
Choice, Control and Independence

Transformation of Adult Social Care: Personalisation and Commissioning Plan 2011-2015



HILLINGDON
LONDON

Table of Contents

Background	3
Introduction	3
Executive Summary.....	5
The Case for Change	9
National and Local Policy Context	9
<ul style="list-style-type: none"> • Hillingdon Profile: Key Headlines • User and Carer Feedback • Use of Resources: Where the money is being spent • Performance Against Key Indicators 	
What Adult Social Care will look like by 2015.....	23
Personalisation and Commissioning Plan	26
Priority 1: Managing Demand.....	26
Priority 2: Managing the Support System	32
Priority 3: Managing Supply	39
Adult Social Care Commissioning Priorities.....	41
Appendices - Separate Document	

Section

1

Background

All Local Authorities in England are responsible for the delivery of **Personalisation**, as initiated by ***Putting People First: A shared vision and commitment to the transformation of adult social care*** (Department of Health, 2007).

The Coalition Government has reiterated the importance of continuing the personalisation agenda through the development of two policy documents: ***Think Local, Act Personal: a sector wide commitment to moving forward with personalisation and community based support*** (January 2011) and ***A Vision for Adult Social Care: Capable Communities and Active Citizens*** (November 2011). The Vision builds on the Government's commitment to:

Break down barriers between health & social care funding and provide incentives to develop preventative services

Extend the rollout of personal budgets so that by April 2013 all social care users, who are eligible, are in receipt of one and:

Use direct payments to carers and better community based provision to improve access to respite care

A White Paper for Adult Social Care is planned for Spring 2012 which will set out further requirements for the delivery of personalisation as well as measures for the future funding of long-term care and support.

The successful implementation of Personalisation will deliver true choice and control for service users and carers, including children and their families, and enable them to be supported by and actively contribute to their local communities. It will also have significant implications for Adult Social Care commissioning, in-house services, other council directorates, the private and voluntary sector providers, Health and other key partners.

Introduction

This Transformation Plan shows how the council will deliver adult social care that will enable Hillingdon's residents to live independently in the community with housing and support services appropriate to their need. It covers the council's housing commissioning responsibilities in so far as they serve to deliver on adult social care priorities. This is one of four key plans or strategies produced by the council's Social Care, Health and Housing Department and partners. The other three are as follows:

- Children and Families Trust Strategy 2011 - 2015
- Disabled Children's Strategy 2009 – 2011
- Housing Strategy 2011 - 2015

It is intended that a combined adults and children's' commissioning strategy will be developed for 2012/13.

A number of other strategies and plans are in preparation to support these documents and amongst these are:

- Disabilities Commissioning Plan 2011 – 2015
- Older People's Commissioning Plan 2011 – 2015
- Adult Mental Health Commissioning Plan 2011 – 2015
- Carers' Commissioning Plan 2011-2015
- Transition Strategy 2010 – 2015
- Autism Strategy 2010 - 2015

All of these documents can be obtained by contacting the Social Care, Health and Housing Commissioning Team on 01895 277051.

Section

2

Executive Summary

The Mission for Social Care, Health and Housing

Guiding the development of this plan is the Social Care, Health and Housing (SCH&H) mission and supporting principles. The mission is:

“Enabling residents in need to live safe, healthy and independent lives”

To deliver this mission SCH&H will:

- Improve outcomes for children, young people and families in need or at risk through coordinated, evidence-based services.
- Provide support tailored to our residents’ needs through integrated working across social care, health and housing services
- Make best use of public and community resources

Supporting Principles

SCHH will embrace the enabling role of local councils through applying the following five supporting principles:

1. Choice and control

We will ensure that users of services are in the driving seat in deciding how their desired outcomes will be achieved within available resources.

2. Safe, healthy and independent lives

We will shift from providing long-term institutional services to providing time-limited support which helps people regain independence in the community.

3. Supportive local communities

We will achieve sustainable change by supporting individuals and communities to help themselves and each other.

4. Different for less

We will use up to date, evidence based approaches to services which are more efficient and effective.

5. Working together

The whole community has a role to play in keeping people safe, healthy and independent. Through integrated working with health and other partners, we will commission services that draw on existing networks and community capacity.

Social Care, Health and Housing Strategic Priorities

Services will be developed according to three strategic priorities:

1. **Managing demand:** keeping residents independent, investing in preventative services to stop or significantly delay residents from requiring ongoing social care or becoming homeless or in housing need.
2. **Managing the support system:** efficient and effective in-house service provision that is focused on reablement, delivering time-limited interventions to effect change so that residents can learn or re-learn crucial skills to live independently.
3. **Managing supply:** commissioning private and voluntary social care and housing services, delivering support, choice and independence to vulnerable, complex and high dependence residents.

Transformation Plan Summary: What we will do

Priority One: Managing Demand

Social Care, Health and Housing will:

Universal Services

- Work jointly with leisure, libraries, adult education and other council services, to ensure that community resources are used effectively to support local residents.

Information, Advice and Guidance

- Deliver social care, housing and benefits information and advice services that are either provided directly or updated and managed by the voluntary sector and local communities to enable residents to identify for themselves how their needs can be addressed

Carer Support

- Deliver specialist services for carers to support them in their caring role and in their everyday lives, including specialist information and advice services and developing Personal Budgets for Carers

Preventative Services

- Commission preventative services that can demonstrate significant benefits in helping people to lead independent active lives as well as reduce pressures on statutory services
- Use the benefits system to reduce poverty and support independence.

Priority Two: Managing the Support System

Social Care, Health and Housing will:

Personal Budgets

- Ensure all adult social care customers have access to a Personal Budget by April 2013.
- Through collaborative commissioning, support and develop the external provider market for personalised services
- Work with Health partners to support the development of personal healthcare budgets to enable service users to achieve positive outcomes in health and wellbeing
- Work with other Council Directorates, the voluntary sector and local communities to support social care service users to access generic public services
- Offer Personal Budget holders a 'Pre-paid debit card' to provide greater purchasing flexibility, significant reduction in onerous paperwork, safeguarding against financial abuse
- Deliver creative support planning and increased choice and control for residents

Housing-related Support

- Deliver advice and support to residents to help people live independently
- Ensure that housing support and adult social care services are provided in a way that maximises the choice and control for tenants, leaseholders and owner occupiers over the services they receive and how they are provided and the ability to purchase independent support using their personal budgets.

Reablement

- Deliver a specialist reablement service to help people to maximise their ability to live independently and within their own home
- Make best use of all community intermediate facilities across health and social care as a stepping stone between leaving hospital and going home and to prevent unnecessary admission to hospital

TeleCareLine

- Further expand the assistive technology and telecare offer for Hillingdon residents to maximise independence

Safeguarding Adults

- Support adults at risk to live free from harm and exploitation

Modernise Day Opportunities Services

- Develop more choice and a wider range of community services or support to access those services that can be purchased by personal budget holders and self-funders.
- Ensure that council provided buildings-based day services have the flexibility to support people with the most complex needs and be transparently costed to enable personal budget holders to purchase these services
- Develop dementia care services and complex care to support people in their own homes or the community where possible
- Ensure that council provided or funded transport services are available to residents in the greatest need whilst providing opportunities for those residents to have the choice to develop, individual, more flexible travel solutions

Priority Three: Managing Supply

Social Care, Health and Housing will:

Market Management

- Work with the private sector to make best use of housing supply
- Apply strategic market management through framework care contracts and leveraging economies of scale with local health services and other West London councils
- Support the development of a personalised services business model within the voluntary sector organisations

Reduced and Renegotiated High cost Care Packages and Placements

- Review and renegotiate costly support packages while retaining quality and good outcomes for service users

Supported Housing and Independent Living

- Reduce the use of unnecessary residential care by extending the range of supported housing options

Safe, warm, affordable environments to live in

- Support the development of affordable housing
- Reduce overcrowding and the use of temporary accommodation
- Reduce fuel poverty

Homes that are suitable and hazard-free for the people living in them

- Promote energy efficiency
- Deliver housing adaptations

Section

3

The Case for Change

National and Local Policy Context

The national and local policy context is set out in Appendix 1 and a summary of legal obligations can be found in Appendix 2. In summary, the focus of national policy is on maximising the independence of disabled people by redesigning the system to ensure that they have greater choice and control over the services they receive and the way they are provided.

In addition to these policy drivers, the current financial situation has an impact on the way councils deliver services. At a national level, the government is looking to make cuts averaging 25% cuts across government departments. In Hillingdon this means a budget reduction of £66m over four years, which is 18% of our net budget. £26.2m of this budget reduction is in 2011/12.

Hillingdon Profile: Key Headlines

The Office of National Statistics (ONS) estimated Hillingdon population at 253,200 in 2008.

The population of Hillingdon is expected to grow by 5% in 5 years and 9.7% in ten years.

The Greater London Authority (GLA) 2007 estimates that Black and minority ethnic communities (BME) in Hillingdon account for 30% of the population, a 10% increase from 20% reported in the 2001 census. Of the 30%; Asian people account for 19%, Black British 7% and Chinese and other, 4%.

In future, Hillingdon is expected to become more diverse, with greater diversity in the younger age groups where the ethnic minorities in this age group are expected to increase to 50% by 2016 (GLA 2007 Ethnic population projections).

The population of BME older people is expected to grow especially in the south of the borough.

Data in this section is derived from the Joint Strategic Needs Assessment (JSNA) and other sources as shown. The full JSNA can be accessed using the following internet link www.hillingdon.gov.uk/index.jsp?articleid=21833.

Older People

- It is estimated that there are currently 34,000 people aged over 65 in the Borough. This is projected to increase by 8.4% in five years to 37,100.
- The numbers of people aged 85 and over is expected to increase by 11% within this period to 5,500.
- Of the current older people population 89% are White, 7.5% Asian and only 1.6% Black.
- There are estimated to be 4,778 frail elderly households residents within the borough and nearly a quarter of these are thought to be living in unsuitable housing.
- 73.5% of Hillingdon's population aged over 60 are owner occupiers and of this 66.5% own their homes outright. Approximately 22% of older people live in the social rented sector and only 4% in private rented accommodation. Approximately 14% of older people live on their own.
- In 2009/10 3,790 older people were supported by the council with community care services. There were 3,148 packages of care, 494 residential placements and 485 nursing placements for older people during this period.
- Most placements were in the Borough but some were located in other local authorities across the country.
- Stroke is a major cause of disability and in 2008/9 (the last year for which validated data is available) 3,209 people were reported by GPs as living with stroke. This is projected to increase to 4,351 by 2015.

