

# **Commissioning Intentions**

**– underpinning rationale and outcomes**

No.	Commissioning intention	Rationale	Outcome
	<i>This needs to be clearly defined and specific</i>	<i>Why are we doing this? What is the evidence base? Is it a population need? Research evidence? National policy requirement?</i>	<i>What is the outcome we are trying to achieve for local people? What will local people/individuals gain from it? How will they notice the difference?</i>
1	<p>Work with partners to ensure that people have access to a wide range of practical support and useful information to enable them to improve their well-being and independence:</p> <ul style="list-style-type: none"> <li>• universal access to advice and information</li> <li>• development of practical support services and social activities through Help Direct</li> <li>• improved employment and volunteering opportunities including the promotion of Time Banks</li> <li>• improved networking of resources and activities in the local districts so that people can easily find the support which meets their needs</li> <li>• a more focused role for Voluntary Community Faith Sector (VCFS) commissioned services</li> <li>• building the capacity of local communities and communities of interest</li> <li>• improved co-ordination of housing related support with other services</li> </ul>	<p><u>Our Health Our Care Our Say (OHOCOS):</u> National imperative to invest in preventative supports to help people remain independent for longer and reduce demand on services</p> <p><u>Putting People First (PPF):</u> Transformation of adult social care and development of whole community approach to supporting people, including self funders.</p> <p>This intention supports a wide range of aspirations set out in <u>Lancashire's Strategy for an Ageing Population:</u></p> <p><u>Valuing People Now (VPN):</u> Improved access to information and advice to support people with more moderate learning disabilities to prevent crisis intervention AND actively promote employment opportunities for people with learning disabilities</p> <p><u>Significant levels of deprivation and poverty</u> identified which are likely to increase in the recession.</p> <p>Existing <u>provision patchy</u> and fragmented –</p>	<ul style="list-style-type: none"> <li>• People will experience improved access to services</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing</li> <li>• There will be more people with disabilities and/or mental health issues in employment.</li> <li>• There will be increased take up of benefits</li> <li>• There will be fewer people living in poverty</li> <li>• There will be fewer people becoming homeless</li> <li>• Resources will be utilised more efficiently and effectively</li> </ul>

		<p>examples of duplication and gaps</p> <p><u>Variable levels of investment</u> mean that there may be opportunities for efficiencies to free up resources to invest in improved levels of service.</p> <p>Demand on services is <u>predicted to increase</u> over the next 5 years, at the same time <u>financial constraints</u> are expected to tighten.</p> <p><u>Confusion for the public</u> on what information to access, where and how.</p>	
2	<p>Re-model/re-commission hospital avoidance, crisis support, intermediate care, step up/step down rehabilitation and end of life care as part of an integrated care pathway.</p>	<p><u>PPF: Early Intervention and Prevention Halfway Home: Intermediate Care Guidance</u> – seeks to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.</p> <p>Numbers of older people <u>predicted to increase</u> significantly over the next 15 years, and the current number of people over 85 is projected to double.</p> <p><u>OHOCOS:</u> National imperative to <u>reduce admissions</u> to residential care and support more people to live independently</p> <p>Existing services in Lancashire are</p>	<ul style="list-style-type: none"> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People will have improved levels of independence and for longer periods for individuals</li> <li>• There will be decreased demand for acute health care and residential/nursing home care</li> <li>• There will be re-investment of freed up resources into primary and community services and supports along and around the pathway</li> <li>• There will be increased numbers of people supported outside of acute and nursing/residential care within the same overall budget.</li> </ul>

		<p><u>fragmented</u> and inconsistent.</p> <p><u>Investment is variable</u> and there are opportunities to generate <u>efficiencies</u> within the system which could be re-invested to provide improved levels of community based service.</p> <p><u>VPN</u>: People with learning disabilities are at increased risk of ill health. Developments need to improve the experiences of individuals and their families, additional supports may be required to facilitate improved outcomes</p>	
3	<p>Re-model/re-commission mental health community residential rehabilitation services, utilising principles of a 'socially inclusive recovery model' as part of a clear pathway and stepped care approach.</p>	<p><u>New Horizons</u> – Towards a shared vision for mental health. DH consultation indicates a real shift in policy towards the outcomes in putting people first. Focus in the future on reducing stigma, prevention, early intervention, personalised care and multi agency commissioning /collaboration.</p> <p>Existing services are not commissioned within a self directed support model meaning that the extent to which individuals have <u>choice and control</u> over how, when and where their support needs are met is limited.</p> <p><u>Investment is variable</u> and services are <u>fragmented</u>. <u>Models of service vary</u> across the county.</p> <p>Some services are <u>high cost</u>.</p>	<ul style="list-style-type: none"> <li>• People will have greater choice and control over how, where and when their support needs are met.</li> <li>• More people will be accessing informal supports</li> <li>• People will have support plans with clear outcomes.</li> <li>• People will be actively involved in reviewing their outcomes.</li> <li>• People will feel that they are part of their community and are able to make a positive contribution</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People will be supported to take risks.</li> <li>• People will feel safe.</li> <li>• Resources will be utilised more efficiently and effectively.</li> </ul>

