DRAFT

Commissioning Strategy
for
Adult Social Services
in Rotherham

2008-2023
Foreword

Our Mission:

‘Services are available in a way that enables people to exercise power and control over their own life.’

Our Vision:

To provide integrated local services so that:

- People can exercise choice, retain their independence, be offered protection and have equality of access.
- Communities are active and shape local services to meet their characteristics and needs.
- Neighbourhoods are safe, free from crime and places to be proud of.

In order to achieve this vision, services need to be designed to enable people to remain independent and continue to live in the community, to minimise admissions to hospital and long stay residential care whilst avoiding delayed discharges from hospital.

We are pleased to introduce this Strategic Commissioning Strategy for Adults for the Borough of Rotherham which has been developed by Neighbourhoods and Adult Services. The Directorate believe that this strategy is an important step in making sure that the needs, wants and aspirations of local people are central to the commissioning process.

Our goal is to empower people to lead as active and rewarding a life as possible by securing the necessary services to support them and by removing both any social and physical barriers to involvement.

In order to meet the challenge of delivering the White Paper ‘Our Health, Our Care, Our Say: A New Direction for Community Services’ it is clear that we need to change the way in which services are commissioned and provided. We have to balance the need for a more personalised approach and better outcomes for people with the need to balance budgets and ensure value for money for the people of Rotherham.

This strategy sets out the vision for the future and gives a clear statement of intent to our partners and stakeholders.

Signed on behalf of:

Rotherham Neighbourhoods and Adult Services:

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Tom Cray, Strategic Director,
Neighbourhoods and Adult Services, Rotherham Metropolitan Borough Council.
Executive Summary

This is Rotherham’s Adult Social Care Commissioning Strategy which covers a 15 year period (2008-2023). It details the commissioning activity that needs to take place to deliver our statutory responsibility and improve outcomes for customers.

The strategy has been developed as a result of the learning from the Joint Strategic Needs Analysis (JSNA) so that we meet the current and future social care needs of the borough.

This strategy will be delivered in a series of 3 year action plans. The first of these plans will deliver the following 7 strategic objectives;

- Helping people in Rotherham to adopt and maintain a health lifestyle, enjoy an improved quality of life and sense of well being
- Developing community based alternatives to residential care, including extra care housing so that we promote independence, improve health and emotional well being,
- Increasing the uptake of direct payments and individual budgets; and to give people choice and control,
- Developing preventative services such as assistive technology so that we keep people safe and in their own homes
- Placing users and carers at the heart of commissioning activity so that they are integrally involved in key commissioning decisions by 2011.
- Commission an improved range of support for carers in Rotherham so that they know that the Council is supporting them in their caring role.
- Put in place effective performance and financial management arrangements to support the delivery of the commissioning outcomes, quality, VFM and safeguarding by 2008.

This strategy sets out how we will improve the performance and value for money issues within Adult Social Care. The service is currently rated ‘good’ with ‘promising prospects’ under the Commission for Social Care Inspectorate’s (CSCI) new regime in 2007.

In order to maintain and improve our judgment then we need to modernise the way we commission and provide services. Helping comparatively low numbers people to live at home and an over reliance on high cost in-house services and residential care are our main areas of weakness.

Good progress has been made this year to improve value for money. On 10th December 2007, Members approved our ‘shifting the balance’ plans to increase home care provision in the independent sector and we have substantially increased our commissioning capacity by freeing up resources created by the restructure. This responds to an Audit Commission Value for Money report (2006) which criticised our spending on strategy and commissioning.

Despite the Council providing considerable financial commitment to Adult Social Care in the last five years, helping people to live independently costs money and we do not possess the resources required to fulfill current and future need. Demographic factors continue to put pressure on budgets.
Adult Services and the PCT undertook the JSNA between March 2007 and January 2008. This outlines current and predicted health and wellbeing outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet need.

The JSNA tells us that by 2015 the older people’s population will have increased by 23% and that there will be additional social care needs associated with continence, falls and the prevalence of long term conditions such as coronary heart disease. This will place additional unsustainable pressures on the General Fund if we continue with our current configurations of un-modernised service provision.

The JSNA has told us:

- People want to remain healthy and in their own homes,
- People want to do things for themselves,
- To improve value for money and better outcomes then we need to move away from direct provision to commissioning diverse services from a range of providers,
- People want to influence and be involved in our commissioning decisions, and
- People want access to a range of different services so they can make a personal choice about which care package will keep them independent.

Adult Services Commissioning Strategy sets out how we will respond to some of these issues so that we make investment in the right areas to meet need, continue to disinvest in services which do not provide value for money or meet people’s expectations. By taking this strategic approach we will improve outcomes for customers, improve performance and use of resources.
Introduction

1. This strategy will deliver intelligent commissioning of person centred, outcome focused services that meet the needs, aspirations and life ambitions of people in Rotherham by 2023. This will be achieved through the process of strategic commissioning.

2. Strategic Commissioning is the process of specifying, securing and monitoring services at a strategic level, to meet people’s needs. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors (Audit Commission 2003). The Neighbourhoods and Adult Services Directorate has set out in its Service Plan the strategic objectives for the next three years. Strategic Objective 4: ‘Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2010’ is the beginning of a process of change in the way services are commissioned and provided.

3. The Commissioning cycle is illustrated by the diagram below:
4. The strategy will set out how the Council will work with all its partners and stakeholders to shape and develop services and the care market over the next 15 years. It will enable providers from the statutory, independent and third sectors to maintain and develop a range of services which are flexible to meet current and future needs.

5. These services need to be designed to enable people to remain independent and continue to live in the community, to minimise admissions to hospital and long stay residential care whilst avoiding delayed discharges from hospital.

6. This is an overarching commissioning strategy. Separate more detailed commissioning and procurement plans will be developed for specific service user groups such as older people and people who are physically disabled.

7. This strategy will outline the strategic commissioning aims and objectives for the next 15 years. This will be supported by an annual implementation plan and a 3 yearly refresh of the strategy. The action plan attached to this strategy (Appendix 1) covers the period 2008-2011.

8. There will also be a separate strategy setting out how the Council will commission services with the Primary Care Trust. This is the Joint Commissioning Strategy. This will focus on 4 key areas of activity, namely:
   - The management of long term conditions,
   - Intermediate care,
   - Older people with mental health problems, and
   - Reducing hospital admissions from residential and nursing care.

