



## **NHS Blackpool and Blackpool Council**

**Adult Health, Social Care and Housing Related**

**Support Community Services**

**Towards 2015**

**A New Commissioning Strategy**

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# Adult Health, Social Care and Housing Related Support Community Services Commissioning Strategy

This strategy has been informed by the work of the Commissioning leads in NHS Blackpool, Blackpool council and the Practice Based Commissioning Consortium. It is the culmination of a series of service reviews, consultation and engagement with a wide range of stakeholders especially patients, users of care and support services and their carers.

The development of the Strategy predated the launch of the government White Paper, Equity and Excellence: Liberating the NHS in June 2010. The intention is that the strategy will be subject to an annual refresh. This will allow for the document to be updated in line with future changes in the commissioning responsibilities for health services.

It is Important to note that the implementation of the strategy will be subject to the financial constraints of the commissioning organisations.

## 1. Introduction

Strategic commissioning is the method by which organisations decide how to deliver the best possible services and support for individuals and communities, both now and in the future, within the resources available to them. This involves four key activities as demonstrated in the following diagram:



**Analysis** - understanding the purpose of the agencies involved, the needs they must address, and the environment in which they operate. This element of the commissioning cycle involves activities such as:

- Undertaking population needs assessment.
- Service review and market analysis across agencies to understand existing and potential provider strengths and weaknesses, and identify opportunities for improvement or change in providers.
- Identifying resources needed and risks involved in implementing change and/or continuing with the status quo.

**Planning** - identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed within available resources. This element of the commissioning cycle involves activities such as:

- Undertaking a gap analysis to review the whole system and identify what is needed in the future.
- Designing services to meet needs.
- Writing a commissioning strategy/prospectus which identifies clear service development priorities and specific targets for their achievement.

**Doing** - ensuring that the services needed are delivered as planned, in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy. This element of the commissioning cycle involves activities such as:

- Supply management and capacity building to ensure a good mix of service providers, offering patients/service users an element of choice in how their needs are met.
- Developing good communications and managing relationships with existing and potential providers.
- Purchasing and contracting of services and de-commissioning services that do not meet the needs of the population group.

**Reviewing** - monitoring the impact of services and analysing the extent to which they have achieved the purpose intended. This element of the commissioning cycle involves activities such as:

- Pulling together information from individual contracts or service level agreements.
- Developing systems to bring together relevant data on finance, activity and outcomes.
- Analysing any changes in legislative requirements, population need and reviewing the overall impact of services to identify revisions needed to the strategic priorities and targets.

*Source: Northwest Commissioning Roadmap, 2010.*

This document describes how Blackpool Council and NHS Blackpool will jointly commission services to meet the community health, social care and housing related support needs of adults in Blackpool over the next five years.

It identifies:

- What we want to achieve for adults in Blackpool
- The improvements that we want to deliver in the period between 2010 and 2015
- The actions that we need to take to make this change happen
- How we will measure our success in delivering change.

The objectives described in this document have been developed from a detailed review of:

- The national and local policy context
- Current and future need for community health, social care and housing related support provision within the Blackpool population
- Existing supply, its sustainability and its strengths and weaknesses
- Current usage of resources and expected availability in the future
- Stakeholder feedback about service provision and gaps.

## **2. Scope**

The services covered by this strategy are within the remit of the Adult Community Services Joint Commissioning Group which has responsibility for commissioning:

- Adult Social Care Services – these are services which provide support to older, disabled or vulnerable adults, and those who care for them, to help them to achieve and maintain independence in their daily lives. This includes the use of assistive technology.
- Community Health Services – these are services that can deliver complete episodes of health care outside a hospital setting. The care provided fits between primary care (such as that offered by GPs) and secondary care (such as acute hospital treatment). Community Services provide people with the opportunity to receive care in a range of settings – ranging from health centres to people’s own homes – and in addition, they also provide proactive support to help people to improve their life choices and general level of health.
- Hospital in-patient and out-patient provision for specialist mental health and learning disability services.
- Housing Related Support Services – these are support services which are provided for the purpose of developing and sustaining people’s capacity to live independently in accommodation.

References throughout the strategy to ‘health and social care services’ includes housing related support services. References to ‘people with health and social care needs’ includes people who fund their own services as well as those people whose care and support is funded in full or in part by the local Authority.

The strategy does not include commissioning responsibility for:

- Primary Care services including GP’s, dental, ophthalmic and pharmacy services
- Secondary Care including hospital in and out patient services.

## **3. Principles**

Our vision for Adult Community Services is that:

‘Community services, commissioned by NHS Blackpool and Blackpool Council and General Practice (GP) Based Commissioning Consortium, will deliver meaningful outcomes that improve people’s health and wellbeing. Working in partnership with our providers, we will encourage innovation and ensure that services are delivered in a way that improves both outcomes and the service user experience, whilst offering value for money.’

This Commissioning Strategy has been developed as the mechanism for delivering this vision. The strategy is underpinned by the following principles:

- Services will be inclusive, holistic and accessible to those who need them, regardless of how their support is funded.
- Services will be delivered in ways that are personalised to individual needs and which promote choice, variety and the achievement of good outcomes and ensures the protection of vulnerable adults.
- People who use services and their carers will be active partners in all developments.
- Services will be integrated across agencies (where appropriate) in order to deliver seamless care.
- Services will be delivered by a skilled and competent work-force.
- Developments will make the best and most effective use of resources based on research and best practice and will encourage innovation.

## **4. Our Approach to Joint Commissioning**

Commissioners from NHS Blackpool and Blackpool Council Adult Social care are committed to working in partnership and have established formal structures to support this. Joint commissioning enables a more joined up and holistic approach to delivering the desired health and well-being outcomes for people in Blackpool in efficient and cost-effective ways.

### **Developing the Commissioning Strategy**

In Blackpool commissioners from health and social care have worked together to develop this strategy. This has involved consultation and engagement with stakeholder groups through a range of forums including:

- Partnership Boards
- Focused consultation on specific issues
- Monitoring or outcomes in relation to commissioned services
- Service reviews
- Stakeholder Events
- Customer Feedback
- Blackpool Care Learning Partnership
- Engaging with special interest groups eg: LINK and Senior Voice Forum
- Third Sector Strategic Partnership.

Engagement and involvement will continue throughout the implementation and monitoring of the strategy.

## **5. The National and Local Policy Context**

A number of common themes can be identified within national policy documents relating to health, social care and housing related support. These themes are reflected in our local strategies.

In summary, the key policy themes are as follows:

*Increasing social inclusion and equitable access to services through:*

- Development of accessible mainstream services and local amenities, including transport, so that people have the opportunity to have an active social and community life
- Enhancing opportunities for people to participate in the local community as active and equal citizens
- Reducing poverty and increasing opportunities for people to access employment
- Helping people to feel safe at home and in the community

*Improving life expectancy and healthy life expectancy through:*

- Promoting physical and mental health and wellbeing
- Supporting recovery and rehabilitation
- Delivering services which support early intervention and diagnosis and prevent deterioration
- Providing effective support for people with long term conditions

*Delivering increased choice and control for people who use services and their families through:*

- Provision of advice, information and advocacy
- Delivery of personalised and responsive services
- Development of self directed support mechanisms, including individual budgets
- Expanding mechanisms for people who use services to collectively influence policy and provision
- Providing support to user led organisations

*Providing care closer to home through:*

- Improving housing and delivering a wider range of housing options
- Providing support for carers and family members
- Using equipment, adaptations and appropriate technology to enable people to live independently at home
- Increasing options to access health and social care services in the community rather than institutional settings

*Delivering quality and value for money services through:*

- Well planned and integrated services, delivering joined up services responsive to local need
- Having a shared health and social care agenda
- Driving up quality through commissioning services which are effective, safe and personalised and deliver good outcomes
- Having a well trained workforce
- Supporting innovation

A more detailed list of relevant strategies and plans, with summary information about their content and links to the original documents, can be found at Appendix 2.

## **6. Outcomes**

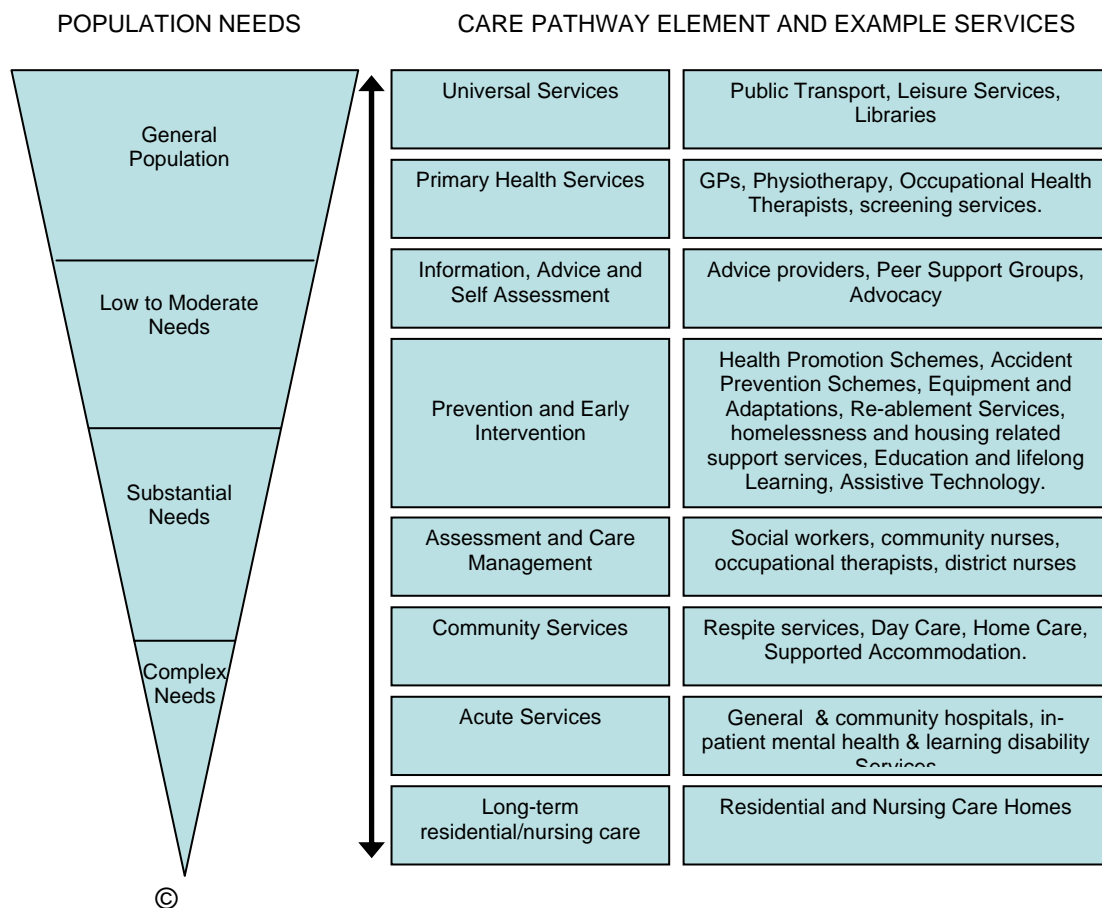
In order to meet the community health, social care and housing related support needs of adults in Blackpool over the next five years, Blackpool Council and NHS Blackpool will jointly commission services to achieve the following outcomes for individuals:



- Improved health and wellbeing
- Improved quality of life
- Making a positive contribution
- Increased independence, choice and control
- Freedom from discrimination and harassment
- Economic wellbeing
- Maintaining personal dignity and respect.

The purpose of this strategy is to identify how we will deliver these outcomes for people in Blackpool. The starting point is to understand the current use of resources and how these relate to the needs of the population. This can be demonstrated through a 'pathway' model as shown below. This shows the population needs along a spectrum from the majority of people who are in the general population through to the much smaller number of people with high levels of health and social care needs. The corresponding service pathway shows the types of services that people in each of the groups are likely to benefit from.

Using this as a framework to map current services helps us to identify where our resources are currently invested. We can then determine how well this delivers the desired health and well-being outcomes for the population. It also informs future investment decisions.



The current pathway in Blackpool indicates a high level of investment at the bottom of the triangle targeting people with substantial and complex needs. The intention is to re-align resources to enable increased investment in prevention and early intervention services. Prevention and early intervention services are designed to

promote and maintain health and well-being and to enable people to remain independent for as long as possible. Research indicates that effective prevention and early intervention services enables better use of resources and also produces good quality of life outcomes for individuals.

## **7. Strategic Intentions**

At each point along the pathway we have identified strategic intentions that will enable us to deliver the desired outcomes as stated above. These are:

### **Universal Services**

Our aim is to enable people with health and social care needs to benefit from being full and active members of the community and maximise the use of universal services.

### **Primary Care**

Our aim is to provide a range of primary care services that delivers care closer to home; promotes effective self-management of health and well-being; and prevents unnecessary admissions into hospital.

### **Information/Advice/Self Assessment**

Our aim is to maximise people's ability to independently manage their health and well-being through access to effective self-assessment systems and through the provision of relevant and timely information and advice.

