A Commissioning Strategy for Adult Social Care
This Commissioning Strategy is about improving the health, well being and independence of all people living in Waltham Forest. It sets out how services will be transformed over the next 5 years across adult social care and health, so that people are given more choice, higher quality support and greater control over their lives. It also links to the Waltham Forest Primary Care Trust (PCT) Commissioning Strategy Plan which promotes greater patient choice, health and well being.

Investment will be made in a new service model of prevention, independent living and improved life chances, whilst over time reducing the dependence on long-term residential and secondary care. This mirrors the work that the PCT is doing with earlier interventions in patient care and the initiative that the PCT and Council are jointly undertaking in respect the Care Outside Hospital Plan.

By undertaking an assessment of needs within the Community, the Council and its NHS Partners will invest in services which give best outcomes for those with ‘needs’. Those with ‘needs’ not only include Service Users and Patients, but also those dedicated families, friends and neighbours without whose care the formal social care system would be unable to cope.

We believe that, through the use of Direct Payments and Individualised Budgets, Service Users and their Carers will be better placed to make their own decisions regarding their care and support arrangements. This may mean employing their own personal care assistants, joining local clubs rather than attending day centres and choosing to go to hotels or on package breaks as opposed to respite care in a residential home.

These freedoms will be new to Service Users and, in order to provide support and information, the Council will commission an independent Care Brokerage service to assist them to be their own ‘Commissioner’ and secure services which meet the outcomes in their care plans.

Although many Service Users and Carers will be excited at the prospect of taking control, others may not. We recognise that confidence will need to grow over the next 5 years and that the take up of Direct Payments and Individualised Budgets will not change overnight and that it will be an incremental process.

Therefore, the Strategy identifies that the Council will still directly commission services. In doing so Adult Social Care will develop a local social care and health economy that meets the needs of people living in Waltham Forest. This will include generating employment and training opportunities through its service providers and in promoting caring as a career.
Cllr Liz Phillips (Portfolio Member Health, Adults and Older People)
Cllr Michel Lewis (Older People’s Champion)
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1) Purpose of the Strategy

1.1 The purpose of this Adult Social Care Commissioning Strategy is to set out how the Council will design and plan services to meet the health and social care needs of the area. It will do this in partnership with a range of stakeholders including Waltham Forest Primary Care Trust (WFPCT), Third Sector and its Independent Sector Providers.

1.2 The needs of the area will be informed from a number of sources, including through a Joint Strategic Needs Assessment undertaken jointly by the Council and WFPCT (PCT). In doing so, the Strategy details a community-focused approach and how its Citizens will be involved in both the design and development of services.

1.3 Through commissioning the Council will specify, secure and monitor services to meet the needs of its community. This includes a strategic approach to managing the local and regional care markets with the PCT in order to meet existing and future needs. Additionally, commissioning includes the procurement process through which contracts are awarded to providers.

1.4 The Strategy identifies that the Council will be a commission-focused organisation, whilst re-configuring its existing provider role, particularly in respect of home care services and residential provision. It will also set out a framework by which business decisions will be made and the principles and service standards, which shall be applied to all services that are commissioned.

1.5 This separation between provision and commissioning has already been achieved by the PCT through the establishment of an “arms length” provider Unit. The PCT is also well advanced in setting up discreet finance and governance arrangements for this provider arm.

1.6 The Council is committed to achieving a mixed economy of public, independent and third sector providers in order to deliver the wide-ranging needs of its citizens. It also recognises the strength of the existing relationships with the voluntary sector and community groups and the contribution that they make to building a sustainable community.

1.7 The Strategy details how services will be planned in response to the current and future needs of the Community. This will then allow the Council and PCT to set out what services it wishes to buy and what it will spend on them. The things that will be taken into account when determining these services will include statutory duties, citizen and community priority, national and local drivers, the PCT Commissioning Strategy Plan, national standards and historic/anticipated demands.
1.8 The Strategy describes the national context and the vibrant agenda for change running across the public sector. The fundamentals to these changes are that services deliver not only better value for money, but also that they offer Service Users and Carers improved participation, choice, accountability and outcomes. Over time the Strategy seeks to put the commissioning role ultimately under Service User control allowing them directly to shape and specify the services which they receive.

1.9 This will then change the Local Authority’s commissioner role into that of an enabler, ensuring the strategic management of the health and social care economy in Waltham Forest. This will mean that there is sufficient care of the right type and quality to meet Service User demands. There will also be a need to ensure that Service Users are appropriately advised and supported in order to help them make informed decisions about their care and to ensure that they are suitably safeguarded. It is anticipated that this will be met through a Care Brokerage, which will be externally procured by the Council.

2) Aims and Objectives of the Strategy:

2.1 The primary objective of the Strategy is to transform the types and quality of services provided to Service Users and their Carers over the next five years. The ultimate objective is to transfer the commissioning role to service user control through the provision of direct payments and individualised budgets, and achieve the ambition of “Putting People First”. This is all about increasing service user choice and control and is explained in greater detail in the National Context Section below. The Strategy sets out how this will be achieved and how the transformation will take place on an incremental basis between 2008 and 2013.

2.1 Other aims and objectives in order to achieve this 5 year vision include:

- Shift the emphasis of service delivery from long-term residential and secondary care to a new service model of prevention, earlier health interventions, independent living and improved life choices.
- Expand the range of social care and health services available, particularly in Primary Care.
- Increase Patient/Service User choice over what services they receive and how those services are delivered.
- Recognition of the role and contribution of unpaid carers, through increasing the number of carer assessments and the range of services available to them.
- Improved commissioning of integrated health and social services jointly with the PCT and other Local Authorities.
Better forecasting and identification of future needs based on the best available information, including identifying both hidden demand and hard to reach groups.

Better planning and development of the health and social care economy in Waltham Forest, to ensure that there is sufficient care of the right type and quality to meet future needs.

Use commissioning as a means to achieve other additional community benefits including economic, social and environmental well being.

Improve outcomes, quality, safety and value for money of services, through improved procurement and contracts management.

Safeguarding people whilst allowing them to retain independence and decision-making regarding risks.

Ensure an improved dialogue with stakeholders in all aspects of service planning and design, including service users, patients, public, providers and voluntary & community groups. This is to be undertaken jointly by the Council and PCT to ensure a cohesive approach to the planning of services.

Create an environment in which creativity, innovation and calculated risk-taking can flourish.

Achieve financial balance and prioritise resources to where they will achieve best Value For Money outcomes to service users. Establish and implement a range of service principles to be applied to all the services which are commissioned.

Develop a set of core service standards which Service Users can expect when they receive any service.

Improve information and communications in terms of the range of services that are available and how they can be accessed.

Demonstrably improve the quality of service provision by working with providers to raise the CSCI rating of regulated care service to good and excellent.

3) National Context

3.1 There is a very vibrant agenda for change and modernisation running across all public sector services, none more so than within the areas of health and social care. The past ten years have seen a flurry of new policy and guidance all of which is centred on empowering patients and service users. This is in order to give them improved access to a wider range of higher quality services which suit their needs, as opposed to the needs of the provider. These initiatives have included:

- NHS Plan
- Health Reform in England: Commissioning Framework
- A Stronger Local Voice
- Choosing Health
- Our Health, Our Care, Our Say
3.2 This direction of travel has culminated in the publishing of a Protocol “Putting People First” (Dec 2007) which sets outs a shared vision and commitment to the transformation of Adult Social Care. The signatories to this protocol include a range of Government Departments, Local Government, the NHS and a range of other national social care stakeholders.

3.3 At the core of the plan is the allocation of a personal budget to every individual assessed as eligible for social care services. This may be provided in cash as a direct payment, or alternatively held by the Council to be spent in accordance with the Service User’s wishes once their care plan has been agreed. It will not only include monies for social care but also budgets from other Government sources including the NHS and the Department of Work and Pensions, when and as the legislative framework is changed.

