestyle changes/refer an individual to their district nurse if signs of malnutrition are clear. See nutrition and home meals

Outcome based commissioning

Can your service meet and evidence outcomes for individuals?

Can your service meet and evidence broader health and social care outcomes, including cost benefits?

- Our commissioning focus is increasingly on whether services can achieve positive outcomes rather than just outputs.
- It is part of our core business and planning to find ways of meeting the best possible outcomes for people from their care and support in services and the wider community.
- It is a major reason why we monitor services, commission new ones and undertake consumer consultation to get feedback on what people really want and need.
- We believe a focus on outcomes facilitates creativity, innovation, commitment, personalisation, quality and ultimately better for less in service provision

Challenges

We face a number of challenges to achieving better outcomes:

- We need to change the practice of rewarding providers solely on outputs such as hours of care as this offers no incentive for providers to reduce the dependency of an individual - the right targets need to be developed.
- We need to ensure that adult social care, health and housing have shared outcomes.
- We need to give more flexibility to providers to increase the range of care options available. Providers should be allowed room to be creative in order to achieve outcomes.

Outcomes for the Individual

As noted in the personalisation section, we value services that can provide support for each individual to achieve mutually agreed positive outcomes.

Such focus on outcomes complements the compassion agenda, as an individual maintains dignity through involvement in the design of their care.

Providers should be able to provide evidence on the achievement of such outcomes.

Our Tri-borough homecare tender is currently exploring ways to better focus on outcomes for people rather than time and task delivered

Service level outcomes

We may commission services to achieve specific outcomes for people that we have identified. Beyond the fulfilment of hours of care, we may offer increased flexibility to provides to meet established needs and outcomes.

For example, a falls prevention service may be monitored by collected data on the following:

- The number of people who no longer need care.
- The reduction in number of falls.
- The number of people reporting feeling less socially isolated.

Here, the outcomes are of paramount importance in monitoring the contract. Such commissioned services should still complement the personalisation agenda as attention to the individual's specific needs is more likely to bring about positive outcomes.

Click here for a paper from *research in practice for adults* offering a detailed discussion on outcome based commissioning and contracting

Outcome based commissioning

The extreme: commissioning solely for outcomes

Outcome based commissioning is about specifying and monitoring based entirely on what the service achieves rather than how it is run.

The provider may be paid on the achievement of outcomes previously agreed upon in the specification.

Isn't that unrealistic?

A pure 'payment by outcomes' model has a number of risks and impracticalities. However contract monitoring is far more focussed on whether the service is achieving the desired outcomes rather than measuring outputs so we will increasingly be seeking **evidence that the service is making a difference**.

There will always be certain outputs that need to be measured to ensure quality is maintained. The outputs are there to support the outcomes! We want to establish and measure outputs that genuinely support outcomes. For example, we believe that through filling in their electronic record of arrival and departure, care staff, can ensure people are cared for with dignity and compassion. It reiterates that the time spent with every person matters and is precious, helps with focusing on the task (people respond with more trust) and makes routine recording tasks part of ensuring a good quality service.

We would welcome dialogue about how we can best focus on to ensure that we are rewarding the right behaviours in the way that we structure specifications, contracts, monitoring and rewards.

Provider implications
Align with Council strategic priorities: Understand how each service area fits into our strategic direction. For example, we want, as an outcome, less people placed into nursing care and so we will likely commission services that can offer early intervention for this end result.
You should be able to evidence how the service makes a difference to individuals' health and quality of life as well as meeting health and social care outcomes including cost savings and benefits.
Flexibility and creativity: Be able to deliver appropriate services for a variety of needs and outcomes. Creativity and staff commitment can add value to the services that residents receive.
Personalisation: offer individual care plans focused on the needs of each person. Advertise your services to appeal to those who take direct payments and self funders
Effective participation: Consult with people to see what works in terms of achieving outcomes. Further, you could enable those that use your service to assist in the development of outcome based service delivery as they are the experts on the outcomes they would like to achieve.
Feedback: We want to avoid outcome based payments that reward the wrong things and lead to ineffective outcomes for local residents. Tell us your ideas of how best to design outcome based contracts and achieve outcomes for people who use your service.

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Integration of Health and Adult Social Care

How might greater integration between health and social care benefit the people you work with?

How can you support this?

What is it?

In response to **growing demand** and **limited resources**, we are planning to further integrate services between social care and health to provide vulnerable residents with the best chance of staying out of hospital and maintaining independence at home.

This strategic approach is prevalent in each individual Borough adult social care mandates and Clinical Commissioning Group Out of Hospital Strategies. Across the Tri-borough we have a strong history of developing integrated care and forming partnerships.

Why?

Our analysis shows that people who are considered to be at risk of going into hospital often require high levels of both health and social care services. In fact, people who are in the highest 20% of risk account for around 77% of our health and social care services and spend.

Importantly people and their carers often say that their experience of health and social care is characterised by inconsistent and uncoordinated services where they do not feel they can make informed decisions about the care they receive. We know that caring for people in hospital or a care home does not deliver the best outcomes; and is often not where people want to be. We must respond to people's request for better coordination in the care they receive with flexible, joined-up services that are easy to access and understand. The way integration can help overcome some of the challenges we face is summarised in the table below:

Challenge	Benefit of Integration
Fragmented care delivery for people that need care with multiple assessments and plans, multiple points of access and confusion over eligibility.	**Seamless service for people that need care** with co-ordinated access points for services, health and social care co-ordinators and improved care planning, information and communication.
Increase in demand for services and financial pressures due to projected growth in the number of people with complex needs coupled with budget restrictions and the need for efficiency savings.	**Better for less** as high quality services can be delivered in people's homes and communities that improve their health and well being outcomes and retain their independence.
Inefficient use of resources due to fragmented care delivery and silo based service delivery to meet complex needs.	**Efficient use of resources** due to an integrated assessment and care planning for people with complex needs, and care delivery that benefits from joint workers who can carry out both health and social care.

How?

Across the Tri-borough there are a number of initiatives looking at how we can integrate our services further. We are considering what integrated services could look like across the whole of the health and social care system which aims to shift the way care is delivered from episodic care to proactive, planned and continuous care for people who have complex and high levels of need. This will require commissioners and providers to establish new ways of working together to transform how we deliver the best possible care.

As an example, some key areas of possible service development are detailed in the table below:

Front door	Short term care	Long term care
Integrated points of access to services and referral, triage and dispatch/follow up	Joint rapid response	Integrated assessment, care planning and case management
		Integrated delivery of care at home
	Integrated reablement and rehabilitation	Integrated locality based teams
		Alignment to GP networks + CCGs

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Integration of Health and Adult Social Care

Integration: Getting there...

- Each Clinical Commissioning Group has an **'out of hospital strategy'** to deliver better support at home, at lower cost, and reduce demand on hospitals.
- Joint work with health and adult social care to identify and implement the **most successful approaches to integration**
- The **'Community Budget'** project considers how we can have flexibility from central rules and regulations to work differently in our local area. We are working with Government to identify the current barriers to integration and any changes needed to rules and regulations to overcome them
- Adult Social Care plans to work with GPs and Central London Community Healthcare to **build integrated local delivery** of health and social care through GP networks working in partnership with assessment and care management and community health services (responsive and community based)

Timescales

Fully integrated health and social care services are likely to take a number of years to achieve. Some of our projects are looking at what can be achieved over the medium to longer term whilst making steps towards integration now. For example, in Hammersmith and Fulham, we have recently brought together the reablement and hospital at home teams to develop a Community Independence Service to provide intermediate care and rapid response.

Example: What healthcare?

An example of our integration progress can be found with the tender awarded for a ***hybrid workers*** pilot in Hammersmith and Fulham. A hybrid worker is someone who can meet some health care needs as well as social care needs in the context of homecare. As detailed in the foreseen advantages above, this can deliver efficiencies fo health and social care as well as continuity of care for people who need support

Provider implications
Driving the need for integration is the need to adopt a more holistic and compassionate approach to each person that requires support from public services: Adapt your business model, staff and training to meet person-centred needs.
Consider how you might work jointly with other health and social care services or more mainstream activity to improve an individual's quality of life
Keep in touch with our work on integration and further updates as more implications for social care providers will certainly result from any progress.

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Early intervention, Prevention and Reablement

In order to achieve better for less, we want all of our services to be working towards delaying a person's decline and reliance on long term or emergency care and, where possible, people should be supported to regain health regain independence.

Why?

It is a major part of our strategic direction and helps us deliver better for less and improved outcomes for our residents. People who use care services have highlighted being close to friends and family as very important to them and we believe we can support this.

We are also looking to keep people in their homes and communities to ensure the safety of vulnerable patients. Safeguarding concerns are of paramount importance following the Winterbourne view abuse case.

Keeping people at home for longer

In all services we are looking at ways to keep people in their homes and communities with reablement, independence, wellbeing and social inclusion as key outcomes that we can achieve.

Our integration of health and social care will support people's health and social care needs to be met closer to home, in a seamless manner and we encourage personalised care that can help people achieve positive health and wellbeing outcomes without institutionalisation which is high cost and can increase dependency

Our support for people to live independently is reflected in our housing policy with the stress on extra care to reduce reliance on residential and nursing care.

Similarly, assistive technology is increasingly important to support people to remain independent and live safely at

Early intervention

We support services that can offer early intervention to prevent avoidable deterioration in health that may result in need for increased care.

For example, services that work with older people who have had a fall to help them regain their balance and prevent further falls.

Prevention

We want our services to prevent avoidable health deterioration by encouraging healthy lifestyles, reducing risk factors for ill health or disability before they have happened. For example we should look at preventing social isolation in groups with reduced mobility as isolation can increase the risk of depression and use of social care services (see day services and asset based approach). This has the dual benefit of decreasing the use of more intensive high cost services, as well as improving quality of life for the individual.

Reablement

We want our residents to be supported through rehabilitation when illnesses or accidents that a person suffers require a period of recovery. We believe that our stress on outcome based commissioning can create the ideal contractual conditions for a focus on reablement.

An example of our commitment to reablement is our focus on providing more extra care schemes that can improve an individual's recovery and independence following an identified need for care at home.

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Provider implications
Where possible, align your services with the principles of early intervention, prevention and reablement to deliver better outcomes for people in the long term.
Providers offering preventative services must be able to evidence the quality of life benefits for the individual and the cost benefits that the service has for the health and social care system. Providers therefore need to think about the evidence and data they collect.
Work with other organisations to offer more holistic care to people who need support.
See individual service area sections to see where you might apply these principles.

Better for Less

Can you:

Make your service more efficient?

Work with us to create a more cost effective service?

There is a clear need for better for less due to:

- Growing pressures in Adult Social Care provision
- Increasing demand, particularly older people
- Insufficient resources to meet future demand

We want to gain efficiencies in a way that does not negatively impact people who use services. A focus on delivering quality, efficiencies and outcomes is the key!

Commissioning cost effective services

We recognise the fears that, through driving down cost, we will inevitably sacrifice quality. Lowering unit costs is advantageous but there is a limit when it comes to safeguarding quality. We want to:

- Commission quality services to deliver outcomes in the most cost effective way rather than reducing care quality in the name of savings
- Take a whole systems approach to ensure that savings in one area will not increase costs elsewhere.
- Commission services that fit into our overall strategy as we believe this is the path to quality and financially feasible care, e.g. reablement to prevent costly residential home admission (cost) and to ensure people can stay in homes and communities for longer (quality).

Partnership

We recognise that we cannot deliver better for less in isolation. Within Adult Social Care teams, between Council departments and with public, private and voluntary organisations that contribute to the care and support of vulnerable residents, we need the following:

- Clear and honest communication
- A shared commitment to our strategic goals and outcomes for residents
- Sharing best practice and ideas of how to cut out waste

Asset based approach

Beyond assessing the needs of the population and deciding on services and care qualities that are needed, an asset-based approach acknowledges the assets that individuals and communities have and identifies ways of maximising their potential. In this context, the Council takes on the role of an enabler, unlocking the capacity that already exists in communities. Time, energy and creativity can be seen as the most valuable assets.

We are currently at an early stage discussing the approach and how we our residents can best benefit. The ability to maximise community potential will come into commissioning decisions and be prevalent in both specifications and contract monitoring as we see it is as important to future service delivery. We want to work with community, voluntary and more mainstream services to meet needs and reduce dependency.

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Provider implications
Is your relationship with the Council efficient? Are there more efficient ways of monitoring contracts and reporting on services? Could we take a 'leaner' approach?
Work on the *Better* part of *Better for less.* Attention to our strategic priorities and commissioning intentions, reading into demand and listening to what people want can make your service much more effective thereby reducing its cost per head
Asset based considerations: Work with community and voluntary organisations, encourage participation and support from neighbours and help us to identify community assets.
Review your operations: are you delivering care as efficiently as possible?
Listen and learn how to be more efficient from your staff and other organisations.
Smaller organisations might merge with others to generate considerable savings due to lower operating costs.

Service areas

Follow the links below for information on our analysis of projected demand, current supply and vision for the future supply of services to our residents.

Information on day opportunities and housing will be found in these sections along with a more general vision for each care group based on our strategic priorities and supply and demand factors.

Please refer to the cross cutting services for detail on services that affect all care groups, e.g. transport, technology etc.

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Disabled people

People with sensory impairment

Stroke services

People with mental health

People with dementia

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- [Housing]
- [Day opportunities]

The need to develop the market

There will be more older people in the Tri-borough area over the next 17 years due to:

- Treatment advances so people can live longer/into old age.
- People of the post world war II 'baby boom' reaching old age
- General population growth.

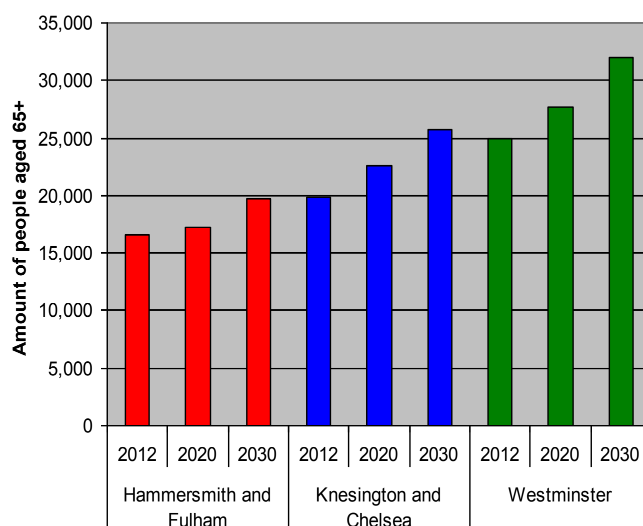
We need to focus on our strategic priorities to ensure that we can deliver quality services we can afford in the future. There should therefore be a focus on:

- Supporting people to remain independent for as long as possible
- Giving people choice and control to create efficient, outcome focused organisations
- Unlocking and maximising community based support to deliver better for less

Demand headlines

The charts opposite show the increasing population of older people in the Tri-borough area. Within this increased demand, it is important to note the following:

- Older people's needs will be come more complex as a group as people will be living longer with learning disabilities, physical disabilities and dementia
- People are experiencing longer periods of time living with disability because disability-free life expectancy is increasing, but at a slower rate than life expectancy
- As well as the increase in incidence of dementia, by 2020, dementia diagnosis rates are expected to rise in Hammersmith and Fulham by 6%, Kensington and Chelsea by 19% and Westminster by 13%
- More people will be living on their own by 2020 with over 2400 people aged 75+ on their own across the three boroughs. This means social isolation, physical inactivity and falls are likely to become more commonplace. Currently single elderly households account for 13% of households in Hammersmith and Fulham, 14% in Westminster and 15% in Kensington and Chelsea
- There will be an increase in older people from BME backgrounds. Aged 65 plus, the most prevalent BME communities are other and Chinese and aged 85 and over is Bangladeshi and Pakistani. Black African and Chinese also have increasing older populations



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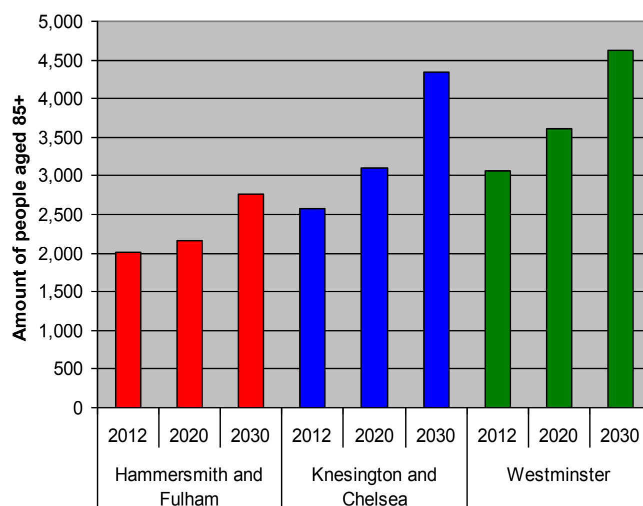
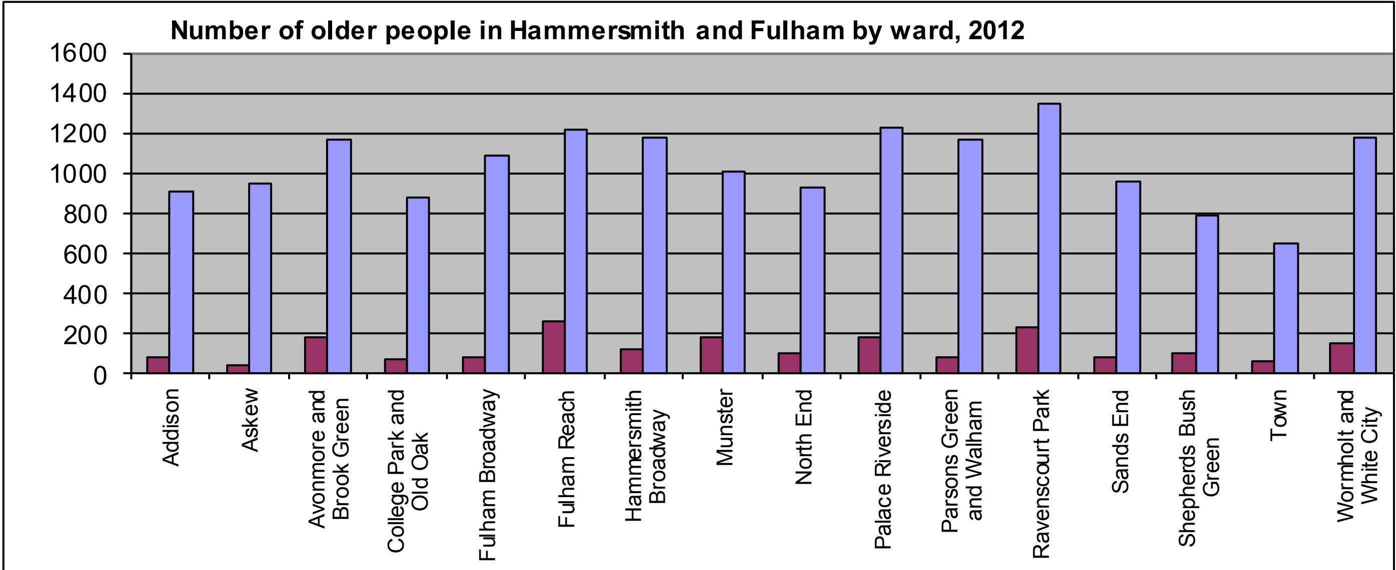
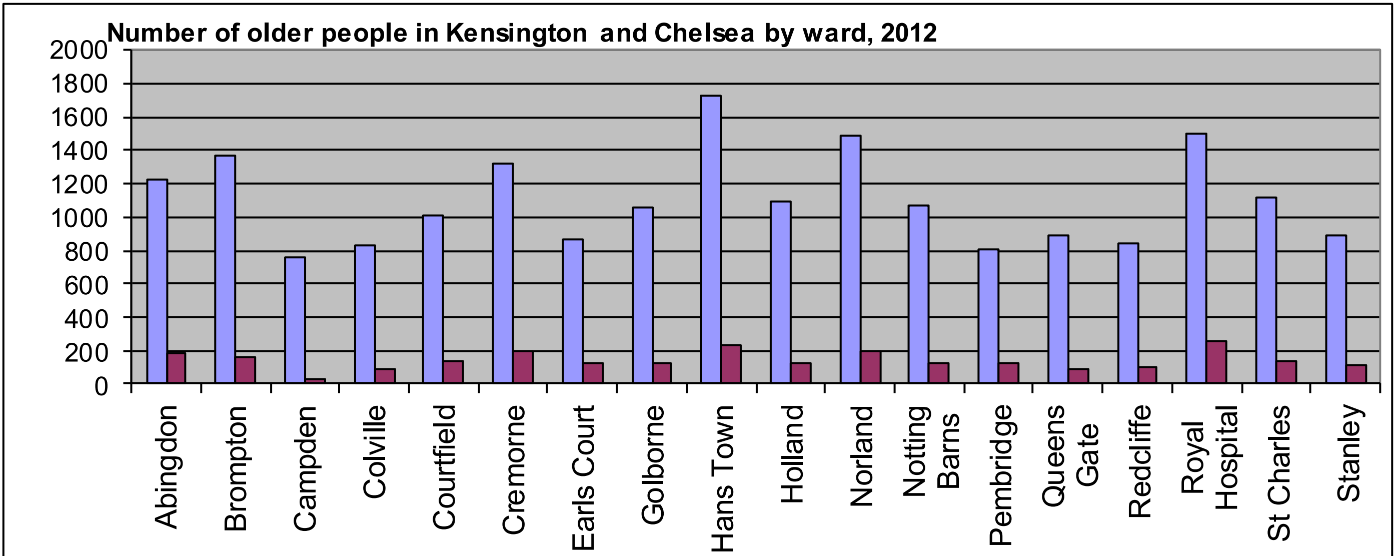
The charts opposite show that the amount of people aged 65+ is projected to increase and, significantly, the amount of people aged 85+ is expected to increase dramatically.