### **Prevention & Early intervention**

Our aim is to improve lives and make best use of resources by investing in a range of accessible prevention and early intervention measures that promote health and well-being.

### **Assessment and Care Management**

Our aim is to have high quality, accessible and timely assessment, diagnostic and care management services.

### **Community health and social care services**

Our aim is to have a range of high quality services to support people with their health and social care needs.

### **Acute Services**

Our aim is to contribute to the reduction of inappropriate secondary care treatments and admissions through the provision of high quality community services.

### **Long-term residential / nursing care**

Our aim is to have a range of care homes that provide high quality care, accommodation, and improved quality of life outcomes for people who live there.

## **8. Local Population Needs Assessment**

The Blackpool Joint Strategic Needs Assessment (JSNA) provides information about the health and social care needs of the local population. This helps us to identify key issues for Blackpool so that within the Adult Community Services Commissioning

Strategy, we can identify commissioning priorities which will most effectively target and address those needs.

In summary, the key characteristics of Blackpool which impact upon current and future need for Adult Community Services are as follows:

- Blackpool has an ageing population with a high proportion of people aged 55 and over and a lower proportion of people aged 35 and under.
- A significant increase in the population of people aged 65 and over is projected and this will be particularly marked in the 85 and over age group. The impact of this trend for service provision in Blackpool is likely to be increased demand for health and social care assessment, appropriate housing options, high rates of people who will have difficulty in meeting their own mobility, personal care and domestic tasks needs and increasing demand for services which can support people with dementia and other mental health problems, such as anxiety and depression.
- Blackpool is an area with high levels of deprivation and this is particularly severe in localised pockets, often in the centre of town.
- The economy is characterised by generally low wages and there are high levels of unemployment. Compared to other areas, people in Blackpool also have fewer formal qualifications.
- A relatively high proportion of people live alone, either in single households, single pensioner households or single parent families with children. A higher proportion of housing than the average is non-decent and this is known to exacerbate long term ill health.
- A higher proportion of the population than average provide care for someone else and approximately 4,500 people provide more than 50 hours of care each week. A significant proportion of carers aged 65 and over are in poor health themselves and carers are less likely to be in employment because of their caring role.
- The health status of the local population is relatively poor. People in Blackpool can expect to live shorter lives than the national average and, additionally, they can expect to spend a smaller proportion of their lifespan in good health and disability free. The major contributory factors to reduced life expectancy are diseases of the digestive system (including cirrhosis), cardiovascular disease, cancers, overdose and poisoning, self harm and infant mortality.
- Prevalence rates for alcohol related diseases, cancer, kidney disease, chronic obstructive pulmonary disease, diabetes, hypertension, stroke and transient ischemic attack (TIA) and coronary heart disease are higher than elsewhere in the surrounding area.
- Individual lifestyle factors also have a significant impact on the health status of the Blackpool population, with high rates of smoking, alcohol and drug use, alongside risk taking sexual behaviour which impacts on sexual health.
- Blackpool has a high prevalence of people with mental health problems and a relatively high suicide rate. Increases in the population size will mean that there will be an increasing number of people who have dementia, anxiety and/or depression.
- Increases in life expectancy for people with severe and moderate learning disabilities and severe and moderate physical disabilities has the potential to both increase demand for support and change the nature of the support needed.
- Transience is a significant local issue in Blackpool. This is reflected in the unusually high numbers of people moving in and out of the borough from

other parts of the UK and high levels of movement by the resident population between homes within the town.

A more detailed summary of our needs assessment can be found at Appendix 1.

## **9. Engagement and Participation**

NHS Blackpool and Blackpool Council are committed to ensuring effective engagement and involvement of the public in the design and delivery of services. This is acknowledged as a fundamental principle in our work and also reflects the NHS Duty to Consult and Duty to Involve as described in the NHS Act 2006.

NHS Blackpool and Blackpool Council will ensure:

- that the views, opinions, experiences and expectations of local residents are routinely used to improve existing services and develop new ones
- that the experiences of those people invited to work with the organisations is of the highest quality and is consistent across the two organisations
- that staff at all levels of the organisations have the skills and support to implement a comprehensive range of engagement and participation activities.

NHS Blackpool and Blackpool Council have a joint Participation and Engagement Strategy that describes how we will achieve this.

## **10. Market Analysis**

In this section we have used the pathway framework to:

- map where resources are currently deployed along the pathway
- identify gaps in provision and areas for further analysis
- identify service areas for modernisation
- identify where and how we want to re-align resources.

Within Blackpool there are a wide range of services for adults. The majority of these are non-specialist and are used by the general adult population. There are also a smaller number of specialist services for adults. The intention is that adults will access generic services unless there is a clear and evidenced need for a specialist provision.

The following section gives a breakdown of the services that are currently available. It describes who uses them, where they are based, who provides them and gives an analysis of service activity levels, quality, capacity and demand. Information and feedback gained from stakeholders forms an integral part of the analysis. References to specific items of feedback are made where these are particularly relevant or where they have arisen from targeted work.

Services and interventions have been grouped according to where they sit along a spectrum / pathway of needs, from universal provision for the whole population through to the intensive services that are designed to support people with enduring and complex needs.

## 10.1 Universal Services

***Our aim is to enable people with health and social care needs to benefit from being full and active members of the community and maximise the use of universal services.***

Universal services are the services and support options that are available to everyone regardless of the level of their care and support needs. Examples are: leisure services, public transport, libraries, Citizens Advice Bureau.

Use of and engagement with universal services are fundamental in enabling people to retain independence and well-being; maintain and develop social relationships and support networks; and have a sense of community involvement, contribution and inclusion, choice and control. The more robust the range, availability and accessibility of universal services, and the greater the level of uptake by people with health and social care needs, the greater and more prolonged independence and well-being.

Improving the range of and access to universal services will contribute to addressing health inequalities by focusing on preventative measures.

The responsibility of health and social care commissioners and providers in this area is to ensure that people have

- access to advice and information about what is available and how they can access it;
- fair and equitable access;
- opportunity to contribute to developments.

### **Service Map and Market Analysis**

A wide range of universal services are available in Blackpool. Providers include the council, third sector agencies and private providers. The quality of service and the costs involved vary immensely within service types and across provider groups.

As health and social care commissioners are not directly responsible for (or involved in) the commissioning, funding, monitoring or regulation of these services, knowledge about individual providers, service types, performance and level of uptake by people with health and social care needs to be further developed.

There are no contracts held by health and social care commissioners for the provision of universal services. However, there is an increasing expectation by commissioners that providers of health and social care services - for example day care services – actively seek to enable people to use universal services in order to promote their independence and to maximise opportunities for self-reliance, and to minimise unnecessary dependency on commissioned services. Requirements for this will be factored into new contracts with service providers and existing contracts where appropriate and monitoring arrangements should identify issues, gaps and barriers relating to uptake of universal services.

Personal budgets bring a much greater level of choice and control for people about how they choose to meet their health and social care needs. As more people choose to use personal budgets over the coming months and years, there is likely to be greater use of universal services as people find new and innovative ways of meeting their support needs and they begin to rely less on traditional service types. This will

bring a new set of risks and challenges for people with health and social care needs and for service providers in terms of them being fully accessible to people. Commissioners will need to have mechanisms in place to influence strategic developments in these areas through partnership working with other agencies to promote equity of access and social inclusion.

### **What people have told us**

People have told us that they want information about what type of community services and resources are available in Blackpool and how they can use them. People want to be able to get to and from places easily. They need accessible methods of public transport and roads and footpaths that accommodate different needs, for example: the needs of people who use mobility aids and electric scooters/wheelchairs.

People want equal access to leisure and learning opportunities wherever they live in Blackpool and whatever their age, or state of health and well-being. People want the opportunity to learn for pleasure as well as to develop skills to access or re-enter the workforce.

Some people need support to use community facilities – some people are isolated as they have no-one to encourage and support them to get involved with community activities.

### **We have identified the need to:**

- Understand the level of usage of universal services by people with health and social care needs in Blackpool and the impact that this has on maintaining independence and well-being.
- Understand the key issues, gaps and barriers experienced by people with health and social care needs when accessing universal services in Blackpool.
- Develop mechanisms to ensure the providers of health and social care services actively promote and enable people to use universal services.
- Develop mechanisms for commissioners, providers and people with health and social care needs to influence developments in universal services in Blackpool.
- Develop mechanisms to safeguard people with health and social care needs from harm, abuse and exploitation.

### **To address this we will:**

- Evaluate the use of universal services by people with health and social care needs to understand the level of use of different service types; the outcomes; the issues, gaps and access barriers.
- Establish formal links with key agencies: eg: Leisure Services, Transport, to influence developments.
- Promote key agencies to have strategies of involvement and engagement with people with health and social care needs in the development and shaping of their services
- Develop safeguarding mechanisms for vulnerable people, eg: Accreditation Schemes for providers of universal services;
- Raise awareness of safeguarding issues amongst the general population.
- Review existing contracts and service specifications to include the requirement for providers to actively promote the use of universal services where appropriate.

## 10.2 Primary Care

***Our aim is to provide a range of primary care services that delivers care closer to home; promotes effective self-management of health and well-being; and prevents unnecessary admissions into hospital.***

Primary care includes General Practice and health professionals within GP practices and community settings for example District Nurses, Community Matrons and Allied Health Professionals (eg: Occupational Therapists, Physiotherapists). In most cases primary care teams provide most of the help that people need without them having to access specialist secondary care services. Other essential functions of primary care services is to encourage healthy lifestyles and to enable people to access care closer to home and to avoid non-essential admissions into hospital.

The particular tasks for primary care lie in:

- Health promotion and helping people to care for themselves and manage their condition more effectively
- Initial recognition and early intervention with mental health problems
- Managing referrals to specialist services
- Collaboration between primary and specialist care providers in order to produce better treatment outcomes
- Developing improved communication between health and social care and general practices to deliver greater continuity and coherence of service delivery for patients
- Developing protocols for primary and secondary care for the management and monitoring of specialist medication programmes
- Help to self-manage long term condition, for example diabetes and heart problems.

### **Service Map and Market Analysis**

Blackpool has a well developed network of primary care providers that includes:

- 23 GP practices – with 95 GPs registered on NHS Blackpool's 'Performers' List'
- 24 dental practices – 56 general dental practitioners (GDPs)
- 42 optometrists
- 42 local pharmacies of which more than 21 have consultation rooms
- GP Walk-in Centre
- Primary Care Centre in central Blackpool.

The above commissioned services are provided by a range of preferred providers with significant experience of healthcare delivery. Contractors currently provide a range of enhanced services including cardiovascular disease, risk assessment and smoking cessation.

In addition to traditional GP services, 'Equitable Access to Primary Medical Care' services have been commissioned to provide additional GP's, a wider choice and improved access to Primary Medical Services. The new equitable access practice will also provide clinical support to the Urgent Care Centre (UCC) when it opens in June 2010.

Primary care services in Blackpool are well distributed throughout the borough, and especially concentrated in areas of greatest need. It is acknowledged that the

location of primary care services can be a driver for increasing the attractiveness and prosperity of an area. The presence of primary care facilities can help bolster the use and viability of other local services like shops and social/leisure facilities. There is a clear link to plans for physical regeneration across the town.

Increasingly, workers in primary care are carrying out tasks that were previously seen as only in the realm of specialist services in secondary care. This requires investment in workforce development to ensure that staff have the right range of skills to respond to increasing demands and expectations.

Opportunities exist for primary care workers to play a key role in supporting the delivery of prevention and early intervention services through the provision of a range of advice, information and signposting about local services; and could directly provide low level mental health assessment and psychological therapy work with clients.

Increased involvement of General Practitioners and Primary Care workers in screening processes is needed to ensure that early detection and early intervention can take place.

### **What people have told us**

People want speedy and timely access to primary care services and to receive services outside of a hospital setting where possible. People want to have their care and treatment managed by a small number of people and/or agencies. Where more than one agency is involved people want to know that there is good communication between them and that their care and treatment is well co-ordinated. Some people want the opportunity to manage their health and well-being through having the right information, advice and support. Other people do not feel equipped to do this.

People with a learning disability have told us that they do not have the same access to primary health services as other people. Better links are needed between specialist services for people with a learning disability and mainstream health services. Greater understanding of access barriers is needed.

### **We have identified the need to:**

- Reduce the number of unplanned admissions into hospital
- Manage the increased levels of attendance in primary care settings
- Co-ordinated the provision of advice, and information about local services in Primary Care settings
- Have a plan to address the knowledge and skill requirements of the primary care workforce
- Have services that target people who are at risk of developing health conditions in the future.
- Have clear priorities for specific screening programmes.
- Have equitable access to primary health services for people with a learning disability.

### **To address this will we:**

- Open the Urgent Care Centre in June 2010 in conjunction with local partners, on the Blackpool Victoria Hospital site to operate a co-located integrated services hub that will enable the most appropriate handling of patients requiring treatment through A&E and primary care.
- Implement the interim Community Nursing Services Model to provide a Rapid Response Team, 24/7 provision and ongoing District Nursing Services.



- Open two further Primary Care Centres (north and south Blackpool) to provide an improved local access to a range of health and social care services.
- Develop an integrated model of community services to ensure clear and streamlined access to health and social care assessment, treatment and support.
- Identify and remove access barriers for people with a learning disability.
- Improve links between specialist services and primary health services for people with a learning disability.