		<p>Opportunities exist for individuals to design their own support plans to <u>maximise use of resources</u> including personal budgets, informal supports and universal services.</p> <p><u>VPN</u>: People with learning disabilities are at increased risk of presenting with mental health problems. Services need to take account of the specific needs of people with learning disabilities and their carers.</p>	
4	<p>Jointly commission with PCTs a range of carer supports as part of the multi-agency strategy.</p>	<p><u>National Carers Strategy</u>: PCTs, working with local authorities, joint plans for the provision of breaks to be published</p> <p><u>PPF</u>: Family members and carers to be treated as experts and care partners AND programmes to be supported which enable carers to develop their skills and confidence.</p> <p><u>Numbers of carers predicted to increase</u> over the next 5 years as the numbers of older people increases. Some projections indicate that carers in the future might be in less good health.</p> <p><u>VPN</u>: Issues highlighted by carers via Partnership Boards and identified in the Joint Review are supported and reflected in the multi agency strategy</p> <p>Clear <u>feedback from carers</u> about what they</p>	<ul style="list-style-type: none"> <li>• Carers respected as expert care partners and will have access to integrated and personalised services that they need to support them in their caring role,</li> <li>• Carers able to have a life of their own alongside their caring role,</li> <li>• There will be fewer carers experiencing financial hardship</li> <li>• Carers will experience improved quality of life, physical and mental health and wellbeing</li> </ul>

		want to see developed to support them in their caring role.	
5	<p>Reduce the number of people entering residential care on a long term basis. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Fewer people entering care homes in particular straight from hospital or from sheltered accommodation.</li> <li>• No new placements in care homes of people with a learning disability and re-modelling existing care homes based on self directed supports.</li> <li>• A focus on reducing the number of people with mental health problems entering care homes</li> <li>• For people who do need and choose a care home placement a clear specification of what a personalised residential care service should look like will be developed.</li> </ul>	<p><u>OHOCOS</u>: National imperative to <u>reduce admissions</u> to residential care and support more people to live independently.</p> <p>Numbers of older people <u>predicted to increase</u> significantly over the next 15 years.</p> <p>Demand on services is <u>predicted to increase</u> over the next 5 years at the same time as <u>financial constraints</u> are expected to tighten.</p> <p>Existing <u>services not always efficient or effective</u>.</p> <p><u>PPF</u>: personal budgets for everyone eligible for publicly funded social care.</p> <p><u>VPN</u>: increase the range of housing options for people with learning disabilities and their families</p> <p>People who choose a care home placement should not be confined to a basic/institutional service</p>	<ul style="list-style-type: none"> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People will have improved levels of independence and for longer periods for individuals</li> <li>• Decreased demand for residential care</li> <li>• Re-investment of freed up resources into primary and community services and supports</li> <li>• Increased numbers of people supported outside of residential care within the same overall budget.</li> <li>• The reducing numbers of individuals supported in care homes will benefit from a personalised service</li> </ul>
6	<p>Commission assertive outreach supports for people with alcohol related issues as part of a stepped care pathway, linking to community based tier 1, 2 and 3 supports.</p>	<p>A key government objective to reduce admissions to hospital as a consequence of alcohol consumption. The <u>alcohol improvement programme</u> supports early identification and intervention of people at risk</p>	<ul style="list-style-type: none"> <li>• Abstinence rates will increase</li> <li>• Relapse rates will decreased</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing</li> </ul>