3.4 The alignment of funds by the Council and PCT is already being undertaken in Waltham Forest at a service level, particularly in Mental Health, Learning Disability and Care out of Hospital. A fully pooled budget is already in operation for the Integrated Community Equipment Service. The next step will be therefore to look at this at an individual Patient/Service User level as soon as the regulatory freedoms allow.

3.5 With the freedom of personal budgets, Service Users will be empowered to make their own care arrangements, employing their own personal care assistants, joining local clubs rather than attending day centres and choosing to go to hotels or on package breaks as opposed to respite care in a residential home.

3.6 This is a positive revolution not only in social care, but also in terms of the relationship between the Government and its Citizens. It signals a change from a paternalistic and centralist approach to one of giving people real choice and control over their own lives. The Protocol also recognises the need to review fundamentally how social care is funded.
in England as a part of the Government’s Comprehensive Spending Review. In the meantime it identifies additional funding of £520 million to Local Authorities over the next three years in order to help to implement this new model of care.

3.7 The LB Waltham Forest allocation of these monies is £2.3 million for the 3-year period and the budget will be under the management and direction of the Head of Adult Social Care and Health.

4) Local Context

4.1 At a local level the agenda for change in Waltham Forest is equally as vibrant and exciting as that at national level. Central to these is the Sustainable Community Strategy, which draws on the aspirations of all voices in the community in order to improve the quality of life of its residents. The Local Strategic Partnership comprising some 30+ partner organisations is leading this work and, through extensive consultation across the community, the following priorities have emerged:

- Plan for population growth and change.
- Create more wealth & opportunities for our residents.
- Retain more wealth within the borough.

4.2 Although Waltham Forest has its own specific problems, the majority of them mirror national problems reflecting the high incidence of deprivation in some parts of the area. Indeed the Director of Public Health’s Annual Report compares the health inequalities of Waltham Forest, not just against the rest of the country but also between different Wards within the Borough.

4.3 The health-related issues facing adults and older people in the area include:

- Dementia
• Heart Disease
• Drug and Alcohol Misuse
• Diabetes (particularly Type II)
• Smoking & Respiratory Disease (e.g. COPD)
• Healthy Eating & Physical Activity
• Mental Health
• Falls
• Incontinence
• Obesity

4.4 The changing demographic in the area through immigration means that the health problems are not static, for example the high numbers of the Eastern Europe immigrants whom are smokers.

4.5 The social inequalities for the Borough directly correlate with those for health and include:

• Housing
• Employment Opportunities
• Fear of Crime
• Poverty
• Wards with high levels of Deprivation
• Increased Social Isolation and Exclusion
• Ageing Population

4.6 All Leaders within Waltham Forest are agreed that only a joint approach to improving the health and well being of the area will succeed. Additionally, that one of the key success factors will be a planned development of the environment, economic regeneration, safer communities, education and housing infrastructure of the borough.

4.7 Very much in the area’s favour is that the economic prospects for London continue to strengthen, as does its position as a “World Class City”. Waltham Forest needs to capitalise on this, and ensure that it secures inward investment and makes it an attractive place both to live and work. Comparative to other parts of London, property prices are still low and it enjoys excellent transport links to central London and other parts of the UK. Additionally, the Council is one of five London Boroughs which will be hosting the 2012 Olympic Games. The Games provide a wonderful platform to promote Waltham Forest and provide employment opportunities, both in the medium-term and the long-term as a part of the Games’ legacy.

4.8 The Council can greatly influence the prosperity of the area through its own purchasing activity as it spends approx £225 million with external providers of goods and services. The Council and Adult Social Care through this Strategy will turn that “spending” into an investment, which
will give long-term community benefits over and above the goods and services which it buys.

4.9 For Adult Social Care, this means turning its £40 million annual spend into developing, and investing in, the health and social care market within the Borough and creating life chances for its Service Users.

4.10 All of this local ambition will be brought together not only through the Sustainable Community Strategy but also through a Local Area Agreement. The Local Area Agreement (LAA) will allow the Council to shape Waltham Forest through agreeing community priorities with its Partners and agreeing stretched targets with the Government which, if achieved, would result in the payment of reward grants. The Council and its partners may choose up to 35 from 198 indicators, which range across Adult Health & Well Being, Stronger Communities and the Local Economy.

4.11 The timetable to finalise the LAA with the Government is June 2008, so it is not possible to publish the indicators in this document. However, once it is finalised this Strategy will be flexible in supporting the achievement of the targets which are agreed.

4.12 The PCT Commissioning Strategy Plan (CSP) sets the direction for health care in Waltham Forest for the next five years to 2012. The principle of care closer to home, which underpins this plan, draws on the views of public as expressed both locally and nationally in the consultation exercise known as ‘Your Health, Your Care Your Say’. The plan has also been informed by the large scale stakeholder and clinical engagement events that have been held as part of the development of thinking about the future of services across Outer North East London known as ‘Fit for Future’.

4.13 In addition to this, local events have been held including a stakeholder workshop to help identify the priorities from a service user/carer perspective. As well as considering the future of health care from a patient perspective, the Fit for the Future programme considered the impact of new technology and the best clinical practice. The Waltham Forest CSP builds on this work and sets out how these principles of best practice will be applied locally.

4.14 Out of Hospital Care Plan is about the PCT and Council working in partnership to deliver services in order to support patients and Service Users experiencing difficult in regaining the level of independence that they previously enjoyed before a period of hospitalisation, for example.

4.15 These services are designed to provide alternatives to emergency admission and support early discharges back to the community. Evidence shows that between 5 and 10% of emergency admissions are capable of being streamed into intermediate care schemes from
home, or from Accident & Emergency Departments and Medical Admission Units.

4.16 Significant reductions in hospital stays result from timely access to Intermediate Care Schemes, with development of the number, type and range of schemes available supported by allied health professionals, nurses, social workers and General Practitioners with a special interest in the care of older people. Critical to the process is the early involvement of the Physicians for Elderly Medicine and Specialist Nurses to enhance decision making.

4.17 These services are free at the point of use for a period of up to six weeks and can be pre-hospital (admission avoidance) or post hospital (discharge support). In Waltham Forest it is proposed to build on the existing Intermediate Care services to provide a wide range of Out of Hospital Care Services.

5) Links to Other Strategies

5.1 The “golden thread” is a concept which enables corporate priorities and objectives to be cascaded down through departments, services and teams to an individual level. This allows members, managers and staff to see a clear link between the work they do and what the Council is trying to achieve.

5.2 Maintaining this golden thread means that everything the Council does can be related to the Community’s priorities. The links for this Commissioning Strategy are extensive and cut across not only the Authority but also our Health and Voluntary Sector Partners. The following diagram sets out the relationship for internal strategies. Of particular note for external strategies are the PCT Strategies, NELMT and Third Sector Strategies.
Commissioning Strategy
Adult Social Care – Hierarchy of Strategies
5.3 In Adult Social Care, this Commissioning Strategy will act as the overarching policy for the Department with all other strategies and policies recognising and informing the service principles and standards within it.

5.4 Although it is easy to make a policy promise to work in a joined up way with both internal and external partners, we are under an absolute duty to our Citizens to ensure that we do and that the prize of a vibrant community is achieved.

6) Needs Analysis, Demand Forecasting and Service Planning

6.1 The Council has access to a wealth of data in respect of its population’s demographics and health and social care needs. Its also has significant information about the historic demand for its services. This information comes from a variety of sources including:

- 2001 Census
- Annual Report - Director of Public Health
- Projecting Older People Population Information System (Poppi)
- Commission for Social Care Inspection (CSCI)
- Insurance Companies
- Department of Health
- Deprivation Indicators
- Local Voluntary Sector Knowledge & Intelligence
- Proprietary Products (Dr Foster, Experion etc)
- Special Interest Groups (e.g. Age Concern, Mencap)
- Service and Spend Analysis
- Public and private representations

6.2 In addition to this the Council and WFPCT are required by the Department of Health to undertake a Joint Strategic Needs Assessment (JSNA) of health and social care needs in Waltham Forest. It is anticipated that this work will be completed by the summer of 2008, and will then inform future decision-making and service planning.