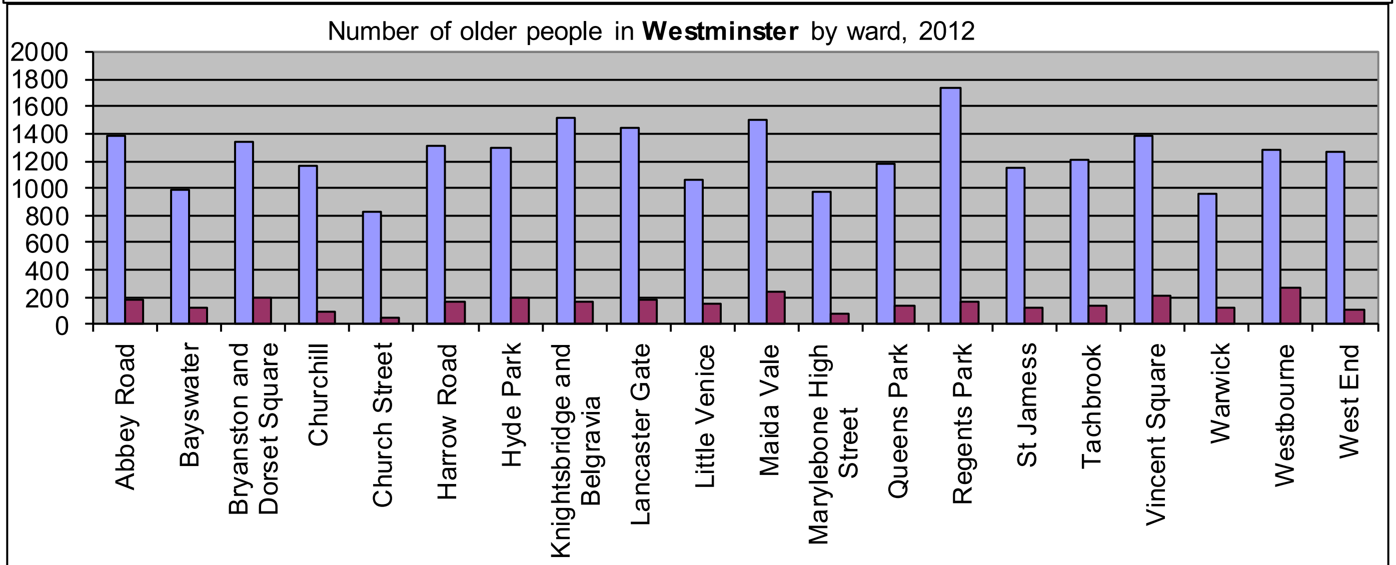


Older People: Demand

Aged 65+ Aged 85+







Older People: Demand

Table A below shows a summary of disability prevalence and projected prevalence amongst people aged 65+ in each Borough up until 2030. The current figures reflect local NHS data as of November 2012 and the projections are based upon the application of GLA national prevalence rates. More detail can be found in each respective service area section

Table A	Hammersmith			Kensington and Chelsea			Westminster		
	2012	2020	2030	2012	2020	2030	2012	2020	2030
Older people	16,617	17, 288	19, 741	19, 857	22, 647	25, 693	24, 961	27, 687	31, 993
Dementia	1, 100	1, 182	1, 410	1, 323	1, 587	2, 017	1, 657	1, 886	2, 324
Learning disability	47	49	56	57	64	71	71	78	90
In a manual wheelchair	693	732	850	814	952	1,152	1, 033	1, 149	1, 375
Using a mobility aid	4, 920	5, 203	6, 016	5, 817	6, 806	8, 194	7, 394	8, 267	9, 853
Falls during a year	4, 362	4, 577	5, 259	5, 191	5, 984	6, 974	6, 536	7, 302	8, 548
Visual impairment	1, 428	1, 492	1, 709	1, 688	1, 958	2, 288	2, 166	2, 391	2, 811
Profound hearing impairment	177	186	223	216	252	314	264	300	362
Moderate/severe hearing impairment	6, 773	7, 113	8, 218	8, 013	9, 399	11, 273	10, 330	11, 428	13, 626

Expectations on quality

We expect that older people will increasingly want to exercise choice and control in accessing their care as we will be catering for people who have grown up as expert consumers.

People's expectations for care quality are unlikely to decrease and providers will need to listen to people who use their services to refine their offer.

Increasing demand needs to be met in different ways in order to reduce dependency.

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As the budgets show, older people's services are the costly service overall to the Council. Further, increasing demand and limited resources means that we need our services for older people to be more efficient and outcome focused. We also need to make the most of community assets. See better for less

More vulnerable people living at home means that we need to develop services that can offer better support at home and better support for people to remain in their communities. See Early intervention, Prevention and Reablement

We need to ensure that the market has the capacity to address complex issues, for example we need dementia specific services to ensure that we can address needs in the most useful and cost effective way

Services will need to show that they have a strong equalities policy, understand cultural differences and ensure that a variety of needs can be met in this way.

Providers need to be able to accommodate the personalisation agenda with their financial structures and service offer. This is to cater for self funders as well as those on personal budgets as increasingly older people will be exercising choice and control as the contractual relationship between commissioners and providers changes. See Personalisation

Visit individual sections to see how increasing demand is affecting our policy and requirements in different areas, e.g. transport, nutrition, home care, older people's housing, dementia etc.

The 'Baby Boomers' generation should be catered for with increased involvement in their care and increased choice and control as some label them expert consumers

Is this enough? Feedback and let us know if there is specific demand information you would like our support in generating

Older People: Day Opportunities

Providers of day services will need to develop their service by:

- Making the most of **community assets**
- Adapting what is on offer and being able to deliver individual **outcomes**
- Offering support and a wide range of activities to people with more complex needs
- Accommodating the driving force of **personalisation**

Demand headlines

We have identified the following key details of demand for older people's day opportunities. For more detail on current and projected older people demand for care, click here

- Demand for traditional day centres decreasing
- The level of need increasing with those using day centres
- The majority of people using day centres have some memory loss or dementia
- People currently using services are likely to continue to want a day centre setting for the next few years
- We anticipate that in the future older population will have a higher expectation for day services but not clear what this will like
- Prevention and well-being day services like the hubs in Westminster, New Horizons in RBKC and Age UK in H&F are popular for older people with less complex needs

The importance of day opportunities

Councils are not statutorily required to deliver Day Opportunities. However we consider them important because they can:

- Promote independence
- Prevent isolation and enable older people to stay in their local communities for longer.
- Provide respite for carers

People who use good day services often identify them as their most enjoyable activity in their lives as it gives people a chance to socialize. A positive mental state should be seen as equally important as good physical health.

Moving to personal budgets

We are aiming to move current day services from block contracts to personal budgets by April 2014, enabling older people to buy their services directly from providers. We plan to:

- Undertake business cases for how we move each day service provider to a personal budget model in early 2013
- Older people will be given the choice to use their personal budget with their current provider or go elsewhere
- The Councils are proposing not to procure block funded day centres in the future
- Commissioners will work with the wider market to develop more day services that can be purchased with personal budgets
- That financial systems where the Council's or a third party act as an agent for money transfer will be further developed

All complex need day services will be funded through personal budgets from April 2014

Prevention and well-being

Prevention and well-being day opportunities will continue to be block funded by the Councils and PCT for those who are isolated or vulnerable, but who do not meet ASC criteria for support

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Support for older people with more complex needs

Day centres are developing to deliver an integrated approach with health for older people with more complex needs both physically and mentally, funded through personal budgets and NHS where appropriate.

Within this agenda we must develop much more personalised services that are innovative, combining safe and supportive building based provision with links into the local community offer, e.g. with schools to develop the intergenerational offer

Older People: Day Opportunities

The future use of buildings

Buildings are costly and should only be used when there is a clear need for a group of people to have a safe and supportive building environment.

- Day centres will operate more like a hub, with services and activities taking place both in and out of the centre facility (see Diagram 1)
- Safe environments and buildings are still provided where required and buildings are used to the maximum to support vulnerable older people
- We will encourage much greater use of the range of opportunities available to older people in the community. See asset based approach

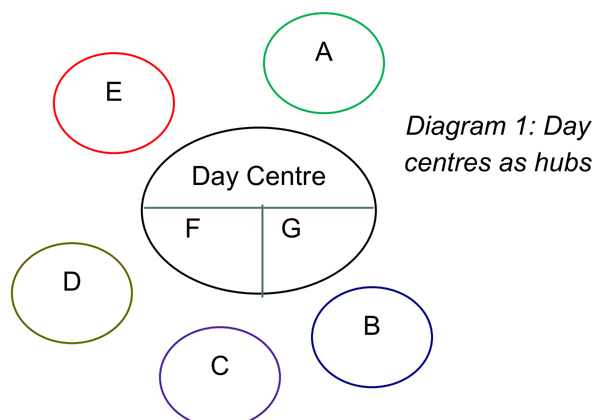

Diagram 1: Day centres as hubs

Day services for black and minority ethnic communities

There is debate about whether Councils should fund services for bespoke BME communities or whether existing day services should tailor services to meet this need.

We see personal budgets as the key as people/ communities can:

- Pool budgets and buy what service they want and require
- Negotiate with local providers about what they want, with Council support

Provider implications
Accommodate personalisation through your service offer and financial structure. See Personalisation, Choice and Control. This will ensure you can attract self funders, those in receipt of direct payments and other referrals
Less contractual relationships between the Council and Providers means that you should take the opportunity to provide innovative services based on what people want and on ideas and creativity of your organisation
Day centres as hubs… Connect people to their community, to volunteer organisations and to other supportive services or information. Asset based approach
Generate maximum income from any buildings by, for example, hiring out the facility.
Offer choice, control and quality in meals and disseminate positive nutritional advice. See nutrition and home meals.
Let us know how we could deliver efficiencies together. Get in touch!

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Activity	Date
Commence work with current providers of day care places to investigate a business case to move from contracts to personal budgets	January - March 2013
Report on the above to Tri-borough Commissioning and Contracts Board	April 2013
Commence strategic review of prevention and well-being day opportunities for older people and produce a Tri-borough strategy	March-July 2013
Commence moving to personal budgets for day care places	April 2013 - March 2014
Commence re-commissioning of prevention and well being day opportunities (dependent on which borough)	Summer 2013

Older People: Housing

Work with us to provide housing and housing support that compliment our strategic priorities

- We want to ensure that we have appropriate housing options to meet the needs of residents with a variety of specialist needs across the three Boroughs
- We want to reduce reliance on residential and nursing care, replacing them with quality extra care and housing support services that focus on reablement and independence
- We need to support people to live well in their homes and communities for longer
- The use of assistive technology will be increasingly vital in delivering better for less as demand for care at home increases.

Demand headlines

The table opposite shows the number of people in residential and nursing placements and how these figures have changed over the last couple of years.

While still a vital part of our housing provision, we anticipate a **reduction in demand for residential and nursing care** and also an **increase in demand for extra care housing and other services that support people to remain at home** as this reflects our commissioning intentions.

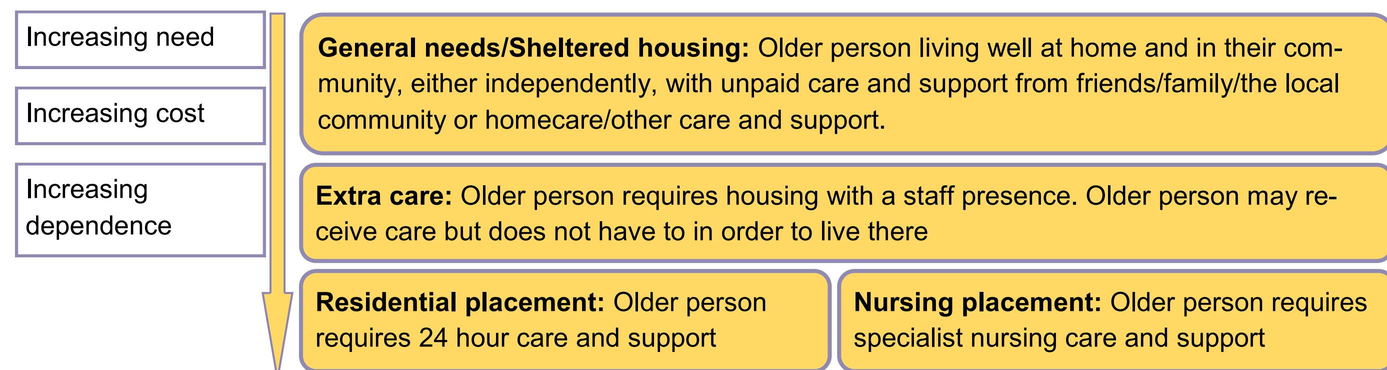
Our intentions have implications for demand. For example, we have estimated that, in Hammersmith and Fulham, we require at least 105 units of extra care based on the large number of people being placed in nursing care and the list of people waiting for extra care. Further work is to be done in Westminster and Kensington and Chelsea on the extent of demand for extra care.

		2010/11	2011/12	Jan 2013
Older people in residential care	H&F	94	117	120
	K&C	155	155	160
	WCC	362	321	288
Older people in nursing care	H&F	297	264	245
	K&C	109	97	85
	WCC	273	248	240

Tri-borough direction and the market

The key principle in housing for older people is that **people should be supported to remain in their homes and communities**, avoiding residential and nursing placements if possible. This principle is based on feedback from older people about what they want, feedback from health and social care professionals about what is most beneficial for older peoples' heath and well being and the importance of delivering better for less as demand is projected to increase rapidly.

The flow chart below shows how we would look to support people through their housing, going through each step and increasing care packages where necessary to prevent people needing more care and losing aspects of their independence.



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We want to prevent people moving down in the diagram above. People will be supported in a range of ways with the aim of reablement and/or maintaining an individual's independence for as long as possible. Care packages will increase with a person's needs before considering moving them from their homes and communities.

To keep people at home, there will be an increased demand for **assistive technology**, **preventative day services** that promote independence, **care at home** and **carers respite**.

Older People: Housing

Extra care

There is a need for **more extra care** across the Tri-borough as it is our preferred model of care when a person requires ongoing support.

We want our extra care schemes to be able to provide different levels of support within the same building so that once a person is placed, they can stay for longer even if their health improves/deteriorates. There will still be a stage however, that some older people may need nursing care that cannot be provided in extra care units.

In terms of quality, we want 1 or 2 bedroom apartments; an independent kitchen/bathroom for each unit; and community facilities activities including a communal kitchen and eating area. Such qualities can support people to maintain independence, accommodate a live-in carer and provide facilities for social inclusion. We also want there to be the option for people to buy their extra care property where appropriate.

Floating support

People do not have to be FACs eligible in order to receive floating support. Across the Tri-borough, floating support is available to the people who need it, including but not limited to sheltered housing. This preferred model allows resources to be flexible, responsive and released for many other older people based on need rather than based on sheltered housing as it was discovered that a large number of the people in the scheme did not require a warden.

In Hammersmith and Fulham we commission a service that delivers floating support to disabled people and people with learning disabilities and one to older people.

In Westminster we have a floating support service catering for 600 people including older people.

The services in Hammersmith and Fulham and Kensington and Chelsea are currently being reviewed. There is potential for a Bi-Borough tender.

Providing for specific needs

We need housing and care providers to be prepared to meet high level needs as many people will be living for longer with disabilities and complex needs.

We need providers to have a better understanding of the range of needs of people with dementia as we foresee an increase in its diagnosis and prevalence. See the demand section on older people for more information.

We welcome feedback as to how we can deliver personalised services for older people with dementia.

Tri-borough provision of housing support: The West London Framework

- London Boroughs of Hammersmith and Fulham, Brent, Ealing, Harrow, Hillingdon, Hounslow, the Royal Borough of Kensington and Chelsea and Westminster City Council jointly developed a Framework of providers for the provision of Housing Support Services within the West London Sub-Region.
- The Framework will run from October 2012 - October 2016 and all eight boroughs have the option of using it to call off both accommodation based and floating support services.
- Each borough will have an individual approach to using the Framework and call-off timetables will vary. The Framework has 10 'Lots' covering adult social care and socially excluded groups.
- The service specifications within the Framework are outcome-focused and therefore aim to achieve the goals, aspirations or priorities of the individuals they support.

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Hammersmith and Fulham developments

We are looking to use our existing older people's housing stock and build new extra care units to reduce the use of nursing care.

We are developing our 4 existing extra care schemes to accommodate people who may have or develop needs traditionally accommodated with admission to nursing care.

We are also considering extra care schemes that can accommodate older people with learning disabilities and we welcome feedback on this.

We are currently exploring the viability of building new extra care schemes in the Borough.

Older People: Housing

...Hammersmith and Fulham plans continued...

Activity	Date
Review of housing floating support service	April-June 2013
Decision on commissioning intentions re. floating support service	October 2013
Decision on numbers, plans and locations of any new build extra care schemes	October 2013
Olive House Extra Care Scheme out to tender	2018

Kensington and Chelsea developments

We want to increase older people's housing to meet the 29% growth in demand between now and 2030 but the exact housing demand is yet to be established. A significant proportion of our existing sheltered housing stock is small, studio accommodation unsuitable for residents who need care and unsuitable for adaptations.

- We are looking to identify suitable sites for extra care units to house those new to the social care system and those within the system who can gain from increased independence
- We are looking into the potential of outsourcing our extra care service in Burgess Field
- 3 extra care schemes are going out to tender to build on quality.
- There is currently no extra care units in the south of the Borough and we welcome feedback on possible sites.

Activity	Date
3 extra care schemes out to tender: James Hill House (28 units), Miranda House (24 units), Highlever Road (5 units)	March 2013
Review of housing floating support service	From February 2013
Call off from framework	April/May 2013
Sites identified for new extra care units and older people's housing	Autumn 2013

Westminster developments

There is a concern that buildings are not fit for purpose and so need redeveloping. Westminster City Council is working together with the NHS to provide suitable housing for older people. We plan to:

- Rebuild and remodel existing accommodation for specialist care,
- Build new combined residential/nursing homes
- Build a new rehabilitation unit
- Build 2 additional extra care homes
- Investigate potential to include extra care provision within residential/nursing homes (or within nearby buildings)

Activity	When?
Develop a design an implementation plan (identify sites)	March 2013
Tender for existing care provision and in partnership with NHS as developments occur	April-May 2013
Redevelopment procurement (Various sites)	April 2013-2015

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Provider implications
Look out for the listed upcoming tenders and pay attention to our strategic priorities.
Residential & Nursing Care providers should consider diversifying their service. Towards, for example, reablement and extra care to nutrition and other outreach into the community.
Increased market for assistive technology as we look to support people at home.
Increased market for extra care as a preferred model to nursing and residential care.
Care providers should be aware of the increasing amount of older people living longer in poor health conditions, particularly the substantial increases expected in dementia
Before developing new or diversifying existing housing and care schemes, get in touch with the adult social care housing commissioners and housing and planning officers so that we can identify opportunities and ways to develop better services together.

People with learning disabilities

- Day opportunities
- Housing

Plans and drivers across the Tri-borough are influenced by the Department of Health's *Valuing People Now,* A Tri-borough strategy is being worked and should be produced March 2013. We share the vision from *Valuing People Now*, that 'people with a learning disability are people first with the right to lead their lives like any others, with the same dignity and respect'.

For this reason we want our services to help keep people at home and in their communities, to offer choice and control and to reduce dependency by helping people gain employment, volunteering opportunities or skills. We also recognise that some people with more complex skills absolutely depend on us for support and we will look to ensure the right support is available in the most efficient way.

Demand headlines

Over the next 5, 10, 20 years there is likely to be **more people with learning disabilities living in each Borough.** This is due to increased life expectancy, particularly for people with downs syndrome

There will therefore be more children with complex health conditions surviving into adulthood and, significantly, we have more children coming through transition to adults services with severe learning disabilities and we are likely to continue to see an increase in the amount of children born with learning disabilities. There is a high cost for such service provision so we need to plan ahead.

There will be more older people living with learning disabilities due to medial advances and there will also be more old age carers.

We also need to consider that there will be more young adults from South Asian Ethnic Groups (high prevalence of learning disabilities) and a growing proportion of people with learning disabilities from BME communities.