		<p>and promotes strong social marketing campaigns to address the consequences of excessive alcohol consumption. The overall focus is to reduce harm and improve healthy life styles, reducing the consequence of excessive alcohol consumption on the individual and on communities.</p> <p>There are <u>increasing numbers</u> of people with alcohol problems who it is <u>difficult to engage</u> in existing services.</p> <p>High levels of <u>co-morbidity</u> with other mental and physical health problems.</p> <p>35% of <u>attendances at A&amp;E</u> in Lancashire are alcohol related</p> <ul style="list-style-type: none"> <li>• 2006/7 – Lancashire rate of hospital admission for alcohol related illness was 3<sup>rd</sup> highest of 34 counties</li> <li>• 2008 survey revealed that 48% of people avoided town centres at night because of drunken behaviour.</li> <li>• 26% of people in 2008 PLACE survey consider that drunkenness &amp; rowdiness is a big problem in their area</li> </ul> <p>30% of reported <u>violent crimes</u> are alcohol related</p> <p><u>Predicted increase</u> in alcohol misuse due to recession.</p>	<ul style="list-style-type: none"> <li>• There will be reduced levels of alcohol-related crime and A&amp;E attendances</li> </ul>
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7	<p>Anyone requiring and eligible for long term social care support will have a personal budget regardless of age and condition. This will include tenants of new housing and social care/support services (including extra care). This will be achieved by re-modelling/recommissioning:</p> <ul style="list-style-type: none"> <li>• All long term supported living block contracts (where social care is provided)</li> <li>• Tier 4 substance misuse rehabilitation services</li> <li>• Day time support services</li> <li>• High cost care home placements.</li> </ul> <p>This intention does not currently relate to people living in sheltered accommodation or other services classed as housing with support eg homelessness as policy is still to be determined.</p>	<p><u>Putting People First</u>: personal budgets for everyone eligible for publicly funded social care.</p> <p>Existing services are not commissioned within a self directed support model meaning that the extent to which individuals have <u>choice and control</u> over how, when and where their support needs are met is limited.</p> <p>Some services are <u>high cost</u>.</p> <p>Numbers in need is <u>predicted to increase</u> over the next 5 years at the same time as <u>financial constraints</u> are expected to tighten.</p> <p>Opportunities exist for individuals to design their own support plans to <u>maximise use of resources</u> including personal budgets, informal supports and universal services.</p> <p><u>VPN</u>: Ensure people with learning disabilities and their families are supported to make effective use of personalisation.</p>	<ul style="list-style-type: none"> <li>• People will have greater choice and control over how, where and when their support needs are met.</li> <li>• People will have support plans with clear outcomes.</li> <li>• People will be actively involved in reviewing their outcomes.</li> <li>• People will feel that they are part of their community.</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People will be supported to take risks.</li> <li>• People will feel safe.</li> <li>• Resources will be utilised more efficiently and effectively.</li> </ul>
8	<p>Commission community pathway model to support key areas of self directed supports including citizen brokerage, advice and support and training utilising a consortia of user led and community organisations.</p>	<p><u>PPF</u>: Person centred planning and self directed support to become mainstream and define individually tailored support packages AND personal budgets for everyone eligible for publicly funded social care AND support for at least one local user led organisation and mainstream mechanisms to develop networks which ensure people using services</p>	<ul style="list-style-type: none"> <li>• People will have greater choice and control over how they are supported to manage their own support.</li> <li>• People will have greater choice and control over how, where and when their support needs are met.</li> <li>• People will have support plans with clear outcomes.</li> </ul>



		<p>and their families have a collective voice, influencing policy and provision.</p> <p><u>VPN</u>: Ensure people with learning disabilities and their families are supported to make effective use of supports to embed the wider implementation of personalisation.</p> <p>Demand on services is <u>predicted to increase</u> over the next 5 years at the same time as <u>financial constraints</u> are expected to tighten.</p> <p>There is a need to create <u>capacity</u> within personal social care to enable staff to focus on validating personal budgets and support plans and delivering a <u>robust and person centred review process</u>.</p> <p>Individuals tell us that they want to be able to <u>choose</u> how they are helped to manage their support.</p>	<ul style="list-style-type: none"> <li>• People will be actively involved in reviewing their outcomes.</li> <li>• People will feel that they are part of their community.</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People will be supported to take risks.</li> <li>• People will feel safe.</li> <li>• Resources will be utilised more efficiently and effectively.</li> </ul>
9	<p>Re-model and develop a range of supports to achieve local outcomes based on National strategies for dementia and stroke.</p>	<p><u>National Dementia Strategy</u>: three main priorities</p> <ul style="list-style-type: none"> <li>• Awareness raising</li> <li>• Early diagnosis and treatment</li> <li>• Support for people to live well with dementia</li> </ul> <p>Predicted <u>significant increase in dementia</u> amongst over 65's in Lancashire over the next 20 years rising from 15,339 people in 2009 to 27,348 in 2029.</p>	<ul style="list-style-type: none"> <li>• People with stroke or dementia and their carers will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People with stroke or dementia will have improved levels of independence and for longer</li> <li>• People with stroke or dementia and their carers will feel part of their community and be able to make a positive contribution</li> </ul>

