

ADULT SERVICES
OUTCOMES FRAMEWORK AND
COMMISSIONING PRIORITIES
2006-9



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BACKGROUND AND CONTEXT

The Modernisation Agenda

Recent government publications¹ clarify an intended direction for the local government sector and expectations about the way it operates within a pluralistic economy. Wigan Council expects to be able to respond positively to this agenda.

'High quality services' are the expectation of customers within local communities and these should be both 'designed around local people's needs' and 'flexible enough to meet the aspirations of users'; potential service users should not be left without 'choice' - even in essential services. This council has sufficient local information to recognise these expressions articulated in many ways at local levels².

In meeting these customer aspirations local councils are clearly not the only providers of such services but they have a pivotal part to play in the 'co-ordination and arrangement', or 'brokerage', of such services. Rather than necessarily being the direct providers of services, councils are being urged to see their core roles in the 'provision of knowledge about local needs', in ensuring good quality public services that contribute towards a strong, diverse, creative and vibrant local economy. Councils also 'hold the ring' in planning for social cohesion, in being a key driving force for improvement. The role is of an 'influencer' of services on which people rely and constantly looking to derive better value for money for local people.

In essence, this is the new core set of duties for local government and its leaders. Those leaders, managers and other staff must work within the local political environment and with other local community representatives and stakeholders to ensure delivery according to these principles.

The Role of Leaders and Managers within the Council

Within this framework there is a fairly well-defined set of expectations for leaders in Wigan Council, as with all local councils. Leaders will be 'visionary' and will try to play a 'transformational' role. In other words they will enable and empower the community, champion the area, build a vision and set the direction. They will shape services, forge partnerships, take decisions and set priorities. In this way leaders of the council will 'ensure delivery', and they will challenge deliverers of services to provide what local people want and need.

There are, inevitably, tough choices involved in balancing competing demands and interests. Council leaders are accountable for making those choices - and indeed for delivering the 'efficiency' dividend, which is assumed to be available from this modernised approach to the exercising of local government responsibilities.

Government clearly expects the Council to look seriously at areas such as procurement, back office integration, developing innovative partnering arrangements with the private sector in order to develop services around the clock and expanding choice about how to access services. Government also expects individual councils to work towards adopting joint solutions with other councils, wherever possible, in a bid to achieve greater efficiency and economies of scale.

¹ e.g. 'The Future of Local Government: Developing a 10 Year Vision', Office of Deputy Prime Minister (2005)

² E.g. Consultation process (Citizens Panel and Jury) around 'Your Health Your Care Your Say'

Adult Services Drivers

As an Adult Services Department we intend to provide services both for those with additional needs who are assessed as in either critical or substantial need of services (as defined under Fair Access to Care Services) and those who do not meet this eligibility threshold but would benefit from being signposted to preventative services.

In Departmental terms the big drivers are:

- Improving performance, including how customers say they think we perform
- Cost effectiveness and value for money, with increasing 'contestability'
- Achieving fair access to care services and balancing of high thresholds for access with preventative services and promotion of wellbeing
- Self-directed services, personal commissioning and personalised budgets, and
- A drive to enable people to move away from a reliance on welfare and into work

The Audit Commission's view is:

'If people are not getting the service that would most suit them, and the cost to local taxpayers is higher than it should be, then everyone is losing'

The Audit Commission describes a more mature commissioning arrangement as one that has moved from low 'trust' and low 'involvement' to one that is high in both. Such a set of relationships are typified by:-

- Partnerships with providers over shared specification
- Joint planning to manage the market
- Balanced risk
- Low penalties
- Specific developmental monitoring

This is a model of commissioning relationship that we would aspire to.

A MODEL OF COMMISSIONING

Layers of Commissioning

The NHS and Social Care White Paper, 'Our Health, Our Care, Our Say: Improving Community Health and Care Services' reinforces alignment through joint commissioning with PCTs and Practice based commissioning 'clusters'.

This will be the key vehicle for shaping services around needs and choices and ensuring a balance of provision from low (prevention) to high level (specialist treatment) support.

Practice based commissioning has to be joined up with joint neighbourhood based commissioning and formulas are being put in place which will signal a 'fair shares' approach. The White Paper emphasises that there must be a focus on local areas and outcomes rather than reorganisation; harnessing local government expertise on commissioning and procurement will help deliver on health improvement.