6.3 Although the Government has not been prescriptive about the assessment, it has said that the outcomes of a good JSNA will:

- Define achievable improvements in health and well being outcomes for the local community.
- Send signals to existing and potential providers of services about potential service change.
- Support the delivery of better health and well being outcomes for the local community.
• Inform the next stages of the commissioning cycle.
• Aid better decision-making.
• Underpin the Local Area Agreement and the choice of local outcomes and targets.

6.4 The current demographics within Waltham Forest are as set out as follows, but the Strategy recognises that the population is in a constant state of flux and that it will be vital to keep abreast of changes within the community. However, that does not prevent the long-term planning of services and the identification of underlying trends and needs.

6.5 The following graphs and facts are intended to give some high level information about the current and future population of Waltham Forest:

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>All Ethnicities</td>
<td>222,144</td>
<td>226,275</td>
</tr>
<tr>
<td>White</td>
<td>131,572</td>
<td>127,017</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>19,531</td>
<td>20,567</td>
</tr>
<tr>
<td>Black African</td>
<td>14,733</td>
<td>15,955</td>
</tr>
<tr>
<td>Black Other</td>
<td>8,624</td>
<td>9,202</td>
</tr>
<tr>
<td>Indian</td>
<td>7,868</td>
<td>8,184</td>
</tr>
<tr>
<td>Pakistani</td>
<td>20,168</td>
<td>22,324</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>2,444</td>
<td>2,644</td>
</tr>
<tr>
<td>Chinese</td>
<td>1,839</td>
<td>2,139</td>
</tr>
<tr>
<td>Other Asian</td>
<td>8,351</td>
<td>9,529</td>
</tr>
<tr>
<td>Other</td>
<td>7,014</td>
<td>8,712</td>
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</table>

Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2025:

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
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</thead>
<tbody>
<tr>
<td>Total population</td>
<td>218,700</td>
<td>218,300</td>
<td>218,700</td>
<td>220,500</td>
<td>222,600</td>
</tr>
<tr>
<td>Population aged 65</td>
<td>23,900</td>
<td>23,800</td>
<td>24,700</td>
<td>25,500</td>
<td>27,300</td>
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<tr>
<td>and over</td>
<td>3,100</td>
<td>3,000</td>
<td>3,000</td>
<td>3,100</td>
<td>3,600</td>
</tr>
<tr>
<td>Population aged 85</td>
<td></td>
<td></td>
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<tr>
<td>and over as a</td>
<td>10.93%</td>
<td>10.90%</td>
<td>11.29%</td>
<td>11.56%</td>
<td>12.26%</td>
</tr>
<tr>
<td>proportion of the</td>
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<tr>
<td>total population</td>
<td></td>
<td></td>
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<tr>
<td>Population aged 85</td>
<td>1.42%</td>
<td>1.37%</td>
<td>1.37%</td>
<td>1.41%</td>
<td>1.62%</td>
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<tr>
<td>and over as a</td>
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<tr>
<td>proportion of the</td>
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<td></td>
<td></td>
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<tr>
<td>total population</td>
<td></td>
<td></td>
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*Figures are taken from Office for National Statistics (ONS)
Christianity is the largest faith group in the Borough. This is followed by a significant number of Muslims (faith: Islam). Incidentally, Waltham Forest has the second largest number of Pakistani people in London, second to the London Borough of Newham (17,295). This is also reflected in the high number of Muslims in the borough, making up the third largest grouping across London (Tower Hamlets and Newham being the first and second).

Life expectancy within Waltham Forest varies according to which part of the borough people live in. In Grove Green Ward male life expectancy is 77.7 years. Meanwhile in neighbouring Cathall Ward, men have a life expectancy of 72.4 years. There is a strong correlation between life expectancy and deprivation. The Index of Multiple Deprivation (IMD) score in 2004 was 38.6 in Cathall Ward, and 28.6 in Grove Green Ward.

A total of 18,823 people provide unpaid care in the borough. This is defined as looking after or giving help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems relating to old age. The figures are in line with the London average: 8.6% of the WF population compared to 8.5% of the average London borough. Distribution is also fairly evenly split amongst the localities.

At the census in 2001, 54% of older people reported a ‘limiting long-term illness’. The average for London was 50% in this age group. This varies according to ethnicity, from 35% in ‘Mixed White and Black
 Caribbean’ and ‘Mixed White and Other’ communities to 67% in Asian communities.

- Waltham Forest has a youthful population, ranking highly (6 out of 33) against other London Boroughs. However, the percentage of older people in the borough ranks rather lower (21 out of 33) against other London boroughs. The Greater London average for persons aged 60 and over is 16.4%.
- Cardio-vascular disease, which includes coronary heart disease and stroke, is the main cause of death in Waltham Forest, and cancer is the second most common cause of death.
- Housing tenure can be viewed as an indicator of affluence and is consequently linked to better health outcomes and well being. The northern part of the Borough has the highest number of homes owned outright and also reports a lower number of people describing their health as ‘not good’.

7) Principles of Commissioning

7.1 For all services, which are commissioned the following overarching principles will be applied.

<table>
<thead>
<tr>
<th>1) Use of Demographic &amp; Other Data</th>
<th>It is essential that any service which is commissioned is done so on the basis that there is an identified need and that the potential demand for services is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As set out in Section 6), the Council has access to a wealth of information in respect of its population and their needs. This information must be used appropriately in the overall planning of services and in respect of individually commissioned services.</td>
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<tr>
<td></td>
<td>This analysis not only includes the planning of new services but also the take up of existing ones. For example it is known that the per capita take-up by some black groups, e.g. Asian, for some older people’s services is low. Therefore, this Strategy must actively seek to lessen the care burden on the local BME community.</td>
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<tr>
<td></td>
<td>It will not be necessary to use all of the information on all occasions, but demographic information should back up the decision making of any service provision.</td>
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<td></td>
<td>Additionally, as part of the contract management and review arrangements for any service, the information should be periodically updated in</td>
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</table>
order to be flexible to any changes in needs or demography.

<table>
<thead>
<tr>
<th>2) Safeguarding</th>
<th>All services which are commissioned should protect vulnerable Service Users. Services will be designed in a way that supports this. All providers of service will be subject to “due diligence” checks to ensure that their systems, staff and operations have the protection of vulnerable adults at their core. All the Council providers and partners will be required to adopt the Council’s safeguarding policy “Dignity in Care”. This sets out that joint training and partnership working with all partners is essential in preventing abuse. As a part of contract management, audits of providers’ safeguarding training will be undertaken.</th>
</tr>
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<table>
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<tr>
<th>3) Equality &amp; Diversity</th>
<th>Waltham Forest is lucky to benefit from a very vibrant and cosmopolitan community. The community is diverse not only in terms of black and ethnic minorities, but also in terms of the age and gender profile of its people. The borough also enjoys a significant gay and lesbian community. Coming with this diversity is the challenge to ensure that there is an equality of access to services and that those services meet the specific requirements of the user, be those requirements related to age, culture, gender, faith, disability, race or sexual orientation. Services must be designed to take account of these differences and the health &amp; social care market developed where there are gaps in provision. Equally the workforce should reflect the diversity of the community and Adult Social Care will work with the market in respect of creating employment opportunities across the whole of the community.</th>
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</thead>
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<table>
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<tr>
<th>4) Service User Satisfaction</th>
<th>It is essential that we know what our Service Users and their Carers think about the services</th>
</tr>
</thead>
</table>
which we provide to them. Through this feedback we can positively improve the services they receive. Additionally, we can use their suggestions and ideas in the development and design of new services.

A key part of any future service specification will be the requirement for the assessment of Service User satisfaction. This assessment will be undertaken usually by providers as part of their Quality Assurance systems, but validation and audit will be undertaken by the Council.