Another significant element of demand is that people with learning disabilities and their families expect more independence as well as high quality care when necessary. The need to make efficiencies and deliver better for less puts onus on us and providers to show creativity, commitment and a co-ordinated approach to come up with the best way of designing services to meet outcomes.

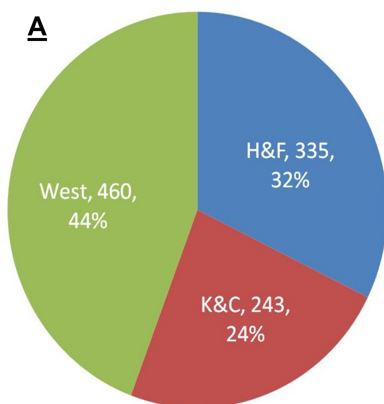
The detail

Chart (**A**) shows how many people there are, of working age, with learning disabilities in the Tri-borough area based on GP registers (2012).

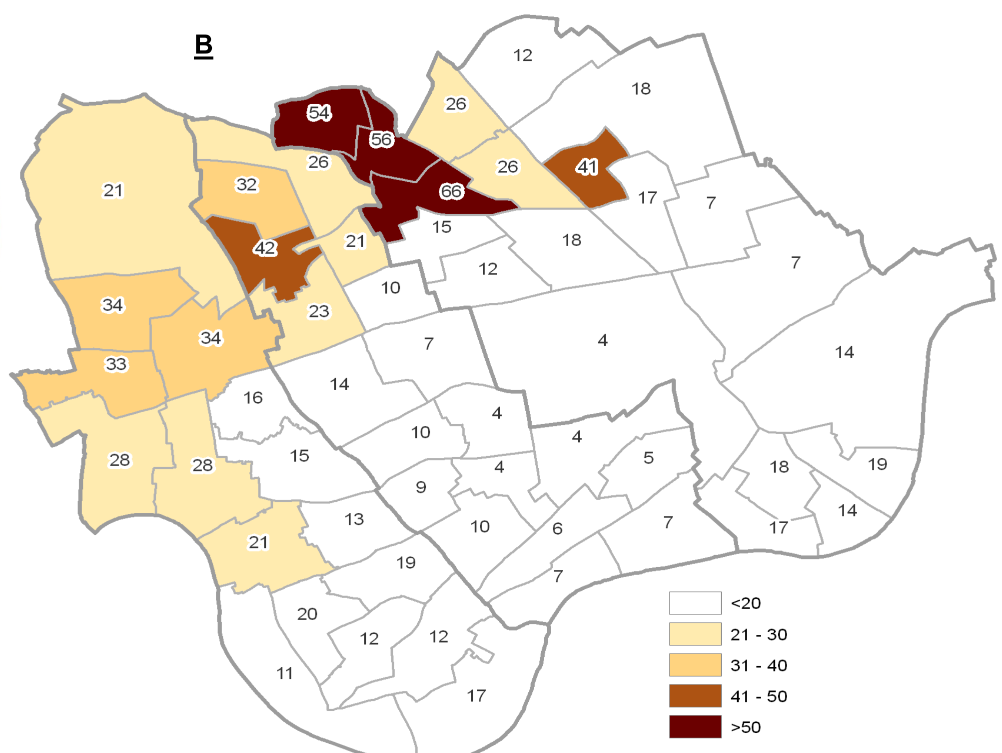
460 people known to adult social services in HF

The map (**B**) shows where people with learning disabilities are located in the Tri-borough area.

A



B



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Day opportunities for people with learning disabilities

Can you:

- **Support people to maintain/retain independence?**
- **Make the most of community assets?**
- **Accommodate personal budgets and groups of people who may pool them?**

Our considerations in planning for day opportunities should fall under the following categories:

1. **People with learning disability and complex needs** refers to people with other physical/mental health problems that means they often require higher levels of support such as personal care, managing behaviour skills and some specialist health care needs e.g. PEG feed as well specific communication skills like makaton.
2. **Vulnerable people with learning disabilities who live in the community** refers to people with moderate learning disabilities who are able to get about in the community with limited support. They may live at home, in their own flat or in supported accommodation.

Tri-borough commissioners will work with these two groups as different strategic areas, with a separate work stream around needs assessment, engagement, service review and future planning.

1. Tri-borough principles for People with Learning Disabilities and Complex Needs

These are high cost services and require very skilled staff. More and more cases are funded by Continuing Care NHS funding, as the needs are health focused. We hold the following principles to deliver effective services:

Flexible use of safe and supportive building facilities to be used as resources and touchdown spaces, maximising usage and supporting activities and personal care for people with *complex* needs if required. This will also link to developing changing places agenda.

Flexible staffing to support people in the community and buildings and to have **specialist skills** where needed

More engagement with the local community and its opportunities, promoting citizenship and social inclusion

Personalised support through personal budgets (with a range of options of how to pay for services) will be used to buy day services in the future with support planning and advice, enabling people with learning disabilities and their carers to look at the range of services and opportunities available

Real opportunities and experiences like support to work, learn, volunteer and meaningful leisure activities that raise aspirations

Improved partnerships with Adult Learning, leisure and other departments/organisations to link into and create these better opportunities.

Preventative day services to help people with learning disabilities to stay in their local communities and support their families and carers' to continue in their caring role, for example managing behaviour etc

Travel Support should be flexible with good support planning

Safe, dignified and compassionate support during the day

Better for less by providing all the above within current funding and in a some cases more efficiently

Supply

Tri-borough has four main centres and outreach based services, currently managed by the Councils:

- OPTIONS in Hammersmith and Fulham
- SCOPE in Kensington and Chelsea and
- Community Access Westminster, based over two sites (Droop Street and Lisson Grove) and through an outreach flexible response service.

Kensington and Chelsea have just commissioned a Framework and Accredited List of day services for young adults in transition with complex needs. These services are centre and community based and can be purchased by the three Councils directly or by individuals and their families with a direct payment.

All building based services are in the north of the borough areas, reflecting the higher demand in these areas as identified above.

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The commissioning direction for people with learning disabilities and complex needs

In-house services

With service managers, people who use the services and their carers', we have started to develop a future model of the Tri-borough in-house services. Some initial work will be started in 2013 to investigate one set of policies across all the in-house services, how building space and activities and opportunities could be shared and develop a model for more flexible approaches to support.

OPTIONS in Hammersmith and Fulham also investigated social enterprise options and a carer led project group "Linking Hands" is looking at developing more activities in the community.

Framework and Accredited List

The Transitions Day Service framework and accredited list which is led by Kensington and Chelsea but can also be accessed by the two other boroughs will commence from April 2013 for two years. Five providers Yarrow, Full of Life, Dimensions, Camden Society and Westminster Society are framework approved and MCCH, Lookahead and SCOPE are on a wider accredited list. These facilities are focused on day services for people aged 16-25 but can be accessed by people over the age of 25.

The accredited list will be updated annually and the framework will be competitively tendered in 2014 with the accredited list providers only.

The framework can be used by care managers using more formal processes like a mini-tender to purchase services or individuals with personal budgets/direct payments can choose the provider they wish to use.

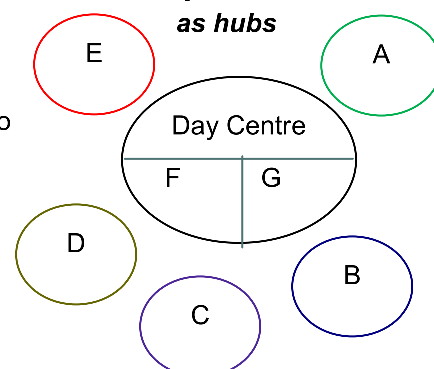
Activity	Date
In-house Day Services:	
Internal managers Project Group	On-going
Carers' Advisory Group	On-going
Review of policies and investigate one set for all day services	2013
Investigate more flexible support options	Summer 2013
Review building space and capacity	Winter 2013
Transitions framework	
Commence framework	April 2013
Re-advertise and update accredited list	Jan - April 2014
Re-advertise accredited list and tender framework from accredited list	October 2014
New framework	April 2015
Re-advertise accredited list	Jan 2016
Updated accredited list	April 2016
Review framework and accredited list	Summer 2016
Tender for new services	Autumn 2016
New service	April 2017

The future use of buildings

Buildings are costly and should only be used when there is a clear need for a group of people to have a safe and supportive building environment.

- Day centres will operate more like a hub, with services and activities taking place both in and out of the centre facility (see Diagram 1)
- Safe environments and buildings are still provided where required and buildings are used to the maximum to support vulnerable people
- We will encourage much greater use of the range of opportunities available to people with learning disabilities in the community. See asset based approach

Diagram 1: Day centres as hubs



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Day opportunities for people with learning disabilities

Provider implications
Understand what we want from our day opportunities and look out for tender opportunities in 2014 to have a place on the accredited list
Maximise the use of community spaces: • Sharing accessible building space • Enabling touchdown for all local people with a learning disabilities to use a changing space, shelter for weather, have a meal etc. • Having a group space for sessions or a lights room
Share targeted activities to reduce costs
Accommodate or encourage people to pool personal budgets to get a better price for care and support, building use or activities
Make better use of transport and use more expensive and specialist transport only when it is needed
Ensure your service supports social inclusion and opportunities for people with learning disabilities to become employed, volunteer or learn new skills where possible
Ensure your service is flexible, offers what people want and advertises its offers well. See Personalisation, choice

2. Developments in day opportunities for vulnerable people who live in the community

We intend to begin a strategic review of day opportunities for vulnerable people with learning disabilities who live in the community within the next month.

It is reasonable to say that we will be looking for the following qualities of our day opportunities provision:

- Less building based
- Consideration of a Tri-borough offer
- Connecting people to their local community
- Improving access to employment/volunteering
- Enabling people to make use of public transport

Plans will be revealed once the review is in progress.

For further insight into the likely qualities we are looking for, Valuing People Now provides a good guide.

Provider implications
Maximise the use of community spaces: • Sharing accessible building space where appropriate
Share targeted activities to reduce costs
Support people to pool personal budgets to get a better price for care and support, building use or activities.
Support people to make better use of public transport, promoting independence and social inclusion.
Ensure your service supports social inclusion and opportunities for people with learning disabilities to become employed, volunteer or learn new skills where possible
Ensure your service is flexible, offers what people want and advertises its offers well. See Personalisation.

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Activity	Date
Review of LDDF funded day opportunities	March 2013
Commence 3B Strategic Review of Day Opportunities for vulnerable people with learning disabilities who live in the community	April 2013
Publish Tri-borough strategy and Commissioning Intentions	TBC

Housing for people with learning disabilities

- We want to ensure that we have appropriate housing options to meet the needs of residents with a variety of specialist needs across the three Boroughs
- We want to reduce reliance on residential and nursing care, replacing them with quality extra care and housing support services that focus on reablement and independence
- We need to support people to live well in their homes and communities for longer
- The use of assistive technology will be increasingly vital in delivering better for less as demand for care at home increases.

In the **Winterbourne View** Inquiry report there is a target for Local Authorities to have reviewed everyone placed in NHS and Independent sector specialist hospital placements and to have a joint plan with Health in place for the development of local housing and support for people with learning disabilities and challenging needs by April 2014.

Demand headlines

High number of people placed in out of borough residential care due to historical patterns of provision and lack of fit for purpose accommodation in borough to meet increasing need.

We need more local solutions and value for money options in light of the issues raised in the Winterbourne View review.

Tri-borough direction and the market

We want to support people to remain at home and in their communities. We are therefore looking to develop:

- High quality and fit for purpose housing stock. We are currently looking at all housing stock and seeking to address the fact that much of the provision is outdated and not linked up to deliver the best outcomes for people.
- Housing that meets demand, including meeting the needs of young people in transition with complex needs and accessible housing for those with physical disabilities.
- More choice and control for people. In the long term we are looking to develop a resource allocation that works for supported housing to be purchased through personal budgets
- Support for people to move on from supported living should they gain confidence and require less support
- Movement away from shared housing, towards self contained flats that can offer the benefits of economies of scale whilst maintaining independence.
- A broader range of supported housing options to offer more choice locally, including the extra care model of supported housing which can offer economies of scale, independence and flexibility.

Increasing need

Increasing cost

Increasing dependence

General needs/Sheltered housing: Living well at home and in their community, either independently, with unpaid care and support from friends/family/the local community or homecare/other care and support.

Supported housing, including extra care: Housing with a staff presence required through either floating support or permanent staff presence.

Residential placement: Person with learning disabilities requires 24 hour care and support

Nursing placement: Person with learning disabilities requires specialist nursing care and support

We want to prevent people moving down in the diagram above. People will be supported in a range of ways with the aim of reablement and/or maintaining an individual's independence for as long as possible. Care packages will increase with a person's needs before considering moving them from their homes and communities.

To keep people at home, there will be an increased demand for **assistive technology, preventative day services** that promote independence**, care at home** and **carers respite**.

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Tri-borough provision of housing support: The West London Framework

- London Boroughs of Hammersmith and Fulham, Brent, Ealing, Harrow, Hillingdon, Hounslow, the Royal Borough of Kensington and Chelsea and Westminster City Council jointly developed a Framework of providers for the provision of Housing Support Services within the West London Sub-Region.
- The Framework will run from October 2012 - October 2016 and all eight boroughs have the option of using it to call off both accommodation based and floating support services.
- Each borough will have an individual approach to using the Framework and call-off timetables will vary. The Framework has 10 'Lots' covering adult social care and socially excluded groups.
- The service specifications within the Framework are outcome-focused and therefore aim to achieve the goals, aspirations or priorities of the individuals they support.

Hammersmith and Fulham

We have 65 beds across 12 residential care homes. There is a lack of local housing and support provision for people with autism and challenging needs means that people are often placed out of borough.

We have identified the need for additional local housing developments to meet the needs of both people in provision outside of and in the borough who need to be found alternative housing and the growth in needs and numbers of older people and those moving through from Children's to Adults services. .

We estimate that there will be the demand for accommodation for 86 people with learning disabilities over the next 3 years, 72 currently in the borough, 14 currently living outside (30% of the total demand is people coming through transition).

The need is for units of supported living accommodation for people with challenging needs and autism and extra care supported accommodation for older people with a learning disability and/or complex needs and physical disability. We are working with local providers to convert existing residential care accommodation into supported living as this model of housing provides greater independence and choice .

Kensington and Chelsea

There are currently 62 learning disability specific supported living placements locally and 21 residential care places. Three more housing units have been released from the common housing register for people with learning disabilities

We are working with local providers to convert existing accommodation into extra care housing units, our preferred model as it can offer independence and support as and when it is needed, making it a long term viable option

My Harvey 11 new units for people with learning disabilities in transition. Four units opened up in Cambridge Gardens for people with learning disabilities and challenging behaviour.

Piper House has been refurbished to provide 12 spacious, open plan flats (10 wheelchair accessible). The scheme will provide accommodation for people with a learning disability who also have complex physical and/or behavioural need, ensuring such people can remain in borough. A mixture of core and flexible support will be available within the scheme

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In Kensington and Chelsea there has been a push for Learning disabilities housing provision to be funded by personal budgets with four of the schemes doing so. We encourage further progress in this manner, particularly where more independent living is provided.

We are also looking into options to commission services for people with mental health needs and learning disabilities as we look for better economies of scale and flexible provision.

Housing for people with learning disabilities

Westminster

We are looking to redevelop Harris Centre from a day centre to five units of high support dementia/enhanced extra care provision for older people and people with a learning disability / dementia / physical disabilities.

We also intend to remodel Portnal Road from short break / low support housing supply into 5 unit high support service for people with challenging needs and autism who currently live out of Borough in registered care.

Further, 291 Harrow Road /Elmfield Way will be re developed into new build high quality specialist supported housing for people with autism and the provision of additional high quality fully adapted provision for people with high support and mobility needs in -2015- 2016

Remodel 9 registered care service placements into supported housing placements

We are also looking to undertake a number of refurbishments to ensure that we are making the most of our housing stock. For example 119 Westbourne Park Road is being refurbished to become fit for purpose for Young People in transition, Florey Lodge and Barnard Lodge to be re registered to a supported housing model and 47 Bourne Terrace is being soundproofed so it remains a viable option.

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Provider implications
We need more specialist housing for people with complex and challenging needs in each borough and more extra care supported housing. Work with us to identify locations and best practice in provision.
The move to personal budgets means that residential care providers will need to remodel their support delivered to enable a choice of support provider and housing options.
As we anticipate less placements in institutional care, Residential & Nursing Care providers should consider diversifying their service into community outreach or other services aligned with our strategic priorities and market demand.
Increased market for assistive technology as we look to support people at home.

Group Advocacy

Tri-borough currently commissions group advocacy for people with a learning disability from two organisations. Group advocacy enables service users to have a voice at the Learning Disability Partnership Board and to make their views known about the wide range of services available across the Tri-borough area

A procurement exercise is planned for 2013. Further details and a timetable will be available on the MPS in May 2013.

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Disabled people (Demand)

- Day opportunities
- Housing

We want to support people to continue living at home for longer, maintaining their independence and community/family connections.

In line with the focus on reablement and outcome based commissioning, we also want to see an improvement in each individual's health or other jointly determined outcome (such as employment) following receipt of ASC service. We need to be clear that services are making a difference.

Demand headlines

The graphs to the right show the location, and prevalence of, disabled people (PD) supported at home in the Tri-borough area (excludes placements).

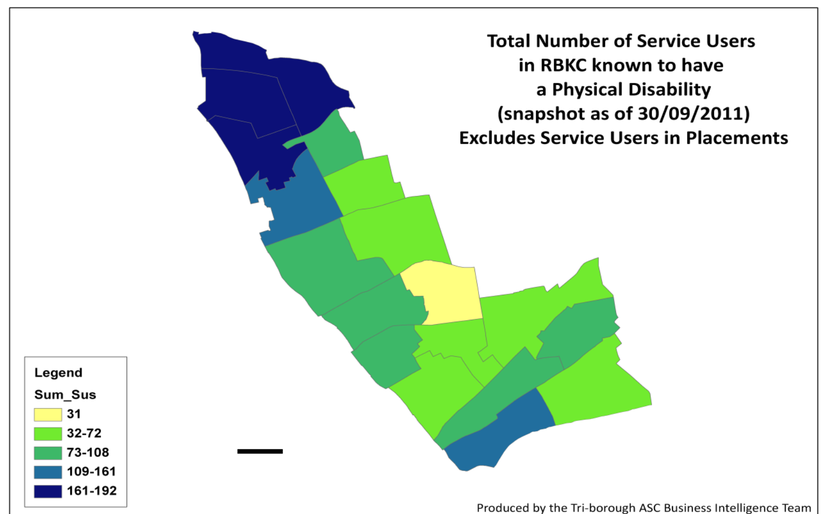
While the severity is unclear, the indication is that people in the areas shaded darker blue are going to have more people who require housing adaptations, assistive technology and other support such as home care to stay at home.

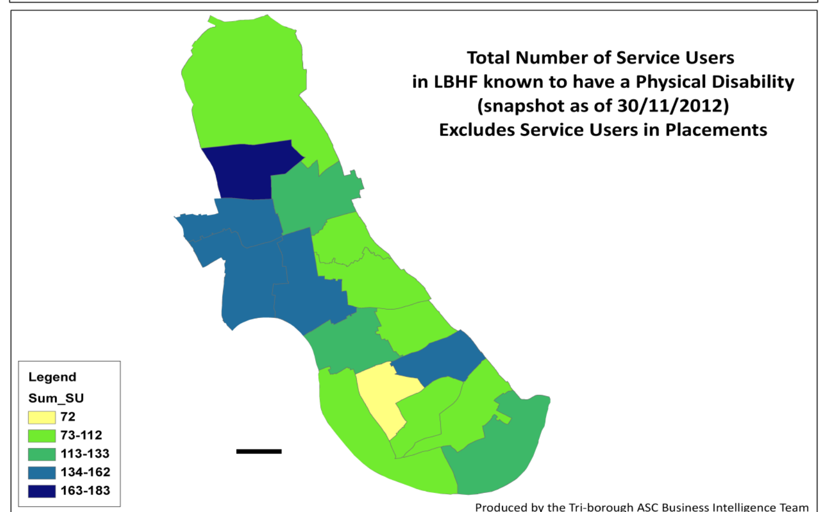
It also has implications for the location of sheltered housing/extra care schemes as we look to keep people in their communities where possible. Floating support might also meet more needs in such areas.

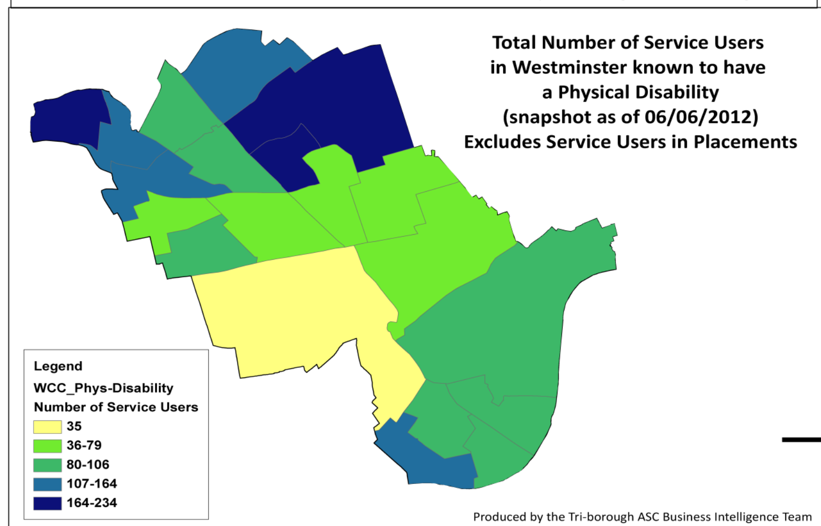
The ageing population and medical advances (see older people demand) means that there will be more people living with physical frailties and disabilities and more people living for longer with such disabilities.