There are a number of layers or types of commissioning – all of which can co-exist and might help achieve one or more of the above objectives:-

- Regional procurement
- Local Central commissioning – joint agency
- Local in-house commissioning – single agency
- Local neighbourhood commissioning – 'community pot', e.g. using Neighbourhood Renewal approaches
- Local neighbourhood commissioning – e.g. Practice based commissioning
- Personal commissioning

One of the driving forces at the local neighbourhood level is inequality of opportunity across service user or patient groups. Adult Services' new role around wellbeing, which is strongly supported in the White Paper, includes taking account of a wider group of citizens than those we normally think of as having additional needs at the higher levels.

We will need to improve and work with those in Public Health to map incidence and need. Existing data³, however, already reveals some obvious 'hotspots'. We can achieve more by matching the area based approach of the PCT through the 7 administrative clusters for Practice based commissioning in Wigan.

Driving Organisation Change through Partnership

Customers need to be the driving force in Adult Services. It is by commissioners and providers listening and engaging that we will make this a reality.

There needs to be a systematic engagement with local people to enable them to play a full part in the planning, design and delivery of their services.

Commissioners need to be responsive and, therefore, to enter into a more mature relationship with all providers. We must seek to maximise all the opportunities available by working with all service providers and partners to develop a true mixed economy of care.

Part of this role must be to work closely with voluntary, community and social enterprise organisations to develop their roles as service providers.

³ E.g. index of multiple deprivation

There is a close partnership relationship with the in-house Provider division but greater clarity and transparency needs to be achieved for commissioning to improve. For example, the commissioner is often insufficiently specific about what it wants and we are short on detailed and accurate management information about unit costs, such as varying rates.

This sometimes makes it less likely that we can accurately and flexibly commission in ways that will help achieve the change in outcomes.

We need to grasp the idea that Adult Services will not always control all commissioning. Some commissioning will be drawn into 'procurement'. We need to be aware of the growth in personal commissioning, but appreciate what role we can have in enabling the growth of the sector that serves Direct Payment and other personalisation initiatives.

We need to be clear about what constitutes 'commissioning'. Not all social worker activity is 'care management', in a commissioning sense. For all service user groups social worker input is regularly of a therapeutic nature - *provision* of counselling, support, advocacy, advice and the like. Moreover, this is the part of social work that the public values most⁴. We need to build this into any presumptions when thinking about being more assertive in defining our commissioning role as an organisation.

Our Outcome Priorities for Commissioning

Deciding outcome priorities is critical in the process; it determines where we want to get to and what we want to achieve. It allows us to move towards *how* we get there. How we get there will determine our approach. We need to say whether it will be best achieved by strategic commissioning, local commissioning, or individual commissioning.

Our overall aim for commissioning is: "Helping people not to need us". We will do this by never knowingly over-intervening and acknowledging that people are experts about themselves and their situations. But we will maintain protection where people need it.

We want to help people find their own solutions. We want to help people to access more mainstream services ahead of traditional social care services. We want enablement to be an added value in all our interventions – promoting citizenship and quality of life and we want to promote quality services where 'quality' means *'the right intervention at an acceptable price'*⁵.

Commissioning Outcomes

The White Paper, 'Our Health, Our Care, Our Say: Improving Community Health and Care Services' consolidates the approach taken in the Green Paper 'Independence, Wellbeing and Choice' of theming together 7 outcomes.

We can draw our main commissioning priorities into this framework and achieve a commissioning-orientated and partnership approach to achieving the future vision for adult social care within Wigan. These are:

1. Improved health and emotional wellbeing – health inequalities of Wigan people will be addressed
2. Improved quality of life - people will be on the most appropriate step of their care pathway and more will be supported to live at home

⁴ Wigan Your Health Your Care Your Say Citizen's Panel survey 2005

⁵ This is a paraphrasing of the 'total quality management' value-based definition of quality: 'a quality product is one that provides performance at an acceptable price or conformance at an acceptable cost'

3. Making a positive contribution – people will be able to influence decisions that affect their lives as a member of their community and carers and volunteers will be able to support them
4. Choice and control - those with additional needs and who are most dependent will have more control and a range of options wherever possible
5. Freedom from discrimination – those with additional needs will be protected and will be free from abuse and discrimination
6. Economic wellbeing - More people will move into socially inclusive engagement and employment
7. Personal dignity - the dignity of people with additional needs and those at the end of their lives will be promoted

In order to achieve each outcome we need to say:

- How we are going to commission strategically
- How we are going to commission locally
- How we are going to assist personal commissioning, and
- What we will 'decommission'

The following tables describe this process.

Where to Now?

Realising the vision for the shape of a future Department in, say, 5 years time will involve a move towards addressing issues such as the nature, size, skill base and location of the workforce, physical assets, information technology and other support. It will involve careful planning and it will involve making some challenging and difficult decisions in terms of the future configuration and diversity of the local care market. We need to approach it by steps.