9. The newly established Commissioning and Partnerships Department will be tasked with commissioning services to promote the health and well-being of the community working closely with partners in the commercial, statutory, independent and third sectors.

10. A programme of modernisation has already commenced to ensure that social care services will be fit for purpose in the future.

11. This strategy contains a needs analysis of Rotherham’s population. A Joint Strategic Needs Analysis (JSNA) has been completed with the Primary Care Trust. This will be regularly updated and revised to give the most accurate reflections of demographic information gathered and used to inform future planning of services.

12. The information gathered as a result of the JSNA process will be used to create a *story of place* for the geographical area covered by each Area Assembly. This will be used to target resources to help those in most need and to tackle inequalities.
13. The Directorate currently spends around £80 million per year on purchasing social care. The emerging results from the JSNA indicate a potential 23% increase in demand for services by 2021. This is due to an ageing population, increased life expectancy, increased levels of dementia, increased falls and conditions associated with being older and living longer. Continuing on the current paths of investment, without a fundamental shift in our modernisation strategy, will require a 23% increase in funding, an additional £18.4 million per year by 2023.

14. This strategy provides the cornerstone of our commissioning programme into the future. It reaches beyond Adult Social Care in supporting the corporate objectives of the Council, creating the right environment to support community wellbeing.
Section 1

Strategic Commissioning in Rotherham

1.1 Strategic Commissioning provides a different approach and will require us to look at the needs of the whole population. We will need to work with a range of stakeholders and partners and look to forge links beyond those organisations normally associated with social care, such as the wider business community.

1.2 Such a change in the way services are commissioned cannot be achieved immediately. This strategy will look at the long term needs of the population and begin to reshape services to meet those needs. There may be some opportunities to change things quickly but in the longer term a radical shift in the current approach, for example, the use of block contracts to commission traditional services.

1.3 This commissioning strategy will encourage the involvement of people with care and support needs to develop and plan services for the future. We have commenced a process of consultation and involvement to make sure the hopes and aspirations of local people are reflected in the plans for the future.

1.4 The success of this strategy will be based on meeting the eight steps identified in the consultation document ‘Commissioning framework for health and wellbeing’ (DH 06.03.07) that will deliver improved health and wellbeing outcomes. Section 5 of this strategy outlines the way in which we will address these steps.

1.5 The strategy links closely to the Corporate Plan, Community Strategy and Local Area Agreement.

1.6 The development of more choice for users is at the heart of this strategy and the plans to extend the use of Direct Payments and Individual Budgets will help in achieving this.

1.7 There are a small but growing number of people in Rotherham who secure and pay for their own care services. We must make sure that a variety of services and information about those services is readily available.

1.8 This strategy sets out a vision for the future of the social care market in Rotherham. Based on a gap analysis and mapping of current provision, the market will need to develop to provide:

- Predominately home based services including extra care and supported housing
- Increased levels of self assessment and self directed care
- Use of assistive technology
- Emphasis on prevention
- Responding to outcomes identified by users and carers
- A flexible approach to meeting the needs and preferences of users and carers
- The promotion of social inclusion
- Shift in contracts to reflect an outcome based approach
- A partnership approach from commissioners and providers
1.9 In order for this commissioning strategy to be effective, there will need to be a wide range of associated joint commissioning activities with partners and stakeholders. This will ensure that the best possible range of services is available to enhance individual and community wellbeing.
Section 2

Structure of the Strategy

2.1 The strategy provides a framework for the strategic commissioning of adult social care services for the next 15 years to 2023 and beyond. It relates to adults over the age of 18. There will be specific arrangements for the commissioning of services for adults with a learning disability and for adults with a mental health problem as these services are provided on an integrated basis with health partners.

2.2 A three year action plan detailing the Local Authorities commissioning objectives is attached as Appendix 1 of this strategy.

2.3 The strategy will provide guidance to reshape commissioning activity to best meet the needs of local people, encouraging innovation and good practice.

2.4 There will be a significant impact on the current arrangements for procurement and contracting with providers. The emphasis will be on securing the best possible outcomes for users and carers and contracts will need to reflect this shift.

2.5 Responsibility for the development and delivery of the strategy will rest with the Neighbourhoods and Adult Services Directorate, primarily within the Commissioning and Partnerships section.

2.6 Whilst this plan sets out the general direction of travel for the next 15 years, there will be a 3 yearly refresh of the strategy and yearly implementation plans.

2.7 The initial implementation plan will be produced alongside this strategy identifying the areas where there is a need for urgent action and reform.

2.8 The Council has a medium term financial strategy that is reviewed each year as part of the budget cycle. This will support the investment and disinvestment required to meet the changes required to ensure that the appropriate services are commissioned to meet need.
Section 3

The Way Forward

3.1 Neighbourhoods and Adult Services Service Plan Strategic Objective 4 is to ‘Deliver quality, innovative, efficient, value for money services to our customers through Commissioning by the year 2011’. This strategy outlines the direction of travel required to meet this objective.

3.2 A move towards more inclusive commissioning and procurement has already begun. The recent home care contract tendering process was conducted in partnership with user and carer representatives. This is in line with the Government’s social care regional grant. We need to make sure that people are much more involved in the design, commissioning and evaluation of services and how their needs are met.

3.3 The overall strategic direction is to strengthen the Council’s commissioning function in line with the new National Commissioning Framework. The emphasis will be on enabling people to do things for themselves. There will also be a move from direct provision to commissioning from the independent and 3rd sectors. In addition there will be a continuation in the development of partnerships with all stakeholders to facilitate delivery of services.

3.4 This strategy is designed to embed a service user focus and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences. This will include the development of specialised support services to enable more people to stay closer to home rather than be placed in out of district specialist services.

3.5 From a service development perspective, there must be a true partnership with providers. This strategy builds on the existing liaison frameworks to involve and value providers’ expertise and knowledge in developing commissioning strategies as well as service development.

3.6 The Council has reviewed its Medium Term Financial Plan and agreed a range of measures which commenced in April 2007. In addition to this, each element of the action plan will have a supporting financial plan to address de-commissioning and investment issues.