The demand will be considerable then for technology and care services that can support people to live independently for as long as possible, avoiding institutional care.

Nationally the increase in wheelchair users is estimated to be over the age of 65 between 3-17% and 85 plus between 7-20% by 2020







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Day opportunities for disabled people

Day opportunities should increasingly support people to maintain independence, promoting community integration and supporting people to improve their quality of life through employment and education opportunities and support.

Demand headlines

Disabled People now access a range of community opportunities, and have mainly moved away from the traditional day centre model, particularly those who are younger. There is still interest amongst disabled people for meetings and some older disabled people with very complex physical and cognitive impairments.

What we want from day opportunities

- We want our day opportunities to be supportive in creating and maintaining in independence for disabled people
- We also want to reduce isolation by supporting disabled people to integrate better into the community.
- We want to improve life chances for disabled people by focusing on developing skills, employability and promoting volunteering and job opportunities where possible (see supported employment)
- We want to support choice and control for disabled people and maximise people's opportunities locally to provide these options for choice.
- We also want to improve the quality, accessibility, consistency and frequency of support and services
- Enable people to be valued as equal citizens

Supply

Kensington and Chelsea and Westminster now have support services based with local disability organisations to support disabled people to gain confidence and then access local opportunities in their community. The services also support disabled people to pool their budgets with other people in order to get the maximum opportunities with the budget money they have been allocated

Hammersmith and Fulham now have all age day centres to support people aged 18 plus to have day opportunities and a community access team to enable people to be more independent in the community (mainly used by people aged 50 plus). Hammersmith and Fulham also have a Community Access team to enable people to be independent in their communities

Various Supported Employment services are commissioned across the boroughs to support disabled people into paid employment

Similarly volunteering, training and education opportuni-

Commissioning intentions

Kensington and Chelsea and Westminster will be reviewing their day opportunity support services in the spring of 2013. Tri and Bi-borough options may be investigated in the future.

There will also be a piece of work to investigate making day centres aged 50 plus to support people who may need and want a day centre setting. Hammersmith and Fulham will continue to commission all age day centres for the foreseeable future.

Activity	Date
Review day support services in Kensington and Chelsea and Westminster.	June 2013
Investigate day centres for people aged 50+ across the Tri-borough area.	Summer 2013

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Provider implications
Maximise the use of local community facilities which are free or highly subsidised
Ensure your day service is meeting employment, volunteering or other outcomes related to social inclusion and reablement
Assist people to pool personal budgets, sharing costs to get better value when buying services
Through information, advice and travel training support disabled people to make better use of public transport

Housing for disabled people

- We want to ensure that we have appropriate housing options to meet the needs of residents with a variety of specialist needs across the three Boroughs
- We want to reduce reliance on residential and nursing care, replacing them with quality extra care and housing support services that focus on reablement and independence
- We need to support people to live well in their homes and communities for longer
- The use of assistive technology will be increasingly vital in delivering better for less as demand for care at home increases.

Tri-borough provision of housing support: The West London Framework

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- The service specifications within the Framework are outcome-focused and therefore aim to achieve the goals, aspirations or priorities of the individuals they

What do we commission?

There are very few housing services that we commission as block contracts for disabled people as our priority is to support people to remain at home.

For this reason, our housing teams ensure that our housing stock is managed in an appropriate way to meet the needs of disabled people. There may be additional scope in this market position statement to include an analysis of housing stock an intentions in the future.

There is a limit to our control over housing stock and therefore we block contract Home Improvement Agency who then spot purchase a number of services following an assessment from an occupational therapist (ramps, lifts, baths). The improvements are mainly for privately owned housing stock.

Hammersmith and Fulham

- We commission Hestia to deliver and floating support to people so that they can maintain their independence and receive only the support that they need and want. Hestia have recently been re-commissioned off the West London framework detailed above.
- Our HIA service has recently been restructured and our Handyperson service is delivered by Bishop Creighton House
- We commission Thomas Pocklington to run an accommodation based service for people who are visually impaired. It can offer quick and responsive practical support and good signposting to other national charities such as Action for the Blind.

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Kensington and Chelsea

- North West London consortium has commissioned Home Improvement Agency, Staying First, on a block contract who then spot purchase other services.
- The service includes a handy person’s service, grants and housing advice.
- The service will be reviewed in 2014 and a decision will be made on how to commission the service in Autumn 2014.

Housing for disabled people

Westminster

In Westminster, we have a 10 bed unit for wheelchair users which will be reviewed in early 2014.

We have 2 floating support services, one of which is available to people with physical disabilities. These were tendered 2 years ago and are reported to be running well.

The HIA service is currently delivered in-house (with a budget of £800,000 per annum for adaptations for disabled people) and, while we have no plans to revisit the idea of outsourcing the service, we welcome feedback from providers who might be interested in delivering the service on a commercial-in-confidence basis about the core funding that an external HIA would want to operate in Westminster against a backdrop of what capital grant funding would be available to you from which to generate fee income.

We currently have 3 not-for-profit handyperson services in Westminster (2 of which receive public funding) as well as numerous commercial outfits.

1. There is an in-house service but a substantial proportion of the work is sub-contracted. The funding for this service reduces from over £100k per annum to approx. £50k per annum in 2013/14 onwards.

2. The PCT (as was) funds another provider (a housing association) to provide a similar service to the in-house Council service in Westminster. This is recurring funding of approximately £50k per annum.

The intention is to merge these 2 funding streams and procure one service through a competitive procurement exercise from 2013/14 onwards. We are at least 6 months away from a contract start date with Autumn now the likely date.

Activity	Date
Review of Kensington and Chelsea Home Improvement Agency service	2014
Commission / re-commission service October 2014	October 2014

Provider implications
Increased market for care at home
Increased market for minor and major housing adaptations to allow people to remain in their home.
Increased market for assistive technology as we look to support people at home.
Ensure your service is focused on reablement where applicable.
Home care, supported accommodation and floating support should look to encourage independence and reduce reliance on institutional care.

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Sensory impairment

Can your service add value to our service provision?

We want all our services to be accessible to people with sensory impairment services and we will provide support and commission services where existing services are insufficient. For example, we have identified that we may commission an organisation to provide advice and practical support for clients with hearing equipment.

In both our statutory and commissioned services we want to support people who are sensory impaired to maintain or regain independence. We are reviewing our provision to uncover any further gaps in services and we hope to reach a clear strategy by Summer 2013.

Demand headlines

The table below shows how many people are supported with care at home by the Council, excluding placements. This reflect the amount of people with sensory impairments in poor health for other reasons which make them FACs eligible.

	HF	KC	WCC
Hearing impaired	23	21	30
Visual impaired	76	32	58

The amount of people with sensory impairments is far greater across the three Boroughs. The table in the older people demand section shows that there are over 25,000 people aged 65+ know to GPs for having a hearing impairment and over 5,000 known for having a visual impairment. These figures are expected to increase by around 20% by 2030 amongst those aged 65+ and by around 40% for people aged 85+.

We believe that the number of referrals could be greater as people do not know about the support that people with sensory impairment can receive from the Council.

Tri-borough statutory support

The sensory impairment teams operate within each council as such specialist services could not be easily replicated and we have a statutory duty to assess and make provision for people referred as blind, deaf or hard of hearing and deaf-blind, including people with progressive sight and hearing loss.

Following referrals, our sensory impairment officers support each individual to **maximise their independence and quality of life** and **make provision for the most vulnerable people to live well** as well as offering **family and carers support and advice**. The level and nature of support depends on the individual's assessed need (practical adjustments required, emotional state, health condition etc.).

Support for people with visual impairments can include:

- Basic, assistive equipment such as talking clocks, television magnifiers, some specialist lighting. We contract a provider in each borough that spot purchases such equipment.
- Referrals to supportive services independent of the Council, such as sport for people for support in leisure.

Support for people who are deaf or hard of hearing can include:

- Basic, assistive equipment such as flashing door bells
- Support, advice and referrals in learning sign language and, in some cases, learning to read.
- A sign language interpreter when required for people who use Council services, e.g. housing, education..

People who are deaf blind or with serious sensory impairments accompanied by other poor health conditions will be assessed as to whether they need a care package, possibly leading to receipt of home meals service or other care at home.

Hammersmith and Fulham

We have a monthly deaf forum for people who are deaf or hard of hearing which helps shape what support we provide.

The third sector plays an important role in care and support. For example, people with visual impairments might be referred to Blind Aid who can offer individual grants for specialist equipment and we refer people with a dual disability to SENSE.

We commission Thomas Pocklington to run an accommodation based service (50 units) for people who are visually impaired. It can offer quick and responsive practical support and good signposting to other national charities such as Action for the Blind.

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Sensory impairment

Kensington and Chelsea

We currently directly commission 3 sensory services:

- the low vision home visiting service and outreach home visiting and benefit advice service from RNIB
- And a duty service on a drop-in basis 1 day a week for British sign language clients at Kensington town Hall, from Royal Association for the Deaf

We currently spot purchase from both Deaf/blind UK, and SENSE for guide communicators services, for people with a duel sensory loss. There is no contract as numbers are low. We also refer to blind aid who offer visiting services and wireless for the blind.

We have a limited offer of advice and practical support for clients with hearing equipment: helping to check hearing aids at home, advice on tv hearing loops etc. We have no hearing therapists or technicians and our worker is only with BSL signing Deaf clients. Currently health and our OT service try to plug this gap but its not their area of expertise. We could commission a service in this area from the voluntary sector.

Westminster

It has been identified that we rely on a large number of charities for support. For example, blind aid provide a home visiting service, currently visiting 33 residents for 1-2 hours every fortnight, and also a grants fund for people on limited incomes who need expensive equipment beyond what the NHS/LA can provide.

We are currently reviewing our service provision for people who are deaf blind. We commission a befriending service from Deaf Blind UK but the numbers are low.

There are however gaps in practical support which might be filled by social enterprise or other voluntary organisations:

- Visually impaired people often wish they had practical support available such as cleaning. This used to be part of the care package but we now require support from the third sector.
- In the long term we would like to have support networks/volunteer schemes in place to prevent isolation.

Service developments

A national programme on visual impairment, Vision 20/20, is working to introduce some standard of care across the country. At the very least, this will lead to a more standardised approach across the Tri-borough while the engagement with health will likely lead to more joined up working, referrals and continuity in support.

Beyond our statutory support, we are always looking for ideas and feedback from the Third sector on services that can support people with sensory impairments to regain independence and live well. Some visually impaired people want services such as basic cleaning and shopping and we would welcome social enterprise or volunteer projects that could bridge this gap. Other ideas include a service that can support visually impaired people to shop for non-food items such as clothes.

We need to work to link up and build on community assets so that there are additional resources amongst mainstream and community activities for visually impaired people to access. In Westminster Guide Dogs Association are piloting a befriending service that supports visually impaired people to access mainstream community services, increasing independence and reducing isolation.

We are reviewing our provision to uncover any further gaps in services and we hope to reach a clear strategy, which may include elements of Tri-borough provision, by

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Provider implications
In Kensington and Chelsea we would consider commissioning a service that offers advice and practical support for clients with hearing equipment
Ensure that your service, including booking systems, is accessible online, via telephone and face to face so that support is accessible for people with sensory impairments.
Those looking to fill in the gaps in supply noted should look to make use of community assets in both the enthusiasm of volunteers and links to more mainstream and community activities
Social enterprises might provide practical assistance to add quality to a person’s support.
Consider how you could accommodate people who are visually impaired, e.g. longer sessions once a week as it is difficult for visually impaired people to travel to a particular hub/building.

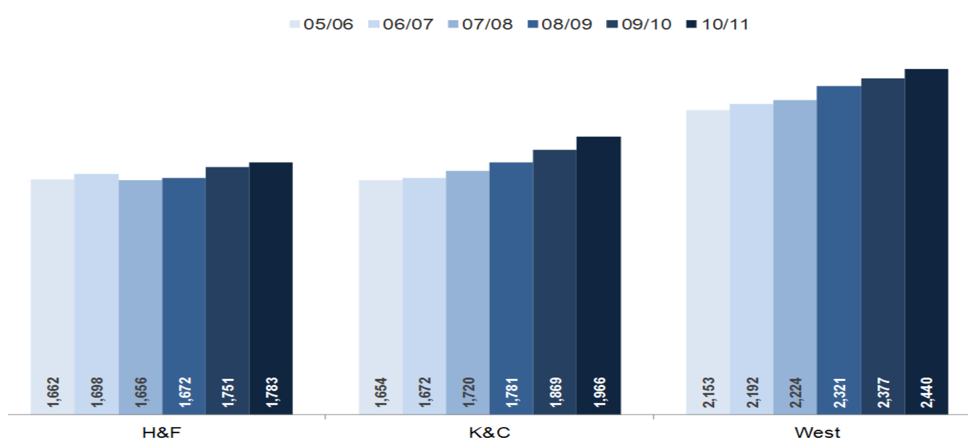
Stroke services

We want those who have had a stroke and their relatives and carers, whether at home or in care homes, to achieve a good quality of life and maximise independence, well being and choices. We therefore want to provide the right mix and level of early discharge and out of hospital services, information and advice, and emotional and mental support to ensure that stroke survivors have the best chance of doing so across the Tri-borough.

Demand headlines

While the number of older people in each Borough is increasing (see older people), both the incidence rate (person's likelihood of having a stroke) and the mortality rate (person's likelihood of dying having had a stroke) are decreasing.

This makes the numbers of people surviving a stroke but with a disability difficult to estimate. However in line with the ageing population we can reasonably predict a **small increase in next 10 years and a steeper rise after 10 years time.** Advances in medical treatment may reduce this incidence.



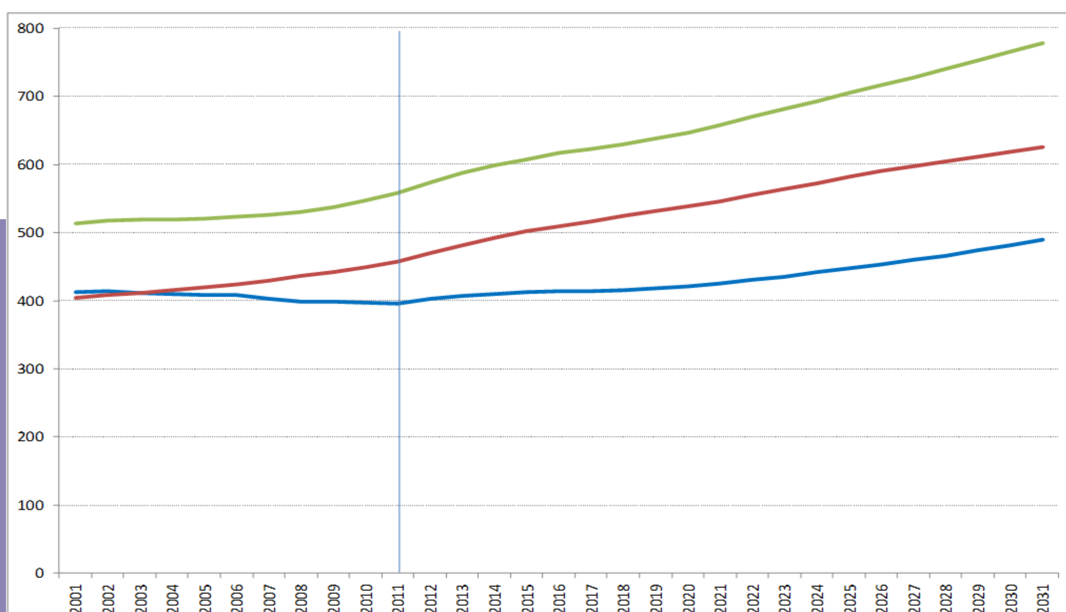
These charts (left) show the **QOF stroke and TIA registers over time** and while some growth may be indicative of better identification of patients, it does evidence growth over time.

In 2008, around 1/3 of people who had a stroke did not survive, 1/3 were surviving with on-going disability and 1/3 were surviving with no on-going disability.

The table and graph below show our **summary estimates of stroke survivors with a disability** with the assumption made that prevalence of living with stroke disability remains static per age group.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2021	2026	2031
H&F	399	399	397	396	403	407	410	412	414	425	454	490
K&C	436	442	449	457	470	481	493	502	510	546	591	626
Westminster	531	538	547	558	574	587	598	608	617	657	717	778

As shown, we predict more growth in Westminster and Kensington and Chelsea than in Hammersmith and Fulham



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Stroke services

Supply principles

We want to support people to remain/regain independence and continue living at home, as well as reducing long term mortality and institutionalisation rates.. Patients benefit from reduced hospital stay and fewer readmissions when:

- They receive active therapy at a level that enables the patient to meet their rehabilitation goals for as long as they are continuing to benefit from the therapy;
- They are followed up within 72 hours by specialist stroke rehabilitation services for assessment and ongoing management with documented multidisciplinary goals agreed within 5 days of admission to hospital;
- They are screened within 6 weeks of diagnosis, using a validated tool, to identify mood disturbance and cognitive impairment;
- They have an ongoing treatment plan involving both the patient and carers;
- Their carers are provided with a named point of contact for stroke information, written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care

Supply across the Tri-borough

An important part of our reviews and strategic planning is learning from services across the Tri-borough and ensuring equity in provision.

Work is due to commence (Summer 2013) on the commissioning of Stroke Exercise Groups across the three boroughs (Kensington and Chelsea already has one).

Early supported discharge service (ESD)

We recently awarded a contract for a Bi-borough (Hammersmith and Fulham and Kensington and Chelsea) Early Supported Discharge Service (ESD) which supports the clinical and rehabilitation needs of the stroke survivor but also their practical and emotional needs and those of their family and carers.

The service was modelled on the Westminster pilot which is now operating as a high quality, efficient ESD service in Westminster and we have no plans to change.

Each borough has a Family Carer Support worker within ESD as well as an ESD coordinator.

Hammersmith and Fulham

Specific to Hammermsith and Fulham is a **Life After Stroke Family and Carer Support Service run by the stroke association.** This offers person-centered high quality advice and information, emotional support and practical support in the aftermath of a stroke. As the ESD service has an element of carers support for the first few months post-stroke, this service is beginning to work with more complex cases to maximise resources.

The service is expected to work in a collaborative manner with health and social care to reduce confusion for people regarding access and eligibility to services and ensure the stroke survivor, their families and Carers know where to get information on appropriate local services and also be provided with clear guidance on how to seek help if problems develop.

With the right combination of empowering and safeguarding, the idea is to maximise self reliance and independence and to prevent further admission to acute care.

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Kensington and Chelsea

After identifying a gap in support that stroke survivors had available to them we commissioned a **Dysphasia Support Group and Peer Mentoring** to improve communication over the long term and offer emotional and practical support through peer mentoring.

We also have **travel mentoring and buddying** delivered by Age UK to help people regain confidence and competence.

We have **Brief Counselling** including psychological therapy that has been developed within IAPT.

Different Strokes is a registered charity providing free service to stroke survivors under the age of 65, run by stroke survivors, for stroke survivors.

We have given the North West Kensington Stroke Group with a pot of £3,000 to run focus groups and stroke events across Tri-borough (supported by Healthwatch), which can then scrutinise service provision.

Stroke services

Westminster

As noted, Westminster has a quality and efficient ESD service, from which the ESD service for Hammersmith and Fulham and Kensington and Chelsea has been modelled.

In Westminster, the ESD service includes outreach and the establishment of peer groups to provide emotional and mental support and support with communication and speech therapy, therefore it is not considered necessary to commission additional support services such as the Peer Mentoring in Kensington and Chelsea.

Service developments

We feel that we have good services, accessible across the Tri-borough and have no significant plans for commissioning new services.

We do however need our existing social care services to have stronger relationships with voluntary organisations that provide support locally and nationally as well as with acute healthcare services, GPs and other Primary Care Services

We also want more people and organisations that provide services for people to be more aware of behaviours that result in a higher risk of stroke and how to recognise the symptoms.

Preventing strokes

We want all of our service providers to be aware of what causes strokes and help lessen the risk of strokes along with other ill health.