This document should provide a basis on which commissioners, providers and support service heads can plan the choreography of such a change process.

IH	KEY OUTCOME: IMPROVED HEALTH
	We want all adults to enjoy the best possible standard of physical and mental health
IH1.	The number of people with limiting long term conditions is reduced
IH2.	The overall fitness of targeted groups is improved
IH3.	People with chronic / long term conditions receive care closer to home
IH4.	The number of unplanned hospital days is reduced
IH5.	The number of emergency admissions is reduced
IH6.	Participation in substance misuse treatment programmes is increased
IH7.	Intermediate Care opportunities are available and maximised
IH8.	Delayed transfers are care are minimised
IH9.	Those with mental health problems can access appropriate health and social care staff
Strategic Commissioning	<ul style="list-style-type: none"> - Create and promote a whole systems approach to public health - Promote access to mainstream health and leisure services by current and potential social care users – preferably as a first resort - Align public health and leisure work streams with those of Adult Services - Address the issues of poorer health and poorer access by people with additional needs - Jointly commission with the PCT to widen the availability of primary and community care as an alternative to in-hospital care
Local Commissioning	<ul style="list-style-type: none"> - Achieve a joint ‘fair shares’ approach to resource allocation with Primary Care - Include public health in all joint commissioning discussions and the agenda for Practice Based Commissioning - Build up preventative services / healthy living. - Develop with partners access at Primary Care level to specialist service support - out of hospital – learning lessons from recent public consultations⁶
Individual Commissioning	<ul style="list-style-type: none"> - Model an approach at individual level which makes the strategy a reality for them, making access 'closer to the customer' - Commission services with health promotion as specific added value
Decommissioning	<ul style="list-style-type: none"> - As more localised services develop, other more traditional clinical models will diminish

⁶ E.g. ‘Your Health Your Care Your Say’

IQL	KEY OUTCOME: IMPROVED QUALITY OF LIFE
	We want people to be on the most appropriate step of their care pathway and for more people to be supported to live at home
IQL1.	Safeguarding adults with additional needs and promoting their wellbeing is seen as everybody's business
IQL2.	There are effective transition arrangements for young people with additional needs into adult services
IQL3.	Older people and other adults with additional needs can access home-based alternatives to residential and nursing care wherever possible
IQL4.	Those accessing services and equipment to aid independence are assessed and provided with a package of care within appropriate time-limits
IQL5.	People with learning disability are provided with advocacy and training for self-advocacy in order to help them participate in planning and decision-making
IQL6.	Carers assessments are undertaken and appropriate services provided to support them
Strategic Commissioning	<ul style="list-style-type: none"> - Establish common objectives between commissioner levels and between commissioners and providers about 'enablement' - as a priority - With all partners, describe shared care pathways – (not just NHS) – common understanding and processes - Move away from the dominance of a disease-focused mode to promoting health - Establish more effective Joint Commissioning Structures - Establish targets and performance monitoring - Explore more opportunities for joint funding – e.g. palliative care - Model reductions in residential care and alternatives increasing. E.g. domiciliary care, supported and extra-care housing, direct payments/individual budgets, local business opportunities such as re-use of residential homes for day services, other community support - Explore the role of 'brokerage' - Build capacity for strategic joint commissioning with a range of partners - Invest in the Carers Strategy, taking in to account the potential for 'invest to save' opportunities - Explore 'core and cluster' type specifications (e.g. for sheltered housing support and 'outreach') - Invest in appropriate assistive technology - Build a wider stakeholder engagement process / forum
Local Commissioning	<ul style="list-style-type: none"> - Establish local practice based commissioning structures and relationships that are fully integrated - Develop a better understanding off the implications of NHS 'choose and book - Engage with Primary Care Team to build up a joint approach to commissioning - Get the balance right – rehabilitation and not hospital - Gather intelligence⁷ about need – including low and moderate levels of need that might become substantial or critical (prevention)
Individual Commissioning	<ul style="list-style-type: none"> - Further promote 'self-care', expert patient – with the potential for assistive technology - Integrate health and social care input so that the individual experiences a 'single support package' - Encourage 'therapeutic risk-taking'. This means accepting that quality

⁷ Including intelligence based on service user and carer forums

	<p>of life can be enhanced by managing risk rather than removing it</p> <ul style="list-style-type: none">- Commission 'supported self-assessment'- Commission advocacy for people with learning disabilities
Decommissioning	<ul style="list-style-type: none">- Develop greater contestability in the market to achieve more a sophisticated response to need on care pathways. This may mark the decommissioning or re-commissioning of some existing providers- Some decommissioning of residential care, based on partnership remodelling work, is envisaged