Dementia

- Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 8.7% to 2,710 in the five years to 2015.
- 67% of the increase can be attributed to the over 85s, which is expected to grow by 11% within this period.
- People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015.

Disabled People: General Overview

- The 2001 census did identify that there were 36,000 people in Hillingdon who considered that they had a limiting long-term illness and of these 45% were older people.
- Only 1,245 people were in receipt of disability living allowance up to Feb 09, which is low compared to neighbouring boroughs
- 19% of school children have some form of identified special educational need. See the section on transition below for more information.

Learning Disability

- Projections for people with a learning disability suggest a 4.5% increase in the period 2010 to 2015 to 5,083.
- In 2009/10 456 adults with learning disabilities were supported by the council with community care services. 359 people received a community based package and 178 were supported either in residential or nursing care.
- A detailed study of the needs of users in 2009, which also included people with a predominantly health need, showed that 9% had a learning disability as their main need. The majority, 54%, had more than one complex need, e.g. a physical and/or sensory disability, challenging behaviour, epilepsy, Down's syndrome, other health condition, etc.
- Analysis undertaken in 2009/10 has shown that there are only 64 users with Autistic Spectrum Disorders (ASD) known to services. PANSI (Projecting Adult Needs and Service Information) projections suggest that there should be 1,624. This suggests that there may be a significant number of people who have either not approached the Council for service or have not been properly diagnosed.
- The number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015 to 766. In 2009/10 there were 29 people within this group in receipt of community care services.

Physical Disability

- PANSI projections suggest that the population of people aged 18 to 64 with moderate to serious physical disabilities is likely to increase by 4.3% to 16,510 in the five years to 2015.
- In 2009/10 733 adults of working age with physical and/or sensory disabilities were supported by Adult Social Care. There were 677 packages of care, 43 residential and 36 nursing placements. There were 7 new placements and these were largely people who had an acquired brain injury, resulting either from a traumatic incident such as a road traffic accident or from a neurological condition.
- 23 of the current placements are aged between 60 and 65, which suggests an increased potential demand for extra care housing as an alternative to institutional care

Mental Health

- The number of adults of working age with mental health needs is projected to grow by 3.6% between 2010 and 2015 to 43,144.

- 753 adults with mental health needs were supported during 2009/10. This took the form of 741 packages of care and 42 residential and 7 nursing placements.

Transition from Children's Services to Adults' Services

- 380 young people who have statements of special educational need aged between 12 and 19 currently attending special schools in Hillingdon or who are placed in specialist facilities out of the Borough.
- There is a further 501 young people aged between 12 and 19 in specialist placements and many are likely to meet the eligibility criteria for adults social care services due to the complexity of their needs. This includes dual or multiple diagnoses such as learning disabilities and behaviours that are challenging or hard to manage together with physical and/or sensory disabilities. There are also more frequent instances of fragile x syndrome and severe autism.

Carers

- In the 2001 Census approximately 23,000 people identified themselves as carers.
- We unfortunately have very little quantitative information about the needs of carers.

Health Needs

- 20% of Hillingdon's population smoke
- 23% of adults in Hillingdon are estimated to be obese - lower than the national average of 24%
- circulatory diseases affect 1 in 3 of Hillingdon's population and along with cancer are one of the main causes of death
- estimates have shown that by 2015, there will be 9971 people with coronary heart disease (CHD), 4351 with stroke, 14,191 with diabetes, 59,840 with hypertension

Over the lifetime of this plan and beyond Hillingdon is going to experience an ageing population and an increase in the number of people with conditions associated with older age, such as dementias and stroke.

Unhealthy lifestyles, such as smoking, lack of physical exercise and poor diet will, if not changed, result in an increase in other health conditions such as diabetes, coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD) and hypertension that will in turn exacerbate the increase in the numbers of people at risk of dementias and stroke.

User and Carer Feedback

The following represent some of the key issues that have been identified as a result of various consultation exercises that have taken place with residents and carers:

- Access to high quality services.

- Better communication between health and adult social care.
- More information provided to support people's choices and control over the services available to address their needs.
- More information and advice about how to be healthy, including information about the range of activities available in the local area.
- The need for services to be locally based where possible
- Treating people with more courtesy, respect and dignity.
- A greater emphasis on prevention and raising awareness of the causes of ill health, particularly at an early age.
- More training for staff to support the move towards a preventive approach.
- Access to affordable, adapted housing
- More culturally appropriate services, particularly for BME communities.
- Greater awareness and understanding of the role of the voluntary and community sector in delivering health and well-being services and involvement in the development of these services.

A study was undertaken by the think tank Demos of 89 current service users across user groups between December 2009 and March 2010 and one of its key objectives was to identify how they would spend their personal budgets. This study was part of a national study and the results fed into identifying a national picture.

The key findings of the study were:

- Hillingdon's users wanted to change what they do on weekdays and at weekends;
- Use of day services would significantly reduce if users had access to personal budgets;
- Use of leisure facilities would significantly increase;
- Socialising and meeting new people is currently identified as a gap and as a major priority;
- Over half of users said that they would not change their care provision under personal budgets.

The Hillingdon results identified the following characteristics for a good service provider:

- Locally based
- Staff who know them personally
- Professional, trained staff
- Continuity of service provision

People with learning disabilities identified access to employment, volunteering and generally improved economic wellbeing as being a priority for them. For older people care at home was the priority.

Regarding the assistance required the following needs were identified:

- Improved transport;
- Information about what is available locally.

Use of Resources: Where the money is spent

Table 1 provides a breakdown of spend by user group in 2009/10. The information in this table includes money spent on council provided services and also those provided by the private and voluntary sector.

Table 1 2009/10 Spend by User Group and Service Area

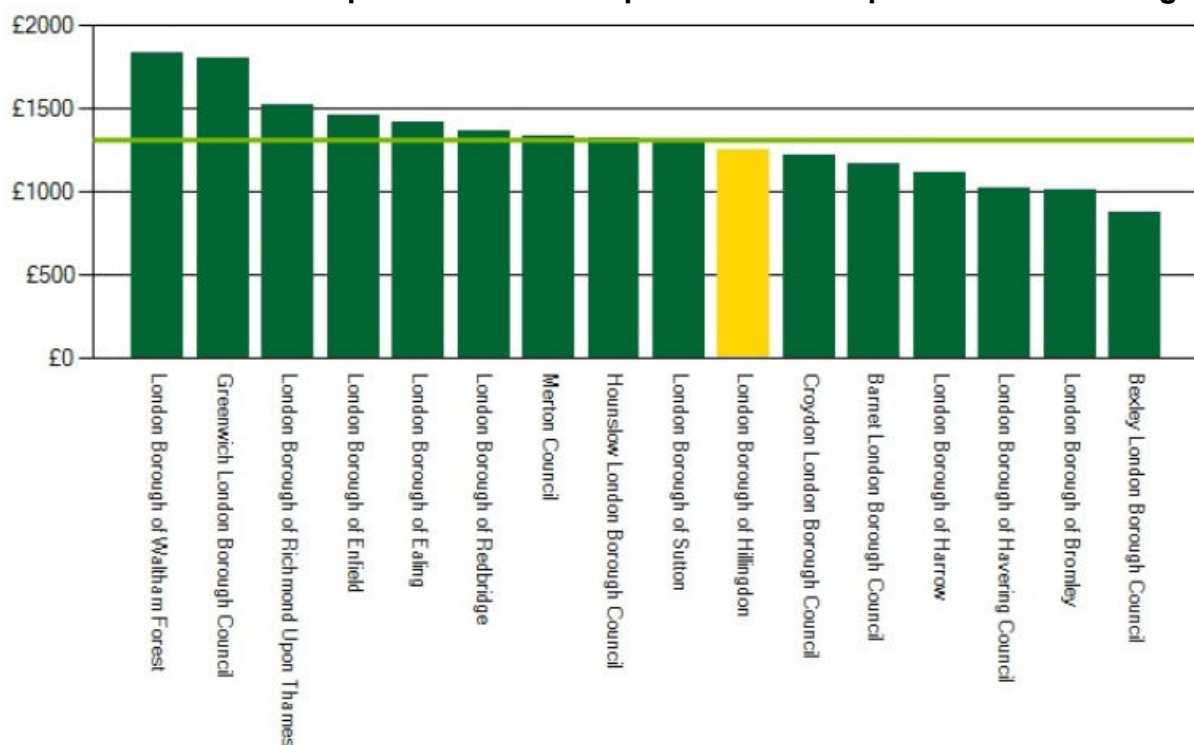
	Older People	Physical & Sensory Disabilities	Learning Disabilities	Mental Health Services
Service Description				
Residential	10,758	1,682	16,740	2,069
Nursing	11,288	1,693	316	287
Home care	10,918	1,839	381	113
Day Care	1,897	845	4,041	231
Direct Payments	1,101	2,091	451	1
Other	6,966	1,935	8,545	3,519
Grand Total	42,929	10,085	30,472	6,219
Percentage	47.7%	11.2%	33.8%	6.9%
	Older People	Physical & Sensory Disabilities	Learning Disabilities	Mental Health Services
Service Description				
Residential	25%	17%	55%	33%
Nursing	26%	17%	1%	5%
Home care	25%	18%	1%	2%
Day Care	4%	8%	13%	4%
Direct Payments	3%	21%	1%	0%
Other	16%	19%	28%	57%
Grand Total	100%	100%	100%	100%