Ultimately, it is the intention to link satisfaction and other quality measures into the payment mechanisms of contracts, therefore to incentivise good customer services.

This approach is being mirrored in health with the PCT making it a priority for 2008/09 to improve engagement and feedback, through patient surveys for example.

| 5) Outcome Based | When designing any service it should be specified in such a way that the outcome to the Service User is the goal. This will mean a shift away from input related specifications, which set out the tasks which should be undertaken. Similarly, in health the PCT is linking the delivery of care to outcomes for patients.

In Home Care services, for example, in place of “assist with getting up, wash and dress” would be “maintain service user’s independence and improve quality of life through helping them to live at home”.

This is a significant change, which will allow the service providers to agree with the Service User how best the service can be delivered in order to meet their needs. |

| 6) Service User Choice and Control | Every service should be designed around the Service User, giving them maximum choice and control over the services which they receive.

Fundamental to this will be a dialogue with the Service User (and their advocate) as a part of the assessment process. |
As a main objective of this Commissioning Strategy we wish to increase substantially the number of Direct Payments and Individualised Budgets, to the extent that it will be a presumption that a Service User will be allocated one, unless it is their choice not to receive one or there are other exceptional reasons.

**7) Quality Assurance**

There are 2 aspects to Quality Assurance when commissioning services. The first of these is to identify any quality standards or regulation requirements of a service and to identify providers’ performance against these standards.

It is the Council’s stated ambition only to purchase services from providers who are either in the ‘good’ or ‘excellent’ categories, where they are CSCI regulated.

The second aspect of quality assurance is in respect of the contract management arrangements for services. This means having quality systems in Adult Social Care in order to assess periodically the quality of services being delivered and for providers to provide quality management information for Adult Social care to assess.

This information may include feedback on services, customer satisfaction, staffing levels, staff training audits and other quality performance indicators.

**8) Wider Community Benefits**

When commissioning any service, thought should be given to how the service can be designed in a way to give wider community benefits, over and above those directly enjoyed by the service user.

The Local Area Agreement should be the focus of this and the benefits should be capable of inclusion under the single set of national indicators, which includes performance indicators for:

- Stronger Communities*
- Safer Communities
- Children & Young People
- Adult Health & Well Being
- Tackling Exclusion and Promoting Equality
- Local Economy
- Environmental Sustainability

Particular thought may be given to employment opportunities for disadvantaged groups, training schemes in order to promote caring as a career and developing the local health & social care economy.

In respect of environmental sustainability, Adult Social Care will actively encourage both the reduction of CO₂ emissions and the overall carbon footprint of the service. It will achieve this through its procurement and contract management processes. As a part of the re-commissioning of outcome based homecare, for example, bidders will be asked to set out proposals on how they would reduce the environmental impact of the current 1 million miles travelled annually in the delivery of the service.

Additionally, through its Provider Forums it will highlight the benefits of energy efficiency and the benefits of a “green” supply chain. This may include helping them access an energy efficiency advisor, or undertaking a collaborative approach to the appraisal and purchasing of supplies, such as continence pads.

As with other Council reporting requirements, contracts will require contractors to provide information and data. In the case of NI 185 in respect of “CO₂ reduction from local authority operations”.

(* e.g. NI 6 - Participation in Regular Volunteering)

<table>
<thead>
<tr>
<th>9) Value for Money (VFM)</th>
<th>All services should be capable of demonstrating that they are delivering effective value for money. This may be achieved in 2 main ways:</th>
</tr>
</thead>
</table>
|                         | 1) Benchmarking  
|                         | 2) The invitation of competitive offers (Tendering)  
<p>|                         | The VFM test is not just about comparing cost, but considering the equation of: |</p>
<table>
<thead>
<tr>
<th>Quality/Outcomes</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following on from any initial assessment of a service or Tender, regular evaluation of what change in value for money (+/-) has actually been achieved should be undertaken as a part of the regular contract management arrangements.</td>
<td></td>
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</tbody>
</table>

### 10) Effective Use of Resources

Adult Social Care has a responsibility to use its resources not only wisely, but also to best effect. It therefore needs to undertake strategic budgeting, which links resources to outcomes and performance.

It also needs to get the best return in terms of the numbers of service users supported, good comparative performance against other Local Authorities and the delivery of its Statutory obligations.

In addition to these responsibilities, Adult Social Care must look to the future and “Invest to Save”. This is particularly in preventive services, where collaboration with the WFPCT and Voluntary Sector will produce long lasting benefits. This will result in an improvement in the overall health and well being of the Waltham Forest Community.

The Council will also learn from the success that the PCT has already achieved through the use of an effective invest to save initiative.

The Voluntary Sector Compact has helpfully already set out the protocols and principles which have been agreed by the Local Strategic Partnership in regard to resource allocation and a common approach.

### 11) Evidenced Based

For any service commissioned there needs to be evidence to demonstrate that it delivers real and measurable benefits / outcomes to Service Users.

This may be evidenced in 3 main ways:

1) Track Record
2) Case Studies
3) Published Research
<table>
<thead>
<tr>
<th><strong>When pursuing new services, commissioners should “cast their nets widely” to find out what different services may be being provided elsewhere in order to meet the specific Service User need.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12) Calculated Risk Taking</strong></td>
</tr>
<tr>
<td>Although the principles of ‘Safeguarding’ and ‘Evidence Based’ set out how the risks of unsafe or unproven services should be managed, that does not eliminate the taking of calculated risks. In the case of Service Users they should retain the right to make decisions about their care, even if some of the decisions are unwise and expose them to a level of risk. Indeed, living an independent life is all about considering and taking risks based on individual choice. In respect of Evidence Based, there would be no innovation or continuous improvement if we were just to stick to what had gone before. Therefore, the Council should be prepared to commission cutting edge services, some of which may not be wholly successful.</td>
</tr>
</tbody>
</table>

**8) Service Standards**

8.1 The Council is committed to improving the service standards of both the services it provides directly and those delivered through its external providers. In respect of direct provision, Adult Social Care has published “Better Care, Higher Standards” which is a Customer Charter.

8.2 The Charter sets out the Council’s service values and a set of standards which Service Users can expect as a minimum level of customer service. These standards include for example:

- “When you meet us we will…”
  - Treat you with courtesy and respect
  - Keep information about you confidential
  - Treat everyone equally
  - Take account of your racial, cultural, religious and communication needs
  - Provide an interpreter where needed or requested
  - Do our best to provide information and advice about other local services.”
8.3 When commissioning services through external providers as a part of the service specification there will be an agreed level of customer service. These standards will be then issued to all Service Users in a written or other appropriate format. As a part of the customer satisfaction monitoring, Service Users will be asked to rate the Providers’ performance/compliance against those standards.

9) Adult Social Care Budgetary Context & Medium-Term Financial Plan

9.1 Local Authorities funding from Central Government has changed over the past 5 years from single year settlements to a new regime that gives improved financial certainty. This then allows for medium-term financial planning, typically over a 3 year rolling period. The benefits of this change to service planning are substantial. Fundamentally, it allows Councils to be more strategic and ambitious in their goals, as opposed to short-term contractions or expansions in service provision depending on how much money is available.

9.2 For the London Borough of Waltham Forest this has been a positive change and it has seen the implementation of a medium-term financial plan. The financial plan is based on individual Directorates bidding and making a case for financial resources. These bids can be to maintain existing levels of service provision and performance, increased/decreased levels of services, or indeed new services.

9.3 The bids are made to an annual “Star Chamber”, which comprises the Leader and Chief Executive of the Council and other senior Councillors and Directors. They then apply the priorities of the Council to the bids and evaluate how they would assist in meeting the Corporate Plan and Sustainable Community Strategy. Funding is then allocated on this basis and is incorporated into a “Budget Book”, which sets out all Directorate budgets, which is then resolved by the full Council.