Lifestyle factors that may increase the risk of having a stroke include (for more information on preventing strokes click here): Smoking; Being overweight; Lack of exercise; Poor diet; Regularly exceeding the recommended daily alcohol limit (2-3 units for women, 3-4 units for men)

Some people are more at risk of having a stroke if they also have certain **other medical conditions** (these conditions should be regularly monitored and treated) including: High blood pressure; High cholesterol; Atrial fibrillation (irregular heartbeat); Diabetes

The risk of having a stroke is also higher amongst **certain ethnic groups** (partly because diabetes and high blood pressure are more common) including: South Asian; African; Caribbean

Recognising the symptoms

We want all of our providers to be able to recognise the signs and symptoms of a stroke. The Government's F.A.S.T campaign has been set up to this end, encouraging people to recognise the symptoms of someone having a stroke and act quickly. For more information on F.A.S.T including symptoms, prevention and case studies click here. The symptoms can be remembered as follows:

Face—the face may have dropped to one side, the person may not be able to smile or their mouth or eye may have dropped

Arms—the person may not be able to lift one or both arms and keep them there

Speech—their speech may be slurred or garbled or the person may not be able to talk

Time—It is time to dial 999 immediately if you see these signs or symptoms.

Activity	Date
Tri-borough focus group to be set up	April 2013
Stroke Exercise Groups to begin	Summer 2013

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Provider implications
The early supported discharge services model has been a success in supporting people's reablement at home and preventing readmissions. We see this being a major part of
Ensure that all of your staff can recognise the signs of a stroke .
Ensure you and your organisation help prevent lifestyle factors that can lead to strokes by, for example, promoting positive nutrition.

Mental health

The National Mental Health Strategy and North West London Mental Health Strategy emphasise the implementation of recovery orientated services which enable people to be supported in less intensive settings of care.

These shifts support preparation for Payment by Results, NHS Quality, Innovation, Improvement and Quality Plans and the councils' medium -term financial strategies.

Our local implementation plans reflect national guidance and support our overall strategic priorities for adult social care commissioning.

Demand headlines

Numbers on severe mental illness (SMI) registers are high compared to London and England, with the highest rates in deprived areas, and for homeless populations in South Westminster.

- SMI registers are the 4th highest in the country in K&C, 5th highest in Westminster, and 8th highest in H&F
- 41% of the total Tri-borough burden is in Westminster, 30% in H&F, and 29% in K&C

The map opposite shows the estimated location of working age people with SMIs, based on GP registers

This reinforces the likelihood that need for employment support is high amongst this client group. Incapacity benefit claimant rates for mental ill-health in the Tri-borough area are similarly high.

- We have the 3rd highest claimant rate in London in Westminster, 10th highest in K&C, and 11th highest in H&F
- 46% of the total Tri-borough burden is in Westminster, 29% in H&F, and 25% in K&C
- 24 of the 54 wards in the Tri-borough area fall into the highest 20% claimant rate in London, predominantly in deprived areas (see hot spots below)
- Other Borough specific demand headlines include:
- 50-70 referrals to mental health per month from Hammersmith's significant prison population
- 106 rough sleepers in Westminster, explaining high MH prevalence

Hot spots

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The above map shows where there is greatest demand for mental health support. It also reveals certain hotspots which influences where are care is mainly provided in the Tri-borough area.

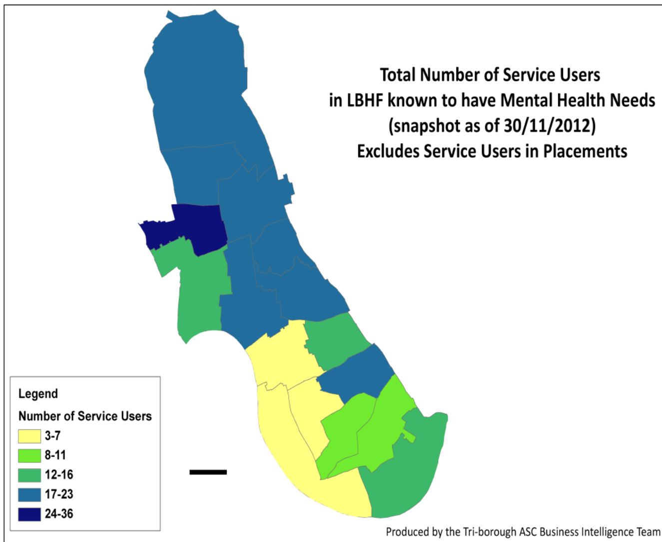
The following wards are in the top ten wards in London with high claim rates: Golborne, St Charles, Notting Barnes, Colville and Cremorne in Kensington and Chelsea; Queens Park, Church Street, Westbourne, Harrow Road

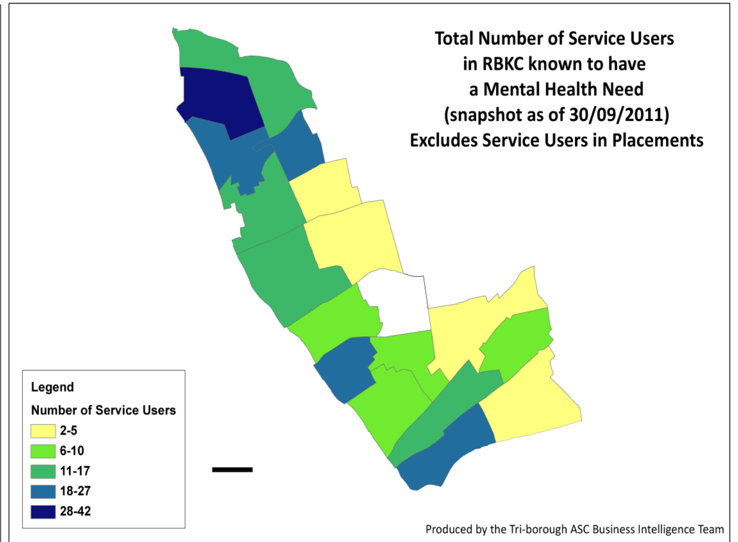
The following wards are also within the top 20% of wards with high claim rates: Churchill, Little Venice, Bayswater and Vincent Square in Wesminster; Wormholt and White City, Shepherd's Bush Green, Askew, Hammersmith Broadway and College Park and Old Oak in Hammersmith and Fulham

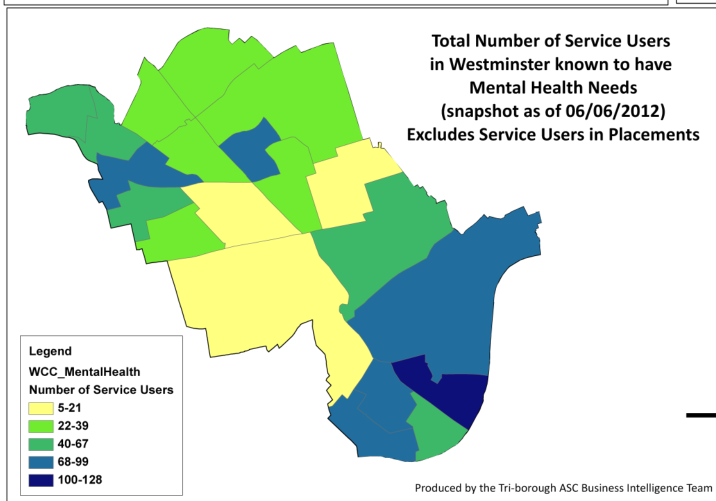
Mental health

Tri-borough supply

The 3 maps below show where the people accessing council support for mental health live across the Tri-borough







We want to work with providers to establish what access levels are like for each service by ward. Providers should set up systems to collect patient level postcode information and they should also be prepared to review this data with commissioners and set up flexible models of service delivery to ensure that there is good access to services for people from deprived areas.

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Housing for people with mental health

Mental health housing is vital to LA and NHS AS IT KEEPS PEOPLE out of hospital/ residential placements

MH housing is the biggest supported housing spend as there is 24 hour care assistance on site. It is cheaper than hospital.

Tri-borough provision of housing support: The West London Framework

- London Boroughs of Hammersmith and Fulham, Brent, Ealing, Harrow, Hillingdon, Hounslow, the Royal Borough of Kensington and Chelsea and Westminster City Council jointly developed a Framework of providers for the provision of Housing Support Services within the West London Sub-Region.
- The Framework will run from October 2012 - October 2016 and all eight boroughs have the option of using it to call off both accommodation based and floating support services.
- Each borough will have an individual approach to using the Framework and call-off timetables will vary. The Framework has 10 'Lots' covering adult social care and socially excluded groups.
- The service specifications within the Framework are outcome-focused and therefore aim to achieve the goals, aspirations or priorities of the individuals they support.

Hammersmith and Fulham

Kensington and Chelsea

Westminster

Westminster has one floating support service for people with mental health problems

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Mental Health

The Tri-borough approach

Providers should be aware that reviews of most services are likely over the next two years.

Mental Health Trust providers are taking steps to reduce length of stay and improve quality in community mental health services to reduce demand for inpatient admissions.

Enhanced primary care services are being established/ developed which support step down from community mental health services to primary care.

In all three areas, 'wrap around' (i.e. non-medical interventions) that support these shifts in care are under review or will be reviewed in the coming year to ensure that holistic care is delivered. This includes advocacy, employment support, user involvement (currently under review) and day and advice services (likely to be reviewed depending on when the most recent reviews took place).

At the same time, there is also an increasing emphasis on improving step down rates from rehabilitation provision and supporting more people to bring people back to borough. This entails ensuring that there is good step down from local supported housing.

Underpinning recovery orientated services entails developing a culturally and practically embedded approach to personalisation for mental health. This is subject to a Tri-borough review.

There is a significant lack of people on personal budgets in mental health and therefore we are going to undertake a review of why this is so, with a view to ensuring providers can accommodate personal budgets

Individual borough plans

Hammersmith and Fulham
Pilot of enhanced primary care services for people with mental health needs
Pilot of mental health re-ablement service (Intensive Recovery Support Service)
Kensington and Chelsea
Inpatient reconfiguration and redesign of community services
Re-specification of the Primary Care Mental Health Service to include step down provision
Day services to be spot purchased with a personal budget
Westminster
Inpatient reconfiguration and redesign of community services
Pilot of enhanced primary care services for people with mental health needs
Day services to be spot purchased with a personal budget

Timescales

Activity	Date
Employment support	
Advocacy	
User involvement review which may or may not result in tender opportunities	March - April 2013

Provider implications
All services will be reviewed in the next 2 years which providers so you should look out for any opportunities for tendering which are likely to arise. You may look to build capacity and skills to be prepared for such opportunities and you should ensure contribution to reviews when invited to do so.
Voluntary sector providers should consider how they are actively contributing to shifting settings of care and what outcome measures they can use to evidence this.
If they haven't already done so, voluntary sector providers should prepare to work within a contracting approach that supports personalisation, including spot purchased models.
Supported housing providers should be aware of an emphasis on proactive, multi-disciplinary approaches to improving step down rates.

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Dementia

In line with the 2009 national strategy, 'Living Well with Dementia', we want:

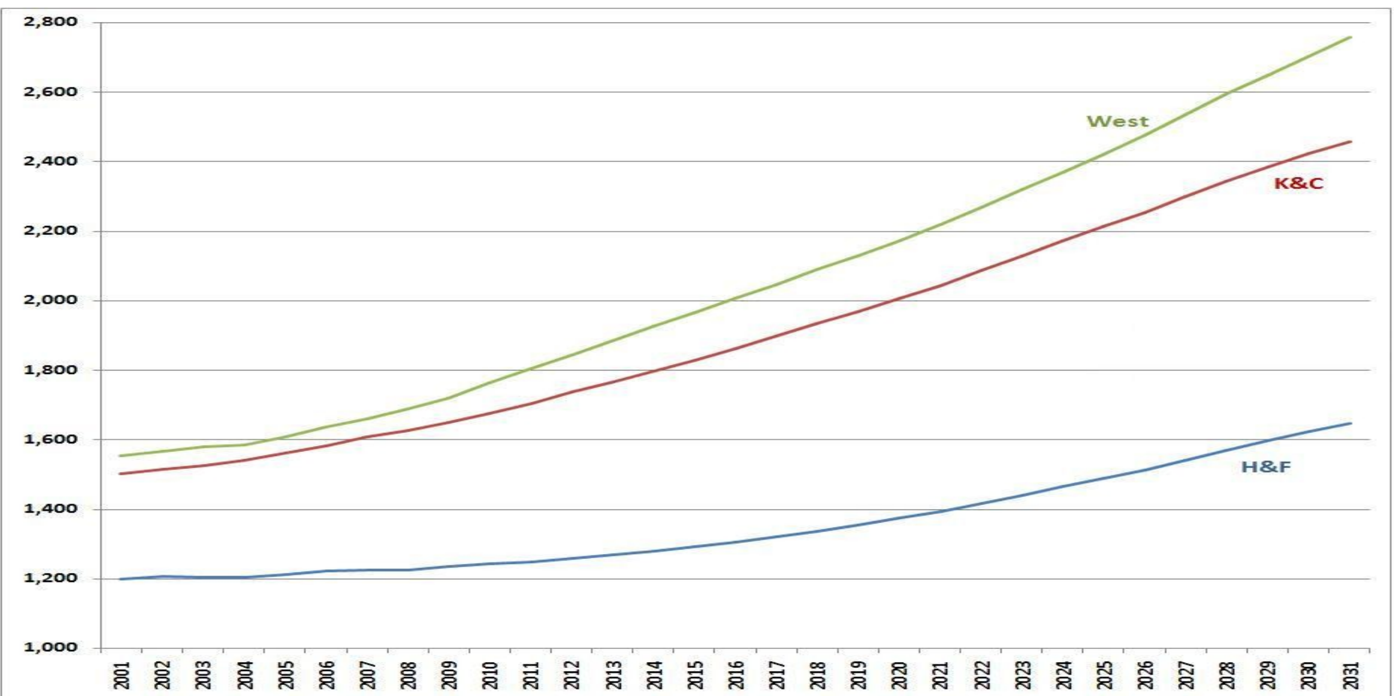
- All of our services to have better knowledge of dementia
- People to be diagnosed earlier
- Developed services to meet changing needs better.

We believe that our actions can help reduce the need for antipsychotic medication, hospitalisation and admission to residential or nursing care, helping us to deliver better for less.

It is important that as a sector we recognise the variety of needs people living with dementia have and provide flexibility in services to meet these needs. We want to work towards the 17 objectives, set nationally in the 'Living Well with Dementia' strategy, as outcomes from the services provided in the Tri-borough area.

Demand

Nationally, there is a predicted increase in the number of people with dementia from 700,000 (2008) to 1.4 million (2038), increasing the national cost of providing services for people with dementia from £17 billion (2008) to £50 billion (2038) if services were to remain as they are. ***The following projections on local demand are based on current NHS statistics and National GLA forecasting.***



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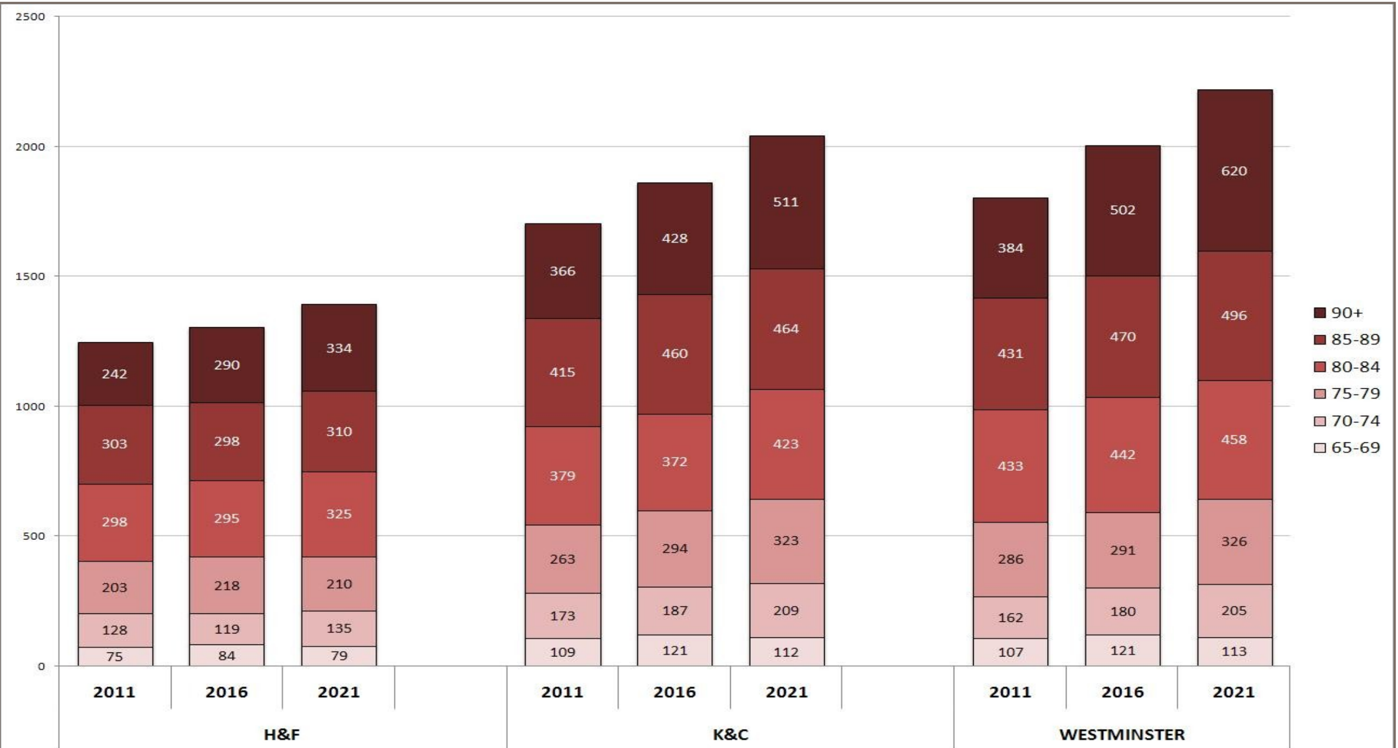
The above map shows that we expect there to be 6800+ people with dementia by 2030.

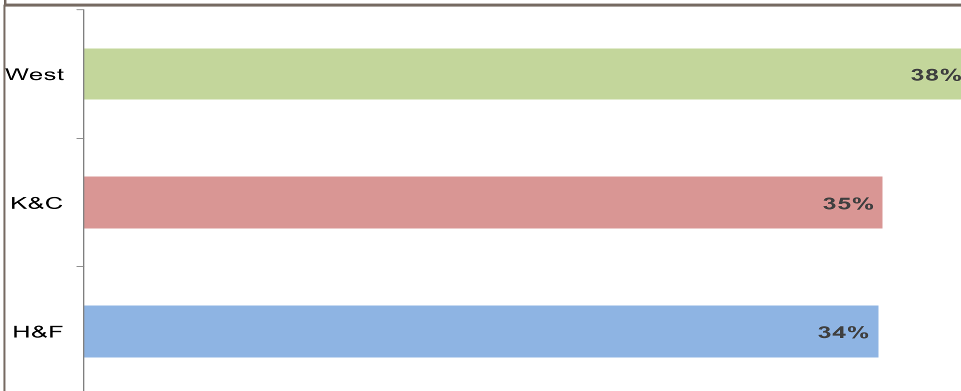
By 2021 there will be 50% more cases of dementia than there were in 2001. The predicted increase is due to the greater number of people reaching old age from 10 years' time as a result of the post-war "baby boom" and, also, an increasing life expectancy due to better medical treatment for other illnesses. The result is that our services must support:

- **More people will be living with dementia**
- **More people living with dementia for longer periods of time**
- **More people living with dementia in poor health due to co-morbid health conditions**

Dementia



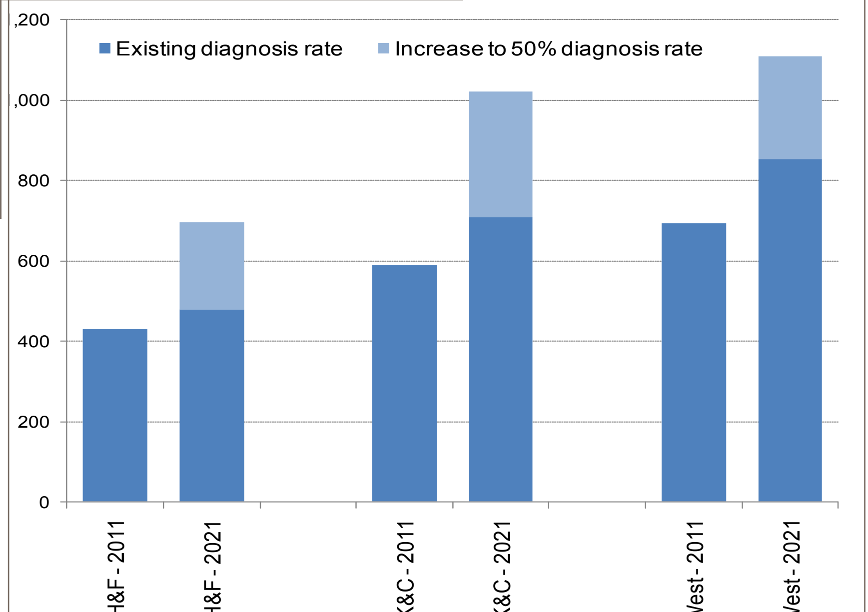
The above graph reflects how age distribution is expected to change over the next 10 years, with an i**ncreasing proportion of very elderly patients (85+)**



This chart (left) shows that just over 1/3 of people in the Tri-borough area have had their dementia diagnosed.