		<p>Projected <u>increase in stroke</u>, potentially exacerbated by increase in obesity &amp; alcohol use. Stroke currently estimated to account for 6% of burden of illness.</p> <p><u>VPN</u>: People with learning disabilities more at risk of developing dementia or having strokes. Need to ensure people with learning disabilities are able to participate in screening programmes and have regular health checks</p> <p><u>Investment is variable</u> and there are opportunities to generate <u>efficiencies</u> within the system which could be re-invested to provide improved levels of community based support.</p> <p><u>National Stroke Strategy</u>: awareness – advice and info; prevention; involvement; acute services; rehab; long term support.</p> <p>Stroke is the third largest <u>cause of death</u> and the single largest <u>cause of disability</u>.</p> <p>Increased incidence of stroke in areas with high levels of <u>deprivation</u> due to lifestyle choices.</p>	<ul style="list-style-type: none"> <li>• Fewer people stroke or dementia and their carers will experience financial hardship</li> <li>• There will be decreased demand for acute health care and residential/nursing home care for people with dementia and stroke</li> <li>• There will be re-investment of freed up resources into primary and community services and supports</li> <li>• There will be increased numbers of people will stroke or dementia supported outside of acute and nursing/residential care within the same overall budget.</li> </ul>
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<p>10</p>	<p>The development of accessible e-market systems that allow easy access to information on a wide range of services and facilitate transactions both of services provided by organisations and person to person services.</p>	<p><u>PPF</u>: People who need support should be able to choose who provides that support, and control when and where the services are provided. The right information and advice needs to be available to help people decide.</p> <p>Demand on services is <u>predicted to increase</u> over the next 5 years at the same time as <u>financial constraints</u> are expected to tighten.</p> <p>There is a need to create <u>capacity</u> within personal social care to enable staff to focus on validating personal budgets and support plans and delivering a <u>robust and person centred review process</u>.</p> <p>People need to <u>know what services and supports are available</u> to spend their personal budgets on and be able to choose how their support needs are met, when and by whom.</p> <p><u>E-market systems</u> are operating effectively in other LA areas – giving people access to the information they need and control over their support whilst <u>creating efficiencies</u> for individuals and the LA.</p> <p>E- Markey systems can support and encourage <u>innovation and flexibility</u> in the marketplace.</p>	<ul style="list-style-type: none"> <li>• People will have greater choice and control over how, where and when their support needs are met.</li> <li>• People will achieve the outcomes set out in their support plans.</li> <li>• The market will develop in line with and in response to the needs and preferences of the customer.</li> <li>• Resources will be utilised more efficiently and effectively.</li> </ul>
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<p>11</p>	<p>Develop specific housing pathways for people with long term support needs to access a range of housing options, including assured tenancy, shared and full ownership, specialist housing (including extra care) and housing support.</p>	<p><u>OHOCOS</u>: play a central role in coordinating health, housing and transport to promote social inclusion and well-being.</p> <p><u>PPF</u>: These services are important in everyone's lives, not just those people with care and support needs.</p> <p>Current arrangement <u>inconsistent</u> across the county.</p> <p>Number of <u>high cost</u> tenancy arrangements currently funded through housing benefit.</p> <p><u>Low take-up</u> of shared and full ownership models.</p> <p><u>Absence of agreed formal protocols</u> with partners for specific housing options (assured tenancy, shared and full ownership)</p> <p><u>VPN</u>: increase the range of housing options available for people with learning disabilities and their families</p> <p>Lack of equity in access to housing support services between people living in different types of accommodation/tenure (limited access amongst owner occupiers).</p>	<ul style="list-style-type: none"> <li>• People will have a greater choice of housing and support options</li> <li>• People will have greater security</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• People will feel that they are part of their community and are able to make a positive contribution</li> <li>• Resources will be utilised more efficiently and effectively.</li> </ul>
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12	<p>Work with partners to review and re-commission supported housing for people requiring short term services who are socially excluded (e.g. homeless people, teenage parents, people with substance misuse problems, young people at risk, offenders, etc).</p>	<p><u>Changing local needs</u> mean that current service models may no longer be appropriate</p> <p><u>Pathways</u> between services are not clear</p> <p>There are a <u>significant range of costs</u> for similar services</p> <p>Lack of clarity about how <u>choice and personalisation</u> can be improved for people needing short term services.</p>	<ul style="list-style-type: none"> <li>▪ People will be able to maximise their income, including receipt of the correct welfare benefits and reduction in overall debt</li> <li>▪ People will be able to participate in their chosen training and/ or education, and where applicable, achieving desired qualifications</li> <li>▪ People will be able to participate in their chosen leisure/ cultural / faith/ informal learning activities</li> <li>▪ People will be able to participate in their chosen work like/ voluntary/ unpaid work activities</li> <li>▪ People will be able to establish contact with external services/ family/friends</li> <li>▪ People will have the opportunity to manage their physical health, mental health and substance misuse better</li> <li>▪ People will be able to maintain their accommodation</li> <li>▪ People will stay safe by complying with statutory orders and processes (in relation to offending behaviour) and better manage self harm, avoid causing harm to others, minimise harm/risk of harm from others</li> <li>▪ People will have more choice and/or involvement and/or control.</li> </ul>
13	<p>Review the Telecare service and re-model/re-commission to ensure that an affordable and effective service is available across the County as an integral part of the support offer</p>	<p><u>PPF</u>: Telecare to be viewed as integral not marginal.</p> <p>Demand on services is <u>predicted to increase</u></p>	<ul style="list-style-type: none"> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> </ul>