2009/10 Data from PSSEX1 submitted 23/11/2010

Older People

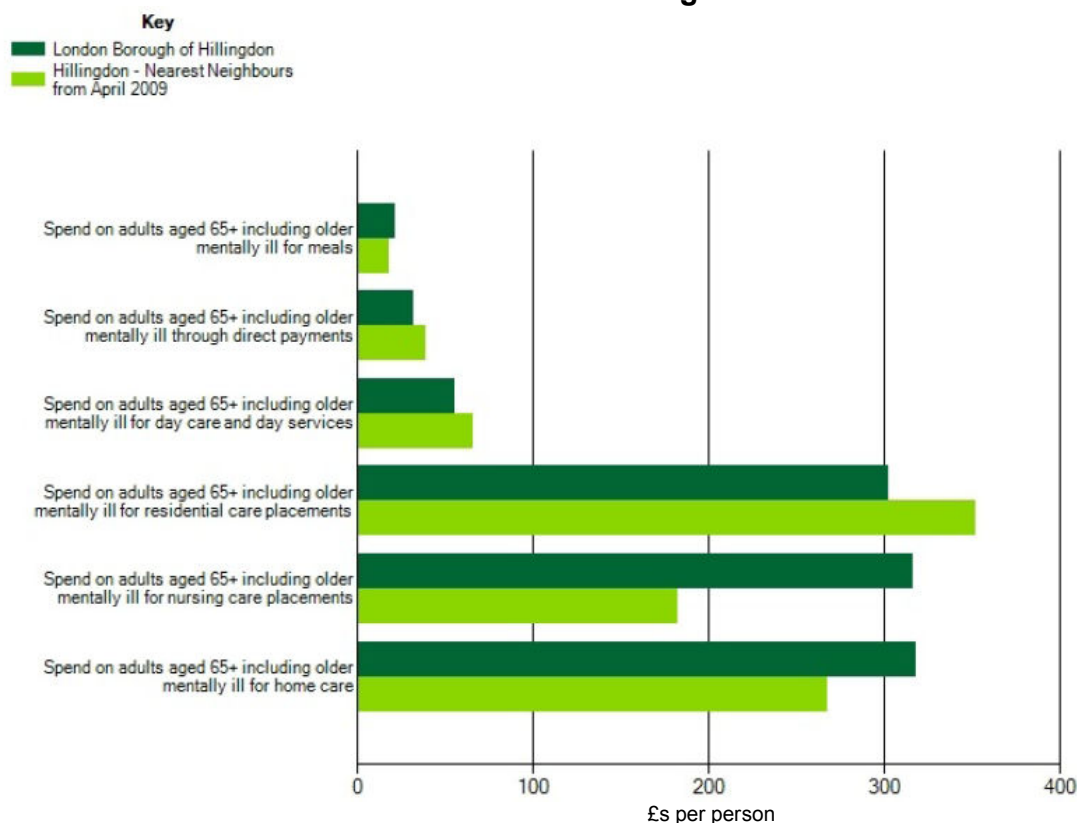
In 2009/10, the most recent year for which externally verified expenditure information is available, 48% of the council's adult social care spend was on older people. The council spent less per head of the population on older people than our Audit Commission nearest neighbour group, i.e. those councils with a similar population and deprivation profile and also spent less than the median. This can be seen in table 2 below.

Table 2 Social Care Spend on Older People 2009/10 Compared with Near Neighbours



The council position towards meeting the Department of Health target of capping residential spend to 40% of total spend worsened during 2009/10 as the proportion rose from 50% in 08/09 to 51% in 09/10. Table 3 below shows how the council's spend on a range of services compares with our near neighbours. This shows that expenditure on nursing was considerably higher than our benchmarking group during this period.

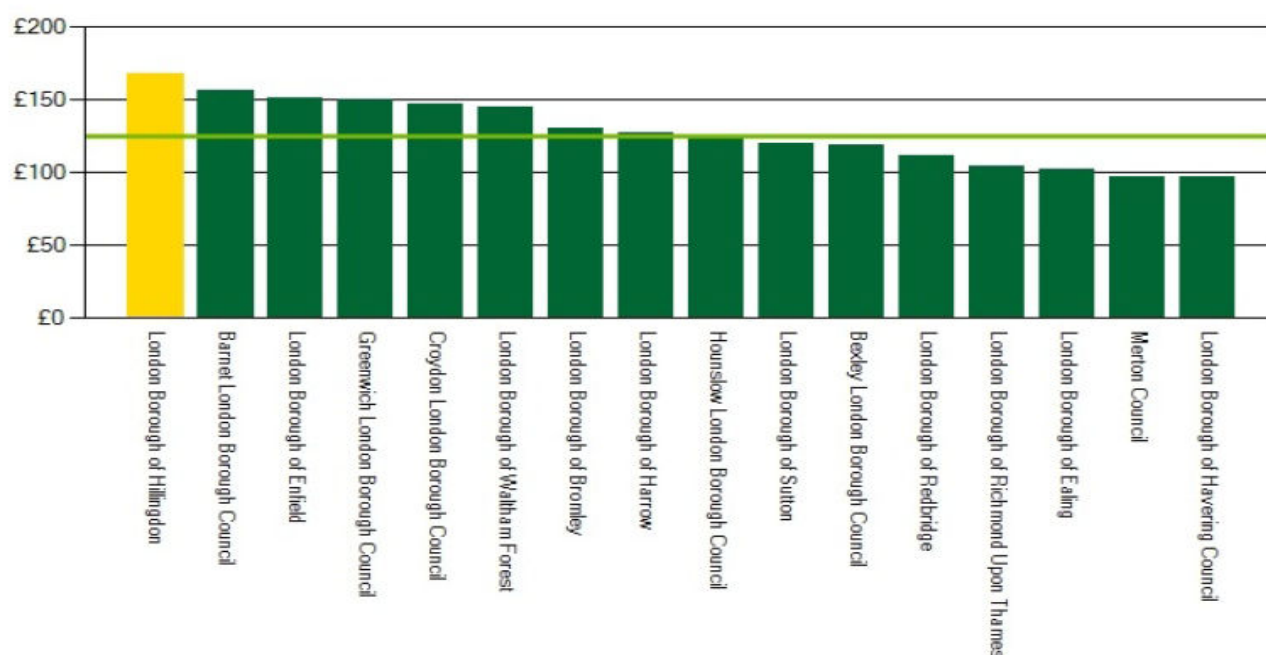
Table 3 – Council spend on a range of services for older people in 2009/10 compared with near neighbours



Learning Disabilities

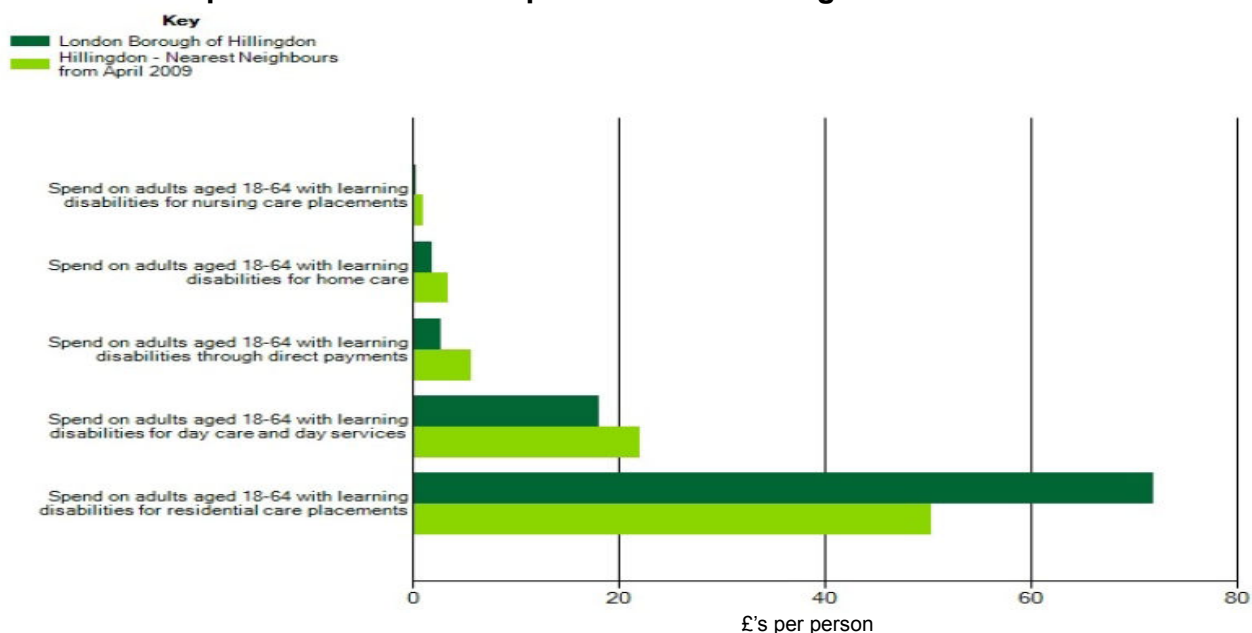
In 2009/10 34% of the council's adult social care budget was spent on supporting the social care needs of people with learning disabilities. The council was spending approximately the average per head of the population on people with learning disabilities between 2006/7 and 2008/9, but in 2009/10 this increased dramatically with the result that expenditure was the highest amongst those of our comparator boroughs, i.e. those with a similar population and deprivation profile, as well as other London boroughs. One of the reasons for this was the transfer of funding responsibility for a number of service users to the council from Hillingdon Primary Care Trust. Table 3 shows the position with our comparator boroughs.

**Table 4 - Council spend on People with Learning Disabilities Per Head of Population
2009/10 Compared with Near Neighbours**



The proportion of the spend on residential accommodation for people with learning disabilities decreased from 60% in 2008/9 to 56% in 2009/10. Table 5 shows that the council spent significantly more on residential accommodation than our comparator group and less than other councils on the services required to support people in the community (not including nursing care).