### 10.3 Information/Advice/Self Assessment

***Our aim is to maximise people's ability to independently manage their health and well-being through access to effective self-assessment systems and through the provision of relevant and timely information and advice.***

Good quality, reliable information is required by individuals to enable them to make the necessary choices about their health and well-being. For example, in relation to:

- changes in health and well-being,
- changes in carer relationships/networks,
- following a period of illness,
- diagnosis of an illness, increasing frailty, or bereavement.

People need information to be able to assess their own needs, manage their situation / illness and to understand the range of relevant services that are available and how to access them. The better the quality of initial information, advice and signposting, the greater the likelihood that people will be able to manage their circumstances independently and reduce the need for reliance on further, more intensive interventions and services.

### Service Map and Market Analysis

#### Information and Advice

Currently there are a range of access points in Blackpool for general health and social care advice and information including Customer First, libraries and community centres. Additionally, more specialist advice and information is available from GP's, the Carers Centre, Centre for Independent Living and health and social care community services.

We currently commission specialist advice and information for the following groups:

- people with mental health problems
- people with dementia
- people with physical disabilities
- older adults
- carers.

#### Self-Assessment

Blackpool Council offers access to the Disabled Living Foundation's self-assessment mechanism called 'AskSara'. People can access suggestions for products and ideas which could help to make their life easier and information about where they can obtain suggested items of equipment. The system is designed to enable people to

make decisions about what support maybe available to them without the need to seek involvement from health and social care agencies.

### **Peer Support**

People have said that they value peer support as a way of obtaining reliable, relevant advice and information for people with health and social care needs and carers. Peer support involves spending time with people in a similar situation and having the opportunity to share experiences and offer each other practical advice and emotional support. Peer support is provided in a number of ways including:

- Expert Patient Programmes
- Caring with Confidence
- Patient and Carer Support Groups.

In response to this we have commissioned services to facilitate peer support in the following areas:

- Carers
- People with disabilities and long-term conditions
- People with dementia
- People with a learning disability
- People with mental health problems
- People with HIV and AIDS.

### **What people have told us**

People want information that is up to date, available when they need it, accurate, accessible and easy to use. People want information about what is going on in Blackpool and in their local neighbourhoods. They also want information about local services, community groups and events.

People have told us that libraries are a good focal point for information but we also should seek out places in the wider community where people spend their time.

People have told us that it is sometimes difficult to know where to go to get information about health and social care services and that access to information and advice is more difficult to obtain in the evenings and weekends.

### **We have identified the need to:**

- Have in place a multi-agency approach to the provision of access to universal information and advice.
- Have a range of ways for people to access information and advice about general and specialist care and support services.
- Understand the usage, cost and outcomes of self-assessment systems
- Have in place a user-led organisation(s) as a mechanism for peer support and a collective voice for people with health and social care needs.
- Have quality standards for providers of information and advice

### **To address this we will**

- Establish a multi-agency approach to the provision of access to universal information and advice.
- Establish a Resource Directory of health, care and support services.
- Explore options and establish a range of methods for people to access information and advice about general and specialist care and support services.

- Evaluate the current self assessment systems for uptake, cost, outcomes and future investment options.
- Evaluate the impact, cost and outcomes of peer support to inform future developments.
- Establish an Accreditation Scheme for providers of information and advice
- Establish a user led organisation(s).
- Establish a range of options to promote choice

#### 10.4 Prevention & Early intervention

***Our aim is to improve lives and make best use of resources by investing in a range of accessible prevention and early intervention measures that promote health and well-being.***

Blackpool has significant challenges arising from poor health and deprivation making it essential that agencies work together to ensure a co-ordinated and strategic approach is taken to address all areas of social, economic, environmental and health challenges within the town. For commissioners in health and social care this means having a key influencing role within multi-agency forums such as the Blackpool Strategic Partnership.

Evidence indicates that effective health promotion strategies can have a direct impact on the maintenance of good physical and mental health. Health Promotion strategies for children, young people and adults of working age need to be in place to prepare individuals in a range of self help and preventative measures in anticipation of physical and mental health problems occurring in later life. Access to information and advice regarding preventative measures and targeting high risk groups are essential elements of health promotion strategies.

Housing related support aims to enable vulnerable people to live as full a life as possible in the wider community. It aims to prevent problems that can often lead to a loss of tenancy and independence, hospitalisation or admission to an institutional setting. There are also a number of financial and non-financial benefits to the wider community in terms of potentially reduced costs to the criminal justice system and reduced fear of crime.

Prevention and early intervention measures can be described in many different ways. We have identified three categories as detailed below.

#### **Service Map and Market Analysis**

**Primary prevention** services are aimed at people who have little or no particular health and social care needs. The intention is to prevent people from developing health and social care needs and to enable them to maintain high levels of physical and mental health and well-being. In Blackpool primary prevention initiatives include:

- health promotion activities
- promoting the role of leisure services
- accident prevention
- initiatives to promote safe and suitable housing
- housing related support to prevent problems which could lead to a loss of tenancy and homelessness
- initiatives to support economic well-being
- education and lifelong learning

- Community safety including safeguarding vulnerable adults for example:

Examples include:

- Choose Well initiative which involves promoting the principle of self care and making use of pharmacy and other community health care services
- Public health campaigns run by NHS Blackpool
- Accident prevention and home safety initiatives, including those provided via Care and Repair, the Blackpool Home Improvement Agency
- Homelessness and floating support services.
- Affordable Warmth Initiatives

There is also a draft Mental Health and Well-Being Promotion Strategy that has been developed by Public Health Specialists. This strategy is age-inclusive and relates to the whole of the population in Blackpool.

We need to improve our understanding of the effectiveness of the range of current interventions to inform future investment decisions.

**Secondary prevention / early intervention** services are targeted at people at risk and aim to halt or slow down any deterioration and actively seek to improve their situation. Interventions can include screening and targeting people at risk of specific health conditions or events, such as falls or stroke or those who have low level social care needs. Social, leisure and employment opportunities are key elements that contribute to the maintenance of physical and mental health and well-being. It is essential that the opportunities are available and that appropriate support is in place to facilitate access to them.

There are a range of services in Blackpool, supported by health and social care funding, which provide this level of support:

- Hospital Aftercare Service
- Volunteer Shopping Service
- Assistive Technology including telecare and telehealth
- Supported access to employment, social and leisure opportunities
- Carers Support Services
- Falls Lifting Service (operated by Vitaline) and Falls Prevention Service
- Community Equipment Service
- Centre for Independent Living
- Healthy Lifestyles facilitator
- Exercise on prescription.

There may be other initiatives available locally which are not part of the local service map due to a lack of awareness of their existence. Maximising all of the available opportunities and initiatives is a priority for commissioners.

The range of assistive technology is ever increasing and it offers opportunities for improving people's ability to live at home independently and safely. The use of assistive technology in Blackpool needs to be explored more fully to inform future investment decisions.

**Tertiary prevention** is aimed at minimising the impact of disability or deterioration from established health conditions and complex care needs. The focus is on maximising people's functioning and independence and access to early treatment which, in turn, can prevent inappropriate admissions to hospital, enable timely

hospital discharge, maximise independence and reduce the need for long-term care and support.

In Blackpool the term 'Intermediate Care' is used to refer to a range of services that are in place to achieve the above.

These services focus on promoting independence and regaining skills following a crisis or period of illness. Evidence from research indicates that effective re-ablement services are able to make significant reductions in the numbers of people requiring hospital admissions and ongoing health and/or social care support. Evidence also shows that significant financial, health and quality of life gains can be achieved from a more rehabilitative and therapeutic intervention at a much earlier stage.

A fundamental requirement that determines the success of these interventions is a joint approach across agencies in addition to a high level of integrated working. This has significant implications for workforce development.

In Blackpool, interventions include:

- Community based rehabilitation and re-ablement services
- Residential based rehabilitation and re-ablement services
- Crisis Resolution Home Treatment Team (mental health)
- Co-ordinated health and social care support of people with complex needs.
- Primary Night Care (care during the night)
- Rapid Response Nursing Service
- Falls Lifting Service.

Blackpool Council directly provides both residential and home-based adult re-ablement services. The intention is that these services are available to all people with health and social care needs irrespective of their illness, or disability, and that specialist services will be provided only where there is a clear and evidenced need.

Research into Blackpool's home-based re-ablement service shows positive quality of life outcomes; user satisfaction with the service is high. However, the service currently has an imbalance between supply and demand. The reasons for this require further examination in order to understand whether there is a need to adjust the level of provision. This will involve a review of access criteria and pathways.

Monitoring of the level of demand and uptake of the new Rapid Response Nursing Service is required in order to understand the need, outcomes and future requirements.

### **What people have told us**

People have told us that having access to timely provision of information, re-ablement services, assistive technology and specialist equipment for daily living provides the opportunity to maintain independence and reduce the need to use health and social services in the future.

Feedback from professionals suggests that there is a gap around equity of access to re-ablement services for people with dementia. Whether the gap is perceived or actual requires further investigation and this is being addressed as a specific action within the Older Adults Mental Health Commissioning Strategy.

Feedback from professionals indicates that re-ablement in Blackpool does not sufficiently address issues relating to social isolation and help for people to re-engage with their community – the primary focus is currently on re-ablement of physical health and well-being. There is a lack of emphasis on enabling people to develop peer support networks after leaving re-ablement services – particularly residential re-ablement services.

**We have identified the need to:**

- Understand the value of the investment and long-term outcomes of the current range of prevention, early intervention and Intermediate Care services
- Understand the current imbalance in supply and demand for the current home-based re-ablement service
- Understand the supply and demand for the Rapid Response Nursing service.
- Develop knowledge and understanding amongst the health and social care workforce about the range of available prevention, early intervention and treatment options
- Develop a clear and integrated health and social care model for Intermediate Care to include pathways and workforce requirements
- Review the current processes for screening and targeting people at risk of specific health conditions.
- Co-ordinate low level prevention services across different sectors.
- Understand the value of the investment in telecare and telehealth in terms of the impact and the long-term outcomes
- Understand the potential for broader application of assistive technology
- Review how Care and Repair services are provided to ensure that funding is focussed on those most in need.
- Review housing related support services to ensure that they are strategically relevant, meet defined quality criteria and offer value for money
- Review access arrangements to homelessness services and the associated pathways
- Review the provision of the Council's emergency housing (hostel accommodation) as a result of a reduced number of homeless presentations and value for money issues and to ensure that it is fit for purpose
- Extend the scope of the Falls Lifting Service
- Implement Public Health's Mental Health and Well-Being Strategy

**To address this we will:**

- Undertake a review of the value of the investment and long-term outcomes of the current range of prevention, early intervention and Intermediate Care services.
- Review the future requirements of the current home-based re-ablement service.
- Have a Workforce Development Strategy that includes a focus on increasing the knowledge and understanding of prevention, early intervention and treatment options in order to maximise the health promotion opportunities for people using the services.
- Complete a detailed evaluation of the effectiveness of telecare and telehealth in terms of the impact and the long-term outcomes.
- Undertake an evaluation of the potential for broader application of assistive technology
- Develop, co-ordinate and strengthen low level support services and seek opportunities to pilot new initiatives.

- Establish a joint commissioning model and integrated pathways for Intermediate Care. Model to include:
  - Residential re-ablement
  - Non-residential / daytime re-ablement
  - Home based re-ablement
  - Review of the nurse-led rehabilitation ward
  - Community Nursing Services
  - Role of Allied Health Professionals
  - Review of access criteria and pathways
  - Funding streams and charging policy
  - Link to personal budgets in health and social care.
  - Social inclusion
  - Equity of access by all adults.
- Establish processes to monitor the financial and quality of life outcomes of prevention, early intervention and re-ablement services.
- Implement the interim Community Nursing Services Model to provide a Rapid Response Team, 24/7 provision and ongoing District Nursing Services.
- Understand the supply and demand for the Rapid Response Nursing service for future investment decisions.
- Undertake a review of Care and Repair services to identify further funding opportunities and to ensure strategic relevance, quality and value for money.
- Undertake a review of housing related support services to ensure strategic relevance, quality and value for money
- Review pathways to homelessness services and access arrangements to provision
- Review the provision of the Council's emergency housing to address the current issues of over-supply and value for money and to ensure that accommodation is fit for purpose.
- Extend the scope of the current the Falls Pick Service operated by Vitaline to include the diversion of calls away from the ambulance service when it has been determined that a person is not hurt.
- Implement Public Health's Mental Health and Well-Being Strategy
- Investigate the potential use of social marketing techniques to deliver health promotion messages.

## 10.5 Assessment and Care Management

**Our aim is to have high quality, accessible and timely assessment, diagnostic and care management services.**

Assessment and care management services are designed to enable people to access a comprehensive health and social care assessment in response to their presenting needs. Assessment should lead to the offer of advice, information and support to enable people to understand and access the most appropriate support and intervention options to manage their situation.