	available to people.	<p>over the next 5 years at the same time as <u>financial constraints</u> are expected to tighten.</p> <p>Existing <u>services not always efficient or effective</u>.</p> <p>Innovative use of telecare in other LA areas is enabling more people to remain <u>independent and living in their own homes for longer</u>.</p> <p>Potential <u>efficiencies</u> in using telecare to support people at home for longer who might otherwise need to be admitted to residential care.</p>	<ul style="list-style-type: none"> <li>• People will have improved levels of independence and for longer periods for individuals</li> <li>• There will be decreased demand for residential care</li> <li>• There will be re-investment of freed up resources into primary and community services and supports</li> <li>• There will be increased numbers of people supported outside of residential care within the same overall budget.</li> </ul>
14	Delivery of a community equipment service consistent with the retail model.	<p><u>PPF</u>: A transformed community equipment service consistent with the retail market model.</p> <p>Existing service models are not always <u>efficient or cost effective</u>.</p> <p>Existing <u>service models vary</u> across the county.</p> <p>Demand on services is <u>predicted to increase</u> over the next 5 years, at the same time <u>financial constraints</u> are expected to tighten.</p>	<ul style="list-style-type: none"> <li>• People will have improved levels of independence and for longer periods for individuals</li> <li>• People will experience improved access to support, irrespective of eligibility</li> <li>• People will experience reduced waiting times</li> <li>• There will be freed up capacity to meet the predicted increase in demand</li> <li>• There will be an improved range of equipment available.</li> <li>• Resources will be utilised more efficiently and effectively</li> </ul>
15	Contribute to the development of an effective transport infrastructure across Lancashire.	<p><u>OHOCOS</u>: consider the role that transport has to play in providing ready access to services AND play a central role in coordinating health, housing and transport to promote social inclusion and well-being.</p>	<ul style="list-style-type: none"> <li>• People will have improved levels of independence and for longer periods for individuals</li> <li>• People will experience improved access to services</li> </ul>

		<p><u>PPF</u>: transport services are important in everyone's lives, not just those people with care and support needs AND they can then maintain their health and wellbeing, exercise choice and control over their everyday lives and participate fully in their communities AND social isolation to be a major priority.</p> <p><u>Access</u> to transport can be difficult particularly in rural areas.</p> <p>People with <u>personal budgets</u> can be increasingly expected to need more flexible transport options and to choose to use mainstream transport wherever possible.</p> <p>Some existing transport services are <u>high cost</u>.</p>	<ul style="list-style-type: none"> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• Resources will be utilised more efficiently and effectively</li> </ul>
16	<p>Joint commissioning of HIV/AIDS community based advice, information and low level support with North and East PCTs.</p>	<p><u>OHOCOS</u>: a shift from the acute sector to the community, including an emphasis on preventing ill-health.</p> <p>Current service <u>models are inconsistent</u> across the county.</p> <p>There are <u>variable levels of investment</u> in services.</p> <p><u>Varying levels of effectiveness</u> of services reflected in customer feedback</p>	<ul style="list-style-type: none"> <li>• There will be increased levels of early diagnosis</li> <li>• People will be better able to access low level and emotional support</li> <li>• People will experience improved quality of life, physical and mental health and wellbeing.</li> <li>• Resources will be utilised more efficiently and effectively</li> </ul>