9.4 For the medium-term financial plan for 2008/09 – 2010/11 matters are complicated by an underlying funding issue at Waltham Forest. To resolve this, an Efficiency Review has been undertaken by KPMG which has identified saving of £8 million a year for each of the 3 years of the plan. These savings will not only resolve the funding issue but will also count against the 2½ % annual efficiency gains which Local Authorities are required to make by the Government.

9.5 For Adult Social Care the challenge of the Efficiency Review is substantial, particularly given that for the financial year 2007/08 certain budgets were already subject to in-year cost pressures. However, the savings from Adult Social Care were successfully identified through a combination of reducing spend with external providers of services and redesigning internal services, systems and processes.
In respect of realising a lower spend with external providers, the key strategic objective is to shift the emphasis of service delivery from expensive long-term residential to a new service model of prevention, independent living and improved life choices. At the heart of this model will be 3 main components which will assist in reducing the number of people in residential care by 100 by 2011 through expanded service provision within the Community:

**Home Care Services** – Changing from a task orientated service to an outcome based service which achieves improved value for money.

**Direct Payments & Individualised Budgets** – Empowering and supporting Service Users to undertake their own commissioning, through which services may be more responsive, flexible to their needs and deliver better value for money.

**Care out of Hospital** - The PCT and Council working in partnership to deliver services in order to support patients and Service Users experiencing difficult in regaining the level of independence that they previously enjoyed.

Direct payments are an alternative to Council commissioned services and give the opportunity for a Service User to receive a cash payment. Instead of receiving services, a Service User would use the money to arrange for their own care and support in accordance with their Care Plan, as determined by way of a Community Care assessment.

The payment may be used in a variety of ways, so long as it is in accordance with the assessed care needs. This may mean that expenditure can be made on services such as personal care, respite services, childcare, cooking, shopping, domestic tasks, gardening, social and leisure activities as well as assistance to access education, training and employment.

In terms of individualised budgets (IBs) these take Direct Payments to an enhanced level of control for Service Users. IB’s are designed to help people to take control of their own social care budgets, manage their support and choose the services that suit them best. They put the user at the centre of the planning and support delivery processes, and recognise that they are the person best placed to understand their own needs. IBs will bring together support to help people stay in their own homes and adapt their homes to make life easier.

IBs combine funding streams overseen by the Department of Health, Department for Work and Pensions and Department of Communities and Local Government. Service Users who access IB’s will not have to provide repeatedly the same information to different agencies. The funding will go directly to the individual service user. The Local Authority can support the service user in accessing the required
services, or individual service users may opt for support via brokers, advocates, Carers, or family members

9.11 Relevant funding streams include the Independent Living Fund (ILF), Disabled Facilities Grant (DFG), Supporting People (SP) Grant, Local Authority budgets, Integrated Community Equipment Service (ICES), and Access to Work.

9.12 The following tables seek to set out how strategic budgeting will be applied to social care services over the next 3 years, and how budgeting and performance will be linked. As an introduction to performance, Adult Social Care is evaluated by CSCI against a Performance Assessment Framework (PAF). This PAF has a number of individual performance indicators including for e.g. C32 – “The Number of Older People Helped to Live at Home”. CSCI collects the performance of all Councils with an Adult Social Service Responsibility (CASSR) and publishes comparative performance data.
<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Home Care</th>
<th>Independent Living</th>
<th>Direct Payments</th>
<th>Residential Care</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Image 145x148 to 219x250]</td>
<td>[Image 132x278 to 225x345]</td>
<td>[Image 145x383 to 229x466]</td>
<td>[Image 145x485 to 232x589]</td>
<td>[Image 145x591 to 232x664]</td>
<td></td>
</tr>
</tbody>
</table>

### 2008/09 Base Budget Gross Expenditure (£m)

<table>
<thead>
<tr>
<th>Older People &amp; Physical Disabilities</th>
<th>2.0</th>
<th>4.2</th>
<th>0.6</th>
<th>1.7</th>
<th>12.4</th>
<th>20.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>-</td>
<td>0.9</td>
<td>3.6</td>
<td>0.3</td>
<td>6.6</td>
<td>11.4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.7</td>
<td>0.5</td>
<td>0.4</td>
<td>0.1</td>
<td>1.8</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.7</td>
<td>5.6</td>
<td>4.6</td>
<td>2.1</td>
<td>20.8</td>
<td>35.8</td>
</tr>
</tbody>
</table>

### 2009/10 Projected Gross Expenditure (£m)

<table>
<thead>
<tr>
<th>Older People &amp; Physical Disabilities</th>
<th>2.7</th>
<th>4.2</th>
<th>0.6</th>
<th>2.3</th>
<th>11.1</th>
<th>20.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>-</td>
<td>0.9</td>
<td>3.6</td>
<td>0.3</td>
<td>6.6</td>
<td>11.4</td>
</tr>
<tr>
<td>Disability</td>
<td>2010/11 Projected Gross Expenditure (£m)</td>
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<td>2013/14</td>
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<tr>
<td>Mental Health</td>
<td>4.1</td>
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<td></td>
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<tr>
<td>Total</td>
<td>18.2</td>
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<td></td>
<td>35.8</td>
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<table>
<thead>
<tr>
<th>Disability</th>
<th>2010/11 Projected Gross Expenditure (£m)</th>
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<td>2010/11</td>
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<td>2011/12</td>
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<td></td>
<td>2013/14</td>
</tr>
<tr>
<td>Older People &amp; Physical</td>
<td>3.4</td>
</tr>
<tr>
<td>Disabilities</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>0.6</td>
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<td></td>
<td>2.9</td>
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<td>9.8</td>
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<tr>
<td>Total</td>
<td>20.9</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>-</td>
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<tr>
<td></td>
<td>0.9</td>
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<td></td>
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<td></td>
<td>0.3</td>
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<tr>
<td></td>
<td>6.6</td>
</tr>
<tr>
<td>Total</td>
<td>11.4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>0.1</td>
</tr>
<tr>
<td>Total</td>
<td>3.5</td>
</tr>
<tr>
<td>National Indicator 136</td>
<td>“People Supported to Live Independently through Social Services”</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Physical Disability 18-64 helped to live at home</td>
<td>545</td>
</tr>
<tr>
<td>Learning Disability 18-64 helped to live at home</td>
<td>385</td>
</tr>
<tr>
<td>Mental Health 18-64 helped to live at home</td>
<td>325</td>
</tr>
<tr>
<td>Older People 65+ helped to live at home</td>
<td>2250</td>
</tr>
<tr>
<td>National Indicator 135</td>
<td>“Carers receiving needs assessment or Review and a Specific Carer's Service, or advice and information.”</td>
</tr>
<tr>
<td>Services for Carers, including young carers</td>
<td>450</td>
</tr>
<tr>
<td>National Indicator 130</td>
<td>“Social Care Clients receiving self-directed Support” (Direct Payments)</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>222</td>
</tr>
<tr>
<td>Totals</td>
<td>4177</td>
</tr>
</tbody>
</table>

* All figures at 07/08 Population Baseline
9.13 Where LB Waltham Forest is under-performing, then budgetary provision may be allocated in line with Council priorities to ensure improved performance. A growth bid of £1 Million for 2008/09 to Star Chamber in order to improve the Council’s performance in respect of Direct Payments is an example of this.

9.14 The last 2 major considerations in terms of the budgetary aspects for commissioning are Charging Policy and alternative sources of funding. In respect of Charging Policy, the Council applies a scale of charges to Service Users in receipt of adult social care services. These charges are applied to a range of services including home care, day care, respite care and meals on wheels. Service Users have a financial assessment as to what level of charges they will pay, if any.

9.15 The current charging policy generates an annual income of circa £1 million and therefore is significant in terms of the financial context of Adult Social Care. However, the charging policy is in need of review and needs both to be fair and not to create a barrier to people taking up a service which might result in a higher cost to the Authority at a later date.