The national policy drive towards implementation of the Putting People First agenda introduces opportunities for individuals to exercise greater choice and control over their social care support options. This involves allocating a personal budget and support with planning a care package. Staff will need to be equipped to support people to exercise choice and control and to help them to navigate their way through a much wider range of choices in the way that their outcomes might be achieved than

may have been previously available. National pilots for introducing individual health budgets are currently taking place. See Section 14 'Putting People First'.

### **Service Map and Market Analysis**

The main assessment and care management functions for people who use services and their carers in Blackpool are provided through:

- Community Nursing Services
- Social Services Direct
- Hospital Discharge Team
- Emergency Duty Team
- Community Learning Disability Team
- Primary Intermediate Mental Health Service
  
- Community Mental Health Teams
- Continuing Health Care Team

These functions are carried out by a range of disciplines across the above services. Best practice indicates that assessments should be a multi-disciplinary in nature. Current service structures enable this in learning disability and mental health services but less so in other areas.

In addition there is a statutory responsibility on Local Authorities to offer Carers Assessments. These are currently undertaken in some of the above teams for those people meeting the statutory eligibility criteria. There is a need to explore how to support carers who do not meet the eligibility criteria for a Carers Assessment within current legislation. This will include an assessment of the impact of extending the eligibility criteria to include a wider group of carers.

There are also specialist assessment functions relating to safeguarding, mental capacity act requirements, deprivation of liberty safeguards. All of these functions are carried out within the remit of the teams listed above.

There is a need to ensure that a Single Point of Access is developed for referrers to all health and social care services. Currently this is in place for adult mental health services and learning disability services. In addition a clear care pathway needs to be in place for referrals who may need a more specialist service relating to their particular needs. Specific gaps have been identified around the interface between specialist areas and these are detailed in Section 11 'Specialist Areas'.

### **What people have told us**

People have told us that what matters to them is that they get help quickly, that the help is right first time and that they get the help that they ask for without having to tell different people the same things over again.

Several initiatives are in place to address this and to reduce the duplication of assessments and achieve a co-ordinated and streamlined process with person centred assessments being the norm. These include:

- Development of a Single Contact Assessment for use by NHS and social care staff where appropriate. All referrals from the acute hospital to community nursing teams now use this format.
- Arrangements for Community Matrons to request services via the Access and Service Delivery Manager when they identify needs and do not require a full Community Care Assessment. This arrangement is being extended to include District Nurses.



- Training for staff in Social Services Direct, Re-enablement, Day Services and NHS Blackpool to be 'Trusted Assessors', so that customers can access low-level equipment quickly and easily.
- Introduction of Person Held Records in some settings.

**We have identified the need to:**

- To have a Single Point of Access for referrers to all health and social care services
- Have co-ordinated, timely and streamlined assessment processes
- Develop the workforce to support increasing levels of self-directed support and use of personal budgets
- Have clear care pathway for referrals into and between specialist and out of hours services
- Have effective review processes that identify changing levels of needs in a timely fashion and ensure that intended outcomes are being achieved.
- Explore how to support carers who do not meet the eligibility criteria for a Carers Assessment within current legislation.

**To address this we will:**

- To develop a Single Point of Access for referrers to all health and social care services
- Develop systems to improve response times for initial assessment processes
- Develop an integrated assessment and care management process and recording formats for integrated community services.
- Develop the workforce to support increasing levels of self-directed support and use of personal budgets
- Develop care pathways for referrals into and between specialist services
- Explore options for supporting carers who do not meet the eligibility criteria for a Carers Assessment; assess the impact of extending the eligibility criteria to include a wider group of carers.

## **10.6 Community health and social care services**

**Our aim is to have a range of high quality services to support people with their health and social care needs.**

The intention is to have a range of services available to all people with ongoing health and social care needs irrespective of their illness, or disability. Specialist services will be available where there is a clear and evidenced need. These are detailed in Section 11. We will maximise access to generic services by identifying and removing access barriers and up-skilling the workforce.

Community health and social care services are those designed to support people with ongoing needs to live independently at home and to avoid the need for admission into long-term residential or nursing homes. Services include:

- Domiciliary care
- Day care
- Short term residential care
- Crisis prevention and intervention initiatives
- Supported tenancies
- accommodation based and non-accommodation based support for "socially excluded" client groups (See Section 12)

- Assistive technology – telecare and telehealth
- Community Nursing Services
- Allied Health Professionals, for example Occupational Health Therapists, Physiotherapy.

Health and social care commissioners are responsible for ensuring that the right range of services is available for all people in Blackpool. Some people will access services following a formal assessment of their needs. Other people will access services directly. Commissioners need to ensure that people who arrange their own care are afforded the same safeguards, standards of service and value for money as people who's care and support is arranged by health or social care agencies.

## **Service Map and Market Analysis**

### **Domiciliary Care**

This type of care is available from Council, private and third sector providers. The Council's service focuses on specialist areas of provision. The range of domiciliary care provision includes:

- Support with personal care tasks
- Primary Night Care (care during the night)
- End of Life Care
- Rapid Response Service
- Re-ablement

Domiciliary care for people with complex and challenging needs is an area for further review. The pathway and access criteria for this area of service is currently not clear and further work is required in order to clarify this and to determine whether current services are able to meet the required needs.

Feedback from professionals suggests that there is limited availability of night-time care at home provision within Blackpool. Closer scrutiny of this is needed in order to fully understand the demand and the benefits this type of provision to inform future investment decisions.

### **Day Care Services**

Within Blackpool there are a number of traditional, building-based day services provided by the Council, private and third sector organisations and also some newly developed community focussed services. These services are available for:

- Older Adults
- Adults with a Learning Disability
- Adults with Mental Health problems
- Older Adults with Mental Health problems
- Adults with a Physical Disability and long term conditions
- Adults with a Drug and/or Alcohol problem

We have commenced a programme of modernisation of day services in Blackpool which will take account of the impact of personal budgets.

The review of day services for older people in 2009 showed that many people were using the day centres as a long-term social arrangement, long after their initial need for social care interventions had passed. Recommendations have been made to revise the day services model for older people to one that focuses on providing a

short period of more intensive assessment and reablement in order to help people to determine the most appropriate ongoing support options. Long-term daytime support will continue to be available for people with clearly defined needs.

A new day service model for adults with mental health problems has recently been implemented.

A review of day services for people with a learning disability has commenced and is due for completion in 2011/12.

A specialist day service is provided for older adults with mental health problems. This service is being expanded during 2010 to increase capacity and to accommodate people with advanced dementia.

Following a review of day services for adults with a physical disability the Centre for Independent Living opened in 2009. The new centre provides a setting and resources to promote 'Independent Living' to disabled people, those with a long term condition and their carers.

For people needing daytime support, other support options include volunteers, informal support (eg: family and friends) and domiciliary care agencies - some of whom are extending their provision away from care in the home, to care and support within the community. There may be an increased demand for these types of support as less people choose to attend traditional day centres. Commissioners need to develop mechanisms to monitor changing patterns of demand and use and mechanisms to manage the market effectively.

### **Short-term residential care**

Short term residential services are provided by Blackpool Council, Blackpool NHS, private and third sector organisations. These services are used for:

- Short-term placements to provide respite for carers
- Emergency placements in the event of a crisis
- Regular short-term placements alternated between home and the service provider to sustain independent living (sometimes referred to as 'shared care')

For older adults, there is a dedicated respite service provided by Blackpool Council. Being able to pre-book short term residential placements for respite at a service of choice is a valued aspect of this type of provision. There is only one service for older adults that offers pre-bookable short term residential placements for respite. However, this is not a specialist service and it is often regarded by assessing professionals and the service provider as being unsuitable for older people with more complex needs such as dementia. For these people short term residential provision for respite is only available within care homes. Work is being undertaken to address this access barrier for people with mental health needs.

Due to the current supply of care homes in Blackpool, the available placements outnumber demand and therefore short term services can usually be arranged at short notice and in emergencies, although not necessarily at the service of choice. This situation cannot be guaranteed in the long term.

Dedicated short term residential care provision is available for adults with a learning disability. Demand exceeds capacity for these services. There is also a gap in provision for people with a profound learning and physical disability.

### **Residential Reablement**

There are two establishments providing residential reablement services in Blackpool which are jointly funded by NHS Blackpool and the Council. The service predominantly focuses on older people and adults with a physical disability. Consideration needs to be given to whether there is a need to extend this type of service to other adult groups.

### **Supported Living/Accommodation Options**

These take the form of a tenancy in ordinary accommodation with a package of care that may be up to 24 hours a day. The accommodation may be provided by a housing association with the care and support element being commissioned by both NHS Blackpool and Blackpool Council from health and social care budgets.

There are several supported living options provided within Blackpool for:

- adults with a learning disability
- adults with mental health needs
- adults with physical disabilities
- people with drug and alcohol problems.

Commissioners need to fully understand the demand and the benefits of this type of provision to inform future investment decisions.

Sheltered Housing is available as a support option for other people – primarily older adults and other vulnerable people. Support in the schemes is provided by way of a Scheme Manager service, a 24/7 alarm service and access to general housing related support. The Council's sheltered housing stock is managed by Blackpool Coastal Housing. Feedback indicates that some of the provision is dated and not fit for purpose. A formal review is being undertaken to determine the nature of future provision.

### **Extra Care Housing**

Extra Care Housing is increasingly being seen as an important way of responding to how people want their housing and care needs to be met. It is a model that enables people to live independently, to engage with their local communities and maintain their social and family networks, whilst at the same time receiving appropriate care and support. It aims to provide a real alternative to residential care.

Two purpose built Extra Care Housing Schemes are due for completion during 2010. These will provide 94 one and two bedroom tenancies for people aged over 55 with current or anticipated health and social care needs. The schemes will have a 24/7 on-site care and support service, Scheme Manager and communal areas and facilities for the provision of health and social activities and services. Although they have not been designed for people with specific illnesses or conditions, for example dementia, the standard design features should enable people with a wide range of care and support needs to live safely within the environment.

The intention is that the schemes will have a key role in contributing to the prevention and early intervention agenda; reducing admissions into residential care settings and inappropriate use of acute health care services. When the schemes are operational, monitoring arrangements will need to be developed to capture information about demand, fitness for purpose, quality of life and financial outcomes.

### **What people have told us**

People have told us that they want health and social care service provided together so that they don't have to have care and treatment from lots of different people and

agencies. People want services to be provided ways that let them have as much control as possible, help them to remain independent and treat them with dignity and respect. People want services that are flexible and available at the times and places that they are needed.

**We have identified the need to**

- Understand the use of community services by people who arrange their own care and of any issues and barriers being experienced by them.
- Understand the pathway and access criteria for the Complex and Challenging Home Care Service and to determine the nature of future provision.
- Understand whether there are any access barriers to short break residential care services for older adults with mental health needs.
- Understand the level of demand and capacity for pre-bookable short term residential care.
- Understand the potential use of volunteers to support people to take part in community activities.
- Modernise day services for people with a learning disability.
- Understand the demand and the benefits of the Primary Night Care service to inform future investment decisions.
- Identify and remove access barriers to residential re-ablement services; to determine the suitability of the current residential re-ablement service for all client groups.
- Monitor changing patterns of demand for daytime support and to develop mechanisms to manage the market effectively.
- Understand the demand and benefits of supported living schemes to inform future investment decisions.
- Understand the demand, use of and outcomes of the Extra Care Housing Schemes.
- Understand the demand, use of and outcomes of the Centre for Independent Living.

**To address this we will:**

- Establish mechanisms for engaging with people who arrange their own care.
- Undertake a commissioning review of the Complex and Challenging Home Care to understand the pathway and access criteria and to determine the nature of future provision.
- Undertake a commissioning review of the Primary Night Care service.
- Review the potential use of volunteers to support people to take part in community activities; to determine current demand and capacity to inform future commissioning decisions.
- Implement the recommendations from the day services review.
- Implement the recommendations from the review of day services for people with a learning disability by 2011/12.
- Identify and remove access barriers to short break residential respite services for people with older adults with mental health needs.
- Undertake a commissioning review of pre-bookable short term residential care.
- Undertake a service review of the residential re-ablement provision.
- Develop mechanisms to monitor changing patterns of demand for daytime support and develop mechanisms to manage the market effectively.
- Undertake a commissioning review of supported living schemes.
- Implement the recommendations from the review of Sheltered Housing.

- Establish monitoring arrangements to capture information about demand, use of and outcomes of the Extra Care Housing Schemes.
- Establish monitoring arrangements to capture information about demand, use of and outcomes of the Centre for Independent Living.

## 10.7 Acute Services

***Our aim is to contribute to the reduction of inappropriate secondary care treatments and admissions through the provision of high quality community services.***

Acute services are those provided in a hospital setting either as an in-patient or an out-patient. This includes:

- diagnostic tests
- screening for disease and illness
- access to specialist services
- elective and non-elective surgery
- accident and emergency care
- inpatient care

There is a requirement to increase the capacity of primary and community based services to deliver some of these services so that people do not have to go hospital for them. Commissioners are also required to minimise the number of inappropriate admissions into hospital and to prevent unnecessary delays in discharge once people are medically fit to return home. Commissioners must ensure that the right range of community based services is available to facilitate this. These are detailed throughout the Market Analysis section.