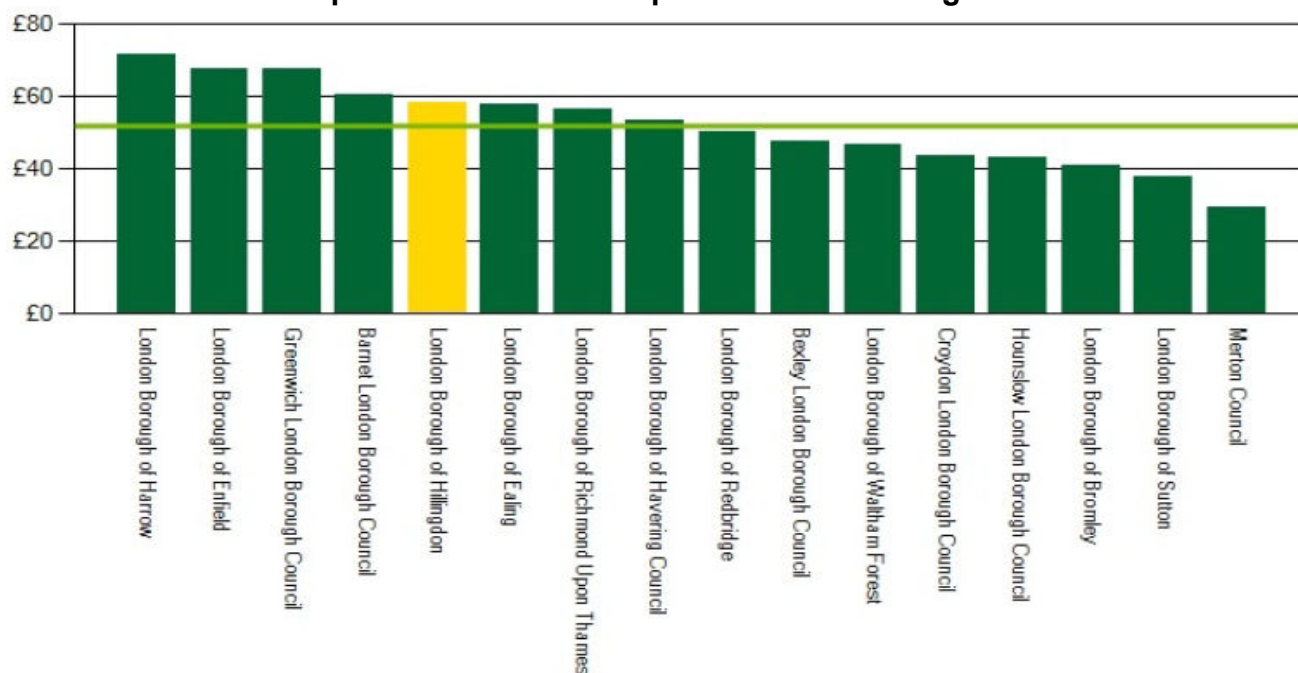
Table 5 - Council spend on Service for People with Learning Disabilities Per Head of Population 2009/10 Compared with Near Neighbours



Physical Disabilities

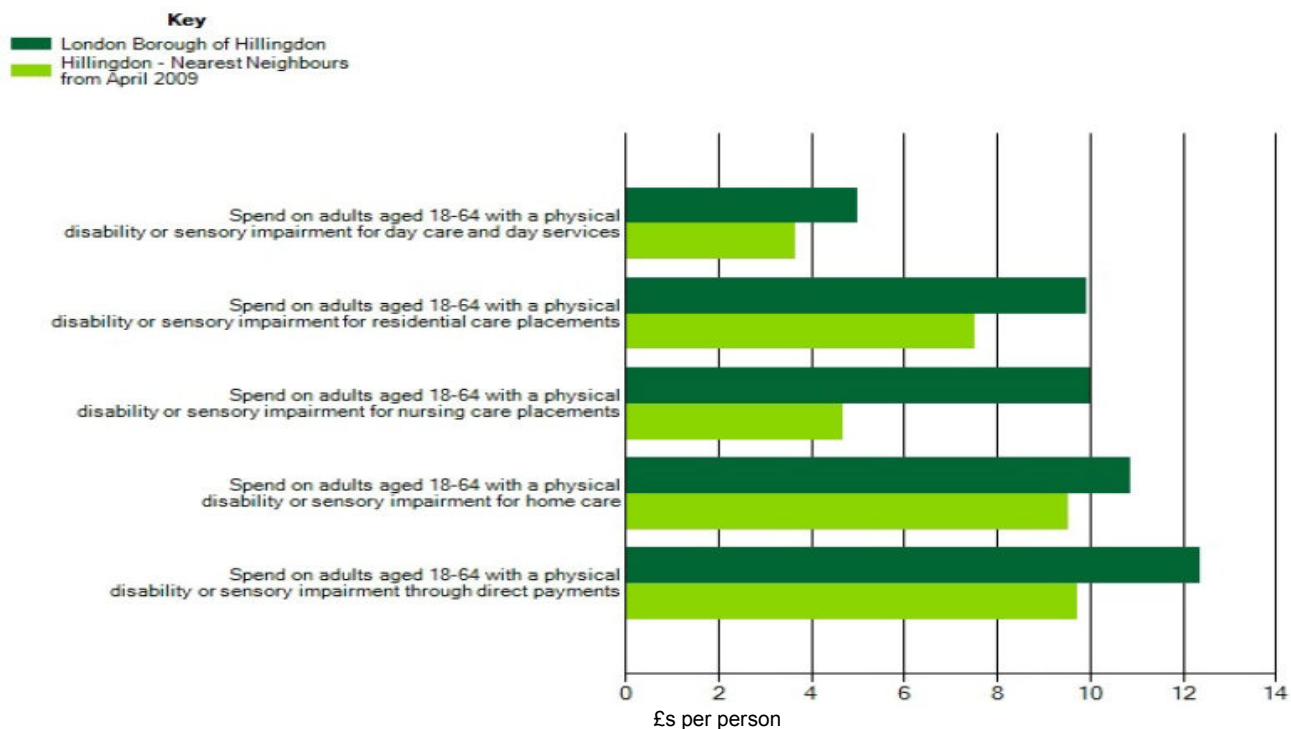
In 2009/10 the council spent 11% of its adult social care budget on supporting the social care needs of adults of working age with physical disabilities. This is more than the average per head of population. Table 6 shows that Hillingdon is the 5th highest out of our near neighbours.

Table 6 - Council spend on People of Working Age with Physical Disabilities Per Head of Population 2009/10 Compared with Near Neighbours



Spend on residential services was 33%, which is over double the target rate for adults aged 18 – 64 with physical disabilities. Table 7 shows that the council spent more in 2009/10 than our comparator group of councils on a range of services and significantly more on nursing care provision.

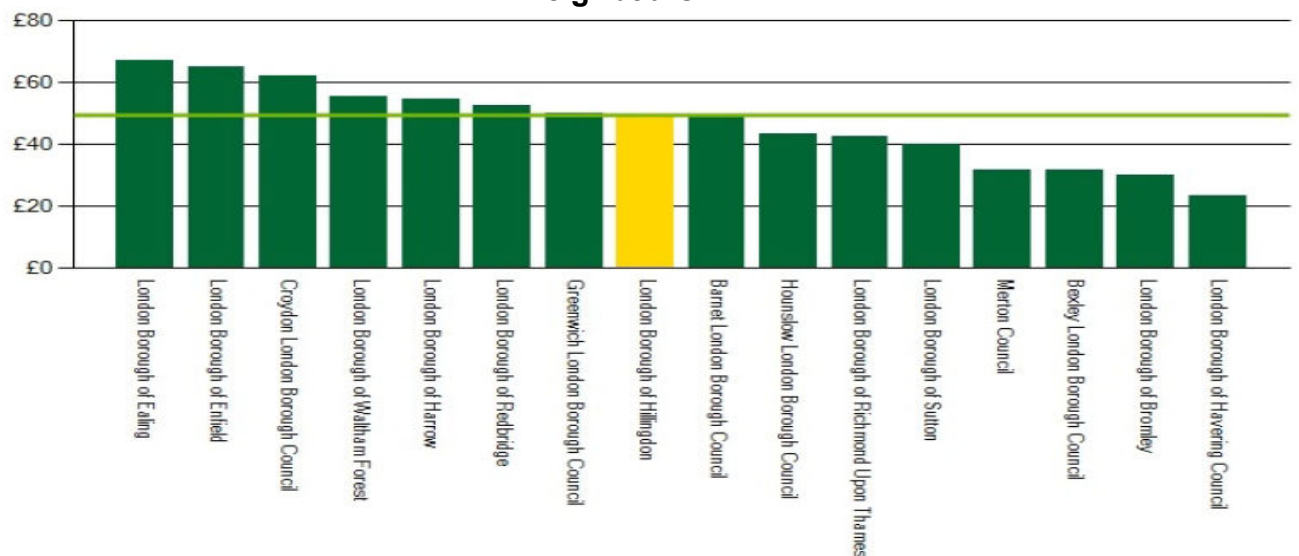
Table 7 - Council spend on Services for People of Working Age with Physical Disabilities Per Head of Population 2009/10 Compared with Near Neighbours



Mental Health

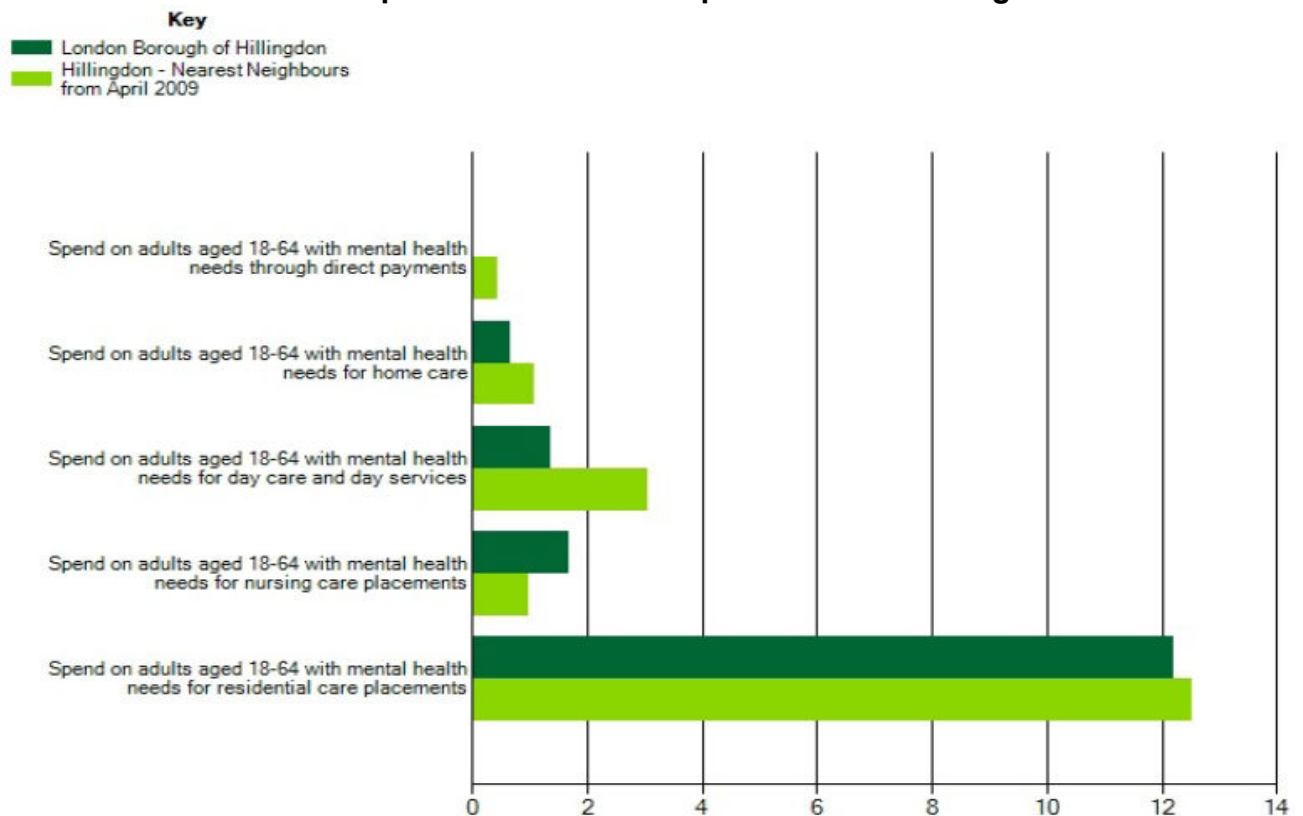
In 2009/10 the council spent 7% of its adult social care budget supporting adults with mental health needs. The council has historically been one of the lowest in terms of spend per population for Mental Health, but in 2009/10 spend has increased and the Hillingdon is now in the middle of the graph compared to our Audit Commission nearest neighbour group, but remain in the bottom third across London. Table 8 shows the comparative picture with our near neighbours.