3.7 A purchasing plan (Appendix 2) has been developed and is designed to address the pressures identified by the Joint Strategic Needs Assessment and achieve the Directorate’s vision for the future to ensure the following outcomes:-

- Promotion of independence, improving health and emotional wellbeing
- A focus on enabling and re-ablement.
- A focus on increasing equality and giving all people the opportunity for an improved quality of life.
- Commissioning for quality, efficiency and value where value is added at every point in the process.
- A greater focus on prevention, early intervention, self assessment and self care.
• Wider range of providers offering innovative provision better tailored to people’s needs.
• Seamless transition with service configured around need.
• Commissioning at an individual level through Direct Payments and Individualised budgets to give people choice and control.
• Commission outcome focused social care services
• Achieve an excellent rating in the Social Care Outcomes Framework

3.9 This is a fifteen year strategy and as such will provide a framework for the actions needed to achieve change. An annual implementation plan and three yearly refresh of the strategy will keep targets and objectives realistic and focused.
Section 4
Commissioning for Health and Wellbeing

4.1 The Commissioning framework for health and wellbeing (Appendix 3) is designed to enable commissioners to achieve:

- a shift towards services that are personal, sensitive to individual need and that maintain independence and dignity;
- a strategic reorientation towards promoting health and wellbeing, investing now to reduce future ill health costs;
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.

(Commissioning Framework for Health & Wellbeing (DH 06.03.07).

This section outlines the commissioning objectives for health and wellbeing in Rotherham that have been identified as a result of applying the framework and links them to the outcomes framework for social care (A New Outcomes Framework for Performance Assessment of Adult Social Care, Commission for Social Care Inspection Consultation Document 2006).

4.2 Step 1: Putting people at the centre of commissioning

Commissioning Objectives

| 4.2.1 | We will make sure that all citizens have access to good quality information about local health, social care and wellbeing services. |
| 4.2.2 | We will encourage users and carers to influence services and voice their concerns. In order to ensure that people’s voices are heard a widespread consultation process on the future of Health and Social Care services has commenced and will be ongoing to support the development of the commissioning process to better meet the needs of local people. There will be a variety of methods of consultation including surveys, focus groups, large group events and more innovative approaches using the internet for discussion groups. |
| 4.2.3 | We will commission an improved range of services for carers to make sure that our commitment to them is demonstrated and we support their caring role. |

Contributing to Outcome 3: Making a positive contribution – Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people and 4. Increased choice and control - People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences.
4.3 **Step 2: Understanding and Planning for the Needs of Individuals and of the Local Population**

**Commissioning Objectives**

| 4.3.1 | The Joint Strategic Needs Assessment has highlighted a number of key priorities for action. This needs to be maintained accurately and regularly and its profile raised in the Council and PCT. |
| 4.3.2 | In order to ensure that people are given the best possible chance of maintaining and improving their health and wellbeing, a detailed analysis will be made of local intelligence of those at risk. This information will be used to identify those at most risk of deterioration of their health and wellbeing and to enable resources to be targeted to those most in need. This will include preventative services that will be developed |

**Contributing to Outcome 5: Freedom from Discrimination** - Those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm.

6: Economic Wellbeing - People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this and 9. Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

4.4 **Step 3: Sharing and Using Information More Effectively**

**Commissioning Objectives**

| 4.4.1 | The introduction of Person Held Records will assist in embedding the principles of the Single Assessment Process in the absence of an electronic solution. |
| 4.4.2 | By 2008 everyone with both long term health and social care needs will have a care plan if they want one and by 2010, everyone with a long term condition will be offered a personal care plan. In order to meet these requirements, more integrated assessment and care planning will be necessary. |
| 4.4.3 | The development of three new customer service centres at Maltby, Aston and Rawmarsh, and the introduction of Assessment direct, will streamline the assessment process for service users and their carers and with the co-location of teams, communication will be vastly improved. |
| 4.4.4 | Opportunities for joint commissioning will be explored with the PCT and the Joint Commissioning Strategy will be implemented and updated to reflect local need. |

**Contributing to Outcome 1: Improving Health and Wellbeing** - Services promote and facilitate the health and emotional wellbeing of people who use the services.
# Step 4: Assuring High Quality Providers for all Services

## Commissioning Objectives

<table>
<thead>
<tr>
<th>4.5.1</th>
<th>Consultation has already commenced on the Joint Strategic Needs Assessment with providers locally.</th>
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<tbody>
<tr>
<td>4.5.2</td>
<td>We will be working with existing and new providers to support the development of services to meet the need of the local population.</td>
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<tr>
<td>4.5.3</td>
<td>The Sustainable Market Management Plan, set out in Appendix 3 will ensure that there are appropriate and adequate residential and domiciliary services available at the right price to meet need and deliver effective outcomes both now and in the future.</td>
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<tr>
<td>4.5.4</td>
<td>The key to this plan is to embed a service user focus and make sure that people who use services and their carers have access to a choice of good quality services which are responsive to their needs and preferences.</td>
</tr>
<tr>
<td>4.5.5</td>
<td>The plan sets out the Directorate's longer term view. In order for providers to develop appropriate services, there is a need to remove uncertainty and promote sustainability. The strategy therefore is to establish longer term contracts with a guaranteed level of business and to structure contracts more effectively by procuring services on a geographic basis.</td>
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<tr>
<td>4.5.6</td>
<td>Achieving value for money will require a shift in the balance of service provision. To do this, each sector should be assisted to utilise its strengths and skills. In house services should be used to deal with more complex cases and to focus on enabling and re-enablement due to the skills in this sector. The independent sector should focus on stable ongoing care packages. The voluntary sector should focus on prevention and self assessment. To improve control and consistency, all services will be procured through a brokerage approach. This will free up assessment time for social workers to deal with increasing demand in this area.</td>
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<tr>
<td>4.5.7</td>
<td>The market management plan also reflects the need to be firm but fair. The Directorate, as a commissioner, has duties of care for both the needs of vulnerable people and finance. The plan sets out mechanisms for monitoring service quality and evaluating service effectiveness using evidence based benchmarking criteria. The process will include the introduction of electronic monitoring and wider use of customers and focus groups in monitoring quality and performance. Performance against such criteria can be used to either commend excellent providers and improve, or ultimately terminate contracts with poor providers.</td>
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<tr>
<td>4.5.8</td>
<td>From a service development perspective, there must be a true partnership with providers. The plan builds on the existing liaison frameworks to involve and value providers’ expertise and knowledge in developing commissioning strategies as well as service development.</td>
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</table>
4.5.9 The market management plan also recognises the need to give people greater choice and control by extending direct payments and introducing individualised budgets. As this will change and reshape the way services are delivered. Providers will be involved in workforce planning and development and this will be achieved through the establishment of Independent Sector Workforce Planning and Development Liaison Officer.