### **Service Map and Market Analysis**

The market for secondary care services in Blackpool is currently limited, with a single acute hospital in the town. NHS Blackpool has a contract with the hospital to provide services under the terms of a nationally standardised contract. At present, the majority of diagnostic tests and access to emergency care services take place through this contract. The opening of the Urgent Care Centre during 2010 is intended to change this balance and to move more diagnostic services into this new provision. A smaller number of tests and referrals are provided through contracts with independent providers.

NHS Blackpool currently commissions secondary care for adult mental health services from Lancashire Care Foundation Trust (LCFT). Other specialised hospital care that is not available in Blackpool is provided by a range of providers throughout the North West of England.

### **We have identified the need to:**

- Move services from acute settings to primary and community settings where it is appropriate and safe to do so
- Reduce the number of inappropriate presentations and non-elective admissions into hospital
- Reduce the number of delays in discharge from hospital

**To do this we will:**

- Work in partnership with primary, community and secondary health and social care to transfer services closer to home
- Establish monitoring mechanisms for inappropriate presentations, non-elective admissions and delayed discharges
- Identify the reasons for inappropriate presentations, non-elective admissions and delayed discharges
- Redirect resources into appropriate community services and monitor the impact on inappropriate presentations, non-elective admissions and delayed discharges.

**10.8 Long-term residential / nursing care**

***Our aim is to have a range of care homes that provide high quality care, accommodation, and improved quality of life outcomes for people who live there.***

Long-term care homes provide a service for those people who are no longer able to be supported to live independently in their own homes. For these people we aim to have a range care homes that provide high quality care, accommodation, and improved quality of life outcomes.

There is a continued downward trend in the numbers of people being financially supported by the Council to live in long-term care homes: in 2009/2010, 14 people aged 18-64 and 254 people aged 65 and over were admitted to permanent residential and nursing care. The number of permanent supported residents has been reducing over time, though in 2009/2010, there has been a slight increase in the number of permanent nursing placements.

	2010	2009	2008
Total Residential Placements with a financial contribution from the Council at 31 March	704	711	747
Total Nursing Placements with a financial contribution from the Council at 31 March	142	136	138

It is recommended by the government that councils spend no more than 40% of their budget on residential and nursing care (for both short-term and long-term placements) in order to allow investment in early intervention and prevention services. In Blackpool expenditure was 44.4% in 2008/2009. We will continue to monitor expenditure and reduce in line with the national target.

**Service Map and Market Analysis**

Blackpool has a relatively high number of care homes when compared to other parts of the country: 94 care homes in total. The majority of these are for older people and supply generally exceeds demand for this group.

There is limited specialist provision for adults with physical disabilities aged 18-65. However, the demand for long term residential care for this group is very low and Blackpool will continue to support people in other ways, for example, through the provision of community support services and supported living arrangements. Placements for this group are sometimes made in care homes outside of Blackpool.

Additionally, some service users may require highly specialised services that occasionally will necessitate a placement in a care home outside of Blackpool. Commissioners need to understand the level of use and expenditure on these placements to inform future commissioning decisions.

Projected changes in the demographic profile of Blackpool are likely to mean that there will be greater need for nursing placements and for services and staff that can support an increasing population of people with dementia and at the end of life and can safely manage the medication requirements of an increasing number of people with long term health conditions. Current estimates indicate that approximately 60% of residents in care homes for older people have some form of mental health problem.

**We have identified the need to:**

- to reduce expenditure on care home placements (for both short-term and long-term placements) in line with the national target of 40%.
- To re-direct resources into community services to enable people to remain living at home.
- Monitor changes in demand and capacity for nursing home placements to ensure adequacy of provision.
- To understand the level of use and expenditure on care home placements outside of Blackpool Council.
- Have a skilled care home workforce. Current projects underway to address this includes:
  - Provision of in-reach support to train and support better practice and decision making by care home staff in relation to: end of life care, medication management and managing long-term health conditions.
  - Increasing the number of care home with accreditation of the Gold Standards Framework for end of life care;
- Refresh the existing local quality accreditation model to include the implementation of the local standards for care homes for people with dementia.

**To address this we will:**

- Establish mechanisms to monitor the expenditure on long-term care home placements
- Establish mechanisms to understand the reasons for admissions into care homes and use this to inform decisions about the redirection of resources into community services.
- Monitor changes in demand and capacity for nursing home placements.
- Have a workforce development plan for care home staff that includes the monitoring of existing projects.
- To review care home placements made outside of Blackpool to ensure the most appropriate use of resources.
- Refresh the existing local quality accreditation model to include the implementation of the local standards for care homes for people with dementia.

## **11. Specialist services**

Our aim is to have a range of services available to all people with health and social care needs irrespective of their illness, or disability. People will be encouraged to



use these general services whenever possible and specialist services will only be provided where there is a clear and evidenced need. This section addresses the specialist areas and specific needs that have been identified.

There is a risk that once people access a specialist service, the specialist area becomes responsible for addressing all of their health and social care needs including general needs that could be met in other ways. To minimise this risk, all of the specialist areas need to have clear pathways in place to ensure equity and ease of access to services and to co-ordinate the interface between specialist and non-specialist provision including care management functions.

**We have identified the need to:**

- Have clear pathways between specialist and non-specialist provision.
- Ensure equitable and easy access to all services.

**To address this we will:**

- Review existing pathways to identify and remove access barriers to services.
- Establish clear interface arrangements between general and specialist care management professionals.

## **11.1 Children and Family Services**

### **Service Map and Market Analysis**

Commissioners of adult services and commissioners of children's services need to work together to plan for the transition needs of young people who are moving from children's into adult services. A Transitions Strategy Group with representation from health and social care meets on a quarterly basis. The group has a two year Transitions Development Plan. Through this group systems are being developed to ensure that information is collated and shared between agencies to inform future planning and commissioning decisions. Adult health and social care commissioners need to be active partners in the implementation of this plan and in the development of future plans.

For those children with a learning disability moving to Adult Services, care and support needs are assessed and commissioned from Blackpool Learning Disability Partnership which operates a pooled budget between health and social care.

**We have identified the need to:**

- Understand and plan for the transition needs of young people
- To engage with young people to contribute to the design and development of future adult care services.
- Understand the differential between care packages funded for young people and those funded by adults.

**To address this we will:**

- Be active participants in the development and implementation of the Children and Young People's Transitions Plan.
- Establish mechanisms for involving young people in adult strategy and service developments.
- Map the funding sources and the eligibility for services provided for people aged under 18 years and those for people aged over 18 years with similar needs.

## **11.2 Older Adults Mental Health**

Within this Commissioning Strategy the care pathway framework applies to all adults including older adults who have a mental health problem or a diagnosed mental illness. All areas for action identified will focus on the needs of all adults including older adults with a mental health problem or a diagnosed mental illness. However, in addition to this there are priorities which are specific to supporting older adults who have a mental health problem or a diagnosed mental illness and their carers and these are addressed in this section.

### **Service Map and Market Analysis**

A Joint Health and Social Care Commissioning Strategy (2009-2019) has been developed through wide consultation with key stakeholders, including people who use services (both past and present) and family carers. The strategy encompasses all older adult mental health services including those for people with functional and organic (dementia) illness. Also included are the following special groups:

- younger people with dementia
- older people with learning disabilities
- people leaving secure hospitals.

The strategy incorporates the objectives of the National Dementia Strategy (2009), and it identifies the local commissioning plans for the services needed for people with dementia and their carers and how we intend to meet those needs. The strategy takes account of people's needs for both mainstream and specialist services and has a community focus, linking into Local Area Agreements and the Sustainable Communities Strategy.

The strategy recognises that currently there are arrangements in place that serve most of the known older adult population to a reasonable standard. However, we want to improve standards to have a range of high quality social and health care services to support people to live independently within the community; to have high quality, effective assessment, diagnostic and treatment services with a single point of access; to provide support and raise awareness and understanding of mental illness; to promote early intervention and prevention; and to have a well equipped and qualified workforce. We also need to respond to demographic changes that indicate an increase in the numbers of older adults with mental health needs, particularly dementia.

### **We have identified the need to:**

Have a range of high quality social and health care services to support people to live independently within the community or within appropriate supported accommodation through:

- High quality residential care services
- Proactive support for carers
- Equality of access to intermediate care and re-ablement services
- Use of assistive technology to promote independent living
- Equality of access to End of Life Care Services
- Services and arrangements that safeguard vulnerable people.

Have high quality, effective assessment, diagnostic and treatment services with:

- Clear, coherent care pathways with a single point of access
- A skilled and competent workforce.
- Positive patient experiences in acute hospital settings delivering good clinical outcomes

- Positive patient experiences in mental health inpatient settings.

Provide support and raise awareness and understanding of mental illness; to promote early intervention and prevention through:

- Investing in early intervention and prevention initiatives
- Investing in the promotion of mental health and wellbeing
- A 'one stop shop' for information and advice
- A range of peer support and learning networks
- Access to health and social care navigators.

Have a well equipped and qualified workforce through:

- Implementation of a workforce development plan
- Provision of basic awareness training in older adult mental health issues for all staff
- Provision of specialist training for staff in specialist services
- Provision of basic awareness training for all staff in safeguarding adults from abuse.

**To address this we will:**

- Implement the actions detailed in the Older Adults Mental Health Services Action Plan.

### **11.3 Drug and Alcohol Misuse**

Within this Commissioning Strategy the care pathway framework applies to all adults including adults who misuse drugs and alcohol. All areas for action identified will focus on the needs of all adults including adults who misuse drugs and alcohol. However, in addition to this there are priorities which are specific to adults who misuse drugs and alcohol and these are addressed in this section.

#### **Service Map and Market Analysis**

Substance misuse is a major contributor to the poor health of a significant number of people in Blackpool and is often linked to other issues such as crime and domestic abuse which affect children and families. NHS Blackpool and Blackpool Council commission a range of schemes to tackle both drug and alcohol abuse and to support the reduction in the numbers of people using drugs and alcohol. The range of initiatives includes:

- Raising awareness and educating about the effects of substance misuse
- Harm reduction and prevention work
- Ensuring the quality of service delivery for clients with drug and alcohol problems.

In Blackpool there are many overlaps between drugs and alcohol issues. However commissioning for drugs and alcohol services has been fragmented and has not benefited from a combined approach that jointly addresses the common issues and maximises the use of resources. As a result, a number of separate services have been commissioned.

We have identified the need to consolidate the work already being undertaken and to review the effectiveness of the current treatment system to ensure that the needs of service users are being met effectively. The review will include the drug and alcohol treatment system, the criminal justice system and harm reduction services. The review will also seek to ensure greater integration of commissioning for future drug and alcohol services.

**We have identified the need to:**

- Increase the availability of Identification and Brief Advice
- Develop the range of alcohol services that are available during the night.
- Develop Tier Two Brief intervention therapy and Tier Three Cognitive Behavioural Therapy
- Have a range of community and residential detoxification and rehabilitation services
- Ensure equity of access to residential rehabilitation services
- Explore options for increasing the number of alcohol liaison nurses.
- Continue to deliver the recovery agenda and embed this within the treatment system and support the development of a recovering community
- Identify and respond to the implications of the National Review of Drug Intervention Programme (DIP) and Integrated Offender Management
- Improve links with Young People Services for the delivery of drug and alcohol services

**To address this we will:**

- Provide training for staff on Identification & Brief Advice
- Make Identification and Brief Advice available at pharmacies, GP practices and in Accident and Emergency
- Develop a Night Time Economy treatment centre to provide a rest and recuperation service alongside minor alcohol related ailments.
- Explore options for the provision of community rehabilitation aftercare for drugs and alcohol
- Review and develop current provision for community and residential detoxification
- Develop a short-term emergency residential detoxification provision for alcohol clients to stabilise.
- Implement the eligibility criteria and panel for residential rehabilitation
- Have the recovery agenda as a central feature of workforce development plans
- Have formal links with commissioners of services for young people.

**11.4 Learning Disability**

Within this Commissioning Strategy the care pathway framework applies to all adults including those who have a learning disability. All areas for action identified will focus on the needs of all adults including people with a learning disability. However, in addition to this there are priorities which are specific to supporting people who have a learning disability and their carers and these are addressed in this section.

The national policy drivers relating to this can be found at Appendix 2 - the most recent of which is *Valuing People Now: A new three year strategy for people with learning disabilities (2009)*. The main objectives of the strategy are to ensure that people with a learning disability:

- Have greater choice and control over their lives with support to develop person centred plans
- Have the healthcare they need and the support they need to live healthy lives
- Can make an informed choice about where, and with whom they live
- Have a fulfilling life including opportunities to work, study and enjoy leisure and social activities.
- Have the choice to have relationships, become parents and continue to be parents and be supported in this.

- Are treated as equal citizens in society and supported to enact their rights and fulfil their responsibilities
- Can speak up and be heard about what they want from their lives
- Can use public transport safely and easily
- Can access leisure, sport and culture facilities
- Can live their lives in safe environments.

The Blackpool Learning Disability Partnership Board is in place to set the strategic priorities for Blackpool in relation to these objectives. To continue to deliver on the progress already achieved we need to ensure that agencies involved in all areas such as housing, transport, income, neighbourhoods and communities, opportunities for learning and work, access leisure and culture focus on including people with a learning disability as an integral part of their service development.