Table 8 – Council spend on Adults with Mental Health Needs Compared with Near Neighbours



The spend on residential accommodation was 38%. Good practice would be 15%. Spend on all other services was less than the median for our Audit Commission nearest neighbours. Table 9 shows the council's spend per person in 2009/10 compared with our near neighbours.

Table 9 - Council spend on Services for Adult 18 – 64 with Mental Health Needs Disabilities Per Head of Population 2009/10 Compared with Near Neighbours



Performance Against Key Indicators

The key performance indicators for SCHH and comparative performance information can be found in Appendix 3.

What the performance information tells us

The performance information shows us that although significant improvements are being made in the council's performance, the current model is still very focused on traditional service provision.

The Case for Change Summarised

Why things have to change

National Policy

Government policy requires that vulnerable adults have more choice and control over the services they receive and how they are provided. It also requires that councils move away from models of care that are reliant on care provision to address the social care needs of their residents.

A Changing Population

Over the next four years and beyond there will be:

- More people aged over 60
- An increasing number of people aged 85 and over
- More people with health conditions related to old age, e.g. dementias and stroke
- More people with more complex needs, e.g. people with more than one disability
- A more diverse population

Public Expectations

The messages that we have received from residents shows:

- That they want more choice and control over the services they receive
- They want to be independent in their own homes rather than living in institutional care
- Disabled people, particularly younger people, want access to the same opportunities as other people
- They want services that address their cultural needs
- They want the opportunities to help themselves to stay healthy
- They also want to see greater investment in prevention
- The new model works

Use of Resources

There are important messages about how the council spends the public's money on care and support services:

- Hillingdon is spending much more on residential and nursing accommodation for vulnerable adults, e.g. older people, people with learning disabilities, people with

physical and/or sensory disabilities and people with mental health needs, than many other councils

- The ageing population and increasing complexity of need means that this is not only against good practice but it is unaffordable

Section

5

What Adult Social Care will look like by 2015

The SCHH mission, supporting principles and priorities for the duration of this plan are set out in the executive summary.

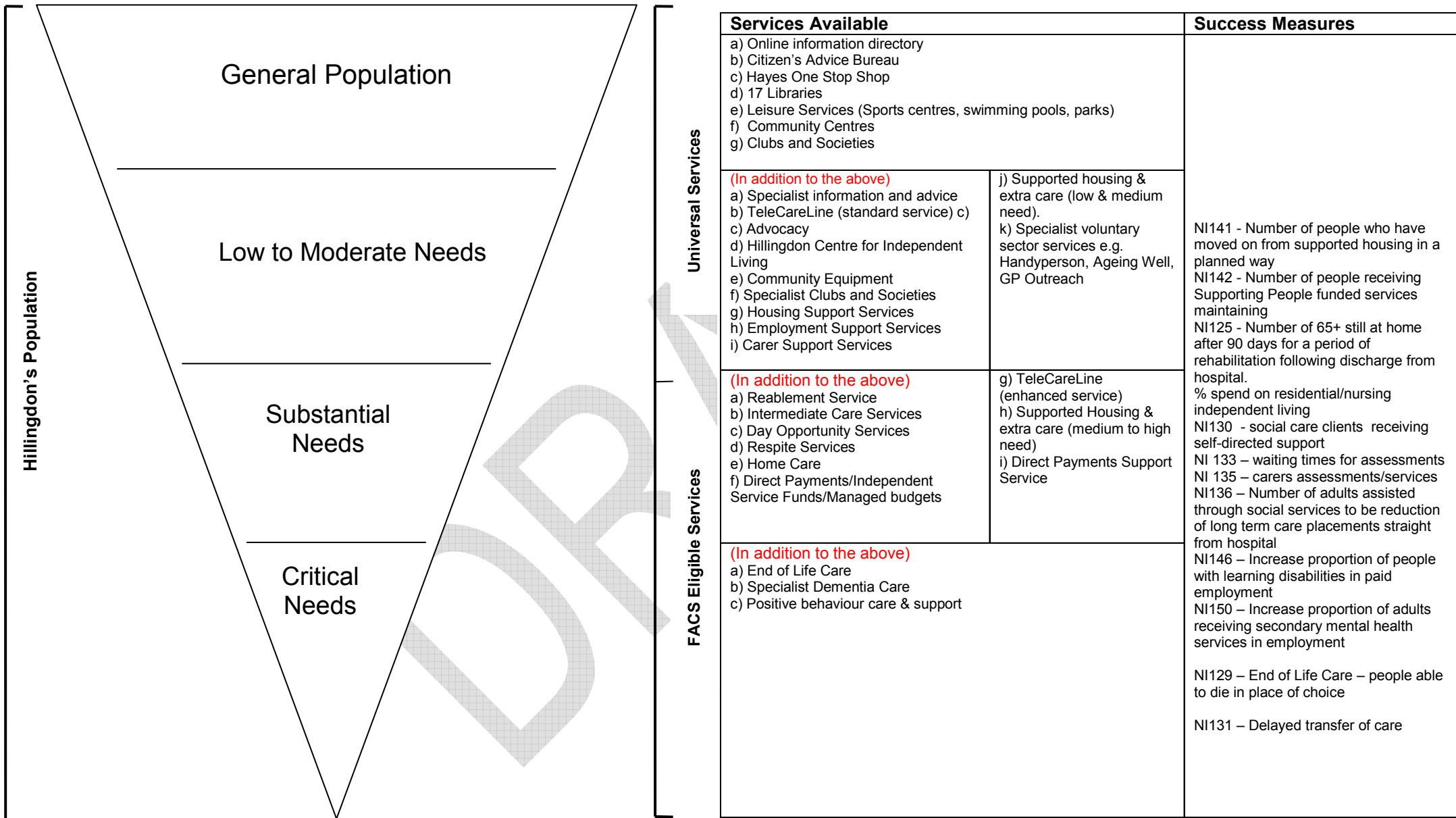
The role of SCHH will evolve over the lifetime of this plan in terms of what the council will provide directly and what it will commission others such as the voluntary and community or private sectors to provide.

The table shows the benefits for residents of the new model as well as intended measures to test its success

Benefits for Residents	Success Measures
<ul style="list-style-type: none">• More effective and efficient support via an improved universal offer of information, advice and guidance• Increased choice in support and care due to the range of commissioned providers, market management and personalisation• Increased independence and ability to lead fulfilling lives through a strong focus on prevention and helping customers to manage for themselves• A greater role for social networks and the community• Improvements in support for carers• Better value for money	<ul style="list-style-type: none">• Increasing the number of people supported by Social Care to live at home to 3,350 by 2015• Reducing the proportion of the Social Care budgets for older people, people with learning disabilities, adults of working age with physical and/or sensory disabilities and adults with mental health needs spent on residential care to 30%, 15%, 13% and 15% respectively.• Reducing the % of older people being discharged from hospital into residential care to 3% by 2015;• Increase the % of people who say, when surveyed, that they have as much control as they want over their daily lives as they want to 90% by 2015;

	<ul style="list-style-type: none"> • Increasing the % of residents receiving a community care assessment within 28 days of first contact to the London average by 2015; • Increasing the percentage of older people still at home 91 days after hospital discharge following a period of rehabilitation/intermediate care to 89% by 2015; • Achieving 100% take up of personal budgets (for eligible service users) by April 2013 • Maximising the number of users receiving personal budgets and using them to purchase their individual support plans • 50% support plans containing elements of assistive technology or social capital • Achieving a reduction in the SCHH budget of £17.5m by the 31st March 2014.
--	--

The Future of Adult Social Care Offer Illustrated



Section

6

Commissioning Plan

Priority 1: Managing Demand

The council will seek to keep residents independent and will invest in preventative services to stop or significantly delay them from requiring ongoing social care services or from becoming homeless or in housing need. Feedback from service users received from a variety of sources including the Older People's and Disabled People's Assemblies, the following are key preventative services:

- Information and advice
- Advocacy
- Befriending
- Social interaction opportunities
- Floating support/outreach
- Support for carers
- Home support

Universal Services

The council continues to invest heavily in its leisure and library facilities at a time when other local authorities are reducing spend in this area. These universal services, together with adult education, serve to support the wellbeing of our residents.

Social networks are essential to preventing social isolation and keeping residents mentally and physically active. The mutual support that they provide enables some residents to resolve issues without recourse to the council, thus creating an opportunity for resources to be focused on those in the greatest need. The council supports a variety of clubs and societies by providing access to community facilities such as community centres. The council also makes contributions to funding the core costs, such as some premises costs, of some voluntary sector organisations. This 'social capital' generated by the voluntary and community sector is highly valued for its preventative aspect.