4.5.10 The development and implementation of the Market Management Plan will establish productive working arrangements between commissioners and providers and result in the development of a market that is effective and well managed.

Contributing to Outcome 2: Improved Quality of Life - Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential and 9: Commissioning and use of Resources - Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

4.6 Step 5: Recognising the Interdependence between Work, Health and Wellbeing

Commissioning Objectives

4.6.1 We will work with statutory and voluntary organisations and the wider business community to encourage them to use workplaces as settings for health improvement.

4.6.2 For all those organisations that we contract with to provide care, we will expect as part of that contract that they will actively support and promote the health and wellbeing of their employees.

Contributing to Outcome 2. Improved Quality of Life - Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential and 6. Economic Wellbeing - People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this
### 4.7 Step 6: Developing Incentives for Commissioning for Health and Wellbeing

#### Commissioning Objectives

| 4.7.1 | Currently the pooled budget between Health and Social Care is used to purchase a variety of Intermediate Care services. The current arrangements have been reviewed to reflect the need for change to best meet the needs of people with health and social care needs. |
| 4.7.2 | From 2008/09 funding for all Intermediate Care services will be transferred to a pooled budget. The incorporation of services into one pooled budget will clarify the commissioning and financial arrangements for Intermediate Care. It will place the service in a position where it can be jointly commissioned. It will enable the development of co-ordinated care pathways from residential rehabilitation services to community and day care provision. Finally it will facilitate the delivery of integrated teams, case management and single assessment. |
| 4.7.3 | The co-location of health and social care staff will become a reality in when the first of three community resource centres will open at Maltby with further developments planned at Aston and Rawmarsh. |
| 4.7.4 | This will be the first step in a fully integrated assessment and care management approach which will streamline processes and ensure a speedier response to people in need. |

#### Contributing to Outcome 4: Increased choice and control - People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences

### 4.8 Step 7: Making it Happen – Local Accountability

#### Commissioning Objectives

| 4.8.1 | The Local Involvement Network will be established and will provide an opportunity for local communities to challenge the way in which public money is spent. We will consider how we need to use the LINk as it develops in Rotherham. |
| 4.8.2 | There will be an annual consultation event and processes to ensure that the commissioning of services is meeting the needs, hopes and aspirations of the local community. |
| 4.8.3 | We will continue to refine and update the JSNA to support future planning. |

#### Contributing to Outcome 3: Making a positive contribution – Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people.
4.9  Step 8:  Making it Happen – Capability and Leadership

Commissioning Objectives

<table>
<thead>
<tr>
<th>4.9.1</th>
<th>The newly established Commissioning and Partnerships Directorate will support the development of the skills required to commission for health and wellbeing.</th>
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<tr>
<td>4.9.2</td>
<td>The team will work across the Council and with partner agencies to support social inclusion and wellbeing.</td>
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<tr>
<td>4.9.3</td>
<td>Services will be delivered in order to promote people’s independence with an extension of the use of Direct Payments and Individual Budgets.</td>
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<tr>
<td>4.9.4</td>
<td>The local care market will be further developed to ensure a sufficient supply of a range of services to meet the needs of the local population</td>
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<tr>
<td>4.9.5</td>
<td>The development of quality standards for all services will be completed in partnership with users, carers and providers</td>
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Contributing to Outcome 8: Leadership - The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.
Section 5

National and Local Context

5.1 This section will outline the key national and local policy drivers that affect the commissioning process for adults.

National Drivers

5.2 The White Paper ‘Our Health, our care, our say: A New Direction for Community Services’ (DH 2006) encompasses community health and social care delivery. Its key themes across health and social care include the shift to:

- Personal and responsive health and social care services that reflect people’s needs and wishes
- Prevention, public health and wellbeing linking to Choosing Health the Public Health White Paper which requires co-delivery and if appropriate, joint commissioning, between local government and NHS in partnership with communities, business, and the third sector. The statutory functions of both the Director of Adult Social Services and the Director of Public Health will lead this process
- Tackling inequalities
- More focussed support for people with long term conditions
- More service outside of hospital, care closer to home
- More integrated services and working arrangements between the NHS and social services

5.3 Success will be measured against the new Social Care Outcomes framework that contains seven outcomes and two cross cutting themes. These are:

- Improved Health
- Freedom from Discrimination or Harassment
- Personal Dignity and Respect
- Improved Quality of Life
- Making a Positive Contribution
- Exercise of Choice and Control
- Economic wellbeing

Cross-cutting themes:

- Leadership
- Commissioning and use of resources

5.4 The final report of the Office of the Deputy Prime Minister’s Social Exclusion Unit ‘A Sure Start to Later Life – Ending Inequalities for Local People highlights the need to bring services together to better provide for the needs of older people. This strategy will seek to develop such an approach.
Research undertaken by the University of York found that the following Outcomes were valued by Older People (Outcomes-focused Services for Older People Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbronner, L. 2006 SCIE Knowledge Review, 13 Social Care Institute for Excellence, London):

- **Change Outcomes** – Improvements in symptoms, physical functioning and morale.

- **Maintenance and prevention outcomes** – meeting physical needs, ensuring personal safety, having a clean and tidy home, keeping alert and active, having social contact and company, having control over daily routines.

- **Service process outcomes** – the ways that services are accessed and delivered, including feeling respected and treated as an individual, having a say and control over services, good value for money and compatibility with other sources of help, respect for religious and cultural preferences.

In 2006, the Kings Fund commissioned a year long review headed by Sir Derek Wanless to determine how much should be spent on social care for older people in England over the next 20 years. The review examined social and health care policy, services and spending as well as demographic, social and technological trends. When assessing the impact of the ageing population it is important to establish whether people are living longer because of later onset of disease or whether they are living longer after developing a long term condition. If longevity is due to late onset of disease then the burden on health & social care services correlates to population growth. However if people are living longer after they have developed a long-term condition there will be a disproportionate rise in the number of people with a disability compared to population profiles.

Wanless concludes that increases in healthy life expectancy are not keeping pace with improvements in life expectancy. As life expectancy increases a smaller proportion of that time will be disability-free. This is likely to lead to a greater reliance on community based health & social care services than would normally be extrapolated by population growth profiles.

Wanless predicts that by 2025 there will be a 54% increase in the number of older people who are unable to carry out one Activity of Daily Living (ADL). This increase takes account of any improvements in medical technology and moderate reductions in lifestyle conditions. This increase in the number of people with impairment and dependency will increase the demand for social care, putting pressure on available resources and funding.