9.16 In terms of alternative sources of funding, it is most important that these are firstly identified and secondly maximised. Adult Social Care therefore must work with its corporate and Voluntary Sector colleagues both to identify and to bid for these monies. This funding may be received directly by a Service User or via the Voluntary Sector or the Council. Particular consideration should be given to the following sources of funding:

- Skills for Care
- Futurebuilders
- European Social Fund
- Independent Living Fund
- Disabled Facilities Grant

10) Public & Service User Involvement & Accountability

10.1 Both the National and Local Contexts set out at the start of this Strategy put the Citizen at the centre of the Council’s purpose and activities. Additionally the Principles of Commissioning set out how Service Users and their Carers will be practically engaged in the design and planning of services.

10.2 However, Adult Social Care wishes to engage much more widely than just with its existing Services Users and their Carers. Indeed it wants to connect to the whole area, in order that its activities can achieve much wider Community Benefits.
10.3 In order to develop relationships and communications with the whole Community, there must be a strategic approach to engagement. Currently the Council and PCT communicate with different categories of citizens through the following means:

<table>
<thead>
<tr>
<th>Category</th>
<th>Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>The whole community</td>
<td>• Citizen Panel&lt;br&gt;• Council Newspaper&lt;br&gt;• Other Media&lt;br&gt;• Annual Survey&lt;br&gt;• Statutory Plans&lt;br&gt;• Cabinet, Scrutiny &amp; Council Meetings</td>
</tr>
<tr>
<td>Specific Groups (e.g. older people, adolescents, patients groups, individual neighbourhoods)</td>
<td>• Local Involvement Network (LINk)&lt;br&gt;• Surveys and Focus Groups&lt;br&gt;• Annual Personal Social Services User Survey&lt;br&gt;• Older People’s Forum</td>
</tr>
<tr>
<td>Trade associations, pressure and lobbying groups, business community.</td>
<td>• Budget Consultation&lt;br&gt;• Petitions&lt;br&gt;• Specific approaches</td>
</tr>
<tr>
<td>Providers, across the public, private and third sectors.</td>
<td>• Providers Forum&lt;br&gt;• Council representation on local Voluntary Group Boards.</td>
</tr>
<tr>
<td>Annual Events</td>
<td>• World Aids Day&lt;br&gt;• Carers Week&lt;br&gt;• World Mental Health Week&lt;br&gt;• International Day of Disabled People.</td>
</tr>
<tr>
<td>Carers and support groups</td>
<td>• Carers Week&lt;br&gt;• Carers Local Implementation Team (LIT)&lt;br&gt;• Mental Health LIT&lt;br&gt;• Annual General Meetings&lt;br&gt;• Service User Groups</td>
</tr>
<tr>
<td>Individuals and their families.</td>
<td>• Customer Satisfaction Surveys&lt;br&gt;• Care Plans&lt;br&gt;• Individual Patient Requests&lt;br&gt;• Feedback (Complaints &amp; Compliments)</td>
</tr>
</tbody>
</table>
10.4 In order to improve engagement and give the community “A Stronger Local Voice” the Council will seek to refine the existing methods of communication and in particular will:

- Ensure service specifications are flexible and responsive to feedback from Service Users.
- Use targeted bolster groups of the Citizen Panel in order to consult on specific issues.
- Consider the use of specialist companies both in terms of marketing and consultation.
- Consider the commissioning of specific studies into needs (e.g. by a University or Voluntary Group).
- Ensure better use of existing national data and surveys.
- Ensure greater use of individualised budgets and the involvement of service users in the design of their services.
- Ensure greater accessibility to citizens through regular forum and individual approaches.

10.5 The Department will continue to develop the role of the Local Implementation Teams (LIT’s) by both strengthening their membership and increasing the influence that they have over the decision making process. The current LIT’s include:

- Mental Health
- Learning Disability
- Older People and Physical Disability
- Carers

10.6 The terms of reference for these Groups will be reviewed, particularly in respect of the commissioning and decommissioning of services and in the evaluation of the effectiveness of existing services. Indeed, in respect of existing services, the LITs should work in a way which complements the work of the Council’s Health, Adults& Older People’s Services Overview and Scrutiny Sub-Committee.

10.7 One of the ways that this could be achieved is by way of reports to Scrutiny regarding particular contracts, say those for Home Care Services, including comment from the relevant LIT.

10.8 Additionally, although the Third Sector of voluntary and community groups has its role as provider of services, it also has an equally important role as a representative of the Community, especially for those most vulnerable and excluded. This connection with the Community must not be under-estimated and the Third Sector must be allowed a voice with which to influence both the Council’s and the PCT’s commissioning intentions.
10.9 In order that the relationship between the Third Sector, Council and PCT can flourish, all parties recognise that they must invest time in building trust, understanding and positive & open communications. It is intended that some early work undertaken in 2008 with the Third Sector in building these relationships is further developed. It is anticipated that a formal and scheduled forum will be set up as the vehicle to drive the common purpose of health and well being for the Community of Waltham Forest.

10.10 Last, and by no means least, a Local Involvement Network (LINk) will be established. The LINk will be the key community group with whom the Council and PCT will have a Statutory Duty to consult with in respect of the planning and delivery of health and social care within Waltham Forest. The LINk will have representation from across the Community from voluntary organisations, business groups and individuals. The work of the LINk will be co-ordinated by a “Host” who will act on behalf of the LINk in both an independent and a neutral way.

11) Fair Access to Services & Care Management

11.1 Fundamental to ‘Fair Access to Care’, is that people are aware of both what services are available and how they can access them. This cannot be taken for granted and requires a specific communications plan. The presumption that this need can be met by publishing and distributing a number of leaflets regarding different services, even be they multi-lingual, has not proven to be wholly successful in Waltham Forest. A much more inclusive and innovative approach is required in order that all potential Service Users and their Carers are informed.

11.2 In terms of the communications plan, this will include media, such as radio and posters, and facilitators such as the Voluntary Sector. Indeed, the Voluntary Sector will play a vital new role in case finding, referrals and in the assessment process itself. This may only be at an initial screening or sifting level, but will complement the Single Assessment Process (SAP) which will be further developed between Adult Social Care and its NHS partners.

11.3 In terms of the Fair Access to Care (FACs) Criteria, being - Low; Moderate; Substantial; Critical, it is an objective of the Commissioning Strategy to shift resources, over time, from the higher to the lower criteria. This is in pursuit of the preventive agenda and improving the quality of life and life chances of people within Waltham Forest.

11.4 Additionally, it is the aim to increase the number of Carer assessments and the range of services available to Carers, be they provided through the Council or by a Direct Payment to the Carer. Either way, Care Management Teams will seek to assess and support a higher number of Service Users and Carers, including young carers, through a much expanded menu of services.
12) Market Development

12.1 Given the intention of this Commissioning Strategy to move to a new model of care, Adult Social Care needs to set out the types, volumes and quality of care that it wishes to purchase from the market over at least the next 5 years and, having done so, ensure that the market responds with the corresponding services, so that there is a match between the services the Council is demanding and what the market is capable of supplying. Additionally, the market needs to develop in such a way as to be capable of providing services directly to Service Users as they take on increasing levels of Direct Payments and Individualised Budgets in pursuit of ‘Putting People First’.

12.2 This is a significant challenge as there is already a large imbalance between the demand and supply sides. This can be demonstrated in several ways, including:

- Large numbers of Out of Area residential placements for specialist services.

- Insufficient capacity of certain types of care within Waltham Forest, such as older people mental health nursing.

- Insufficient quality of residential and nursing homes in the Borough rated as either good or excellent by CSCI.

- Patchy provision for preventive and independent living services, as Adult Social Care hasn’t previously bought them in any great volumes.

- Significant levels of service still provided by ‘in-house’ providers within the Department including residential care, home care and day care services

- Limited affordable home care provision for Service Users wishing to purchase services by way of a Direct Payment.