What we intend to do

Social Care, Health and Housing will continue to work with leisure services, libraries and other council services to ensure that a one council approach is taken to maximising the time that Hillingdon residents are able to remain independent in the community.

We will continue to support the voluntary and community organisations that demonstrably contribute to ensuring the independence of local residents and, in some cases, this support may take the form of a financial contribution towards their core costs.

Information and Advice

The 2008 Audit Commission publication *Don't Stop Me Now* showed that the people most at risk of information exclusion are people:

- Aged 80 +
- Living alone or in rented accommodation
- No access to a car or public transport
- On a low income or benefits as a main income
- No access to a telephone

The council's aim is to make high quality information and advice available to all adults and their relatives and carers who need, or may need, services and support in order to lead their lives. We will know that we have achieved our aim if all people:

- Know how and where to get the information and advice they need;
- Get the same quality of information and advice, regardless of how or where they obtain it;
- Get the right information and advice first time, regardless of how or where they obtain it

ASCHH funding for information and advice provision is currently £373k. This includes a number of specialist services that are targeted at particular communities, e.g. BME elders, refugees and asylum seekers with mental health needs, etc. In 2010/11 the Council also provided £300.1k funding for the Hillingdon and Ealing Citizens Advice Bureau to provide advice and information. Council core funding for Age UK, the Disablement Association Hillingdon (DASH), Hillingdon MIND and Hillingdon Carers, which includes the primary functions of these organisations to provide information and advice, totals £412k.

What we intend to do

- Develop an online information directory that would enable residents to obtain details about any services available to them in the borough and in the surrounding area. This would range from advice and information services to details about leisure services or organisations providing services that residents may wish to use their personal budgets to pay for. It is expected that this facility will provide links to information about service providers' prices under a system developed with the West London Alliance (WLA) partnership of London councils
- Review the role of the council's Contact Centre as a central information hub that would sign-post residents to the appropriate organisation to address their needs.

- Develop the borough's 17 libraries and the Hayes One Stop Shop to become local information hubs that can assist residents without computers to access the directory and sign-post them appropriately
- Development of 'HillingdonInfo' Card for home visiting staff to carry to give out.

The 'HillingdonInfo' Card is intended for the majority of residents who are probably less likely to pay attention to leaflets or other publicity about specific needs or issues until directly affected by them. Encouraging residents to become familiar with a single telephone number and website as a means of accessing information is likely to be an effective investment of resources.

The provision of information and advice are inextricably linked. Although residents would be able to get low level advice from the information hubs, more detailed and specialist advice would be provided by third sector providers. The council does not intend to commission a generic information and advice service and will work with current providers to provide these services more effectively whilst achieving financial efficiencies and making better use of premises occupied by existing third sector providers.

Supporting carers is critical to maximising the independence of vulnerable people and a dedicated information and advice service is required.

Advocacy

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

The council currently spends £143.6k on specifically commissioned advocacy services, including £110k on the Side by Side Advocacy Service commissioned with the Disablement Association Hillingdon in partnership with Age UK in 2010. Most third sector organisations in Hillingdon provide advocacy to a greater or lesser extent as a part of their general functions.

Advocacy is required in the following areas:

- Complex family dynamics, including conflict between wishes of family and those of the user;
- Supporting service users who lack capacity through the assessment process
- Supporting service users who lack capacity to be able to express their desired outcomes through the self-directed support process
- Challenging decisions on behalf of service users who lack capacity
- Supporting the user where there are safeguarding issues
- Supporting occupants of care homes to voice complaints, suggest improvements or ensure personalised support within the home
- Supporting users who lack capacity during the process of change to personalised services

What we intend to do

The focus of a specifically commissioned advocacy service will be for those people who qualify for a service under the council's Fair Access to Care Services (FACS) criteria and who lack mental capacity. Mental Capacity is defined in the the Mental Capacity Act 2005 (MCA), which came into force during 2007and is the ability of a person to make decisions for himself/herself. This means that the person is able to:-

- understand information given to him/her about particular issues
- retain that information long enough to be able to make a decision
- weigh up the information available to make a decision;
- communicate that decision (this could be by any possible means, such as talking, writing, using sign language or even simple muscle movement such as blinking an eye or squeezing a hand)

Commissioning such a service may be done collaboratively with other local authorities on the basis that the increased economies of scale could result in more comprehensive service provision for Hillingdon residents than the council might be able to afford otherwise. Different options for commissioning advocacy services such as framework agreements will be explored.

It is clear that the demand for advocacy is likely to exceed available funding. Our third sector partners will be encouraged to develop peer or citizen advocates in order to maximise the need that can be addressed.

Mental health advocacy is covered by two legal duties under the Mental Capacity Act 2007. The duty to establish an Independent Mental Capacity Advocacy (IMCA) service was placed on local authorities and the duty to establish an Independent Mental Health Advocacy (IMHA) service was placed on primary care trusts.

The purpose of the latter service is specifically to support:

- People detained under the 2007 Act (even if on leave of absence from the hospital);
- Conditionally discharged restricted patients;
- Patients subject to guardianship; and
- Supervised community treatment patients.

A collaborative commissioning exercise was undertaken in 2010 involving six West London councils and led by the City of Westminster to procure the IMCA service. A company called POhWer has been appointed to provide this service on behalf of the West London councils. The duty to establish an IMHA service is currently placed with NHS Hillingdon and they commission this service from POhWer.

Social Interaction

The importance of socialisation is a critical factor in maintaining a person's mental wellbeing and in preventing their physical deterioration. Residents' socialisation needs are best met

within the community rather than in traditional day services, reflecting feedback from service users.

During 2009/10 the council spent £262.4k on services intended to prevent residents from experiencing loneliness and social isolation. The people benefiting from these services are mainly older people and people with mental health needs.

What we intend to do

To prevent people with low and moderate needs from feeling socially isolated:

- The council will work with Age UK (as providers of the existing Ageing Well Service), Hillingdon Housing Services and residents of sheltered blocks to explore the greater use of common rooms as community facilities for people with dementia and frail older people and their carers;
- The council will continue to provide financial support to the eight dining centres in the borough to ensure that older people continue to have the opportunity to meet on a regular basis. We will seek to promote their services to people currently within day services who have low and moderate needs as part of the modernisation of council provided day care services;
- The council will work with Hillingdon MIND and CNWL to ensure the effectiveness of mental health socialisation services in terms of maximising independence and reducing dependency and making best use of available premises, e.g. the Wellbeing Centre, Mead House and the Pembroke Centre.
- People with substantial needs will be offered Personal Budgets with which to purchase support to access services.

Our approach to addressing the socialisation needs of Hillingdon's more vulnerable residents will be addressed in more detail in the commissioning plans for People with Disabilities, Older People, Adult with Mental Health Needs and Carers.

Independent Living Skills and Wellbeing

The council is currently spending £517k on a range of services intended to assist people with learning disabilities and people of working age with physical and/or sensory disabilities to develop and maintain independent living skills. The services include the Rural Activities Garden Centre (RAGC), Perfect Start and the Dimensions Outreach and Independent Living Skills Services. With the exception of the RAGC, all services are provided by the third sector.

The majority of users of these services have low or moderate needs.

What do we intend to do

As part of the modernisation of day opportunity services, the council will work with providers to see how people with low, moderate and substantial needs currently in day services can be better supported in a community setting. Part of the discussion with providers will also include exploration of how costs can be reduced at a time of financial austerity. This will be explored in more detail in the Disabilities Commissioning Plan.

Employment Support

Access to sustainable employment is a key factor in ensuring the wellbeing of disabled people. Many of the voluntary and community sector organisations referred to in the paragraphs above contribute towards assisting people with learning disabilities and adults of working age with physical and/or sensory disabilities. The council spends a further £51.7k on the Employment Link service provided by Mental Health Matters to support people with mental health needs to secure sustainable paid employment.

What do we intend to do

The council will continue to fund employment support provision by the voluntary and community sector where they are able to demonstrate they are delivering agreed outcomes for service users and value for money, such as preventing demand for more intensive social care interventions. We will work with partners to develop a coordinated approach across agencies.

Support for Carers

It is estimated that carers save the council approximately £329million annually in additional care costs. Therefore, without unpaid carers fulfilling the invaluable role that they do the total cost of community care to the council would be significantly higher than could possibly be afforded.

What we intend to do

The voluntary and community sector will be commissioned to provide dedicated services for carers. This includes the following range of services that were tendered in 2010 and are provided by Hillingdon Carers:

- information and advice, including on welfare benefits;
- development of a carers' handbook;
- sign-posting to specialist services;
- support to access appropriate health services;
- work with GPs to encourage them to set up their own carers' register and share information from it;
- provide relevant training for carers in their caring;
- developing and maintaining a project to support young carers.

The needs of carers will be identified through the carers' assessment process and also by:

- Direct engagement with carers of people with a specific diagnosis, e.g. dementia or stroke, through listening sessions and carers generally through open meetings called speakeasies;
- The Carers Strategy Group which includes carers, former carers and organisations representing carers amongst its membership;
- Working with GP practices to encourage registration of carers on their general practice registers.

Day respite care and residential respite care will continue to be provided when identified as a result of a carer's assessment. The council will promote choice in the provision of short break opportunities for carers, including home sitting options. Tenders will be parcelled into smaller lots to encourage a broader range of providers to enter the local market. Individual budgets will also be offered directly to carers in their own right, including in the form of Direct Payments.

The Carers' Commissioning Plan will set out more detail how carers will be supported over the next four years.

Priority 2: Managing the Support System

The council will provide efficient and effective in-house services focused on reablement to deliver time limited interventions so that residents can learn or re-learn crucial skills to live independently.

Personal Budgets

The council is committed to achieving the national target of all eligible adult social care customers having access to personal budgets by April 2013. To help make this happen there needs to be an effective support system for residents including advocacy, brokerage, a Direct Payments Support Service, support planning and market management so that the services that residents need are in place.

Housing-related Support

The council, in consultation with partners and other stakeholders, will prioritise the use of housing support (formerly known as Supporting People) to prevent avoidable placements in institutional care.