This **diagnosis rate** is low and we are working on increasing it.

This chart (right) shows how we would know about 1000 more patients (2011-2021) if diagnosis rates were increased to 50%. This would have substantial implications for services



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To see where older people currently live in each Borough, click here

Dementia

Key quality indicators

We want all our residents living with dementia to be able to say the following sentences, as identified by the Government as important in 2010:

"I was diagnosed early."

"I understand, so I make good decisions and provide for future decision making."

"I get the treatment and support which are best for my dementia, and my life."

"Those around me and looking after me are well supported."

"I am treated with dignity and respect."

"I know what I can do to help myself and who else can help me."

"I can enjoy life."

"I feel part of a community and I'm inspired to give something back."

"I am confident my end of life wishes will be respected. I can expect a good death."

What does a good service look like?

Focus on personalisation and outcomes: Personalised services that treat the person, not just the condition (getting customer feedback along the pathway, not just at the end of the intervention). Support should be tailored to the individual and staff should be culturally sensitive and aware. We want to ensure that the voices of people with dementia and carers are heard through involvement, co-production of ideas and services and advocacy where required. People's aspirations should be heard and they should be supported to achieve personal outcomes.

A compassionate, informed and able workforce

Clear policies and training for staff, particular around the Dignity and Compassion agendas and ensuring staff have a 'can do' attitude (see box below). Staff should be knowledgeable about ways to help the person, such as recognising when more needs to be done to maintain the person's independence and having the motivation to do it.

Reliable information and advice

Information and advice services are going to be increasingly important as people will require support to stay at home and access support options whether self funders or funded by the Council. We need to offer reliable information and advice about the person's likely illness progression. People often say they would like time to process and ask more questions later on. Dementia advisors are able to support people and their carers to access the right information and advice at the time that is right for them

Integrated care through partnership and community links

We need to work better in partnership with key health and social care provider organisations, the local authority, the CCGs (GP commissioners) and the third sector, linking people with more formal support such as counselling/ Improving Access to Psychological Therapies (IAPT) services and informing them about sources of support for their emotional needs.

Providers of services should also learn from others and be aware of national initiatives, such as the emphasis on support for befriending initiatives which providers, and ultimately people with dementia, can benefit from

Incorporating technology to achieve better for less

We want providers to demonstrate innovation and support good practice, for example, linking with Telecare/AT leads to find all-round solutionsthat link with healthcare outcomes such as alarm-sounding pill boxes.

Further, we want providers to make optimum use of technology for staff such as mobile phones, IT scheduling tools etc. For example, portable monitoring/recording devices might be made available to staff working in a person's home to prevent time being wasted with staff needing to return to the office.

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Example of staff member exhibiting 'can do' attitude

David finished his time with Thurza, an ex art teacher who had lost confidence to draw or paint after the death of her husband and diagnosis of a dementia illness. David encouraged Thurza to submit two drawings for the Westminster Arts Exhibition. Sadly, Thurza had a stroke and was unable to attend. David visited her and took the book he had created of their time together that was exhibited alongside her work to give to her. 'I have never had anything doen for me like that, it's lovely, lovely', Thurza said about her book. Thurza was happy painting once again as it had been so much a part of her life. Her carer, Catherine, said 'David was a wonderful choice to work with Thurza. The flow of drawing and painting resumed as a result of this collaboration…' (Westminster Arts 2012)

Dementia

Our commissioning intentions

We are looking to commission dementia specific services and establish specialist dementia teams so that a person can be referred to, and obtain a range of support options from, one place whether they have mild, moderate or complex needs.

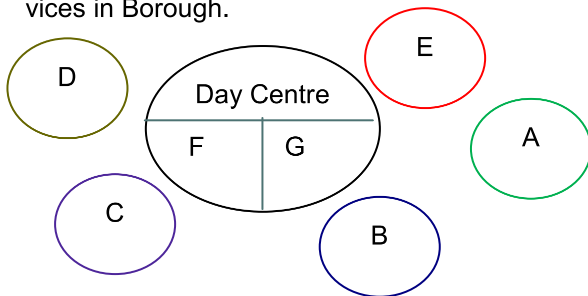
Referral routes need to be clear to aid early and accurate diagnosis and all gaps in provision need to be addressed.

It is vital that we commission services smarter to meet growing need, therefore providers should pay close attention to the qualities people who use services see as positive, our strategic direction and the needs of self funders as this market is likely to grow as demand escalates.

We are looking to increase community based care, making the most of community assets to add value to the care and support people can receive. As noted above, partnership and information and advice to assist people with referral routes and community links are likely to be increasingly important

A future model for day care?

The diagram below illustrates the direction we see dementia day care and care in the community progressing. The hub in the middle is a point of access for people with dementia and their carers and the surround A-E options represent additional services in the community that people might be referred to according to the need and the choice of the person who will be using the services in Borough.



There is an opportunity for organisations to provide services for groups of people who are not FACs eligible but may want to purchase some care or a day opportunity as a self funder. Further, there is a clear opportunity for older people's services to meet this growing need as while dementia specific services are required, Older People's services can be more receptive to support people to live well with dementia, allowing people with dementia to socialise keep active, potentially preventing deterioration and the need for more care.

We need to support people to use resources in the community better. We know it can be done as we have seen memory café's linking well with other services. Below is a summary of our plans for each individual borough's provision

Westminster supply

The Westminster Memory Service, commissioned in 2009, has seen a significant rise in the number of referrals for assessment and diagnosis of dementia. Clinical staff from the service (including inut from the thrid sector funded Dementia Advisor and Dementia Voice Nurse) provide assessment, diagnosis, information, advice and signposting to relevant services, including provision for people with dementia and their carers to be supported with long term decisions about their financial, emotional and future health care. The Dementia Guide developed in 2010 is being revised and will shortly be reissued with new and updated information.

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The Memory Assessment Services are now being co-located with the recently re-commissioned Westminster Dementia Day Service, the dementia outreach service that supports carers and Home Care Plus that provides specialist home care to people with dementia. The Dementia Advisor and Dementia Voice Nurse are also located within the resource, a newly refurbished, dementia friendly space at 42 Westbourne Park Road. The Kensington and Chelsea and Westminster Admiral Nurses are based here and offer support to people throughout the progression of their dementia illness. Further planned development of provision at the site includes an additional Memory Café, an IT suite that supports a Skype facility to help people keep in contact with relatives and friends, and a hydrotherapy pool with a resident aquatherapist service.

Training and advice to care homes, home care services, primary care and acute health care services is provided through the mental health Trust and the third sector dementia services, as well as through specialist commission via Workforce Development in the Tri-borough.

Dementia

Hammersmith and Fulham supply

The LBHF day service is providing a respected and valuable service, meeting the needs of those with moderate dementia. However there is a clear gap in provision and so we have plans to remodel the current Hammersmith and Fulham day service into a specialist dementia resource centre with one stop services for people with early onset dementia, mild dementia, moderate dementia and severe/advanced dementia and associated complex needs.

The intention is to support people to live well with dementia. The plans are summarised below:

Plan	How?	Why?
Building based support	The day hospital and day service will work closer together	• More seamless care • Better outcomes, particularly for those with complex needs
Flexible, community based outreach	• Support for people with dementia to engage in activities such as therapies, leisure, education. • Asset based approach through the use of community and mainstream activities	• Quality of life and reducing isolation • Keep people at home for longer • Better for less • Offer a break for carers
Information and advice including the dementia café	• Based in the resource centre • Outreach to people's homes and community locations • Communication available face to face, phone, email and mail	Early intervention, prevention and reablement through accessible guidance on living with dementia and support

The service will be advertised in three lots with the potential for small/large providers to bid for any combination of the lots:

1. Dementia resource centre for Hammersmith and Fulham
2. Community outreach services for Hammersmith and Fulham and Kensington and Chelsea
3. Dementia Café services for Hammersmith and Fulham and Kensington and Chelsea

There is a need for the above services to have a local focus and we are mindful of excluding smaller, high quality providers from the bidding process. However, we also see the value of consistent quality across the boroughs and potential economies of scale. By evaluating the individual lots independently, all providers will be treated equally and the most economically advantageous bid in terms of both quality and price will be awarded the contracts.

Kensington and Chelsea supply

The Kensington and Chelsea Memory Assessment Service, commissioned in 2011, has seen a steady rise in referrals. Training for Primary Care staff including a GP training programme provided by the mental health Trust has also improved the level of diagnosis. This is expected to have a long term impact on third sector services, such as the Dementia Outreach service and the Memory Cafes. The Memory Service is now co-locating with the Westminster Service at the Dementia Resource Centre at 42 Westbourne Park Road, on the border with K&C, This health and social care resource represents a significant development to ensure a one stop approach for people with dementia and their carers.

The Older Peoples' Day Service at Miranda Barry Centre recognised a need to provide a dementia friendly service, and now has the expertise required to work with people with dementia who have substantial needs.

Developments:

Health commissioners are looking at dementia services within the CMHT with a view to ensure the best possible

support to help people with dementia and their carers manage crisis points. Work is also continuing on the referral pathways from acute hospital services via health liaison, to ensure undiagnosed patients at risk of future hospital admission or untimely admission to a care home are offered a diagnosis and supported to remain at home for as long as they can and wish to.

Further work is also planned to map current provision across health and social care to ensure value for money, high quality provision to meet growing demand for services. Personal budgets provision is key to ensuring choice and control for people who need the care and their carers.

Other Tri-borough services

Funding from the government's Dementia Challenge grant in 2012 led to an agreement to jointly fund services to meet the targets for the fund – supporting Memory Assessment Services to support people with dementia and their carers. A grant bidding process was set up involving secondary care providers and the third sector to develop innovative responses to the challenge, resulting in commissioning dementia peer mentoring and expert carers training and Singing for the Brain sessions across the Tri-borough. Services will shortly commence and are in development.

Provider implications

For providers of dementia day services or other non-specific day services that people with dementia might be supported to access, **flexible person centred options** will give you more strength in the overall market as decisions to purchase care will increasingly be selected by the people who wish to access the support as self funders or through personal budgets. See personalisation

All services that support older people will need to be able to cater for people with dementia in some way. This might be:

- Understanding the different stages of dementia and where to refer patients to for support
- Developing staff through accessing dementia training

It is vital that our dementia services our focused on ensuring an efficient service delivery, achieving outcomes for people at the lowest possible price. In order to do this, you might:

- Hire volunteers or implement peer support
- Tie in with existing service providers, communities and voluntary groups to maximise individual outcomes

To win upcoming tenders, ensure that you understand our views on the benefits of compassion, partnership, Information and advice, personalisation and technology use as listed above.

Where people with dementia are supported to access other mainstream activities, the providers of such activities should:

- Develop strong relationships with the dementia resource centres and community outreach teams
- Be able to clearly demonstrate how activities could be available to people with dementia, with clear costs and options that appeal to people. See personalisation

Activity	Date
Procurement process start for dementia resource centre for LBHF, Community outreach services for LBHF and RBKC, and Dementia Café services for LBHF and RBKC	March 2013
New services to be in place	October 2013
Grand opening of 42 Westbourne Road as a dementia resource centre	15 March 2013

Young people in transition

Can your service support young people with complex needs?

We need to ensure that all young people move into adulthood with:

- Choice and control of their life and support
- Good housing
- Support to move into paid employment
- Support to remain and feel included in their communities

Demand headlines

In each borough it is predicted that between 20 and 25 people will be coming through transition to adults services per year.

All those coming through are thought to have at least substantial needs.

Supply

Our strategic priorities and principles of care delivery in all service areas and cross cutting services, all apply to young people in transition The important thing to note is that we have a number of people coming through transition with complex needs that need to be supported through our service provision across the Tri-borough.

That said, we recognise the need to provide some specialist support for young people in transition between Childrens services and Adult services. There is a specific day service for young people in transition in RBKC. A recently established framework of providers will enable this service to be access across the Tri-borough area.

Service development based on the complex needs of people in transition

We need to ensure that we have sufficient housing for people with complex needs in order to keep people in the borough

Schemes are being developed in K&C and Westminster for people with complex needs (including young people in transition). A review of accommodation for people with a learning disability in H&F is taking place and the needs of young people in transition will be integral to new developments.'

We need support from all care services such as day opportunities and care at home, to make provision for people with more complex needs, supporting them to remain in good health, be included in their communities and retain independence.

We are reviewing how we commission services and manage the budgets and we may be looking to fund additional specialist services for people in transition in the near future.

We want more young people in transition to gain work experience at school age to support their development and reduce dependency.

To support personalisation and choice and control for young people we want more people in transition on personal budgets and for them to have a voice and influence

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Care services will increasingly need to cater for more complex needs
We need more housing solutions that can cater for more complex needs
We want extra care schemes to be more flexible in who they support. For example, a scheme might develop to accommodate people in transition as well as vulnerable older people.
Keep an eye out for opportunities and let us know how you might like to develop your service to help young people in transition get work experience opportunities.
More people will be on personal budgets and should be supported to have choice: providers should listen to what young people in transition want and develop flexible options.
Refer to our strategic priorities, service areas and cross-cutting services for more detail on what services we provide and our plans as these are relevant for people in transition.

Carers

Carers undertake a significant amount of support to adults with social care needs. It is estimated that supporting carers to continue in their caring role reduces the cost of support for those they care for which would otherwise fall on health and social care services.

We therefore want to support carers in their caring role and across the Tri-borough we want to identify carers better .

Demand headlines

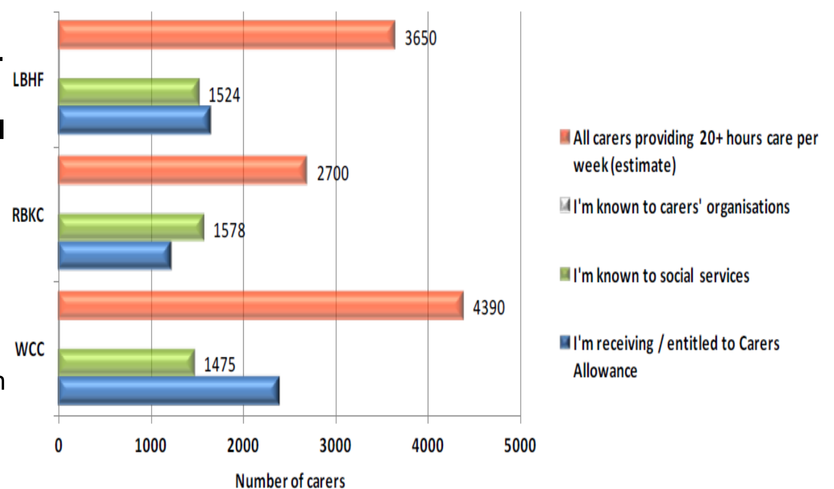
As shown in the chart (top right) we estimate that, across Tri-borough, there are nearly **10,000 carers providing 20 or more hours of unpaid care per week**. This figure has been derived by applying 2001 Census information on carers to the population figures produced by the 2011 Census.

We also estimate that there are **over 7000 people** (over half of the total estimated number of careers) who are **not formally known to social services.**

Our projections suggest that there will be **more unpaid carers** due to population increases and **more older carers/carers living in poor health**.

We are looking to **identify more carers** through GP practices and our commissioned services.

In Kensington and Chelsea, CKC will undertake neighbourhood work in St Charles ward to identify and support carers. This will happen in July 2013 and follows the successful work in Cremorne.



Demand headlines

Across the Tri Borough we are going to fund the carers' personal budget scheme for 2013-2014 and **we aim to increase take up** through local advertising and ongoing improvements to the support we offer carers in understanding the process and spending their personal budgets. A Tri-borough evaluation of existing financial support schemes for carers to be undertaken to determine the criteria to enable an increase in the maximum Personal Budget for an RBKC carer.

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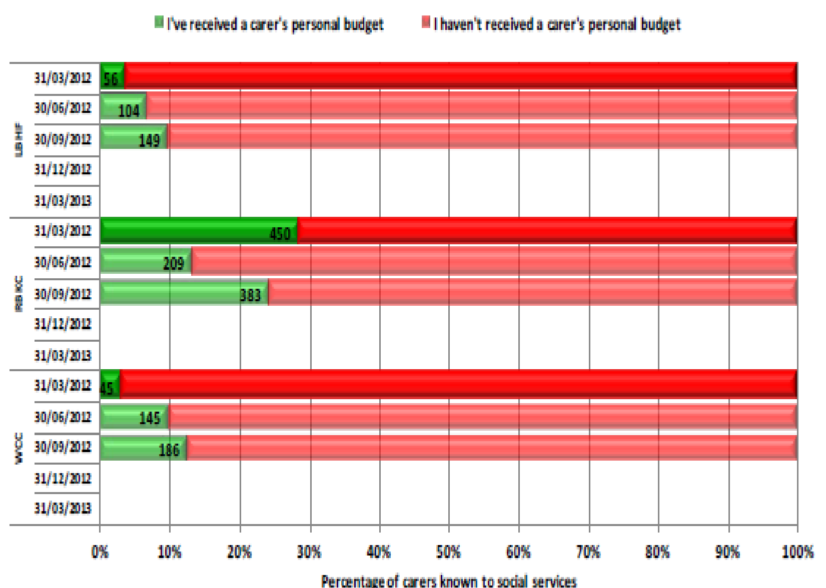
The three carers personal budgets schemes have been running for different lengths of time. The scheme in RBKC has been running for the longest period.



Carers

Hammersmith and Fulham services and commissioning intentions

A personal budget entitles carers to up to £500/year to purchase items that make their role as a carer easier. In addition to this, we have a carers small grant which provides up to £350 every 2 years.

We currently provide both our Adult, and Young Carer Support Service in-house but this is due to change with the imminent tender (see next page).

In Hammersmith and Fulham we are looking to promote assistive technology within existing carers forums/ newsletters.

Kensington and Chelsea services and commissioning intentions

We have a carers hub run by CKC delivering advice and information, publicity and events to engage with and support carers. This is joint funded by heath and the Council and we are looking to extend the £100,000 a year contract for a further 2 years.

We also have a commissioned program of organisations offering specialised support services from group and social activities to income maximisation and Counselling. These are funded through small grants of between £5,000 and £15,000 and these grants will be reviewed in September, giving the opportunity for all existing and potential new providers to apply for funding to deliver specialised carers support. There will be a need to meet pre-determined criteria as established by the commissioning team.

We feel that the current commissioned program meets the needs of our residents but we welcome competition and ideas on how to meet the needs of carers better.

In terms of respite, we provide a short breaks service for carers of people with learning disabilities. For carers of older people there is the option for older people to go into residential care temporarily. Both services are organised through care management based on assessment of need.

We will continue to fund the Carers Health and Wellbeing project at Portobello Green Fitness Club (PGFC).

Westminster services and commissioning intentions

Support to carers living in Westminster is currently provided by two longstanding, local providers. There is a need for us to formalise existing purchasing arrangements across Adult and Children's Services and we are retendering for the services (see next page).

Tri/Bi-borough services and commissioning intentions

1. A Tri-borough initiative is to be developed to improve employment and training support to carers. This is to be monitored by the Tri-borough Carers Partnership Board. July 2013—A report on this will be presented at the July meeting of the Board. This will include a review of the support that is currently in place, and examples of good practice as identified elsewhere and in Carers and Employment, Making a Difference, Realising Potential (2011) - a joint publication of Carers UK, ADASS and Employers for Carers.
2. From March 2013 we are also planning to explore the potential benefits of telecare to carers. How assistive technology could be geared to support the carer rather than just the vulnerable resident is a major talking point in discussions over assistive technology across the Tri-borough. See technology and equipment.
3. From March 2013, we are looking into providing free first aid training to carers, through an external agency. We welcome support with this.
4. We have re-tendered for a number of services which are due to start in June. Details of the lots are provided on the next page

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Carers

Imminent tender

What?

We are in the closing stages of re-letting carers services across the Tri Borough, as detailed below:

Lot 1. Carers' Hub - Advice, Information, Advocacy and Support Service required by Hammersmith and Fulham and Westminster

Lot 2. Young Carers support service required by Hammersmith and Fulham, Kensington and Chelsea (Children's Services) and Westminster

Lot 3. Home support and short breaks service required by Hammersmith and Fulham (children's services) and Westminster (adults and children's services)

The total budget for this is £4,865,518 and the focus will be on building local, high quality services for carers that are coherent and comprehensive.

The contract lengths are likely to be 2 years with the option of extending for a further 18 months.

Why?

The decision to go out to tender on these services was influenced by the following factors:

- The bringing together of commissioning functions on a Tri-borough level.
- The need to develop outcome focused specialist services in line with the personalisation agenda.
- The need to achieve the best possible value from available public funds (best value means considering the cost and quality of services).
- The need to build local services for carers (including those whose cared-for are in transition) that are coherent and comprehensive.
- The need to develop services that support the principles outlined in the mandate for the provision and practice of Adult Social Services.
- To formalise purchasing arrangements in Westminster
- The efficiency benefits to be gained through outsourcing Hammersmith and Fulham services.