The New Local Performance Framework builds on the commitment within *Our Health, Our Care, Our Say*, to develop a shared outcome based performance framework. It brings together national standards and priorities set by government with local priorities informed by the Local Strategic Partnership. The framework forms part of the Local Area Agreement, which is the vehicle through which partner organisations, led by the local authority, identify the steps required to improve local services.
5.10 The Local Area Agreement incorporates 35 local improvement targets, which have been selected from 198 national indicators. The national indicators will be the only indicators reported to Central Government. They are the only trigger for performance management by Central Government, other than concerns highlighted by the inspection activity.

5.11 ‘Putting People First’ - A shared vision and commitment to the transformation of Adult Social Care (DH 10.12.07) is a ministerial concordat outlining the need for the development of a new adult care system. The protocol outlines the Government’s commitment to independent living. The emphasis is on a collaborative approach between local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training. The emphasis will be on the redesign of local systems to meet the needs of citizens.


Local Policy Context

5.13 The following statement is taken from Rotherham’s Community Strategy and is one of 5 key themes describing its vision:-

Rotherham will be a place where people feel good, are healthy and active, and enjoy life to the full. Health services will be accessible and of a high quality for those who require them. Rotherham will celebrate its history and heritage – building on the past, and creating and welcoming the new. People will be able to express themselves and have opportunities to be involved in a wide range of high quality cultural, social and sporting activities. The media, arts, literature and sport will flourish. As a society, we will invest in the next generation by focusing on children and young people.

5.14 Rotherham's Vision and Core Values

Rotherham’s vision is made up of five strategic themes which will direct the future work of the Rotherham Metropolitan Borough Council. They provide, underpinned by the cross-cutting themes, the strategic framework for the 2020 Vision.

Rotherham Metropolitan Borough Council will aim to be:-

- A learning council – which listens, learns and is progressive (Rotherham Learning).
• An **achieving** council – demonstrating leadership and ambition for Rotherham. We will be effective and will act and be regarded with confidence. Rotherham Metropolitan Borough Council will be a champion for the borough and its people, we will be a talented Council and provide inspiration to achieve the borough’s goal. *(Rotherham Achieving).*

• A council which is **alive**, passionate and visionary. We will engage and seek to empower local people and partners. Our employees’ wellbeing will be a key priority. We will be known as a fun and creative organisation. *(Rotherham Alive).*

• A **safe** council – demonstrating honesty and integrity in all that we do, we will be worthy of respect of local people and partners. *(Rotherham Safe).*

• A **proud** council – proud of the borough, our work and our staff. We will operate democratically, transparently and accountably, and be inclusive and fair. We will be responsive and accessible. Our contribution within the borough will be recognised and valued. *(Rotherham Proud).*

• The Commissioning Strategy is also consistent with the framework produced by Our Futures Group 2.

5.15 Neighbourhoods and Adult Services Service Plan sets out the Mission Statement ‘Services are available in a way that enables people to exercise power and control over their own life’ and the vision statement ‘.

To provide integrated local services so that:

• People can exercise choice, retain their independence, be offered protection and have equality of access.
• Communities are active and shape local services to meet their characteristics and needs.
• Neighbourhoods are safe, free from crime and places to be proud of.

5.16 The Commissioning Strategy will assist in the achievement of the vision and core values by commissioning flexible, culturally appropriate services to support local people to remain independent for as long as possible.

5.17 The development of this strategy is one of the actions identified to meet Strategic Objective 4 of the Neighbourhoods and Adult Services Service Plan 2008-2011.
Section 6

Joint Strategic Needs Assessment

6.1 This section will examine the indications from the Joint Strategic Needs Assessment of the potential needs of service users and carers that will need to be addressed by this strategy. The following diagram illustrates the purpose of the JSNA:

6.2 Rotherham Borough comprises a diverse and vibrant blend of people, cultures and communities. It is made up of a mix of urban areas and villages all interspersed with large areas of open countryside. About 70% of the Borough is rural in nature, but it is well connected to all areas of the country by its proximity to the motorway and inter-city rail networks. In 2005, Robin Hood Doncaster/Sheffield Airport opened to bring international links to the Borough’s doorstep.
Currently at 251,500 Rotherham’s population is increasing steadily, as people are attracted to the borough to enjoy the good quality life and economic opportunities, a trend expected to continue for many years ahead. In common with the rest of the UK, Rotherham has an aging population with the number of people aged over 70 expected to grow by approximately 70% over the next 25 years. The borough’s ethnic minority population is growing fast, but currently stands at 3.1% below the national average.

The Council is faced with a significant challenge of balancing the financial implications associated with the demographic pressures identified in the joint strategic needs assessment (JSNA), with its ambitions for achieving an excellent rating in the Social Care Outcomes Framework. Achieving an excellent rating will assist the Council to improve its overall performance rating within the Comprehensive Performance Assessment/Comprehensive Area Assessment.

The emerging JSNA shows us that the increasing numbers of dependent people will place severe pressure on our budgets in the short, medium and longer term. We will not be able to continue with our current pattern of purchasing and need to redesign and reconfigure services to meet the growing need.

The JSNA will be the main vehicle for our understanding of the population in years to come. Rotherham is cited as a model of good practice by the Care Services Improvement Partnership (CSIP) for the production of is JSNA. The document and analysis will become increasingly sophisticated in future years and give us improved data upon which to base future commissioning decisions.
Section 7

The Care Market in Rotherham

This section of the strategy looks at the care market in Rotherham. For the purpose of this strategy we are defining the market as available care provision and support (supply) and the joint strategic needs analysis (demand).

We recognise that the current service mapping and needs assessment will need further analysis and interpretation in order to make a meaningful change to commissioning activity.

Structure of Market

7.1 There is a diverse range of social care providers in Rotherham ranging from sole providers to nationally quoted companies together with a mix of voluntary and private sector providers. However there is a growing presence of single national providers.

7.2 The independent residential sector is well established and consists of a good mix of new build and refurbished establishments. Standards are relatively high compared with the national picture. The share of the market is predominately independent sector and will increase with the planned decommissioning and new build of two 60 bedded local authority homes including EMI provision by autumn 2008.

7.3 Whilst Rotherham currently places less than 10% of Adults outside the Borough there is a shortage in the provision of residential care for people who are physically disabled. Demographic analysis over the next five years has also identified a shortfall in places for older people with mental health problems.