The council will apply an integrated approach to personalisation across social care and housing-related support and will work with service providers to establish personalisation pilots, at least one of which will be within an accommodation based service.

Reablement

A reablement service is appropriate:

- When residents are at risk of requiring ongoing social care

- When residents are at risk of requiring institutional care, i.e. when moving from community to residential, or residential to nursing.
- Within certain types of housing support services related to drugs and alcohol, rough sleepers and offenders.

In order to reduce the reliance on residential/nursing care and prevent placements made directly from hospital, the council has reorganised the current in-house home care team to create a reablement service. No residential or nursing placement funded by the council will be agreed without the individual receiving a reablement service. The average reablement period is six weeks and the service is free to the user. To support this approach the council will work with Hillingdon Hospital NHS Trust to raise awareness amongst medical staff and other clinicians.

A range of other measures will be put in place to ensure that residents, their families and professionals can have confidence that support within the community can be achieved safely:

Integrating Reablement and Community Rehabilitation

The Community Rehabilitation Service, provided by Hillingdon Community Health, which is now part of the Central and North West London NHS Foundation Trust (CNWL), is designed to help people recover functionality. There are considerable synergies with the reablement service and efficiencies can be achieved through integration to ensure that the appropriate professionals are at hand to address the rehabilitation and reablement needs of residents.

What we intend to do:

The council will explore with NHS Hillingdon and CNWL the feasibility of integrating these services.

Telecare/Telehealth

Telecare can range in sophistication from the simple lifeline and pendant to bed, chair and exit sensors and safer wandering devices. It is an integral part of the Reablement Service and will be offered to everyone referred to this service. The council's community alarm service Careline provides all the functions related to this service (except assessment) - equipment supply, installation, repair and maintenance, collection and monitoring.

The council's Careline and telecare services have been brought together to create a new service called TeleCareLine. In recognition of the great contribution that telecare can make to keeping residents independent in their own homes, the council has decided to make access to the service free of charge in the following circumstances:

- To anyone aged 85 and over;
- Residents who are eligible for community care services, unless a financial assessment identifies that they have to fund their social care services from their own means;

- Residents who are under-going a period to up to six weeks' reablement following a period in hospital.

There are now four levels of service:

Level 1: a universal service available to all Hillingdon residents willing to pay the monthly monitoring charge. Service users receive the lifeline and pendant, a smoke alarm and a bogus caller alarm. All items of equipment will be linked to the community alarm service which is staffed 24/7 365 days a year. A charge of £1.13 per week is made to users for the monitoring service.

Level 2: identical to the level 1 service except that residents have access to the mobile response service, which means that if they do not have at least one person who lives nearby who is able to act as a responder in the event of an alert that requires someone to go to their home or if the responder is not available for some reason, e.g. they are on holiday, then council officers will call to assist them. The Mobile Response Service is run jointly by the council's Reablement Service and TeleCareLine and is available 24/7 365 days a year. This is available to all Hillingdon residents for a weekly charge of £5. It is available to residents free of charge in the circumstances described above.

Access to both levels 1 and 2 of the telecare service is through Hillingdon Social Care Direct.

Level 3: residents have access to a range of sensors and detectors, e.g. bed, chair, exit sensors, falls detector, flood detector, etc, to address their assessed community care needs. To be able to access this level of service residents need to have at least one person who lives nearby who is able to act as a responder in the event of an alert that requires someone to go a resident's home. The Mobile Response Service would be available to these residents if for whatever reason their responder was not available. The service would be available to all residents for a charge of £8.50 per week. It would be available to residents free of charge in the circumstances described above.

Level 4: this is the same as level 3 except that residents have access to the Mobile Response Service should there be an alert that could not be dealt with over the lifeline. This will either be as a result of a recommendation of a professional in order to address the assessed needs of a resident who has been assessed as needing a range of telecare equipment or a request from the resident or their family. It is available to any resident for a charge of £12 per week but, once again, would be available free of charge in the circumstances described above.

The JSNA shows that there will be an increasing number of people with dementia in future years. Wandering is a particular issue with people with dementia and concerns over their safety is a major cause of admission into residential dementia homes. To address this it is intended to use safer wandering in order to support people with dementia remaining in their own homes. This equipment can also support the independence of people with learning disabilities as well as those with mental health needs.

What we intend to do

The council will ensure that the potential use of assistive technology like TeleCareLine is considered as part of all community care assessments.

Telehealth provides an opportunity to monitor a person's vital signs at home and can act as an early warning system that can prevent avoidable hospital admissions. It is particularly relevant to conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and hypertension. The council will explore with NHS Hillingdon and the GP Consortium opportunities for integrating telehealth and telecare in order prevent avoidable hospital attendance, admission and readmission.

Intermediate Care/Rehabilitation

The purpose of intermediate care is to provide a period of intensive rehabilitation, usually following a spell in hospital, for a period of six weeks prior to a person going home. The council currently has a block contract for 11 intermediate care beds with Care UK at Franklin House in West Drayton. This contract is due to expire in 2012. There is currently no bed based intermediate care provision for older people with dementia or younger adults with physical and disabilities. Quantifying the need for intermediate care services is under consideration. Intermediate care services would not be chargeable for the first six weeks.

The council's preferred option would be the development of locally based intermediate care and step up/step down bed provision that would enable residents to move from one service to the other as their needs changed pending a return to the community. Ways of achieving this will be explored with care home providers.

Step down beds are intended to provide temporary support to people in a care home setting for up to six weeks for people who are medically fit for discharge but need a period of recuperation following medical and nursing care/treatment prior to returning home. Step up beds would provide a similar provision for residents having difficulties coping at home but who do not require medical treatment in a hospital setting. These services would not be chargeable for the first six weeks. We will work with providers to secure provision for frail elderly and older people with dementia and will also explore options for adults of working age with physical disabilities. A longer term solution to step up/step down bed requirements will be developed over the next two years and will include working with private providers as well as the possibility of remodelling existing council assets, such as sheltered units.

Community Equipment

Hillingdon has a high performing community equipment service that is essential to disabled residents being able to live independently in their own homes and to supporting early discharge. In view of its importance as a preventative service it is prescribed by social care professionals assessed as having moderate needs under the council's FACS criteria.

The Community Equipment Service (CES) comprises of four areas:

- **Equipment loans** - this service provides daily living aids on a loan basis to people who meet the eligibility criteria for social care or who are registered with a Hillingdon GP. The service is available to children as well as adults and the equipment available ranges from simple items such as walking sticks or raised toilet seats to more complex items like electric hoists or four-section electric beds. The value of this service is £971.2k per year and it is jointly funded between the council and NHS Hillingdon.
- **Short-term wheelchair service** - this service provides basic wheelchairs on a temporary loan basis. The user is required to pay a £40 returnable deposit and a £15 delivery charge. There is no charge where the wheelchair is collected, which can be done from the provider's warehouse in Harmondsworth. The value of this service is £16.2k per year and it is solely funded by NHS Hillingdon.
- **Minor adaptations** - this service provides adaptations up to the value of £1,000 to individuals' homes. Minor adaptations would include equipment such as grab rails by a door or near a toilet or bath. It could also include some ramps. The value of this service is £29.6k and it is funded entirely by the council.
- **Door entry systems** - this service includes the installation of key safes, coded entry systems and flashing light door bells for people with a hearing loss. The value of this service is £35k and it is also funded entirely by the council.

All four services are provided by Medequip Assistive Technology Ltd under a contract that started on the 1st April 2010 and this followed a collaborative commissioning exercise involving six London councils and PCTs. The council and NHS Hillingdon jointly fund the equipment loan service and have a Section 75 (Health Act 2006) that sets out the governance arrangements for the management and funding of these services.

Retail Model

The retail model will enable users to be given a prescription for equipment that may be redeemed at any accredited shop with increased choice, as well as the opportunity to "top up" for an item that is more expensive than the standard one.

Residents will receive new equipment and this will become their property. Cost savings will potentially arise from a reduction in delivery and collection charges which part of equipment loans service contract that the council has with the current service provider, Medequip Assistive Technology Ltd.

What we will do

The decision has been made to adopt the retail model and this should be available to residents from November 2011 for equipment valued at up to £100. A resident needing equipment up to this value that is required to satisfy a health and safety need will receive a prescription that they can exchange at one of approximately 20 retailers in the borough. Anyone wishing to

receive equipment up to this value that is not required to address a health and safety need will be sign posted to one of the retailers working in the borough.

Hillingdon Centre for Independent Living (HCIL)

The council provides £25k funding for HCIL and Hillingdon Community Health contributes an equivalent amount. It currently provides the following services:

- assessment services for equipment related needs;
- advice and information about equipment and services and how to obtain them;
- opportunities to try out aids and equipment, including telecare

The Disablement Association Hillingdon (Dash) is co-located with HCIL and provides the following services, although not under the independent living centre umbrella:

- access to information about direct payments;
- advice and information about a range of disability issues
- information about services provided for disabled people and/or their carers by statutory and/or third sector organisations.

HCIL could have a pivotal role in supporting the roll out of the retail model in Hillingdon and the council will work with the GP consortium, DASH and the HCIL user group to take this forward. Options for developing the HCIL user group as a user-led organisation to support people through the self-directed support process will be explored by the council.

Modernisation of Day Services

Day services are provided directly by the council to older people and Appendix 4 gives more detail about the cost and capacity of the services at Grassy Meadows, Poplar Farm and Asha. Appendix 4A gives more information about the in-house provided day services which are attended by people with learning disabilities at Phoenix, Parkview, Woodside and the Rural Activities Garden Centre (RAGC)

What we intend to do

Day opportunity services will be banded into three levels of need:

- *Level 1*: high dependency, complex needs, e.g. dementia, requiring a buildings-based service;
- *Level 2*: reablement/rehabilitation requiring a combination of building and community based services for a time limited period;

- *Level 3*: socialisation needs only, which will be addressed through community-based services.

All existing users of in-house buildings based day services will have their needs reassessed to identify which of these service levels are appropriate. Those people with needs that are primarily concerned with socialisation will be supported into community-based services. An updated Older People's Plan and a new Disabilities Commissioning Plan will be developed and these will consider the need for day opportunity services as part of a general exploration of what is required to support vulnerable adults, including people with complex needs, in a community rather than an institutional care setting. Buildings-based services will be used to support people with the greatest needs and where a short-term reablement or rehabilitation intervention is required. Pages 23 and 24 of this document have already explored how the council proposes to address the socialisation needs of residents assessed as having low or moderate needs. The voluntary and community sector, users and carers will be involved in the process of implementing these plans.