### **Service Map and Market Analysis**

In Blackpool, access to specialist learning disability services is via the Community Learning Disability Team. This team is multi disciplinary in nature and provides the gateway to a range of specialist health and social care services. The Community Learning Disability team comprises staff employed by Blackpool Council, NHS Blackpool and Lancashire Care Foundation Trust. The range of professionals within the team includes:

- social work
- community nursing
- occupational therapy
- clinical psychology
- medical input
- support workers.

Health and social care commissioners have contracted specialist services for people with a learning disability from Blackpool Council, private and third sector providers. Services include:

- Day Services
- Domiciliary care
- Volunteer services
- Supported Tenancies
- Adult placement
- Carer support
- Short break services - residential
- Residential and nursing care homes.

Specialist inpatient services are provided by Calderstones Foundation Trust.

### **What people have told us:**

People have told us that:

- Access to mainstream services can be difficult
- Opportunities for support to access adult education and employment need to be increased
- More support for people living in neighbourhoods in the local community is needed.
- People with complex needs have limited access to advocacy support
- Carers need access to support services
- There are limited Changing Places facilities in Blackpool
- People with a learning disability who are parents need more support

- There is need for residential short break services for people who have complex needs
- Opportunities and support to access leisure, sport and social opportunities needs to be increased.
- There is a need to increase access to health checks with GPs
- There is a need for better access to public transport and getting about safely
- There is a need for more choice in accommodation options
- There is a need for better access to mental health services

**We have identified the need to:**

- Ensure that the range of learning disability services can deliver effective and positive outcomes for people who use them
- Have a co-ordinated approach to supporting people into employment
- Understand how people currently access independent advocacy to enable them to be fully involved in all the decisions they have to make
- Have a clear pathway for people to access mental health assessment and to remove any barriers that exist. This includes access to services for people with a diagnosis of dementia.
- Ensure that people's physical health needs are identified via an annual health check and that people have an individual health action plan.
- Continue to embed principles of social inclusion in service developments and service delivery to ensure that people are supported to access mainstream activities and services within their local community.
- Increase opportunities for people to access adult education and employment.
- Ensure access a range of housing options is available.
- Improve access to social and community networks.
- Improve access to support for carers including peer support options
- Increase access to support for people with a learning disability who are parents
- Consider options to increase the range of provision of residential and day time breaks especially for people with more complex needs
- Modernise the current day service provision to meet current local and national policy requirements
- Undertake detailed person centred planning at the assessment and review stage within the Community Learning Disability Team ensuring full engagement with all relevant service providers (subject to the person being in agreement) to ensure choice and control over support and care needs and options
- Ensure that transition planning from young peoples services has a clear focus on employment, accommodation and person centred planning to inform adult services development.

**To address this we will:**

- Complete a needs analysis of daytime and residential respite requirements to inform future investment decisions.
- Have a local strategy for access to employment that identifies the relevant support services and ensures co-ordination across services
- Review the Transitions Strategy for young people with disabilities
- Review and implement the revised person centred planning process
- Complete a gap analysis of independent advocacy to inform future investment decisions
- Review the implementation of the Joint Mental Health and Learning Disability protocol

- Develop and implement a workforce development strategy to provide a skilled workforce to deliver on the national and local policy requirements including the mental health / learning disability interface
- Develop and implement protocols relating to joint assessment, care planning and care and support for people with a learning disability and a diagnosis of dementia.
- Complete an evaluation of the impact of the Annual Health Check within primary care
- Develop and implement a modernised service model for day services
- Develop a modernised and fit for purpose day service / resource centre facility
- Review the current range of adult education opportunities against identified gaps to inform future joint working with education services.
- Implement the actions within the Blackpool Housing Statement in relation to housing options. (See Section 12.2)

### **11.5 Adult Mental Health**

Within this Commissioning Strategy the care pathway framework applies to all adults including those who have a mental health problem or a diagnosed mental illness. All areas for action identified will focus on the needs of all adults including people with a mental health problem or a diagnosed mental illness. However, in addition to this there are priorities which are specific to supporting people who have a mental health problem or a diagnosed mental illness and their carers and these are addressed in this section.

The national policy drivers relating adult mental health can be found at Appendix 2, the most recent of which is *New Horizons: a shared vision for mental health*, (Department of Health 2009). *New Horizons* responds to the government's new approach to 'whole-population' mental health. It takes forward the work delivered within the National Service Framework for Mental Health and supports the delivery in the NHS of the *High Quality Care for All: Next Stage Review* (NSR 2008). *New Horizons* emphasises the need for cross-government action to improve the mental well-being of the whole population. The policy aims to deliver:

- Improved mental health and well being across the whole population
- Improved quality and accessibility of services for people with poor mental health.

The policy is underpinned by the following key themes which are aimed at continuing to improve services:

- prevention of mental ill health and promoting mental health
- early intervention
- tackling stigma
- strengthening transitions
- personalised care
- innovation.

In order to achieve good mental health and mental well-being and to continue to deliver on the progress already achieved we need to ensure that agencies involved in all areas such as housing, transport, income, neighbourhoods and communities, opportunities for learning and work, access leisure and culture focus on including people with poor mental health as an integral part of their service development. We need to ensure equal opportunities in these areas and consider them as key influencing factors in promoting good mental health.

Blackpool has developed a Mental Health promotion strategy which outlines how we will continue to address these issues and deliver on the key objectives within the strategy. The focus on partnership working detailed within this strategy and the planned measures to address these will apply to all adults.

### **Service Map and Market Analysis**

In Blackpool, access to specialist mental health services is via a single point of access located in primary care mental health services. This provides the gateway to a 'stepped model of care' which provides the most appropriate level of service according to the need of the individual.

Blackpool Council, NHS Blackpool and Lancashire Care Foundation Trust currently provide a range of services which include:

- Early Intervention services
- Counselling
- Integrated community teams within primary and secondary care incorporating social work, community mental health nursing, occupational therapy, clinical psychology and medical input
- Assertive outreach team
- Crisis resolution and home treatment team
- Accident and Emergency liaison services
- Inpatient services
- Supported tenancy schemes
- Rehabilitation services – residential and supported tenancy based
- Crisis and respite units.

In addition health and social care commissioners have contracted services in place providing specialist services including:

- Day Services
- Supported Tenancies
- Carer Support
- Residential and nursing care homes.

There has been significant investment in mental health services in recent years resulting in a broad range of services being available. Areas for new investment and development include a new inpatient services model across the Lancashire footprint. Health and social care commissioners need to ensure the investment delivers against the local and national priorities.

### **What people have told us:**

- Access to universal services can be difficult.
- Opportunities for support to access employment are limited and often incur long waiting times
- People need to be valued and treated with respect and dignity
- More support for people living in neighbourhoods in the local community is needed
- People in a crisis struggle to get the help they need
- Carers need access to support services.

### **We have identified the need to:**

In considering the recent developments in Blackpool there are a number of areas where further progress needs to be made. These include:



- Ensuring the range of mental health service provision can deliver effective services and positive outcomes for people who use them
- Have a clear local strategy for recovery and rehabilitation services to ensure co-ordination across services and effective links with universal services
- Understand the effectiveness of the crisis resolution and home treatment service in meeting the needs of people in crisis
- Have in place a clear model of assessment, intervention and support for people with personality disorder to enable people to access the right type of support and intervention they need
- Improve the co-ordination of the range of services within health, social care, private and third sector that provide recovery and rehabilitation services to make best use of resources and improve outcomes for people who use them
- Continue to embed principles of social inclusion in service development and service delivery to ensure people are supported to access mainstream activities and services within their local community
- Increase opportunities for people to access adult education and employment
- Remove barriers to access adult mental health services for all diverse groups including age.

**To address this we will:**

- Review of the effectiveness of the crisis resolution home treatment team in responding to people in a crisis and supporting people to be treated at home
- Develop and implement a service model for the assessment, treatment and support of people with a personality disorder which takes into account the service responses across the stepped model of care
- Review all adult mental health services across health, social care, private and third sector in accordance with equality and diversity policies
- Implement a revised model of the Community Support Team to include services which focus on:
  - Short term interventions
  - Social inclusion
  - Support for people with personality disorder
  - Rehabilitation programmes for people in long term residential care.
- Develop and implement a workforce development strategy for mental health services
- Develop a local rehabilitation and recovery strategy
- Implement the actions within the mental health promotion strategy
- Develop a modernised and fit for purpose inpatient facility

## **12. Cross-cutting Themes**

There are a number of cross-cutting themes which are likely to have an impact on or affect more than one area of the care pathway as described in this strategy. There are seven themes which have been identified that each represent a common thread supporting the provision of services aimed at promoting quality of life and improving health and well-being. For example, there is a well documented connection between the quality of a person's housing and the impact on a range of health conditions – access to appropriate housing will support other measures across the care pathway aimed at delivering outcomes that improve people's health and well-being. The seven themes are:

- Accommodation / Housing
- Housing related support
- Carers

- Employment
- Volunteers
- Advocacy
- End of Life Care

### **12.1 Accommodation / Housing**

Research demonstrates a range of housing related factors that contribute directly and indirectly to health and well-being. These include:

- The standards of the internal environment
- The physical condition of the property
- The design and layout of the property
- Overcrowding
- Social and neighbourhood issues.

Poor quality housing has been shown to contribute to an increased incidence of:

- Respiratory symptoms such as asthma
- Depression and anxiety
- Injury or death from accidents and fires
- Hypothermia
- Skin and eye irritation
- Symptoms of general ill-health.

Commissioners in health and social care are not directly responsible for local housing strategy or for the quality of the housing stock. However, because of the links between housing quality and health and well-being we are keen to promote the need for good quality housing throughout Blackpool. Commissioners in health and social care can contribute to improvements in housing provision through participating in housing strategy developments and multi-agency partnerships, for example community safety partnerships. Commissioners can make significant improvements through continued investment in effective housing related initiatives and services such as the provision of housing related support, Warmer Homes Programmes and safety in the home initiatives.

#### **What people have told us:**

People have told us that they need homes that can be adapted to suit changing circumstances, which are near local amenities and are integrated into the community.

#### **We have identified the need to:**

- Contribute to improving the quality of housing throughout Blackpool

#### **To address this we will:**

- Be active participants in housing strategy developments and multi-agency partnerships.
- Continue to invest in effective housing related initiatives and services.

### **12.2 Housing Related Support**

The main aim of housing related support is to enable people to live as independently as possible in accommodation in the community. Housing related support is currently provided to the following groups of vulnerable people:

- homeless single people and homeless families
- older people
- people with learning disabilities

- people with physical disabilities
- people with HIV/Aids
- people with mental health problems
- people with substance misuse problems
- offenders
- young people leaving care
- young people at risk
- people experiencing domestic violence
- teenage parents.

Housing related support services are provided to a person in order to develop that person's capacity to live independently in accommodation or to sustain his/her capacity to do so. For example, a short-term service (such as a hostel for the homeless) will develop capacity to live independently whilst a longer-term service (such as a sheltered scheme for older people) will serve to sustain independent living. In addition to helping an individual to develop or sustain their ability to live independently, housing related support may assist an individual to gain access to accommodation appropriate to their needs.

Typical housing related support services include:

- Life skills training, such as support to acquire domestic skills
- Assisting people with dealing with others such as landlords, other tenants and a range of professionals
- Assisting people with personal budgeting
- Support with moving to more independent accommodation
- Assistance with benefit applications
- Help with establishing social contacts and activities
- Supervision and monitoring of health and well-being

### **Service Map and Market Analysis**

Housing related support services are provided by the Council, private and third sector organisations. There is a range of services available including:

- Accommodation with support
- Move on accommodation with visiting support
- Sheltered housing
- Floating support
- Nightshelter
- Emergency homeless hostels
- Private lodgings with support from the landlord
- Community alarm service
- Care and Repair services

Working with providers and other partner agencies, the aim is to promote the provision of high quality, housing related support that offers value for money, meets vulnerable people's needs and helps them to live independently. Increasingly the emphasis is on demonstrating that services do make a real difference in helping vulnerable people to achieve or maintain their independence whilst offering value for money.

Meeting the housing and support needs and promoting independence of vulnerable adults is a key priority of the Blackpool Housing Statement 2009-2012. This document recognises that in addition to the provision of adequate housing it is critical that sufficient high quality support is provided to help people sort out the things that

hold them back from leading satisfying lives and contributing to the community. The Housing Statement has been developed through wide consultation with key stakeholders. Progress against this is overseen by the Blackpool Council Corporate Housing Group.

The Housing Statement includes a number of actions which are relevant to this Strategy and the provision of housing related support:

- The North West Housing Related Needs Model 2008-2020 indicates particular shortages in Blackpool of housing related support for people with drug and alcohol problems, mental health problems and for single homeless with support needs and young people at risk.
- There is a need to review the provision of specialist accommodation for older adults and move from high numbers of sheltered homes that meet relatively low level support needs towards accommodation for those that are most frail alongside more flexible tenure- neutral support services. The growing need to meet the requirements of those older adults who have higher support needs will be met partly by remodelling sheltered housing to increase its capacity to accommodate the very frail. The move towards more flexible services will include “floating support” and community alarms fitted in general needs housing that do not require older people to move to particular locations to receive services and allow them to stay living in their own homes for longer.
- There is a need to develop new accommodation strategies to plan the provision of appropriate specialist accommodation to meet local needs for the long term care of people with a learning disability and/or physical disabilities. There is a need to re-model some provision away from permanent on-site staff support towards models that move people towards greater independence with more “floating support”.