7.4 The home care sector is made up of a small number of independent sector providers with the remainder of service being provided in house. There is an ongoing strategy to increase the sectors share of the market which is underpinned by a range of market management principles e.g. longer term contracts.

7.5 A diverse range of services are provided by the 3rd Sector covering such services as home care, day care, advocacy, information and interpretation.

7.6 The care sector has experienced significant pressures in recruitment and retention of staff mainly due to the local development of call centres and service industry. Joint monitoring and reporting arrangement have been introduced and will be evaluated as part of a workforce development strategy. Pay rates and house prices in Rotherham are reasonably comparable with neighbouring Councils.

7.7 The market analyser shows the mix in the market between In House and Independent Providers and makes comparison with other Local Authorities. Rotherham’s aim is to maintain the level of Adults placed outside its boundaries below 10%. With regard to the percentage of people in residential care supported by the Council further work needs to be undertaken to identify who is funding the remaining 47%. It is possible that they are self funders who may be eligible for financial support from the Council when their savings drop below savings thresholds.
In terms of home care market development, it has been agreed that there will be an incremental shift in how these services are commissioned. This objective was endorsed by Elected Members on 10th December 2007 and is to be achieved by March 2009 through:

- Shifting the balance of home care from the in-house service to the independent sector from 60% to 35% (around 3,600 hours per week). This will result in the market share moving from 65% to 35% in favour of the independent sector.

- Reconfiguring in-house home care services to support people in greatest need. This will be achieved by developing in-house services as an enabling and reablement service to maximise the independence of individuals that we support in their own homes.

- This reconfiguration will also include a move towards providing an improved rapid response service and urgent care provision to meet the needs of individuals with complex long term conditions.

### LOCAL AUTHORITY MARKET ANALYSER – ROTHERHAM MBC

**Source CSCI Survey Results**

#### LOCAL PROVIDER CHARACTERISTICS

| Percentage of Adults Placed in Residential Care outside Authority Boundaries |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
|                             | Rotherham       | IPF             | Met Districts   | England         |
| 31-Mar-03                   | 9.4%            | 15.4%           | 17.1%           | 17.1%           |
| 31-Mar-04                   | 9.9%            | 15.6%           | 16.8%           | 18.0%           |
| 31-Mar-05                   | 9.8%            | 15.2%           | 17.5%           | 18.6%           |
| 31-Mar-06                   | 9.2%            | 16.5%           | 17.1%           | 18.9%           |

<table>
<thead>
<tr>
<th>Percentage of Adult Residential Care Market with Council Supported Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>31-Mar-03</td>
</tr>
<tr>
<td>31-Mar-04</td>
</tr>
<tr>
<td>31-Mar-05</td>
</tr>
<tr>
<td>31-Mar-06</td>
</tr>
</tbody>
</table>

Around 50% of people in homes in Rotherham are self-funders or placed by other Local Authorities. There is potential for increased public funding when their assets run out.

<table>
<thead>
<tr>
<th>Percentage of Total Hours of Home Care Provided in House</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>September 2003</td>
</tr>
<tr>
<td>September 2004</td>
</tr>
<tr>
<td>September 2005</td>
</tr>
</tbody>
</table>

IPF Institute of Public Finance – Local Authority similar to Rotherham socio-economic
Local Costs and Charges

7.9 Rotherham is a low wage economy and land prices are comparable with South Yorkshire Neighbours.

7.10 The Council operates charging policies for residential and non-residential services based on statutory financial assessment frameworks. Flat rate charges are only applied to the provision of meals i.e. meals on wheels, meals at day centres and luncheon club meals. Full details of the charges and charging policies are set out in the Council’s website.

7.11 The Commission for Social Care Inspection’s (CSCI) recent performance assessment commented on the high levels of expensive in-house services when compared with similar Councils. The proportion of in-house home care service is around 60% compared with the comparator group average of 30%. Whilst the quality of services is fairly consistent across the sectors the cost of in-house services is double that of the independent sector.

7.12 The Audit Commission Value for Money Profile Report 2006/07 for Rotherham Adult Social Care indicates that services are high cost and medium quality. Unit costs are significantly higher than the comparator group average. Rotherham is ranked 13 out of 14 for the costs of intensive social care and ranked 12 out of 14 for the unit cost of home care. The aim of this strategy will be to set out objectives to incrementally achieve a low cost high quality service by commissioning more services from the independent sector. This will provide opportunities for future investment in the 3rd Sector in Rotherham to meet the preventative agenda.

Contracting Arrangements

7.13 There is a diverse range of social care providers in Rotherham ranging from sole traders through to nationally quoted companies. The mixed economy of care principle has been fully embraced by Rotherham resulting in a healthy mix of statutory, voluntary and private sector providers. The aim of the commissioning strategy is for the Council to continue and extend its purchasing influence in ways that stimulate and support providers to invest in services and increase standards within a sustainable economy.

7.14 In the residential sector there is minimal use of block contracts, this is particularly resulting from the Choice of Accommodation Directive. Here service users identify a home of their choice which can meet their assessed need, the Council then spot contracts with that home. However, to underpin this, the Council sets a guide price based on a fair cost of care; this guide price was established by Consultants jointly commissioned by the South Yorkshire Local Authorities together with Independent Sector providers. The Council is planning to introduce an inflationary formula taking account of pay and non-pay factors to uplift this annually.

7.15 Intermediate Care in a residential setting is currently procured on a block and spot basis.
7.16 The Council applies normal tendering arrangements for purchasing home care; contracts have a block and spot element and cover a three year term. A formula based on inflation indicators is applied annually. The latest home care contracts have been awarded on a zoned basis aligned to area assembly boundaries.

7.17 A range of procurement mechanisms are used to purchase services from the Third Sector, these Service Level Agreements are for a term of three years and are inflated using a pay and non pay formula. These arrangements are underpinned by the local Compact.

7.18 The Council has a variety of arrangements in operation for paying for services, Residential and Domiciliary Care services are paid for using a ‘self billing system’ which reduces the infrastructure costs for providers. For other services traditional billing arrangements apply.

**Contracting Options**

7.19 A range of options are currently being considered to change the focus of contracting, these include: payment of quality premiums, setting a price based on costs of providing home care and in accordance with ‘Our Health Our Care Our say’ principles, outcome based commissioning.