12.3 In order to be able to “set its stall out” fully to its service providers, the Council needs to analyse what it buys now and say how that will differ from what it wants to buy in the future. This will give a clear indication of what the profile of services will to look like by 2013.

12.4 Providers then can clearly see what Adult Social Care’s future commissioning intentions are. Equally, providers can see what services won’t be required in future and thereby what will be decommissioned, and look at potentially diversifying their business into the new areas of activity. Key areas for new market development include preventive services, home care and independent living as set out later in this section.
12.5 In terms of residential and nursing care the profile of services is already changing. There is a reduced requirement for the lower levels of care, particularly for elderly dependents, as it is very much this level of need which we wish to support through independent living. However, there needs to be an expansion in other categories of care, particularly in older mental health and nursing care.

12.6 One of the clearest messages that the Department is already communicating to the market is in respect of CSCI regulated services. That message is that the Council will not be purchasing services in the future from providers whom are either red or amber rated (‘poor’ or ‘adequate’). In late 2007 the decision was taken not to make any new placements with red rated providers and this is likely to be extended to amber rated providers by 2009. In terms of any future procurement exercise, such as for Home Care, providers will have to be a minimum of green rating (‘good’) before they are invited to tender.

12.7 Additionally, the Council has a Policy commitment in its Procurement Strategy to developing a mixed economy of providers across the public, private and third sectors. Adult Social Care therefore needs to consider how it will package its various requirements in order to allow the different sectors opportunities both to bid for and to win contracts. It is the Department’s aim that this leads to a spectrum of arrangements, with lower value Service Level Agreements at one end and major high value and long term partnerships at the other.

12.8 Adult Social Care recognises that to achieve the mixed economy there is a considerable investment needed in order to undertake supplier development. In respect of the third sector and SME’s (small and medium sized enterprises) this is both about making them aware of potential opportunities and encouraging them to bid. It is also about equipping them to bid, through explanation of the tendering process and guiding them on how to join together as consortia in order to win contracts for which they would otherwise be too small to compete.

12.9 The reason that the Council is so keen to achieve the mixed economy of providers is that each sector brings different attributes and a range of skills, experience and services, which together meet our Community’s needs. Some of these attributes are as follows:

For the Independent Sector

- Willing to share or take on risk
- Speed of being able to set up new services (comparative to the public sector)
- Access to commercial funding
- Arrangements are at arms length (as opposed to being ‘in-house’)
- Flexible and innovative
• Significant capacity and growth potential
• Track record and experience of providers
• Structured relationships, underpinned by contractual agreements.
• Better value for money may be achieved through competition

For the Third Sector

• High Levels of Public Trust
• Focused on the needs of the local community and of its service users.
• Capable of engaging and being accessible to the most marginalised
• Flexible and responsive to new ideas
• Access to commercial funding (Social Enterprises)
• Specialist knowledge and skills
• Significant capacity and growth potential
• Entry into the workplace for disadvantaged people

12.10 For the public sector, again there are strong attributes none the least of which are the public service ethos and certainty of provision. It is very much Adult Social Care’s intention to continue to procure services from a number of public sector partners. However, it is the Department’s plan to reduce significantly the level of services which it provides directly itself. In terms of home care services, it is in the process of re-configuring the ‘in-house’ provider, the Community Support Team, to deliver a more specialist service, which in return will deliver better value for money.

12.11 In respect of residential care, a major project is under way to re-commission the 7 local authority operated homes. The intention is to replace the homes with 2 new-build independently operated facilities, which include a resource centre, extra care housing and residential care. It is anticipated that this project will be completed in 2011/12.

12.12 Other considerations in terms of developing the market include a Workforce Development Strategy for health and social care across the borough. This will ensure that that the workforce is suitably skilled and experienced in order to be able to deliver the new model of care. Also, to develop caring as a career so that people can be recruited and retained in the health care economy.

12.13 In terms of the Workforce Development Strategy, this must be undertaken jointly with our independent, voluntary sector and NHS colleagues. Central to this will be building on the successful “Partners” initiative, which has already brought Council and Independent Sector social care training together in Waltham Forest. Additionally, workforce planning needs to be undertaken to ensure that staff are capable of
working not only across a diverse community but also across both health and social care.

12.14 In respect of the wider local economy, the Department will be looking for its providers to commit to the Sustainable Community Strategy through investing in both the people and the infrastructure of Waltham Forest. This may include, for example, employing those with a learning disability or establishing fully disability accessible premises in the Borough.

12.15 In order to make these investments commercially viable, the Department will move to 3 year minimum term contracts. This will give greater financial certainty and allow organisations to develop longer-term business strategies. This is particularly so for the third sector organisations, who have been subject to annual contracts with the attendant uncertainties as to whether they would be extended or terminated.

12.16 Although Adult Social Care cannot be prescriptive about which sector it lets its contracts to, the table following sets out its general intentions and additionally the indicative procurement process that it will use:
<table>
<thead>
<tr>
<th>Client Groups</th>
<th>Preventive Services</th>
<th>Home Care</th>
<th>Independent Living</th>
<th>Direct Payments and Individualised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>Older People</td>
<td>Older People</td>
<td>Older People</td>
<td>Older People</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Misuse</td>
<td>Mental Health &amp; Substance Misuse</td>
<td>Mental Health &amp; Substance Misuse</td>
<td>Mental Health &amp; Substance Misuse</td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td>Learning Disability</td>
<td>Learning Disability</td>
<td>Learning Disability</td>
<td>Learning Disability</td>
</tr>
<tr>
<td>Physical Disability &amp; Sensory Impair</td>
<td>Physical Disability &amp; Sensory Impair</td>
<td>Physical Disability &amp; Sensory Impair</td>
<td>Physical Disability &amp; Sensory Impair</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td>Carers</td>
<td>Carers</td>
<td>Carers</td>
<td>Carers</td>
</tr>
<tr>
<td>Befriending</td>
<td>Community Alarm</td>
<td>Meals on Wheels</td>
<td>Adult Placement Scheme</td>
<td>Personal Assistants</td>
</tr>
<tr>
<td>Handyman Services</td>
<td>Hydration Project</td>
<td>Laundry Service</td>
<td>Extra Care Housing</td>
<td>Transport</td>
</tr>
<tr>
<td>Gardening</td>
<td>Respite Care</td>
<td>Disabled Adaptations</td>
<td>Supported Living</td>
<td>Leisure</td>
</tr>
<tr>
<td>Light Housework</td>
<td>End of Life Care</td>
<td>Telecare</td>
<td>Day Care</td>
<td>Entertainment &amp; Activities</td>
</tr>
<tr>
<td>Assisted Shopping</td>
<td>Occupational Therapy</td>
<td>Telemedicine</td>
<td>Advocacy</td>
<td>Assistance to Work</td>
</tr>
<tr>
<td>Benefits Advice &amp; Information</td>
<td></td>
<td>Dementia Care</td>
<td>Counselling Support</td>
<td>Accommodation Costs</td>
</tr>
<tr>
<td>Counselling Service</td>
<td></td>
<td>Respite Care</td>
<td></td>
<td>Education and Skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>End of Life Care</td>
<td></td>
<td>Training</td>
</tr>
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<td></td>
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</tbody>
</table>
### Services

<table>
<thead>
<tr>
<th>Health Living</th>
<th>Therapeutic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical &amp; Social Activities</td>
<td>Re-enablement</td>
</tr>
<tr>
<td>Services for Carers</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>NHS Primary Care Services</td>
<td>Intercare Services</td>
</tr>
<tr>
<td>Psychological Therapies</td>
<td>Specialist Services (Mental Health)</td>
</tr>
</tbody>
</table>

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### Services such as Advocacy, Services for Carers, Advice etc will cut across all Categories***