**We have identified the need to:**

- Address areas of under-provision of supported housing for socially excluded groups in partnership with specialist providers and health services and determine the type of support required.
- Review the provision of specialist accommodation for older adults and move from high numbers of sheltered homes that meet relatively low level support needs towards accommodation for those that are most frail alongside more flexible tenure- neutral support services.
- Develop new accommodation strategies to plan the provision of appropriate specialist accommodation to meet local needs for the long term care of people with a learning disability and/or physical disabilities.

**To address this we will:**

- Undertake a review of supported housing for socially excluded groups in partnership with specialist providers and health services and determine the type of support required.
- Undertake a review of specialist accommodation for older adults
- Undertake a review of specialist accommodation for people with a learning disability and/or physical disabilities
- Participate in the delivery of the Housing Statement Action Plan.

### **12.3 Carers**

Informal carers provide a vital and extremely valuable contribution to the care and support of people with health and social care needs. Informal carers enable people to remain independent for longer and to avoid the need for formal and costly

interventions. In Blackpool there are over 15000 carers providing unpaid care (*Census 2001*). It has been estimated that the economic value of the contribution made by carers in Blackpool is £264 million (*Valuing Carers – calculating the value of unpaid care 2007*). The emotional, physical and financial wellbeing of carers is imperative to their ability to continue in their caring role.

Commissioners in Blackpool are committed to enabling carers to carry out their caring role effectively through providing a range of high quality support services. To achieve this a Joint Health and Social Care Commissioning Strategy 2010 – 2015 has been developed along with a detailed action plan. The strategy encompasses all adult carers. The strategy incorporates the objectives from the national carer's strategy '*Carers at the Heart of 21<sup>st</sup> Families and Communities*'.

### **Service Map and Market Analysis**

In Blackpool there is a range of support services and opportunities for carers including:

- Carers assessments
- A range of short break opportunities
- Carers support workers in mental health, learning disability, drug and alcohol, stroke and dementia services
- Carers Emergency Card Scheme
- Carers Small Grant Fund providing small grants to carers for items which will support them to care
- Carers Centre providing information and advice, a telephone helpline, one to one support, support groups, complementary therapies and links with GPs and health services
- Caring with Confidence Course providing a knowledge and skills based programme to support carers

### **What people have told us**

- Carers need more accessible information, which is timely, up to date and easy to understand
- There is no single point of access into carers' services
- Carers require practical and financial support for carers to attend training courses. (e.g. replacements care and transport)
- Carers need more provision for training on coping strategies and managing stress
- There should be more training for health, social care and third sector professional on carers issues
- There are limited flexible breaks provision particularly during the evening and at weekends
- Limited funding for small grants and a lack of support for carers who do not qualify under Fair Access to Care Criteria
- Carers need better access to benefits information
- Carers are not routinely offered annual health checks
- The number of young carers referred into carer services is low and young adult carers are not engaging with current carer services

### **We have identified the need to:**

- Ensure that carers are respected as expert care partners and will have access to the integrated and personalised service they need to support them in their caring role.
- Ensure that carers are able to have a life of their own alongside their caring role.

- Ensure that carers are supported so that they are not forced into financial hardship by their caring role.
- Ensure that carers are supported to stay mentally and physically well and treated with dignity.
- Ensure that children and young people are protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes

**To address this we will:**

- Deliver the actions in the Joint Commissioning Strategy for Adult Carers for 2010 – 2015 and specifically:
- Ensure the provision of advice and Information which is comprehensive, easily accessible and co-ordinated for carers
- Review the provision of training to support carers in their caring role
- Develop and implement a workforce development for all sectors that addresses the specific needs of carers
- Social care, health and third sector workforce will have the skills and knowledge required to treat carers as expert partners.
- Continue to improve the mechanism for involving carers in service planning and delivery
- Review the provision of short break opportunities for carers to ensure they are sufficient and fit for purpose.
- Review the effectiveness of the current arrangements for supporting carers to continue in employment or return to employment if that is what they choose to do
- Ensure that the needs of young carers are reflected in transition planning.

**12.4 Employment**

Having the opportunity to engage in meaningful occupation, employment and/or training is a key contributor to maintaining health and well-being. Occupation can bring a range of benefits in terms of emotional well-being, social inclusion and economic independence.

People with health and social care needs can be excluded from occupation both directly and indirectly, for example, the physical design of a workplace may prevent a person with a physical disability accessing the building and therefore be unable to apply for a job. Negative images and stereotypes about health conditions such as mental illness may prevent employers from offering jobs to some people. These and other barriers to employment often have negative outcomes including limited opportunities for personal development, low expectations, and economic dependence.

Commissioners are keen to maximise the opportunities for people with health and social care needs to access meaningful occupation, employment and training options. This can be done directly through investing in specific, targeted support services and indirectly through working with other agencies (eg: Job Centre Plus) to influence wider employment developments.

Supporting people from socially excluded groups into training and employment is a key area of importance.

### **Service Map and Market Analysis**

In Blackpool specific supported employment initiatives are commissioned for

- Adults with a learning disability
- Adults with mental health problems
- Adults with a physical disability and long term conditions.

The primary aim of these services is to provide tailored support to enable people to gain employment and to offer ongoing support if needed. The providers also work with employers to reduce and remove barriers to employment experienced by people with health and social care needs.

#### **We have identified the need to:**

- Assist people to gain employment through the provision of tailored support, information and training opportunities
- Understand the value of the investment and long-term outcomes of the current range of supported employment and training opportunities.

#### **To address this we will:**

- Establish links with employment agencies to identify ways to reduce the barriers into employment and promote greater equity of access.
- Explore alternative options for people attending day centres as their primary day-time occupation.
- Provide information choice including at transition for people with a learning disability.
- Include support in accessing education and employment as a Key performance indicator in service specifications where appropriate.
- Undertake a commissioning review of the current supported employment services to inform future commissioning decisions.

### **12.5 Volunteers**

Blackpool has a strong history of involving volunteers in the delivery of a range of health and social care services and initiatives. We recognise the value of volunteers and acknowledge that they add great value to services through bringing a new perspective and a different range of skills and experiences. The contribution of volunteers also increases the capacity of services and makes it possible to extend the range of services that can be provided within limited resources.

The benefits of voluntary work for volunteers include:

- the opportunity to learn new skills and share existing ones
- volunteer work as a stepping stone into employment.
- the opportunity to meet new people
- potential improvements in health & well-being.

### **Service Map and Market Analysis**

Volunteer opportunities are provided by many health and social care agencies in Blackpool. Blackpool Council for Voluntary Service has a database and a website that advertises volunteer opportunities. Blackpool Council has a Volunteer Service that recruits, supports and deploys volunteers to work in a range of social care services. The Council also provides a specific service that supports people with a learning disability to do voluntary work.

#### **We have identified the need to:**

- To understand the potential for volunteers to support people to take part in community activities

- To have a full understanding of the range of supported volunteering opportunities that are currently available
- To have a system to manage information about volunteering opportunities
- To provide opportunities for people with health and social care needs to do voluntary work.

**To address this we will:**

- Examine the potential use of volunteers to support people to take part in community activities; to determine current demand and capacity to inform future commissioning decisions
- Map existing opportunities for supported volunteering to determine current demand and capacity to inform future commissioning decisions
- Work with partner agencies to identify ways to manage information about volunteering opportunities.

## **12.6 Advocacy**

People with health and social care needs often have a high level of contact with services, agencies and organisations as a result of their situation. People can find this stressful, challenging, confusing and intimidating and it can be difficult to understand what is available and how to get it. Advocacy plays an essential role in enabling people to have some control and to have their voice heard.

### **Service Map and Market Analysis**

Advocacy services are provided by local third sector agencies and include provision for: generic advocacy for people needing support with health and social care issues, self-advocacy for people with learning disabilities, and specific advocacy for people with mental health needs and people experiencing domestic abuse. Specialist advocacy services are in place to meet specific legal requirements, for example Independent Mental Capacity Advocacy (IMCA). Joint health and social care commissioning arrangements exist for some of the specialist services.

Advocacy providers have reported a gap in provision of advocacy for:

- people who do not have capacity to make their own decisions and where the decision sits outside of the remit of Independent Mental Capacity Advocacy;
- parents with learning disabilities who are involved in child care proceedings.

As more people choose to use personal budgets to arrange their care and support, there is potentially an increased demand for advocates to assist people to represent their views to service providers and health and social care professionals. Ongoing monitoring of the capacity of local advocacy services to meet demand will take place.

**We have identified the need to:**

- Have a range of advocacy provision that it is able to respond to the differing requirements of people with health and social care needs.

**To address this we will:**

- Undertake a commissioning review of advocacy provision to determine the extent to which the differing requirements of people with health and social care needs are being met and to inform future commissioning decisions.

## **12.7 End of Life Care**

The national End of life Care Strategy (Department of Health, 2008) shows that when asked, the majority of people would choose to die at home. The strategy requires



local health and social care commissioners to enable this to happen in their areas through the provision of community support mechanisms.

### **Local position**

Blackpool's vision for end of life care is to ensure that high quality services are available in hospitals, care homes and all community settings for all patients and carers, irrespective of diagnosis, that offer dignity, choice and support to achieve preferences in the last year of life. In Blackpool, information from 2007 shows that of the 1876 deaths, 1045 were in hospital. This is 55.7% of all deaths. Blackpool aims to achieve a 10% reduction in the number of hospital deaths by 2012 from 55.7% of deaths to 45.7% of deaths.

A Joint Health and Social Care Commissioning Strategy (2009-2012) has been developed in partnership with a wide range of key stakeholders to achieve this and to ensure that sufficient infrastructure and services are developed for all adults with any advanced, progressive, incurable illness regardless of their diagnosis in all locations, and their carers. Achieving this will involve joint working with key agencies such as hospices, specialist clinical teams and voluntary organisations to develop services that meet the needs of individual patients and their family and/or carers; an effective local workforce; an informed local population and a change in people's attitudes to death and dying. A detailed Action Plan has been produced to support the implementation of the strategy. Progress against this is overseen by a multiple-stakeholder Steering Group that is chaired by NHS Blackpool's End of Life Care Clinical Lead.

### **We have identified the need to have:**

- Responsive services which are timely, equitable, efficient and appropriate.
- Care that is anticipatory and reduces unplanned admissions to hospitals.
- Clinicians who are confident to identify when a patient is approaching the end of their life and to offer appropriate support.
- A culture in which death will not be regarded as a failure and a good death is seen as a successful care outcome.
- Develop and improve palliative and specialist palliative care across Blackpool for people with complex needs. Specialist palliative care will act as a resource for generalists caring for those with less complex needs.
- Seamless care that will be delivered at the right time and in the most appropriate place, reflecting patient choice.
- Care homes and agencies supported to provide excellent generalist end of life care for all those approaching the end of life and to support carers.
- A confident and competent workforce .
- Improved patient awareness of end of life options.
- Bereavement support for families and carers.

### **To address this we will:**

- Implement the actions in the End of Life Commissioning Strategy 2009- 2012.
- Develop a pathway for End of Life Care that is recognised and agreed by all key stakeholders.
- Develop a workforce development plan for End of Life Care including the delivery of education programmes.
- Provide accessible information and raise public awareness of death and dying.
- Increase the use of Gold Standards Framework and Liverpool Care Pathways in care homes.
- Develop a Rapid Response team dedicated to End of Life Care.

- Review the provision of bereavement support to inform future commissioning decisions.

## **13. Workforce Development**

The workforce refers to staff both within generic and specialist services and across all sectors: statutory, independent, third sector, volunteer and user-led organisations. The intention is to have a skilled, confident, competent, empowered and diverse workforce that delivers high quality, effective and relevant services to adults with health and social care needs. This will include having the workforce skilled in caring with increasing and complex needs. We intend to have the right people with the right skills and to give them the opportunity to undertake roles and tasks which people using services want.

Current workforce development plans have been informed by the identified training and development needs from the various service areas. Plans take into account the current and future training and development needs and addresses issues relating to recruitment and retention and national priorities, for example: recommendations arising from the National Dementia Strategy.

### **13.1 Service Map and Market Analysis**

Workforce development needs for all sectors are identified and arranged through the Blackpool Care Learning Partnership (BCLP). This is represented by an elected Board from across all sectors of the Partnership. There are currently 120 members of the Partnership who collectively employ around 3,000 staff. The BCLP facilitates the coordination of training delivery in Blackpool. This is currently primarily focused on the delivery of mandatory training (for example: First Aid, Basic Food Hygiene, Moving & Handling, Infection Control and Fire Safety Training) aimed at the social care workforce. We have identified the need to target and include other sectors more effectively and to extend the range of workforce development activity to focus on other areas.