MPC	KEY OUTCOME: MAKING A POSITIVE CONTRIBUTION
	We want all adults with additional needs to be able to influence decisions that affect their lives as a member of their community and carers and volunteers to be able to support them.
MPC1.	Adults with additional needs are able to influence decisions which affect their lives, as a member of their community
MPC2.	The numbers of adults in volunteering is increased - especially the number of new people recruited from difficult to attract (hard to reach) groups
MPC3.	The numbers of people accessing extracare housing increases
MPC4.	More carers are able to access Direct Payments and personalised budgets in order to restore a balance to their own lives
Strategic Commissioning	<ul style="list-style-type: none"> - Apply the personalisation agenda to carers - Promote the National Carers Strategy - Ensure full stakeholder involvement in planning and decision-making and ensure the contribution of all agencies to achieving of the standards - Ensure accessibility to assessment and services and ability to engage with 'hidden carers' - Recognise carers' separate needs - Be inclusive and involve carers directly in service development - Mobilise borough-wide networks of support including 'the 3rd sector' and social enterprise and synchronise work streams with neighbourhood renewal approaches
Local Commissioning	<ul style="list-style-type: none"> - Provide information and intelligence where needed but do not make assumptions - Working in partnership, help primary care professionals to identify carers' needs (including carers' own health needs) - Promote carers' awareness through Carer' Week and Carers' Rights Days - Take forward the agreed Carers' Strategy Action Plan at local levels - Mobilise local networks of support including 'the 3rd sector' and social enterprise
Individual Commissioning	<ul style="list-style-type: none"> - Be aware and sensitive to the needs of carers in the workforce - Include carers returning to work as part of lifelong learning strategies - Ensure the ability of carers to maintain their own health, within a whole care and health assessment
Decommissioning	<ul style="list-style-type: none"> - Recognise that many existing carers value 'traditional' services, but also acknowledge that new carers might value different models - as customer expectations evolve

ECC	KEY OUTCOME: EXERCISE OF CHOICE AND CONTROL
	We want all those with additional needs and who are most dependent to have more control and a range of options wherever possible
ECC1.	More people are taking up Direct Payments and personalised budgets
ECC2.	More user-led services are developed and created
ECC3. ⁸	Admissions to residential and nursing care are reduced and more people with additional needs who wish to remain at home are helped to do so
ECC4.	Those who are admitted to residential or nursing care are given the appropriate assistance to make their views known and acted on - including their choice of accommodation wherever practicable
ECC5.	Reviews are conducted annually and those with additional needs express their views and wishes clearly within the process
ECC6.	Care plans and reviews (statements of need) are sent to each service user
Strategic Commissioning	<ul style="list-style-type: none"> - Develop an infrastructure for increased personalisation - Assume maximum involvement of stakeholders in planning and decision-making - Develop integrated systems and processes with the NHS including shared systems of assessment and recording - Build capacity in the community to support personalisation - Engage with hard to reach groups including 'the quiet'⁹ - Invest in appropriate assistive technology - Continue to sensitively manage capacity in the care home market, including variety - Review roles and structures
Local Commissioning	<ul style="list-style-type: none"> - Provide intelligence and knowledge of local needs - Make strategy (above) meaningful at local levels - Grow 'the third sector'¹⁰ - Ensure local access to central and specialist services from a neighbourhood level - Redefine which services are specialist and generic / general
Individual Commissioning	<ul style="list-style-type: none"> - Support therapeutic risk-taking and support self-assessment - Empower by giving information around sources of self-help and of entitlement. - Raise expectations and aspirations of those in hard to reach groups and maximise citizenship - Help those with complex needs to determine their own choices and wishes and to articulate these through advocacy and self-advocacy - Help people to plan ahead for crises (pathways)
Decommissioning	<ul style="list-style-type: none"> - Gain flexibility in former 'block/ pre-paid services' in order to free up 'cash'. - Review roles and structures.