Activity	Date
Explore potential benefits of telecare	March 2013 onwards
Explore options re. free first aid training to carers	March 2013
Contracts for the three lots of the *imminent tender* commences	June 3rd 2013
RBKC Corporate grants review	September 2013

Provider implications

- We would expect the providers awarded the contracts from upcoming tenders to work with Mind and other major charities to develop support groups for carers.
- You should be prepared to conduct and manage personal budget assessments if required.
- You should be prepared to work with more carers as we identify more through our services.
- There will be an increasing number of older carers and carers who are themselves in poor health and support should be adapted according to different need.
- We want providers of other services to identify unpaid carers so that we can support them in their caring role.

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Homecare

How can you help us with the compassion agenda?

Can you provide efficient care at home in a specific local area?

You may find us referring to what has traditionally been known as home care or domiciliary care as **care at home**. This subtle difference is a reflection of our intention to develop the service into one that thinks of the personal outcomes of each individual rather than a time and task service.

Care at home is increasingly important as we look to keep people at home for longer, limiting the use of nursing and residential care as the population ages and demand for care increases. We want a more compassionate service geared to deliver personalised positive outcomes for people.

Demand headlines

More people are going to require care at home as we look to reduce the use of residential/nursing homes and encourage reablement

Growing numbers of older people will lead to a growing prevalence of a range of disabilities/life long limiting conditions being supported at home

For a detailed picture of current and projected demand and disability prevalence of Tri-borough residents please refer to the older people, physical disability, mental health and learning disability sections

Quality in homecare

Recent **consultation** events and surveys have told us that people want the following:

- To be connected with friends and family
- To be treated with respect and dignity
- To be independent
- To have their needs listened to
- To be in control of choices
- For carers to have good time keeping
- For consistency in carer to be provided
- For care plans to be flexible with clear options

Our plans

Dignity, respect and compassion

We want to embed compassion into home care. We are offering training from our workforce development team and will also be engaging with providers about how they might improve people's experience of care. What is clear is that compassion will be cited as a core value in the specification and providers should be able to clearly articulate their understanding about its importance.

Outcome based commissioning

Perhaps the biggest change is the movement away from time and task behaviour towards outcome based work. We envisage that people will be able to liaise directly with providers as to how their outcomes will be met. The provider and the person accessing care should plan the care specifics together, e.g. times of visit etc. Rather than prescribing conditions, we want to work with providers to ensure they can offer flexibility in achieving outcomes. Regular monitoring will underpin this to assess whether outcomes are achieved, heavily based on the personal satisfaction of the individual receiving care. After specific outcomes have been achieved, hours may reduce over time.

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Patches, local provision and consistency

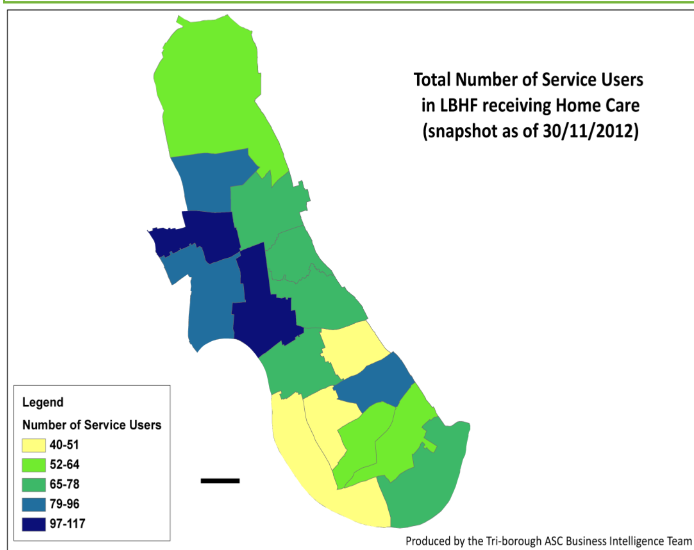
We are most likely to commission one provider per patch (a pre-determined geographical area). This ensures that providers have an assurance of business and so can invest in important assets such as quality staff. Working to a patch will also facilitate a community focus and reduce problems over travel time and pay. Consistency of care worker will be cited in the specification as important as we believe this enables compassion and better quality of care.

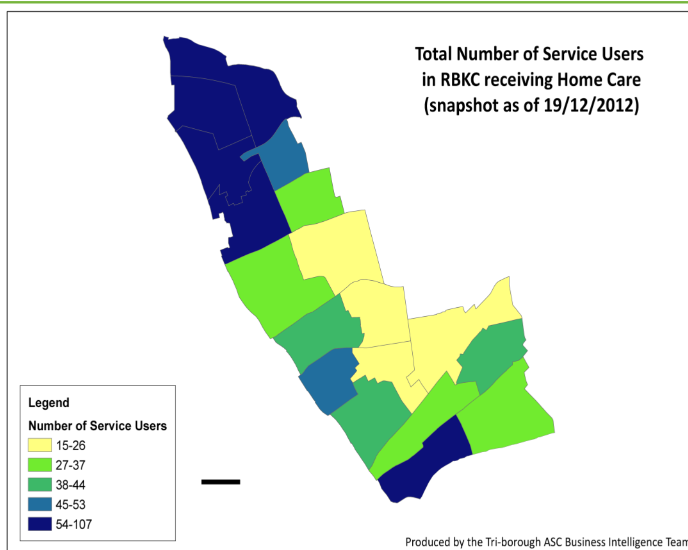
A new contract model

We are replacing block contract provision with framework agreements. No hours of care are guaranteed and if people do not want the preferred provider in their patch, the have the option to take a direct payment and select from a preferred provider list.

Homecare

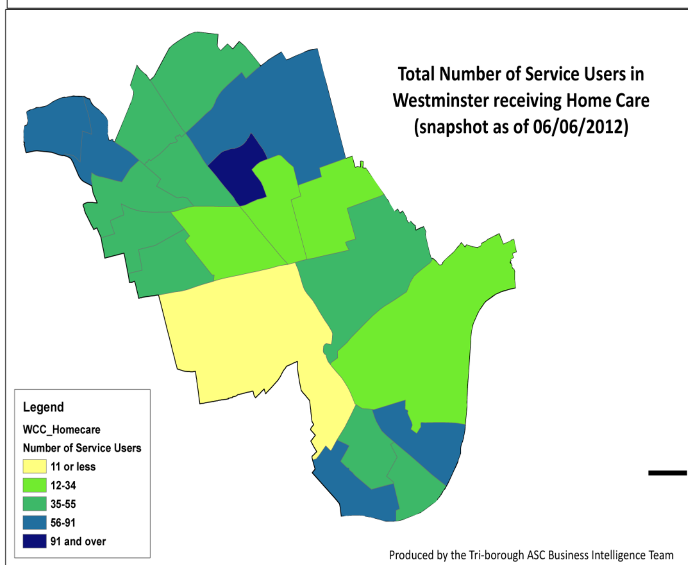
Tri-borough supply





These 3 maps might be used by providers to consider what patch/area they could feasibly provide to locally.

- There are 1186 people in receipt of home care in Hammersmith and Fulham. The 2 areas where it is most provided are Askew (117) and Hammersmith Broadway (104)
- There are 917 people in receipt of home care in Kensington and Chelsea. The 5 areas where homecare is most provided are: Golborne (107), Notting Barnes (98), St Charles (89), Norland (85) and Cremorne (83).
- There are 1051 people in receipt of home care in Westminster. The 3 areas where home care is most provided are: Church Street (135), Churchill (91), Regents Park (89)



Activity	Date
Provider engagement re proposed model	January 2013
Likely Pre Qualifying Questionnaire	April 2013
Implementation of new service	April 2014

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Provider implications
Ensure recruitment of a compassionate, motivated workforce to offer consistent value, care quality and dignity and respect to people using the service. Take advantage of compassion training on offer.
Provide options, flexibility and person centred care packages. Develop an easy to cost up menu of services. See personalisation.
Consider an asset based approach: Interface with voluntary and community organisations to arrange support to identify and meet a variety of needs/outcomes as 'community connectors'.
We are considering new ways of improving nutrition in the Tri-borough: Can you work to improve the nutrition of vulnerable residents through ensuring healthy eating/disseminating information and advice/teaching people how to cook??

Nutrition and Home Meals

Can you:

- **Meet the standards required to deliver home meals?**
- **Deliver positive nutritional outcomes in efficient ways?**

When it comes to nutrition and home meals, we have two major goals that we are simultaneously working towards:

1. To improve the nutrition of residents in the Tri-borough area as a whole to prevent deterioration in health.

2. A quality home meals service that meets all outputs listed in the specification to deliver a safe, reliable, nutritious service that meets clients' individual needs

Demand headlines

Malnutrition is a significant cause of physical and mental deterioration.

Nutrition is important across all care groups so work to improve the nutrition of our residents will always be in demand

BME groups often suffer illness and health deterioration as a result of malnutrition

More than 3 million people in the UK are at risk from malnutrition with about 93% living in the community setting, 5% in residential care and 2% in hospital (British Dietic 'Mind the Hunger Gap' campaign)

The importance of nutrition

Malnutrition can lead to problems such as increase likelihood of infections and ill health, reduced muscle strength, weaker breathing/propensity to chest infections, difficulty keeping warm, slower wound healing/illness recovery time, low mood and self neglect.

The combined health and social care costs directly associated with malnutrition and its impact comes to more than £13 billion per annum. The main costs associated with malnutrition are:

- 65% more GP visits
- 82% more hospital admissions
- 30% longer hospital stays

It is therefore important then that we improve the nutrition of our residents to improve their health and well-being and achieve better for less by preventing admissions and readmissions to hospital.

Support from us

Currently, Kensington and Chelsea offer training on malnutrition awareness and food fortification to anyone in contact with older people and we are considering the potential of providing this training to Westminster and Hammersmith and Fulham.

There are a number of websites which can be referred to for help recognising the signs of malnutrition/promoting positive nutrition. The 'Mind the Hunger Gap' campaign has concise advice for recognising Signs of malnutrition.

In our support we will also be looking into ideas to promote positive nutrition such as trying out intergenerational cooking classes, nutrition champions and ensuring staff of existing services are mindful of an individual's nutrition, in line with the compassion agenda.

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Tri-borough Home Meals supply

Our home meals service is intended to keep people in good nutrition when they are vulnerable and at risk.

Currently (30.11.12) in receipt of home meals are:

- 136 in Hammersmith and Fulham (63% female, 37% male)
- 183 people in Kensington and Chelsea (64% female, 36% male)
- 223 people in Westminster City Council (59% female, 41% male)

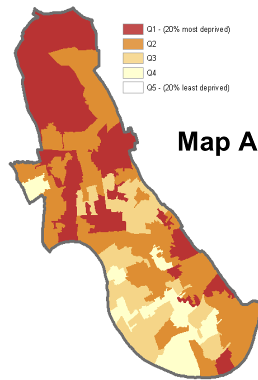
The numbers are small in comparison to the numbers of people who meet our FACS eligibility criteria and indeed, the number of vulnerable older people needing homecare which suggests that there is a large number of people who may require support but aren't currently receiving it.

Nutrition and Home Meals

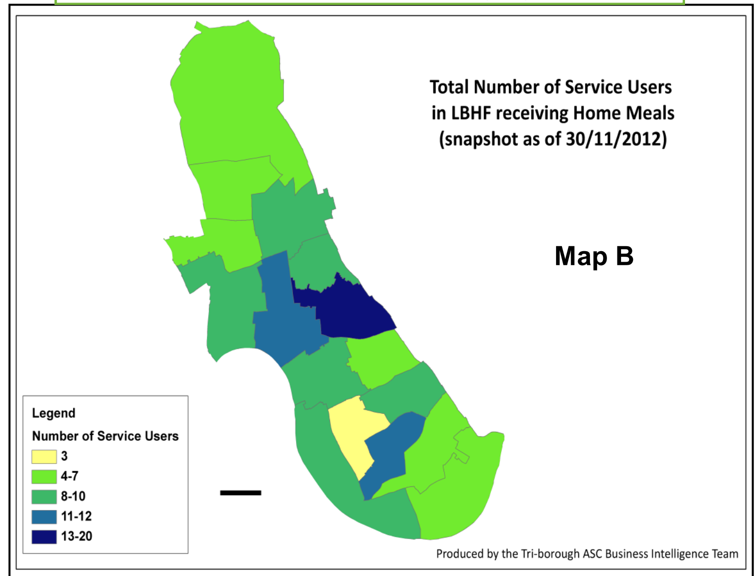
Hammersmith and Fulham

As shown in **Map B** opposite, the top 3 wards in receipt of home meals are: Avonmore and Brook Green (20), Hammersmith Broadway (12) and Town (12).

We would expect close alignment of malnutrition with deprivation but this is not reflected when comparing where home meals are delivered and the index of multiple deprivation (**Map A**, 2010). There may be potential for adding value in terms of nutritional support as part of the prevention agenda.



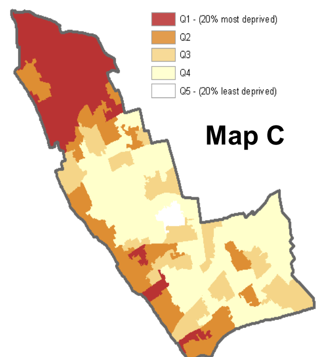
Current home meals delivery by ward



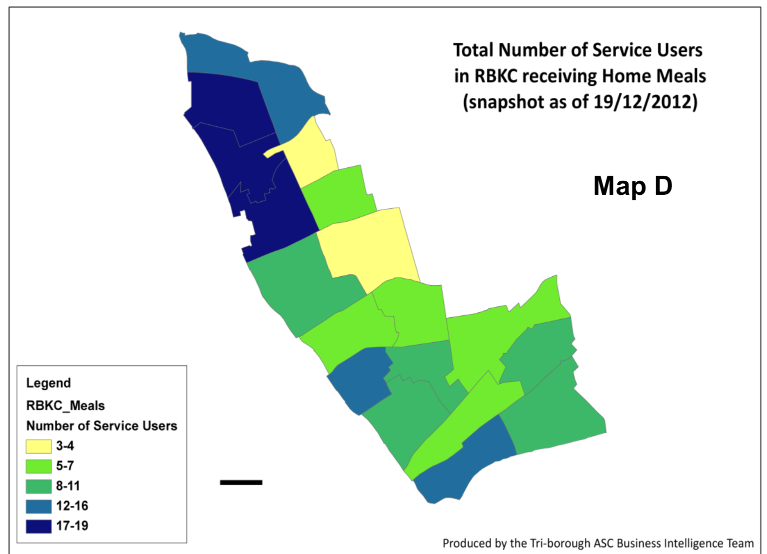
Kensington and Chelsea

As shown in **Map D** opposite, there is a particular hotspot in the North of the Borough. Indeed, the top 3 wards in receipt of home meals are situated in the North: Norland (19), Notting Barnes (18) and St Charles (17).

The home meals delivery service has closer correlation with the index of multiple deprivation (**Map C,** 2010) than in Hammersmith and Fulham



Current home meals delivery by ward



Westminster

As shown in **Map E** opposite, the top 3 wards in receipt of home meals are Church Street (25), Regents Park (21) and Churchill (19).

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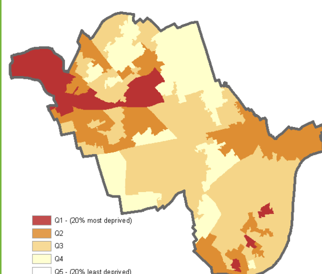
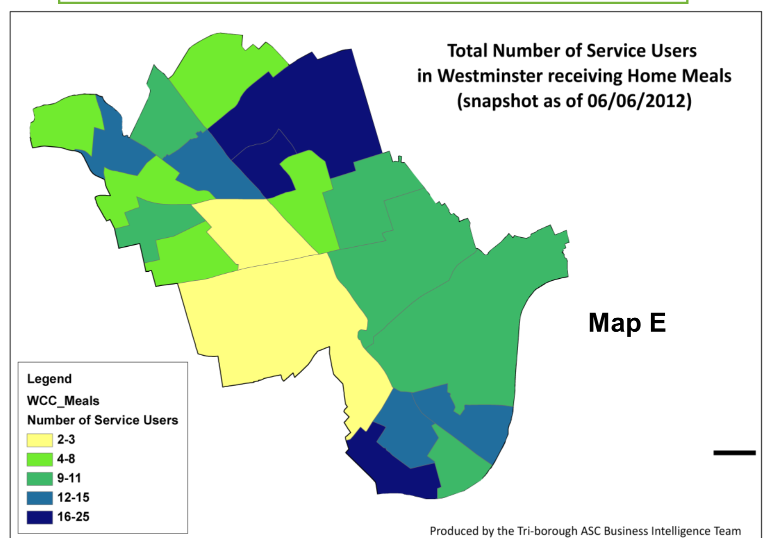


Current home meals delivery by ward



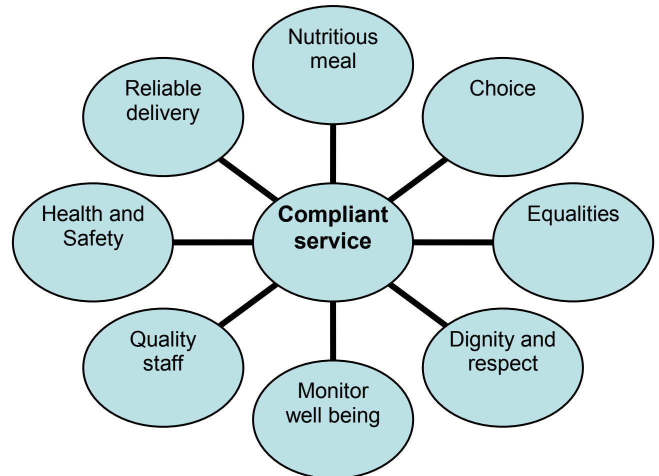
Nutrition and Home Meals

What is a good meals service?

The diagram opposite illustrates what necessary outputs we require compliance with in a home meals service, but we believe these qualities should be considered by **all services who provide meals**.

The qualities and minimum standards that we expect from a well run and useful home meals service are described in detail in specifications for the service and should be adhered to.

We recognise that the meals service is a **key support** for vulnerable people, offering **consistent contact** and a **stable work force** as well as its fundamental goal of **nutrition**. It is much **valued** by people who use the service and receives **few complaints**. The support is needed and will continue, albeit in increasingly diverse, flexible ways.



New approaches to positive nutrition

We are looking at other ways to improve the nutrition of our most vulnerable residents. For example, we are considering:

- Better and targeted information and advice that reaches vulnerable residents
- Better nutrition across all care services serving food with staff ensuring that people eat a balanced diet.
- Cooking lessons and nutrition champions to enable independence rather than dependence on home meal

We are in discussion about how best to deliver positive nutritional outcomes in more cost effective ways. For example, smaller, responsive services could deliver and promote positive nutrition in local clusters but, equally, we want to work with existing providers to deliver best practice and innovation

Our strategic goals favour the consideration of a person's entire health and social care needs so that an individual can remain at home and in good health for longer. Keep informed on the integration of health and social care as nutrition falls within both remits. For example, in the recent H&F hybrid workers pilot, staff are tasked with monitoring eating and drinking. Along with embodying compassion, such an integrated, holistic approach to each person's care is vital when considering nutritional goals.

Activity	Date
Tri-borough home meals contract awarded	Feb 2013
Tri-borough home meals contract start	April 8th 2013
Collaboration between Tri-borough Commissioners, Nutritionists and residents on how to promote information and advice/support for nutrition across the Tri-borough	March 2013 onwards

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Provider implications

- Better information and advice to be available in print and online form
- Ensure that all staff can watch for signs of malnutrition and provide practical support
- Potential for providers to develop their service by, for example:
  - Offering a service teaching vulnerable people to cook
  - Make use of assets that exist in communities, such as community and voluntary organisations that connect people through food. Asset based approach
- Look at where home meals are delivered across the Tri-borough: Could you add value by offering nutritional support/meal delivery as a responsive local unit? Can you assist in tackling poor nutrition in areas of multiple deprivation?
- Visit The Caroline Walker Trust website for advice on good practice and improving public health through food
- Feedback: We are at the early stages of considering how we should develop our nutritional support and who can help deliver it. Come to us with suggestions/ideas.

Transport

Can you offer a range of travel options?

Is your transport offer clear and easy to book?

People should have the right travel support when they need it, which means that people can access the full range of transport options and support available, which can vary even within the same day.

Wherever possible, we will support people to make better use of public transport, promoting independence and social inclusion.

What people want

From our recent consultation, people who use community transport and support services championed the following priorities:

- Supporting what people need and when they need it
- Supporting independence, health and well being
- Simple to use
- A range of flexible transport options
- Good information on available options

Our plans

We want to:

- Offer personalised travel options based on what people want and when they need it.
- Have greater use of public and community transport to day services
- Offer quality travel support to facilitate the use of mainstream public transport
- Consider an individual's health and social care travel needs.

To do this we will be looking at:

- Most effective way of commissioning minibuses, taxis (+ escorts where required), community transport services, volunteer car schemes, scooters (purchased/hired), travel mentors and buddies (TFL subsidised), volunteer escorts and shopper schemes
- Differing priorities between generations: An older generation enjoy the social element of an organised bus service but a younger generation increasingly want more choice and control.
- A brokering service: directing people to travel options according to changing need/day.
- Strong, accessible information and advice.