Buildings-based services will remain an option to provide respite for carers from their caring role. As this option may not appeal to carers or the person they are caring for the council will seek to develop a wider range of community based services that carers may prefer to access with their personal budgets.

Transport

During 2009/10 the council spent approximately £1.49m on transport, primarily on transporting people to day centres. Table 3 shows how this spend was apportioned.

Table 3: Adult Social Care Transport Spend 2009/10	
Older Peoples Service Total	525,960
Physical & Sensory Disability Total	44,110
Learning Disabilities Total	878,500
Mental Health Services Total	990
Other Adult Services Total	210
Support Services Total	40,520
Grand Total	1,490,290

The council will develop a new transport policy that will reflect its role as an enabler in supporting the independence of Hillingdon residents as well as the expected decline in demand for council provided transport as more people use their personal budgets to access community based services.

In-house Residential, Supported and Sheltered Housing

Appendix 5 details current in-house residential, supported and sheltered housing provision. Each of these services will be reviewed to determine whether the needs of the users and the economic interests of the council would be best served by outsourcing the services or retaining them in-house. The council will review opportunities to develop extra housing, including reviewing existing sheltered housing facilities. The commissioning plans for people with Disabilities, Older People and Adult with Mental Health Needs will provide more specific proposals.

Priority 3: Managing Supply

The council will commission private and voluntary and community organisations to provide social care and housing services to deliver choice and independence to vulnerable residents, including residents with complex needs.

Brokerage

The in-house brokerage service will support eligible residents to secure appropriate placements and packages of care. This will also apply to eligible self-funders.

The voluntary and community sector will be supported to establish brokerage services for users of adult social care e.g. advertising through appropriate council media such as the online services directory.

Support Planning

The local voluntary sector will be encouraged to work collaboratively to develop innovative proposals to offer residents eligible for community care services choice in the support planning options available to them.

Direct Payments Support Service

It is recognised that the goal of increasing the number of people accessing Direct Payments is dependent on having an effective support service in place that will take them through the complexities of employment law, including tax and national insurance requirements. The availability of such a service is a requirement for all councils and Hillingdon is working with its WLA partners to collaboratively commission a service across a number of West London councils. As a result a tendering exercise will be undertaken during 2011/12.

The development of this service also creates an opportunity to increase the range of user-led organisations in the borough that can assist residents through the personalisation process. It is intended that the development of peer support groups would be a requirement of the service specification.

Market Management

Commissioning priority 3 on page 36 explains how the council intends to manage the market over the lifetime of this plan in order to address the social care needs of residents and secure value for money for the council.

Reduced and Renegotiated High Cost Care Packages and Placements

Commissioning priority 7 on page 37 how the council will seek to secure comparable placement and care package costs for comparable levels of need across providers.

Supported Housing and Independent Living

We are looking at commissioning a more personalised model of care and support and Hillingdon's first extra care schemes for rent will open in September 2011 with 48 flats at Cottesmore House in Ickenham and 47 flats at Triscott House in the south. The council identifies the development of extra care for older people and supported housing provision for other adults as critical to reducing the over-reliance on institutional care and also reducing the proportion of adult social care spend on this type of care.

What we intend to do

Appendix 6 sets out the projected demand for a range of supported housing models over the life-time of this plan and Commissioning Priority 1 on page 35 explains how this will be achieved.

Safe, warm, affordable environments to live in

During 2010/11 the council undertook 618 energy improvements to the homes of 450 vulnerable people in the borough. 200 of these vulnerable people were aged over 65. 111 of the energy improvements were new heating systems and 507 insulation improvements.

What we intend to do:

The council will continue to provide these improvements and the target for 2011/12 is to do so in the homes of a further 450 vulnerable residents.

Homes that are suitable and hazard-free for the people living in them

The council has provided 2,500 burglar alarms over the last two years (2009/10 – 2010/11) to people aged 65 and over. The funding for this is provided from a pot of money at the specific disposal of the Leader of the council called the Leader's Initiative.

Disabled Facilities Grants (DFGs) are available to Hillingdon residents, subject to a test of resources, to support people with disabilities to continue living in their own homes as an alternative to institutional care. In 2010/11 200 DFGs were provided to support disabled

residents in the borough. During this period 90% of DFG recipients were aged over 65. The total expenditure on DFGs in 2010/11 was £2.8m, £1.6m of which came to the council from central government. The other £1.2m was provided by the council

What we intend to do

During 2011/12 it is intended to provide a further 500 burglar alarms to older people living in areas identified from the crime survey as having a relatively high rate of burglary.

The council will continue to make grants available to support disabled residents.

Section 7

Adult Social Care Commissioning Priorities

Commissioning Priority 1

To work with private and registered providers, including private landlords, to make the best use of the housing supply to address need, including developing and expanding supported housing models, including extra care.

The following are examples of how this will be achieved:

- We will explore the needs of people placed in residential or nursing homes to identify the model of extra care or supported housing best suited to helping them live in a community setting.
- We will identify capital and revenue streams and seek to taper contracts to support providers to develop a personalised core and flexi business model to deliver care and support. The core element will respond to unplanned care and support needs and the flexi will be available to tenants/residents to purchase from providers of their choosing with their Personal Budgets
- We will identify suitable sites for development as extra care and/or supported housing.
- We will offer discounted land sales where this will assist in achieving the council's objectives.
- We will use the planning system (including section 106 agreements) to negotiate with private providers options for securing housing provision that addresses the complexities of need arising from factors such as an ageing population.
- We will actively encourage experienced specialist providers to tender to develop sites in the borough to ensure an appropriate tenure mix to reflect the high levels of owner occupation in Hillingdon, particularly amongst older people.
- We will support private landlords with grant aid to bring properties up to the required standard for letting.

- We will also support private landlords through the Homefinder Service when accepting a council nominee.
- We will ensure that appropriate support mechanisms are in place where private landlords are providing accommodation to vulnerable adults, e.g. through floating support services.

Commissioning Priority 2

To ensure that robust safeguarding infrastructures are in place within all commissioned services that promotes the wish of residents to exercise choice and control.

The following are examples of how this will be achieved:

- We will include adherence to the council's safeguarding policy and procedures into contract terms;
- We will make safeguarding training available to providers;
- We will monitor care providers through scheduled and unscheduled inspections;
- We will liaise closely with the Care Quality Commission (CQC) to ensure that their enforcement powers are used where necessary;
- We will ensure that advocacy services are available to assist care service users who have capacity as well as those who do not;
- We will undertake visits to users of domiciliary care agencies to get feedback about the service received.

Commissioning Priority 3

To undertake strategic market management through:

- a) framework agreements for care and support services and maximise economies of scale through collaborative commissioning with West London councils and local health partners;**
- b) stimulating the market to ensure that Hillingdon residents are able to exercise choice by having access to a range of providers able to meet their personal needs as well as those of their unpaid carers and also provide better value for money for the council.**

The following are examples of how this will be achieved:

- Over the period of this plan we will replace block agreements with framework agreements to enable greater competition between providers, better value for the council and greater choice for service users
- Where Value For Money can be demonstrated we will take a more flexible approach to procurement e.g. 'Collaborative Commissioning' with the voluntary sector rather than formal tendering
- We will work with WLA partners to collaboratively commission advocacy services and other low volume, high cost services (e.g. placements for older people with challenging behaviours), as well as low volume services where there is demand in neighbouring boroughs.

- We will engage with eligible residents to understand needs and co-produce services they require
- When tendering services we will do so in ways that encourage new, smaller providers (including third sector) into the market
- We will introduce new providers in a planned way to ensure sufficient capacity to meet demands.
- We will consider pump priming new and innovative third sector provided services where it can be demonstrated that this is a cost effective response to feedback from residents about the services required to address their needs.
- We will engage with providers early to advise of changing needs and requirements to allow them to change the nature of their services or develop specialist services where there is insufficient provision
- We will offer pre-paid cards to all Personal Budget holders with a companion card for personal assistants. This will provide the council with visibility of spend by personal assistants, thus providing an element of safeguarding against financial abuse

Commissioning Priority 4

To integrate or jointly commission services with local health and other partners where this demonstrably provides improved outcomes and better value for money.

The following are examples of how this will be achieved:

- We will explore the scope for integrating the in-house Reablement Service with the Community Rehabilitation Service provided by CNWL;
- We will explore the scope for jointly commissioning intermediate care and step up/step down facilities with NHS Hillingdon and the GP Pathfinder Consortium;
- We will explore integration of occupational therapy services across health and social care;
- We will explore the scope for the council and health partners jointly commissioning the third sector to provide preventative services where this addresses joint objectives, e.g. preventing hospital admission or readmission;

Commissioning Priority 5

Implement the framework agreement for home support and conclude the collaborative commissioning arrangements for residential and nursing home provision to achieve more efficient ways of working across the West London Alliance and to ensure value for money services

The following are examples of how this will be achieved:

- We will introduce an accreditation scheme for care homes on a regional basis, e.g. where specified quality standards and financial requirements are met.
- We will implement the WLA home support framework agreement in order to ensure that a wider range of quality providers offering choice and value for money is available to Hillingdon residents.
- We will streamline financial processes across WLA councils.

- We will create a common monitoring and performance process across WLA.
- A common approach across WLA councils to the introduction of electronic call monitoring systems (ECMS) will be developed.
- In partnership with the WLA, we will engage in best price negotiations with care home providers in order to standardise prices across the WLA region and ensure a comparable price is charged for a comparable level of need.
- We will use cost model tools to achieve savings on high cost placements by ensuring a greater relationship between actual costs and placement fees.
- We will help to reduce provider costs by using standard terms and conditions and outcome based specifications across West London.

Commissioning Priority 6

Work with NHS Hillingdon and local GPs to ensure the seamless transition to GP commissioning arrangements that maximises the opportunities for reducing costs by preventing avoidable demand on services, including unnecessary hospital admission.

The following are examples of how this will be achieved:

- We will develop a council-provided commissioning unit proposal to undertake non-acute commissioning functions on behalf of local GPs for consideration by the local GP Pathfinder Consortium.