7.20 We are also working with the Primary Care Trust to formalise Joint Commissioning arrangements whilst also consulting with colleagues in South Yorkshire to examine the potential for regional commissioning of residential care.

**Market Performance**

7.21 Existing systems for collection of data

Maintaining standards and continuous improvement is a key objective in Rotherham’s commissioning plans. Contracts and service level agreements contain quality assurance requirements. Various methods have been established to manage quality assurance and include:-

- Establishment of a central team of contracting and quality assurance officers
- Announced and unannounced visits to Providers offices, care homes and service users homes
- Service user opinion surveys.
- Care management and operational management feedback
- Computerised recording and matching of comments and complaints
- Range of group and individual meetings with providers
- Reference to the Commission for Social Care Inspection reports and Local Market Analysis.
- Benchmarking with other similar Local Authorities
- National and Local Performance indicators
- A future development is the introduction of electronic monitoring
Evidence of the success of the local quality assurance mechanisms is demonstrated in the table below which shows how well Rotherham compares with other Councils. However Rotherham’s strategy is to seek continuous improvement and a further range of options are being considered to deliver this e.g. tendering on the basis of quality outcomes by setting a price for home care, electronic recording of visits.

7.22  Assessment of Effectiveness and Quality of Existing Services

The analysis below is taken from CSCI Inspection result in 2007 and demonstrates how standards in Rotherham compare with other local authorities. Whilst standards are consistently higher the Council will strive within its commissioning framework to raise standards further.


Residential and Nursing Care

<p>| Table 1.1 Percentage of all standards met by Older Peoples Residential care homes |</p>
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Private</th>
<th>Voluntary</th>
<th>Rotherham Av</th>
<th>England av</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.9%</td>
<td>78.9%</td>
<td>61.9%</td>
<td>80.0%</td>
<td>78.1%</td>
</tr>
</tbody>
</table>

<p>| Table 1.2 Percentage of all standards met by Older peoples Nursing care homes |</p>
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Private</th>
<th>Voluntary</th>
<th>Rotherham Av</th>
<th>England av</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>86.7%</td>
<td>N/A</td>
<td>86.7%</td>
<td>77.1%</td>
</tr>
</tbody>
</table>

<p>| Table 1.3 Percentage of all standards met by Younger Adults Residential care homes |</p>
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Private</th>
<th>Voluntary</th>
<th>Rotherham Av</th>
<th>England av</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.5%</td>
<td>85.3%</td>
<td>97.7%</td>
<td>88.0%</td>
<td>82.0%</td>
</tr>
</tbody>
</table>

<p>| Table 1.4 Percentage of all standards met by Younger Adults Nursing care homes |</p>
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Private</th>
<th>Voluntary</th>
<th>Rotherham Av</th>
<th>England av</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>87.1%</td>
<td>92.4%</td>
<td>88.9%</td>
<td>79.9%</td>
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</table>

Domiciliary care

<p>| Table 1.5 Percentage of all standards met by Domiciliary Care Agencies |</p>
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Private</th>
<th>Voluntary</th>
<th>Rotherham Av</th>
<th>England av</th>
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</thead>
<tbody>
<tr>
<td>68.2%</td>
<td>74.2%</td>
<td>100%</td>
<td>75.8%</td>
<td>77.2%</td>
</tr>
</tbody>
</table>

Other

<p>| Table 1.6 Percentage of all standards met by Adult placement Schemes |</p>
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Private</th>
<th>Voluntary</th>
<th>Rotherham Av</th>
<th>England av</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>100%</td>
<td>75.9%</td>
</tr>
</tbody>
</table>
7.23 Along with other Councils, Rotherham carries out a Home Care Service User Experience Survey. The latest survey was completed in February 2006. The overall satisfaction level was 94.6% which places Rotherham in the top banding. Likewise a question around whether care workers do the things that the user wants was 88.3% again placing Rotherham in the top performance band.

7.24 In addition Best Value reviews have been completed for residential care and domiciliary care. Quality is generally good; action plans are being implemented to address gaps.

7.25 The Council will use its purchasing influence in ways that will stimulate and support providers to invest in services and increase standards.

7.26 We have reviewed our contracting and commissioning arrangements to underpin the provision of outcome focused services and have already achieved:

- the mix between block and spot contracts within domiciliary care to ensure a sustainable independent sector.
- the establishment of geographical ‘zones’ to improve efficiency, reduce travelling times and improving continuity in staff – user relationships.
- the evaluation of quality premium payments to recognise quality and enable continuous improvement in standards.

7.27 A range of measures are being developed to improve monitoring systems and communication arrangements:

- Electronic monitoring for domiciliary care services is being developed.
- Evidenced based random sampling is being introduced to reconcile services charged for with services delivered.
- In order to improve the Council’s commitment to providers, a provider satisfaction survey will be undertaken on a bi annual basis.
- Contract terms and conditions will be revised in consultation with providers to extend the collation of service related management information, including outcome based commissioning.
Section 8

References


8.4 A Sure Start to Later Life – Ending Inequalities for Older People. Social Exclusion Unit, Office of the Deputy Prime Minister, January 2006.

8.5 The Comprehensive Performance Assessment 2005: Key lines of enquiry for corporate assessment.

8.6 Rotherham Neighbourhoods and Adult Services Service Plan 2007-2010.

8.7 Putting People First – A Shared Vision & Commitment to the Transformation of Adult Social Care (DH 10.12.07).

8.8 The Local Authority Circular ‘Transforming Social Care’ (LAC(DH) (2008).

8.9 Commissioning Framework for Health & Wellbeing (DH 06.03.07).


8.11 Strategies: Not Worth the Papers they are Written On: Bamford, T, CSIP 2006.


8.16 Securing good Care for Older People: Taking a long term view: Wanless Report, King’s Fund 2006.


8.19 All Our Tomorrows: Inverting the Triangle of Care. Joint paper by the Local Government Association (LGA) and the Association of Directors of Social Services (ADSS) – (October 2003).

Section 9

Glossary of Terms Used in this Document

9.1 Advocacy
Help given to people to enable them to express their opinions, e.g. about what community care services they require, and/or rights to which they or their advocates believe them to be entitled. An advocate can be a friend or relative authorized to speak or act on behalf of a person.

9.2 Assessment
The collection and interpretation of data to determine an individual’s need for health, personal and social care and support services, undertaken with the individual, his/her relatives or representatives, and relevant professionals.

9.3 Audit Commission
An independent body responsible for ensuring that public money is spent economically, efficiently and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services.