<table>
<thead>
<tr>
<th>Providers</th>
<th>Community Groups</th>
<th>Independent Sector</th>
<th>Registered Social Landlords</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Voluntary Sector</td>
<td>Independent/Voluntary Consortia</td>
<td>Colleges and Further Education</td>
<td>Independent &amp; Voluntary Sector Providers</td>
</tr>
<tr>
<td></td>
<td>Social Enterprises</td>
<td>Social Enterprises</td>
<td>Independent Sector Families</td>
<td>Range of Commercial Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public Sector</td>
<td></td>
<td>Public Sector</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract Type</th>
<th>Grants</th>
<th>Competitive Tender</th>
<th>Competitive Tender</th>
<th>Self Arranged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SLA</td>
<td>Framework Contracts</td>
<td>SLA</td>
<td>Care Brokerage</td>
</tr>
<tr>
<td></td>
<td>Negotiated Contract</td>
<td>Negotiated Contract</td>
<td>Nomination Rights</td>
<td>Contract of Employment</td>
</tr>
<tr>
<td></td>
<td>Competitive Tender</td>
<td>SLA</td>
<td>Care Brokerage</td>
<td></td>
</tr>
</tbody>
</table>

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### 13) Headline Commissioning Intentions and Timescales 2008-2013

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Activity</th>
<th>Timescale</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Services</td>
<td>Procurement Exercise</td>
<td>10/07 to 03/09</td>
<td></td>
</tr>
<tr>
<td>Re-provisioning of Residential Care and Extra Care Housing</td>
<td>Procurement Exercise</td>
<td>10/06 to 03/11</td>
<td></td>
</tr>
<tr>
<td>Individualised Budgets</td>
<td>Developing a range of services to support individuals through independent living and increased life chances (education and employment opportunities)</td>
<td>2008/2013</td>
<td></td>
</tr>
<tr>
<td>Day Care Services LD</td>
<td>Procurement Exercise</td>
<td>TBA</td>
<td></td>
</tr>
<tr>
<td>Disability Services</td>
<td>Review</td>
<td>TBA</td>
<td></td>
</tr>
<tr>
<td>Out of Hospital Care</td>
<td>Implementation of Plan</td>
<td>2008/2012</td>
<td></td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>Expanded Provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Brokerage Service</td>
<td>Establish</td>
<td>2008/09</td>
<td></td>
</tr>
<tr>
<td>Carers Support Services</td>
<td>Expanded Provision and range of services</td>
<td>2008/2013</td>
<td></td>
</tr>
<tr>
<td>Integrated Community Equipment Store</td>
<td>Review</td>
<td>TBA</td>
<td></td>
</tr>
</tbody>
</table>

### 14) Contracts & Commissioning

14.1 In order to deliver the ambition of this Commissioning Strategy, Adult Social Care needs to have a commissioning capability which is of sufficient size, experience and skill.

14.2 The functions which need to be undertaken as a part of Commissioning, include:

- Demand & Service Planning
- Market Development
- Joint Commissioning with other Local Authorities and the PCT
- Development of Business Cases
- Support to Best Value Reviews
- Benchmarking of Service Costs and Performance
- Procurement & Tendering
- Quality Assurance Framework
- Contract Management & Monitoring
- Co-ordination of Feedback (concerns, compliments, complaints)
- Complaints Investigation and Safeguarding
• Chairing of Placement Panels
• Brokerage and Placement Activity
• Budgetary Control
• Relationship Management with Providers
• Facilitation of Relationships between Providers
• Joint Working with Regulators.
• Supplier Development
• Support to Workforce Development Strategy

14.3 The current structure and skill set of the Contracts and Brokerage Teams does not wholly meet the demands of this new Commissioning Strategy, and it is therefore in need of review.

14.4 The review will determine a new “fit for purpose” structure which is capable of implementing the Strategy, alongside establishing any ongoing professional development needs of the team.

15) Effectiveness of the Commissioning Strategy

15.1 It is most important that the effectiveness of this Commissioning Strategy is reviewed, on an at least annual basis. The review would be by way of an annual report to the Joint Partnership Board Executive Group. In the same way that reports on individual services or contracts are intended to be presented to the Health, Adults & Older People’s Services Overview and Scrutiny Sub-Committee, the annual report will set out the following:

• Progress against the Implementation Plan
• Effective Use of Resources Assessment
• How Outcomes to Service Users have Improved (including case studies)
• How the Market has been Developed
• Value for Money Assessment
• Additional Community Benefits which have been Delivered
• Progress against Targets for Performance Indicators

15.2 Additionally, the report may include recommendations for refining the Strategy in terms of emerging issues such as ‘Putting People First’, or changes in the needs of the Community. On that last point, it must be recognised that the Community in Waltham Forest is fluid, therefore the Strategy needs to be able to adapt accordingly to these changing needs.
### Implementation Plan – Commissioning Strategy

<table>
<thead>
<tr>
<th>Component</th>
<th>Action</th>
<th>Timescale</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications Plan</td>
<td>The promotion of social care services to the Community, with particular emphasis on raising awareness with hard to reach groups. Additionally, to expand the routes through which people can access services.</td>
<td>September 2008</td>
<td>Corporate Communications Manager</td>
</tr>
<tr>
<td>Increase Number of Carers Assessments</td>
<td>Increase the number of assessments undertaken for Carers and to provide carers with a range of services or a Direct payment in order to meet their particular needs.</td>
<td>March 2009 (and annually thereafter)</td>
<td>Head of Assessment &amp; Care</td>
</tr>
<tr>
<td>Establish Local Involvement Network (LINk)</td>
<td>Appoint Host to co-ordinate the establishment and activities of the LINk. The LINk being the new statutory body for local consultation on health and social care matters.</td>
<td>May 2008</td>
<td>Head of Adult Social Care &amp; Health</td>
</tr>
<tr>
<td>Review Local Implementation Teams</td>
<td>Review of terms of reference and memberships for the Groups.</td>
<td>June 2008</td>
<td>Head of Adult Social Care &amp; Health</td>
</tr>
<tr>
<td>Restructure of Contracts &amp; Commissioning</td>
<td>Review with the PCT the structure of the commissioning function to ensure that it is “fit for purpose” and capable of implementing the new model of care.</td>
<td>October 2008</td>
<td>Head of Adult Social Care &amp; Health</td>
</tr>
<tr>
<td>Commissioning Intentions &amp; Work Programme.</td>
<td>To undertake the delivery of the Commissioning Strategy and associated work programme.</td>
<td>2008-2013</td>
<td>Head of Strategic Commissioning</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Market and Gap Analysis</td>
<td>To establish a baseline of current social care provision and its relationship within Waltham Forest and set out how that needs to change in order to meet future needs.</td>
<td>September 2008</td>
<td>Head of Strategic Commissioning</td>
</tr>
<tr>
<td>Provider Development</td>
<td>Devise and implement a provider development programme. This in order to raise the quality of providers and to equip them to respond to the changing social care health and needs, and the way in which these services will be commissioned.</td>
<td>December 2008</td>
<td>Head of Strategic Commissioning</td>
</tr>
<tr>
<td>Establish External Funding &amp; Bid Group</td>
<td>Establish post within Adult Social Care on “an invest to save” basis to identify external sources of funding and co-ordinate the activities of a multi-agency Bid Group.</td>
<td>December 2008</td>
<td>Head of Adult Social Care &amp; Health</td>
</tr>
<tr>
<td>Workforce Development Strategy</td>
<td>To undertake the workforce planning, training and development for the health and social care economy in Waltham Forest. Ultimately, to ensure along with our partner organisations that the workforce is sufficiently skilled, experienced and of the right capacity to meet the needs of the Community.</td>
<td>2008-2013</td>
<td>HR Manager</td>
</tr>
<tr>
<td>Annual Report to the Joint Partnership Board Executive Group</td>
<td>Report setting out the effectiveness of the Commissioning Strategy and what improvements, particularly in respect of outcomes to service users, have been achieved.</td>
<td>March 2009</td>
<td>Head of Adult Social Care &amp; Health</td>
</tr>
</tbody>
</table>