Provider implications

As more people will be making independent transport arrangements with help from information and advice, you should ensure that you can offer cost effective, quality transport based around individual needs.

Ensure that your service is accessible online, via telephone and face to face so that bookings are easy to make and

You should be able to offer a range of options to meet individual/group needs as people may pool elements of their

Timescales

Activity	Date
Establish internal support team to oversee the new passenger services, linking residents to travel support services including web based information.	June 2013
Web-based transport **Information and advice** service.	Sep 2013
Commission **Transport Management Function**, the service linking those who need travel support with providers.	Sep 2013
Commissioned **Framework of transport providers** to supply vehicles/drivers/ escorts for individual/group transport to day centres and other venues.	Sep 2013
Engagement with Transport for London, including a review of Dial- a- Ride across the three boroughs with TFL and Com Cab services.	Ongoing
Develop **person centred travel plans** for people who need support	Ongoing
Review and develop **Travel Mentoring and Buddy Schemes**	Ongoing
Joined up approaches to transport with the NHS, linking to health and Well-being boards.	Ongoing

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Technology and Equipment

Can your technology support people to stay at home for longer?

The appropriate use of technology can greatly enhance our ability to meet our strategic priorities, helping people to remain at home for longer and helping the Council achieve better for less, amongst other benefits specific to each service area.

Technology and equipment can be used to support care staff and unpaid carers to do their job better and in more comfort.

Demand headlines

There will be an increase in demand for technology that supports an individual to remain at home and retain independence.

Those with sensory impairments rely on specialist technology and in addition to our strategic priority of keeping people at home for longer, there will be more vulnerable people living for longer over the next 20 years.

We also want you to make best use of technology and equipment within your organisations to help us deliver better for less.

Appropriate use of technology: What we want

The word *appropriate* is important as the use of technology can only really lead to benefits if it is **what people want to use.** Providers of assistive technology should listen to people who use services, their carers and care providers to determine what would be useful. It is very important that people using and benefitting from the technology buy into its potential. It must be easy to use, quick and easy to install/maintain and effective and quick in response.

For providers looking to achieve better for less through the use of technology, you must engage with both staff and clients to ensure that what you are incorporating is what people want and to get buy in so the technology is used effectively.

Examples

1. Just Checking is a good example of how the innovative use of technology/equipment can be used to help achieve our strategic priorities. An easy to install system monitored the activity of individuals with dementia to determine their behaviour patterns and times when they were in at risk areas such as the kitchen. Updates were provided online to enable distance based monitoring that helped with:

- Keeping people at home for longer
- Cost savings
- Personalised, targeted care

2. To make the best use of technology, secure IT notebooks might be made available to staff working in a person's home to **prevent time being wasted** with staff needing to return to the office.

Assistive technology

We are considering the development of a Tri-borough approach to assistive technology commissioning as we currently have various systems of response across the three Borough's.

For the Tri-borough assistive technology project we are looking to do the following:

1. Deliver costs savings across Health and Social Care through:

- Reductions in the need for and use of residential and nursing care,
- Reduced acute hospital admissions, unplanned admissions and speedier discharge
- Fewer accidents and falls in the home
- Reductions in higher cost care packages

2. Improve the range and quality of support to people and their carers by:

- Increasing choice, control, dignity and independence
- Reducing the burden on, and providing greater personal freedom for, carers.
- Providing opportunities to unlock and redirect resources.
- Increasing the range of preventative services
- Better electronic/remote access to information, services and support.

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Technology and Equipment

Assistive technology supply and likely developments

There are a number of short term Borough specific issues with assistive technology that we are working to resolve

It seems reasonable to explore the possibility of a Tri-borough arrangement for the Call Centre and Equipment functions, with the response services being delivered through more local arrangements, but the different time-scales for changes to local arrangements make this complex.

We are currently working to research, plan and refine our approach to assistive technology with various work streams likely to result.

In the meantime, we encourage providers to come to us with ideas and suggestions for small scale projects in each Borough. Some examples of the sort of things we would support are listed below. Please refer to our strategic goals and specific service areas to see where you our ideas around assistive technology might be able to contribute to better care for people who need services and their carers.

A strong theme coming through our research is the need to commission some assistive technology aimed at making the life of unpaid carers easier as well as the people who require care.

Existing small scale projects: examples of development

West London CCG Telehealth bid: West London Clinical Commissioning Group is currently bidding for funding for a Telehealth pilot project, which aims to employ technology to enable community matrons to case manage a greater number of patients reducing the chances of deterioration, manage exacerbations and thus preventing acute admissions.

RBKC Pill Dispenser Pilot: A group of OTs from CLCH and RBKC is developing a proposal for a small trial of (40) Pill Dispenser devices for suitable people identified through district nursing and the older people's team in the north of Kensington and Chelsea

London Cyrenians Telecare Hub: London Cyrenians in K&C are piloting an approach across their MH supported housing projects, using remote CCTV and a small response team as a way of reducing sleep-in and waking night cover, with consequent cost reductions.

Online information on assistive technology

Our information on assistive technology types and availability is not as good as it could be. We need better links to what is available and we need providers to have a strong online presence, clearly stating where they might assist care and support services.

Following the success of RBKC's People First Website, we are developing a Tri-borough website with a similar design. Here, people who need services can search for care and support providers in their chosen area and select their provision in this way. This may be one route to explore links to assistive technology options as providers can have a profile describing what they can offer to people and their carers. Again, this is an example of where we want to work with providers to develop support according to what people want and need.

Activity	Date
Likely date of a Tri-borough arrangement for equipment and call functions, depending on stakeholder engagement and further planning.	April 2014

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Provider implications
Include care staff, unpaid carers and the people in need of care when considering what assistive technology to develop/introduce. We must use **appropriate technology** that people want
We want technology companies and equipment providers to let us know how they can contribute to our strategic aims of keeping people at home for longer, encouraging independence and better for less. The market for such technology will grow across services affording considerable opportunities for providers. We also welcome innovative ideas of smaller scale projects that can help us deliver better for less. Get in touch with us and with other service providers!
Make sure that you are making the best of use of technology within your organisation - ask staff how there job could be made easier/more efficient
Use the new Tri-borough website to both sell yourself to people who require support services, understand the direction of Tri-borough adult social care commissioning and ask further questions of the commissioning team.

Professional 1-2-1 Advocacy

Can you offer advocacy services across the three boroughs, delivering better for less?

Advocacy is vital in overcoming communication barriers so that all residents are heard and their needs met. It should be consistently excellent quality, equitable, personalised and accessible across the three borough areas.

Advocacy is not statutorily required but we will continue to commission this service in the near future.

This market position statement specifically is focused on professional one to one advocacy, however it must be noted that there are other types of advocacy support available including citizen, self, peer, bi-lingual, non structured, IMCA and legal.

Demand

We expect that the demand for advocacy will increase with the increase in number and proportion of vulnerable residents in each borough. Visit each care group section for projections on the prevalence of care needs in each borough. Some key demand drivers include:

- The three boroughs will see an increase in the older populations over the next eight years.
- All the boroughs will see significant increases in people diagnosed with dementia.
- People with more complex learning and multiple disabilities are coming through transition into adult services
- The external environment: with changes in benefits, housing needs and the move to personalised care services there will be an ongoing need for advocacy.

Why?

People can often be ignored or treated badly due to vulnerability or prejudice. Advocacy helps people to be heard and obtain the services they need, enhancing social inclusion, equality and social justice. It also helps improve other services and, if provided at the right time, advocacy can often prevent the escalation of problems and the need for more costly services.

Support to speak up about social care issues from challenging care assessments, funding in personal budgets, poor care and support (including dignity and respect) issues were key to those who attended the consultation events. Benefits challenges, safeguarding dealing with the police and other authority organisations were also deemed appropriate for advocacy support.

Our aims

- People who require an advocate know what services are available
- The quality of the service is excellent, equitable and consistent across the boroughs wit best practice shared
- The service is personalised to the individual and flexible
- The service is easily accessible.
- People are supported to speak up for themselves and self advocate wherever possible
- Advocates can communicate with the person requiring the service
- Advocacy services are linked into other local support services (regional and national if applicable)
- Where there is a "conflict of interest" (i.e. where the provider of advocacy service is also the provider about which a service user wishes to raise concern) alternative advocacy support is available
- Advocacy services are Value for Money and fit with the three Councils mandates around "Better for less"

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Getting there

We need:

- Good quality information on the councils' websites and in various formats
- To commission and procure a range of excellent quality advocacy services
- To have trained, qualified advocates
- To commission specialist advocacy where appropriate
- Advocacy services will be available across a range of venues, in people's homes and out of borough if required
- Advocacy is available at various times throughout the day and week

Professional 1-2-1 Advocacy

Understanding the commissioning direction

The Tri-borough currently commissions seven advocacy professional one to one providers for adults

In the summer of 2012, commissioners working with local residents and advocacy providers developed a local strategy and investigated the key aspects for good quality future advocacy services. The financial funding model was also discussed with the local and wider market. As a result of this, a Tri-borough approach was agreed, so as to get a consistently good quality professional advocacy service under the principle of "Better for less". Further, two key Advocacy support strands where identified:

1. Vulnerable adults

- Older people aged 64 plus with disabilities or mild dementia. May include those without a specific diagnosis or do not recognise they have a disability.
- People with autism not known to secondary care services such as adult social care
- Disabled People includes people who are visually or hearing impaired and people with learning difficulties not known to secondary care services
- People with long term conditions such as HIV and people with mild to moderate mental health issues, not known to secondary care services
- People with acquired brain Injury and stroke survivors

2. Specialist advocacy support

Specific advocacy services will be commissioned to support people living with conditions and disabilities where the advocate involved will require expert knowledge and specialist communication skills e.g. detailed understanding of relevant legislation like the Mental Health Act, more in depth/technical understanding of person's condition or disability and/or use of communication aids like Makaton. Such advocates may need to be able to work without instruction from the individual in some situations (non instructed advocacy)

This will include:

- People with learning disabilities
- People with more complex dementia
- People with mental health needs

Other developments

NHS Complaints Advocacy (ICAS): All local authorities must commission NHS complaints advocacy services to start April 2013. Hammersmith and Fulham, Kensington and Chelsea and Westminster have agreed to join a pan London commissioning arrangement led by Hounslow to commission these services across the three boroughs.

Transitions: Colleagues in Family and Children's services are interested in utilising the targeted approach to advocacy for children and young people with disabilities and mental health needs aged 16-25.

Who commissions and provides advocacy that is **housing related** and what other housing advice and support is available in the three boroughs is still being clarified by commissioners.

Provider implications
Prepare for the Tri-borough advocacy tender by considering how you could help deliver better for less across the
Ensure that you are supporting our aims concerning quality advocacy as well as contributing towards our strategic

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Activity	Date
Further consultation on the Tri-borough advocacy service specification	January 2013
Cabinet report to all Adult Social Care lead members	February 2013
Extend existing contracts for up to 12 months from April 2013	March 2013
Commence Tri-borough advocacy tender	Spring 2013
Award new contracts	Winter 2013

Supported Employment

Where can you add value in the proposed new model?

We want to help more people get volunteering opportunities or employment as they can be a catalyst for independence and community involvement. We can prevent isolation and ensure people can stay in their homes and communities for longer. The Councils and NHS should lead by example, creating opportunities where possible.

We want social workers, day services and schools to use employment to be the default position for day time activities in the future.

The pathway to work

The pathway below is indicative of what people with learning disabilities, physical disabilities and/or mental health needs must do in order to get into work. The level of need often determines how far an individual can go on this pathway but so too does the level of support that can be offered to each person.

Tri-borough statistics

- The numbers of people with complex need getting into employment is low across the three boroughs.
- The numbers being retained in employment is low across the three boroughs
- K&C has 10% of *people with learning disabilities* in paid employment (incl. 16 hrs), Westminster 6.5% and LBHF 5.7% (London lead – 22%)
- LBHF has 6.3% of *people with mental health needs* in paid employment (incl. 16 hrs), K&C 4.9% and Westminster 4.4% and (London lead – 12.6%).

Identified problems with the Tri-borough service offer

- The services commissioned by The Department for Work and Pensions for people with disabilities and long term health conditions are not being utilised e.g. Work Choices
- Too much emphasis is based on 16 hours of paid work for people with more complex needs, when this does not work due to their needs
- Volunteering work opportunities could be better utilised
- There is limited "Very supported" employment in the three boroughs (e.g. small social or micro-enterprises)
- There is no single point of referral.
- Insufficient tailored opportunities: people with mental health, physical disabilities and learning disabilities have varying needs.
- No specific apprenticeships or internships available for clients with disabilities
- Hammersmith and Fulham does not have a specific employment service for disabled people
- There is Insufficient support for people with dual diagnosis - some services are too specialised to a single client group
- Large caseloads mean that some providers are having to close service to new referrals.

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Our plans

We want to create a single point of assessment for supported employment options and one body overseeing all the supported employment across 3B in a much more joined up approach. We hope that this will reduce silo working and develop partnership approaches

We need much better links to and utilisation of DWP funded services, using the range of options to provide work experience, training etc

We also Aim to have greater equity in services across the three boroughs

We want to have:

- A Tri-borough supported employment board (commissioned by the supported employment service).

Supported Employment

...Our plans continued...

- A Tri-borough supported employment service consisting of:

  -A single point of assessment

  -Link workers to the day services, care management, schools and DWP funded services

  -Supported employment and retention workers for people with more complex needs

  -Very specialist employment benefits advice

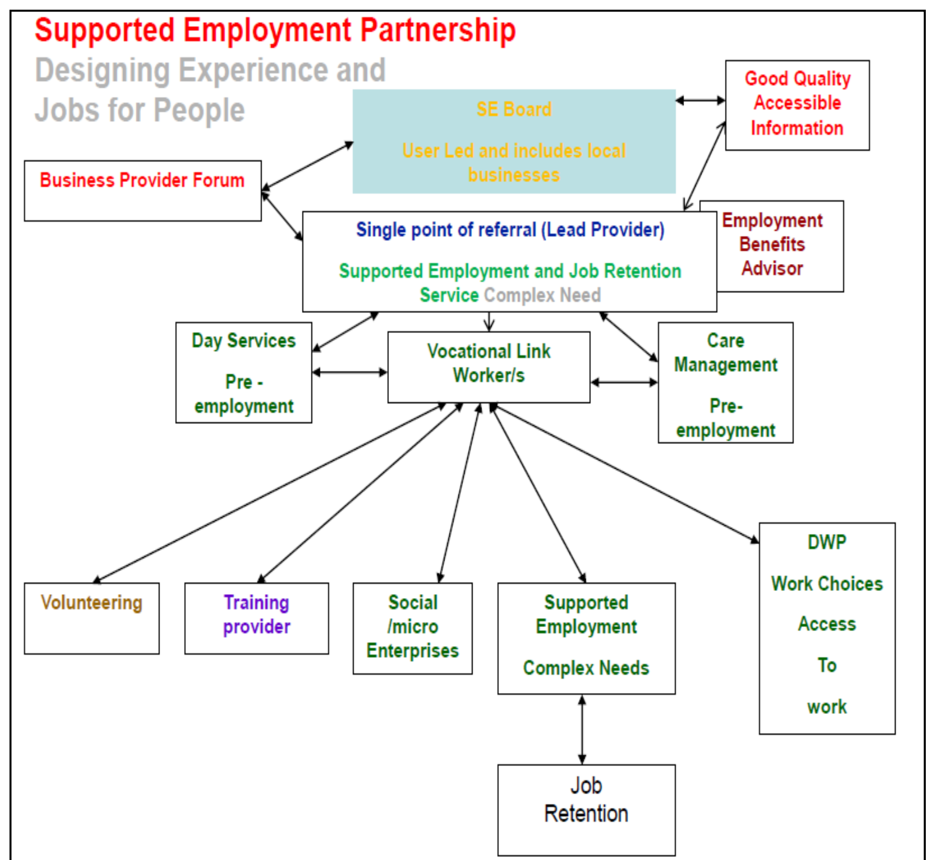
  -A local business forum and link to the Chambers of Commerce
- Direct links to volunteering and training
- Pump primed micro enterprises to enable "Very Supported" employment for people who will not be able access mainstream employment opportunities

Understanding the model

In the proposed model (**diagram A**, to the right), the **Tri-borough supported employment board** (commissioned by the supported employment service) will oversee all training, volunteering and employment.

There will be **one point of referral to a main provider who will triage all referrals** and refer onto the appropriate options available in the pathway. The lead provider will need to have very good links to local businesses. Whilst this is a big system change, there should still be plenty of **opportunity for local SMEs within the system.**

Vocational Link workers will seek to utilise the DWP commissioned services like Work Choices and also refer people to appropriate services on the pathway to employment and also work very closely with day services, care management an schools.



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Provider implications
Work with other providers to deliver a more integrated system of supported employment
Maximise the use of national funding by using vocational link workers to make sure people who should be accessing DWP funded services are doing so
There is an opportunity of becoming the lead provider in the model. SMEs should be able to offer a range of options to meet individual needs, focused on supported employment.

Activity	Date
Consultation over the model (February 2013) + new model agreed by supported employment Executive Board (March)	February 2013 - March 2013
Proposals to commissioning boards and Councillors	April 2013
Commence procurement	Summer 2013
New service in place	Early 2014

Information and Advice

The provision of information and advice will continue to be vital in the support of vulnerable people and their carers. With our in house support and commissioned services, we need to provide the right information and make use of existing resources, meeting 3 key goals:

- Reducing costs
- Improving the quality of life for our residents
- Improving customer satisfaction

The function of information and advice

Providing universal information and advice is a requirement for Adult Social Care Services. All councils are expected to have: "Universal, joined-up information and advice available for all individuals and carers, including those who self assess and fund, which enables people to access information from all strategic partners" (LAC, DH, 2009)

Aligned with this requirement and our strategic priorities then, we provide and will provide 4 key components of information and advice:

1. Universal services: ensuring that anyone who requires care and support can find information and advice on a range of services that could help them in their community.
2. Preventative services: helping people to maintain their health and well being for longer by providing information about preventative services, how they may help people and how to access them.
3. Choice and control: giving people the information and advice that gives them the confidence and knowledge to take as much control as they want over decisions which affect their care.
4. Building social capital: recognising that individuals can receive care and support from their friends, families, neighbours and community groups.

Tri-borough principles

In addition to what function information and advice should serve, our provision in practice focuses on the following principles:

- Making it easy for anyone in the borough to find out about available services and facilities.
- Treating people as experts on their own conditions and not thinking that the council knows best.
- Looking at the bigger picture – finding out what people want out of life and how they can get it, not just focusing on their difficulties.

Commissioning intentions

Westminster City Council have developed a single borough approach combining various Council and NHS funded information and advice services, which are currently being tendered.

A Bi-borough (Hammersmith and Fulham and Kensington and Chelsea) strategic review of adult social care funded information and advice services will commence from February 2013 with rough timescales indicated below

Provider implications

Understand our strategic priorities and look out for our consultation/ideas on a proposed model for information and advice from May 2013

Activity	Date
Commence strategic review	Feb 2013
Map all Bi-borough (KC and LBHF) adult social care funded I&A services	March 2013
Full strategic review and consultation	Summer 2013
New model proposal and reports to Councillors	Sep 2013
New service opportunities	TBC

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Feedback

Has the information you've read been useful? **Are there still/new questions on your mind?**	We need your feedback on the following: 1. The usefulness of the document: Is this document providing useful information? Is there anything missing? Is the structure user friendly? 2. Your ideas about how we can meet future need, particularly where we have identified a need for ideas in a service area. 3. Any concerns or questions about the direction of Tri-borough adult social care provision

How useful is the document? How could it be better?

Your feedback will inform both the structure and content of the document. Please email any comments on the usefulness of the document direct to **Pauline Mason** at pmason@westminster.gov.uk

Ideas, questions, concerns?

Revisit the market position statement via the links below. If you cannot find what you are looking for, send in your queries and we will do our best to adjust the market position statement. Your questions will go into a Questions & Answers section of the MPS in March so that we can share any clarification/guidance with all providers.

Please email any questions direct to **Pauline Mason** at pmason@westminster.gov.uk and indicate whether you are happy for your question to go into the Questions and Answers of this document

Questions and answers

Example

1. **Q** from service provider, May2013: **When will the market position statement be updated?**

A: Nov 2013. The plan is to update the market position statement and reissue it every 6 months to reflect changes in supply and demand in the market and updates and/or changes in commissioning intentions.

Provider implications
Shape the Market Position Statement by letting us know what sort of information and **content** would be most useful.
Give us feedback on the presentation and usefulness of this document in terms of **structure.**
Use this document as a foundation from which to build a co-productive relationship with the Council
Tell us your ideas for market development, innovation, efficiencies etc. across the Tri-borough.

Other useful links

Borough websites	Hammersmith and Fulham	Kensington and Chelsea	Westminster
Borough mandates	Hammersmith and Fulham	Kensington and Chelsea	Westminster
Borough JSNAs	Hammersmith and Fulham	Kensington and Chelsea	Westminster
Health and Well-being Strategies	Hammersmith and Fulham	Kensington and Chelsea	Westminster

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