9.4 Block Contract
A contract which guarantees a given volume of business with the service provider, usually enabling the contractor to obtain a reduction in the unit cost of service provided.

9.5 Care Package
A collective name for the service(s) a person can expect to receive following assessment.

9.6 Carer
A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill; the carer can be of any age.

9.7 Care Management
The process of meeting needs at an individual level, which is sometimes known as micro-commissioning.

9.8 Care Services Improvement Partnership (CSIP)
The Care Services Improvement Partnership (CSIP), part of the Care Services Directorate at the Department of Health, was set up on 1 April 2005 to support positive changes in services and in the wellbeing of people with mental health problems, people with learning disabilities, people with physical disabilities, older people with health and social care needs, children and families with health and social care needs and people in the criminal justice system with health and social care needs.

9.9 Commissioning
The process of specifying, securing and monitoring services to meet people’s needs at a strategic level. This applies to all services, whether they are provided by a local authority, NHS, other public agencies or by the private or voluntary sectors.

9.10 Commission for Social Care Inspection (CSCI)
The single independent inspectorate for all social care services in England.

9.11 Community Care
Care or support provided by social services departments and/or the NHS to assist people in their day-to-day living.

9.12 Community strategies
Plans that promote the economic, environmental and social wellbeing of local areas by local authorities as required by the Local Government Act 2000.

9.13 Contract
A mutual agreement enforceable by law.
9.14 **Contracting**
Putting the purchasing of services in a legally binding agreement.

9.15 **Decommissioning**
The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning outcomes.

9.16 **Day Care**
Day-time care usually provided in a centre away from a person’s home, covering a wide range of services from social and educational activities to training, therapy and personal care.

9.17 **Direct Payments**
Payments giving recipients the means of controlling their own care at home, allowing more choice and flexibility. They are regular monthly payments from social services enabling people to employ their own personal assistants for care, instead of receiving help arranged by social services.

9.18 **Director of Adult Social Services (DASS)**
A statutory post in local government with responsibility for securing provision of social services to adults within the area.

9.19 **Directors of Public Health (DPHs)**
A chief officer post in the NHS responsible for public health, they monitor the health status of the community, identify health needs, develop programmes to reduce risk and screen for early disease, control communicable disease and promote health.

9.20 **Domiciliary Care**
Services provided to people at home to assist them in living independently within the community, e.g. meals on wheels, community nursing and home helps.

9.21 **Extra Care Housing**
Also known as very sheltered housing, it is a style of housing and care for older people that falls between traditional sheltered housing and residential care homes.

9.22 **Fair Access to Care (FACS)**
Guidance issued by the Department of Health to Services/Local Authorities about eligibility criteria for adult social care.

9.23 **Green Paper**
A preliminary discussion or consultation document often issued by the government in advance of the formulation of policy.

9.24 **Independence Wellbeing and Choice**

9.25 **Independent sector**
An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies and voluntary organisations.

9.26 **Individual budgets**
Individual budgets bring together a variety of income streams from different public care agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs.

9.27 **Intermediate Care Services**
Care which bridges hospital and home care and is often rehabilitative.

9.28 **Joint Commissioning**
The process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.
9.29 **Local Area Agreement (LAA)**
A Local Area Agreement is a three-year agreement that sets out the priorities for a local area in certain policy fields as agreed between central government, the local authority and Local Strategic Partnership (LSP). The agreement is made up of outcomes, indicators and targets aimed at delivering a better quality of life for people through improving performance on a range of national and local priorities.

9.30 **Local Strategic Partnerships (LSPs)**
LSPs bring together representatives of all the different sectors (public, private, voluntary and community) and thematic partnerships. They have responsibility for developing and delivering the sustainable Community strategy and Local Area Agreement.

9.31 **Long-term conditions**
Those conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.

9.32 **Our health, Our care, Our say**
Government White Paper setting out details of its future policy on health and social care services.

9.33 **Performance Indicators (PIs)**
Measures used to judge whether objectives have been met. Various PIs exist including Best Value, Supporting People, Audit Commissioning, NHS and locally set PIs.

9.34 **Primary Care Trusts (PCTs)**
Local managed free-standing primary care NHS bodies, responsible for delivering health care and health improvements to local residents. They commission or directly provide a range of community health services as part of their functions.

9.35 **Providers**
Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.

9.36 **Public Service Agreement (PSA)**
An agreement negotiated between central government and a local authority to deliver improved outcomes in return for greater freedom in the means of delivery, and financial incentives. It specifies how public funds will be used to ensure value for money.

9.37 **Respite Care**
Help to carers to give them a temporary break from the care they provide, which may be for very short periods of a few hours or for longer periods of time.

9.38 **Single assessment process (SAP)**
An overarching assessment of older people’s care needs to which the different agencies providing care contribute.

9.39 **Social exclusion**
Social exclusion occurs when people or areas suffer from a combination of linked problems including unemployment, poor skills, low incomes, poor housing, high-crime environment, bad health and family breakdown. It involves exclusion from essential services or aspects of everyday life that most others take for granted.

9.40 **Spot purchasing**
A method of purchasing services for individuals to achieve the most flexible responses to an individual’s needs.

9.41 **Statutory body**
An organisation set up as required by an Act of Parliament or other legislative body. The statutory duties of these organisations are laid out in legislation.
9.42 **Third Sector**
Includes the full range of non-public, non-private organisations which are non-governmental and ‘value-driven’; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit. This includes voluntary, community, faith organisations and social enterprises.

9.43 **Voluntary and community sector**
An ‘umbrella term’, referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers. Also known as, and referred to in this document as the **third sector**.

9.44 **Wanless report**
‘Securing good care for older people – Taking a long term view’ – a report providing a comprehensive analysis of the demand for social care with estimates for spending requirements over the next 20 years based on a detailed examination of the factors affecting demand and how improvement in outcomes can be achieved cost-effectively. Importantly, the review also considered whether there is a fairer and more cost-effective way of funding social care than the current means-tested system.

9.45 **White Paper**
Documents produced by the government setting out details of future policy on a particular subject.

9.46 **Your Health, Your Care, Your Say**
The listening exercise with the public about what their priorities are for future health and social care services. It comprised four regional events, a range of local events and other activities including questionnaires. The process culminated in a national Citizens’ Summit. The events were deliberative, with a Citizens’ guide given to participants beforehand to introduce the key issues.