⁸ Links to ILQ3

⁹ Those who are hard to reach or don't know how to make themselves heard

¹⁰ Community and voluntary sector

FDH	KEY OUTCOME: FREEDOM FROM DISCRIMINATION AND HARASSMENT
	We want all those with additional needs and who are most dependent to be protected and free from discrimination and harassment
FDH1.	People from minority ethnic groups or minority faith backgrounds who need services will be able to access services as easily as the majority white, Christian community
FDH2.	Services will be sensitive to the multiple dimensions of need - for example those with specific disabilities or ill-health who are from ethnic or other minority groups, and their carers
FDH3.	The ethnicity of all service users is known and is taken into account in needs assessments
FDH4.	Appropriate advocacy and translation facilities are always available for those who need them
FDH5.	Adults with additional needs, who are more vulnerable, will be given the protection they need whilst being assisted to experience appropriate levels of risk to make life enjoyable
Strategic Commissioning	<ul style="list-style-type: none"> - Fully establish a safeguarding partnership and standards and training - Ensure implementation of the Council's Diversity and Equality Strategies within the Department – including into services commissioned from other providers - Undertake a full departmental service needs assessment as part of a whole Council commitment - Consult at borough-wide level with BME and other minority groups on service needs gaps - Embed core values in all practice and standards
Local Commissioning	<ul style="list-style-type: none"> - Ensure the promotion of Community safety initiatives and in particular those that prevent hate-crime - Be a force for social inclusion of people from marginalised groups who find it hard to fit in – proactively build awareness in local communities - Ensure people can access help early through 24 hour access of points of contact and 'enabling' forms of access
Individual Commissioning	<ul style="list-style-type: none"> - Carry out protection of vulnerable adult assessments and care plans and effectively commission to meet the need for protection and freedom from discrimination - Provide the right information in the right form in the right places - Support people to take 'therapeutic risks' in order to promote their choice and control - Commission services sensitive to the ethnic and religious backgrounds of service users and carers
Decommissioning	- None

EW	KEY OUTCOME: ECONOMIC WELLBEING
	We want more people to have access to socially inclusive engagement and employment and to participate in community life
EW1.	An improved range of vocational options / pathways is available for all adults with additional needs
EW2.	More adults with additional needs are in further and higher education , employment or training
EW3.	Adequate housing is available and accessible which is appropriate for people with additional needs
EW4.	Community regeneration initiatives address the needs of those with additional needs
Strategic Commissioning	<ul style="list-style-type: none"> - Promote Direct Payments / individual budgets through training - Commission independent expertise on developing supported employment options¹¹ - Grow the ‘personal care provider’ market by considering co-operative model - Support a Volunteer Bureau¹² - Invest in rehabilitation rather than ‘care’ - Conduct / commission a consultation exercise with service users and carers about what they want and aspire to - Explore ‘core and cluster’ type specifications (e.g. for sheltered housing support and ‘outreach’) - Mobilise borough-wide networks of support including ‘the 3rd sector’ and social enterprise and synchronise work streams with neighbourhood renewal approaches
Local Commissioning	<ul style="list-style-type: none"> - Local engagement with voluntary groups and local care businesses on a community development basis using neighbourhood renewal to increase the capacity of the community - Explore the use of assistive technology for virtual friendship / support - Commission more floating support, linked to Supporting People and link to joint training programmes - Review individuals annually
Individual Commissioning	<ul style="list-style-type: none"> - Commission supported self-assessment - Promote individual assessment – including proactive financial assessment - Concentrate on enablement (including transport and equipment) – providing the means to get to / access mainstream services wherever appropriate - Promote Direct Payments and personalised budgets through social workers. Direct payments to be the norm where possible and made easier
Decommissioning	- Some decommissioning of day and domicillary care services based on partnership remodelling work

¹¹ This will involve a strategic piece of work ‘sizing the demand’ for switching to employment (% with the potential to do so)¹¹

¹² ‘Change Up’

PD	KEY OUTCOME: PERSONAL DIGNITY
	We want people with additional needs to have personal dignity
PD1. ¹³	Those who are admitted to residential or nursing care are given the appropriate assistance to make their views known and acted on - including their choice of accommodation wherever practicable
PD2.	Those who are becoming more dependent have their needs met at lower levels in order to help avoid dependence
PD3.	Those who are losing their independence are helped to achieve the highest level of dignity possible - particularly in the case of those needing palliative care
Strategic Commissioning	<ul style="list-style-type: none"> - Invest in appropriate assistive technology - Use POPPS pilot experience to size and plan the resourcing of meeting future needs from a preventative perspective - Plan and manage appropriate levels and variety in provision of palliative care, working with primary care professionals
Local Commissioning	<ul style="list-style-type: none"> - Be a force for social inclusion of people from marginalised groups who find it hard to fit in – proactively build awareness in local communities - Champion preventative care options locally - Plan and locally commission to meet palliative care needs locally
Individual Commissioning	<ul style="list-style-type: none"> - Carry out protection of vulnerable adult assessments and care plans and effectively commission to meet the need for protection and personal dignity - Help people and their carers to plan ahead for crises (pathways) including end of life
Decommissioning	- None

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¹³ As ECC4.