We also need to have methods to monitor and understand the profile of the local workforce to identify any pressures, gaps or areas for further analysis. This will include utilising the findings from external regulators to identify local workforce development needs, for example: using information from the Care Quality Commission about the performance of regulated services to know in which areas the services in Blackpool are under-performing and to enable us to prioritise accordingly.

The following priorities have been identified for workforce development across all sectors. Projects are underway in these areas:

- Dementia Care
- Medicine Management
- Stroke Awareness
- Mental Capacity Act
- Deprivation of Liberty Safeguards (DOLS)
- Safeguarding Adults
- End of Life Care
- Infection Control
- Leadership.

The implementation of the Putting People First (PPF) programme (see Section 14) has major implications for workforce development at every level from commissioners,

care managers, service managers to front-line workers. To deliver the objectives of the PPF programme requires the workforce to:

- Develop the skills required to undertake new ways of working
- Understand and promote a new culture of self-directed support
- Develop the skills to design and deliver services in different ways.

We have identified the need to have specific workforce development plans to support all sectors of the workforce to understand the implications of the PPF programme and to have opportunities that enable them to respond and adapt accordingly.

**We have identified the need to:**

- Involve all sectors of the health and social care workforce in the Blackpool Care Learning Partnership.
- Have workforce development plans to support all sectors of the workforce to respond and adapt to the implications of the Putting People First programme
- Develop the workforce in Dementia Care, Medicine Management, Stroke Awareness, Mental Capacity Act, Deprivation of Liberty Safeguards (DOLS), Safeguarding Adults, End of Life Care, Infection Control and Leadership.
- Have methods to monitor and understand the profile of the local workforce to identify any pressures, gaps or areas for further analysis.
- Utilise findings from external regulators to identify local workforce development needs.

**To address this we will:**

- Target under-represented sectors of the workforce for inclusion in the Blackpool Care Learning Partnership.
- Implement workforce development plans that support the implementation of the Putting People First programme and monitor the outcomes.
- Continue to deliver against the agreed workforce development priorities and monitor the impact in these areas.
- Implement methods to monitor and understand the profile of the local workforce to identify any pressures, gaps or areas for further analysis.
- Utilise findings from external regulators to identify local workforce development needs.

## **14. Putting People First**

Putting People First (PPF) is a national programme for the transformation of adult social care across England and Wales. The programme is being delivered at both a national and local level and there is a requirement that key elements of the programme will be fully implemented by April 2011. Although the programme is led by social care, there are direct and indirect implications for health care services and it is an expectation that local authorities involve health agencies in the implementation.

The 4 key themes of the PPF programme are:

1. Increased choice and control by people about how their social care needs are met.
2. A joint strategic move by the Local Authority and NHS from reactive, critical care to a framework of proactive prevention and early-Intervention.
3. The availability of accessible, universal services for the whole community.
4. Supporting people with social care needs to remain independent and to be full and active members of their local community.

### **14.1 Local position**

Blackpool Council has a formal project plan for implementing the Putting People First programme and a dedicated team of project management staff in place to lead the work. Health agencies are involved in all aspects of the project planning and delivery. The project is structured into four key areas:

- Commissioning and Market development
- Advice and information
- Self directed support and brokerage
- Prevention and Early Intervention

The action plans for each area will deliver the following outcomes:

- An Information and Advice partnership underpinned by a Resource Directory that is accessible to all.
- Access to self-assessment for health and social care needs.
- Choice and control over the delivery of social care through the use of personal budgets.
- A range of care brokerage options for people with health and social care needs.
- Ways of maximising safeguards for people with health and social care needs.
- A workforce that promotes positive risk management.
- A range of prevention and early-intervention measures.
- New commissioning and market management methods.
- The participation of the local community in developing health and social care policies and services.

Many of the actions in the PPF programme are of direct relevance to commissioners of adult health and social care services and we have identified the need to ensure that formal communication mechanisms are in place to ensure a co-ordinated approach and to avoid duplication of work. We know that some of our contracts and commissioning arrangements do not fully support the move towards personal budgets and self-directed support. For example, home care is purchased for individuals on a time and task basis with the provider being selected for the client based on their availability; block contracting arrangements may inadvertently monopolise provision of specific services and reduce availability for people who arrange their own care.

We know that some people will find new ways to meet their care and support needs when they have a personal budget and we need to develop ways to understand what these ways are and what the implications are for future commissioning and contracting decisions. Personal health budgets are being piloted within the NHS. We need to monitor the outcomes of this to identify opportunities for using personal health budgets for people in Blackpool.

The key tasks for commissioners in support of the PPF programme are to:

- Support the development of transparent pricing structures for all people who use social care services;
- Review contracting and quality monitoring arrangements to ensure they can support the use of personal budgets;
- Work in partnership with providers in all sectors to stimulate the development of new and more flexible services;
- Develop ways to exchange information with current and potential service providers to identify service improvements and deliver new service requirements;

- Understand any changes in the type of services that people use when they have a personal budget and the implications for future commissioning.

These actions to support this are detailed in the Putting People First Project Action Plans.

## 15. Monitoring Arrangements

### 15.1 Monitoring the implementation of the Strategy

The strategy will be implemented through a Delivery Plan. Overall responsibility for delivery of the strategy lies with the Adult Community Services Joint Commissioning Group. All key stakeholders will be kept informed of progress through a number of mechanisms including Partnership Boards and Stakeholder Events.

### 15.2 Monitoring of Services

Robust contract management arrangements will be in place for all commissioned services. Outcomes and standards will be jointly monitored using agreed measures of performance. All future monitoring arrangements will:

- Involve service user and carers, including those 'hard to reach' groups e.g. ethnic minorities
- Continually improve planning, capacity building and performance information in order to inform the commissioning process and ensure best value
- Include the collection of regular key performance information from all service providers regarding demand, capacity, service user experience and outcomes
- Record any individual unmet needs to inform service planning
- Have a robust system for the collection of complaints and compliments regarding the service and a process for ensuring that comments are included in reviews
- Ensure that any concerns regarding the service are investigated and if necessary, a review of the service is undertaken.
- Involve contract monitoring undertaken by the respective commissioning authority and jointly wherever possible.

### 15.3 Monitoring the Impact and the Outcomes of the Strategy

In order to understand whether the implementation of this strategy is successfully improving outcomes for the population of Blackpool, we will measure our performance in the following ways:

Outcome	Impact for Blackpool Citizens	Indicative Measures
Improved Health and Wellbeing	I do not spend unnecessary time in hospital	<ul style="list-style-type: none"> <li>▪ NI134 / VSC20 – The number of emergency bed days per head of weighted population</li> <li>▪ NI131 / VSC10 – Delayed transfers of care</li> <li>▪ NI129 / VSC15 – End of life care – access to appropriate care enabling people to be</li> </ul>

		able to choose to die at home
	I have the information, advice and support I need to manage my own health and wellbeing	<ul style="list-style-type: none"> <li>▪ NI120 / VSB01 – All age all cause mortality rate</li> <li>▪ NI137 / VSC25 – Healthy life expectancy at aged 65</li> <li>▪ NI40 – VSC14 – Number of drug users recorded as being in effective treatment</li> <li>▪ NI124 / VSC11 – People with a long term condition supported to be independent and in control of their condition</li> <li>▪ VSC02 – Proportion of people with depression and/or anxiety disorders</li> </ul>
	I have the right support to maintain my independence in the community	<ul style="list-style-type: none"> <li>▪ NI136 / VSC03 – People supported to live independently through social services</li> <li>▪ NI125 – Achieving independence for older people through rehabilitation/intermediate care</li> <li>▪ Number of admissions to permanent residential/nursing care per 10,000 population aged 18 and over</li> <li>▪ NI127 – Self reported experience of social care users</li> </ul>
Improved Quality of Life	I can access the services and activities I want in my community	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they are able to spend their time as they want</li> </ul>
	I have as much social contact with people as I want	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they have as much social contact as they want</li> </ul>
	I feel safe in my own home and in my community	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they have no worries about their personal safety</li> </ul>
	My accommodation is suitable for my needs	<ul style="list-style-type: none"> <li>▪ NI141 – Percentage of vulnerable people achieving independent living</li> <li>▪ NI142 – Percentage of vulnerable people who are supported to maintain independent living</li> <li>▪ NI145 / VSC05 – Adults with learning disabilities in settled accommodation</li> </ul>

		<ul style="list-style-type: none"> <li>▪ NI149 / VSC06 – Adults receiving secondary mental health services in settled accommodation</li> <li>▪ NI143 – Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence</li> <li>▪ NI147 – Care leavers in suitable accommodation</li> <li>▪ Percentage of people who say that their accommodation is suitable for their needs</li> </ul>
Making a Positive Contribution	I can access the services and activities I want in my community	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they are able to spend their time as they want</li> <li>▪ Number of people who participate in volunteering activities</li> </ul>
	I am able to give my views about the services and support I receive	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they are able to give their views about the services and support they receive</li> <li>▪ Number of complaints per 10,000 population</li> </ul>
Increased Choice and Control	I am able to access the support I need in a timely manner	<ul style="list-style-type: none"> <li>▪ Waiting times for social care assessment</li> <li>▪ NI131 / VSC10 – Delayed transfers of care</li> <li>▪ Waiting time for equipment and adaptations</li> </ul>
	I have the information and advice I need to understand what support is available and how to access it and fund it	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they have sufficient information to make choices about their support</li> </ul>
	I am involved, listened to and my needs are understood and met	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they feel involved / listened to when planning how to meet their needs</li> </ul>
	I have choice in the way that my needs are met	<ul style="list-style-type: none"> <li>▪ NI130 / VSC17 – Social Care clients receiving Self Directed Support</li> <li>▪ NI135 / VSC18 – Carers receiving needs assessment or review and a specific carers services or advice and information</li> <li>▪ Percentage of people who say that they have choice in the way their needs are met</li> </ul>
	I am able to make contact with services easily	<ul style="list-style-type: none"> <li>▪ Percentage of people who say that they are able to make contact with services</li> </ul>

		easily
	I am confident that staff have the right skills and knowledge to support me	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they are confident that staff have the right skills and knowledge</li> <li>▪ Proportion of staff receiving particular specialist training (e.g. dementia, end of life issues)</li> </ul>
Freedom from Discrimination and Harassment	I feel safe in my own home and in my community	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they have no worries about their personal safety</li> </ul>
	My cultural, religious and individual preferences are taken into account when I receive services	<ul style="list-style-type: none"> <li>▪ Percentage of people who say their cultural, religious and individual preferences are taken into account when they receive services</li> </ul>
Economic Wellbeing	I have the information and advice I need to manage my income	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they have sufficient information to help them to manage their income</li> <li>▪ Increased uptake of benefits arising from benefit checks</li> </ul>
	I am able to access employment and training if I wish	<ul style="list-style-type: none"> <li>▪ NI146 / VSC07 – Adults with learning disabilities in employment</li> <li>▪ NI150 / VSC08 – Adults receiving secondary mental health services in employment</li> </ul>
Maintaining Personal Dignity and Respect	I am treated with dignity and respect	<ul style="list-style-type: none"> <li>▪ NI128 / VSC32 – User reported measure of dignity and respect in their treatment</li> </ul>
	I feel clean and presentable	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they feel clean and able to present themselves in the way they wish</li> </ul>
	I live in a clean and safe environment	<ul style="list-style-type: none"> <li>▪ Percentage of people who say their home is as clean and comfortable as they wish</li> </ul>
	I am treated as an equal partner in planning and decision making	<ul style="list-style-type: none"> <li>▪ Percentage of people who say they have as much control over their daily life as they wish</li> </ul>
	I am protected from harm	<ul style="list-style-type: none"> <li>▪ VSC04 – Age standardised death rate per 100,000 population from suicide and injury of undetermined intent</li> <li>▪ Rate of safeguarding alerts and referrals per 100,000 population</li> </ul>



## **16. Strategic Priorities - Action Plan**

The Market Analysis in Section 10 presents a full picture of where we are now in relation to the strategic intentions of the Commissioning Strategy. From this a prioritised Action Plan will be developed. The priorities will be allocated on the basis that some actions must be completed before others in order to allow a logical progression of the strategy.

### **Priority 1 – Year 1**

- Action required before other tasks can be started
- Work on the action is already being undertaken
- Funding is available and has been allocated to the action
- Completion of the action will have an immediate and significant impact on people who use services and/or carers
- Evidence shows that the action is urgent
- Action must be completed within 12 months to meet local, national or legislative requirements.

### **Priority 2 – Year 2 - 3**

- Prerequisite Priority 1 action completed
- Funding available for the action from de-commissioned services or new source

### **Priority 3 – Years 2 – 5**

- Prerequisite Priority 1 & 2 actions completed
- Funding available for the action from de-commissioned services or new source.

The Action Plan will be finalised by the end of July 2010.

## **17. Appendices**

Appendix 1	Needs Analysis
Appendix 2	National and Local Policy Drivers
Appendix 3	Blackpool Service Map – health and social care
Appendix 4	Joint Engagement and Participation Strategy
Appendix 5	Glossary
Appendix 6	References
Appendix 7	Delivery Plan