Northumberland NHS
Care Trust

Joint Social Care and Health Commissioning Plan 2012-2015

Working Age Adults with a Physical Disability or Illness





Northumberland

Locality Commissioning Plan Domains

Public Health and Prevention • Non Elective Care • Elective Care • **Long Term Conditions** • End of Life • Mental Health • Learning Disabilities

NORTHUMBERLAND
Northumberland County Council

NHS
Northumberland Commissioning Group

Contents

Introduction

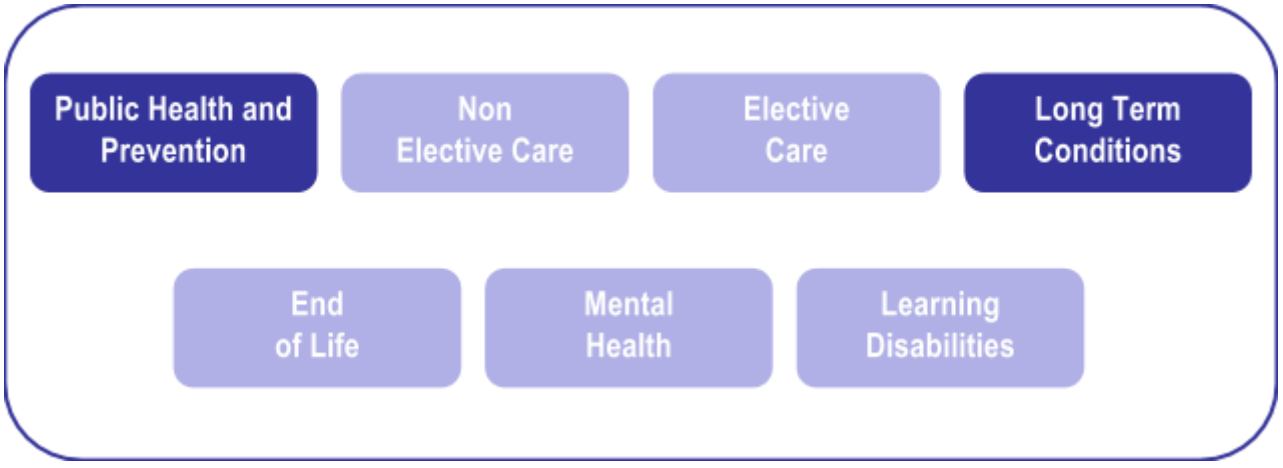
This is one of a series of commissioning plans being published together which between them set out our overall intentions for all the main groups of adults with support needs arising from disabilities or long-term illness. The other plans cover:

- Mental Health Services for Working Age Adults
- Learning Disability Services
- Older People with a Disability or Illness

This plan sets out our shared commissioning intentions for working-age adults with a physical disability or illness. This plan is shared between Northumberland Care Trust, Northumberland County Council and the Northumberland Commissioning Group. It is designed as a focused document identifying key issues and developments; further detail about needs and services is to be found in our Joint Strategic Needs Assessment (JSNA) and in other documents referenced in the JSNA.

The scope of this plan includes people with a wide variety of disabilities or long-term conditions, including neurological conditions, disability caused by injury and sensory impairments. We currently project spending of £3.6m on social care for this group and £5.2m on NHS continuing health care and funded nursing care.

This plan also feeds into the 7 domains identified in the Northumberland Locality Commissioning Plan 2012/13 - 2014/15, in particular, in relation to: public health and prevention and long term conditions:



Key priorities for this group are:

Promoting independence, wellbeing and the use of ordinary, everyday services

- better ***information and advice*** about services and facilities building on the experience of the Social Care and Health Information Points
- using more **assistive technology** to support people in the community
- recognising the role of family/friend **carers**
- developing services which maximise **independent living**
- making the best use of **housing-related support**.

Increasing personalisation, individual choice and service users' control

- developing ***personal control*** over resources and self-directed support
- ***involving people with a disability*** in the planning and delivery of services
- moving away from block-funded ***contracts.***

Improving service quality

- reducing unplanned **hospital admissions** using a new phone service to signpost people who are not emergencies
- responding to the needs of **veterans**
- working with children's services for a seamless **transition to adulthood.**

Northumberland

Northumberland is England's most northerly county. The county is made up of three distinct types of area based on their demographic, geographic, cultural, and heritage differences, and the varying influence of their neighbouring communities.

The north of the county is distinctly open and sparse. Rich archaeological features reflect its troubled borderland past. The principal towns of Alnwick, Berwick and Morpeth serve large catchments that are also partially influenced by both Edinburgh to the north and Tyneside to the south. Many of the communities living in this area are characterised by physical remoteness and rural disadvantage.

The west of the county is distinctly rural, albeit split by major road and rail transport corridors running into Newcastle and Gateshead. The towns of Ponteland and Hexham are desirable places to live and visit, placing considerable demands on their services and infrastructure. Many of the communities living in this area are characterised by an economic and cultural interdependence with the Tyneside conurbation.

The southeast corner of the county is a compact coastal lowland intersected by several river estuaries; its natural landscape has been substantially changed by extensive mining activity. It is distinctly built up with the county's largest settlements of Ashington, Blyth and Cramlington sited in protected corridors on the northern fringe of Tyneside. Many of the communities living in this area are characterised by high levels of multiple deprivation following the decline of coal mining industries.

The County's new Health and Wellbeing Board's vision is:

- Taking targeted **early intervention** to support individuals, particularly children, at risk of future health, educational and social disadvantage
- Delivering **primary prevention initiatives** aimed at reducing the incidence of major health problems (e.g. focusing on obesity, alcohol, smoking, exercise and diet)
- Shifting the focus of health and social care services for people with long-term conditions, aiming to **promote independence** and offer people maximum control of their own lives
- Challenging all services to identify their contribution to **reducing health inequality** and supporting individuals to **live independently** for as long as possible.

This framework is important to the commissioning of health and social care because:

- Health and social care services make an important difference to the big partnership issues

- Personalised services operate around “ordinary” services used by the community as a whole; and

- We need to co-ordinate all the services in an area to maximise their efficiency and their impact on quality of life.

Our Joint Assessment of Needs

Joint Strategic Needs Assessment (JSNA) is a process led by health, social care and children's services which aims to develop a shared understanding of the key health and care needs of the population. The intention is the shift this analysis of priorities from a 'needs based' approach to a positive 'asset-based' approach which takes full consideration of the individual, communities and organisational strengths and capabilities available to maximise the wellbeing of all people in Northumberland.

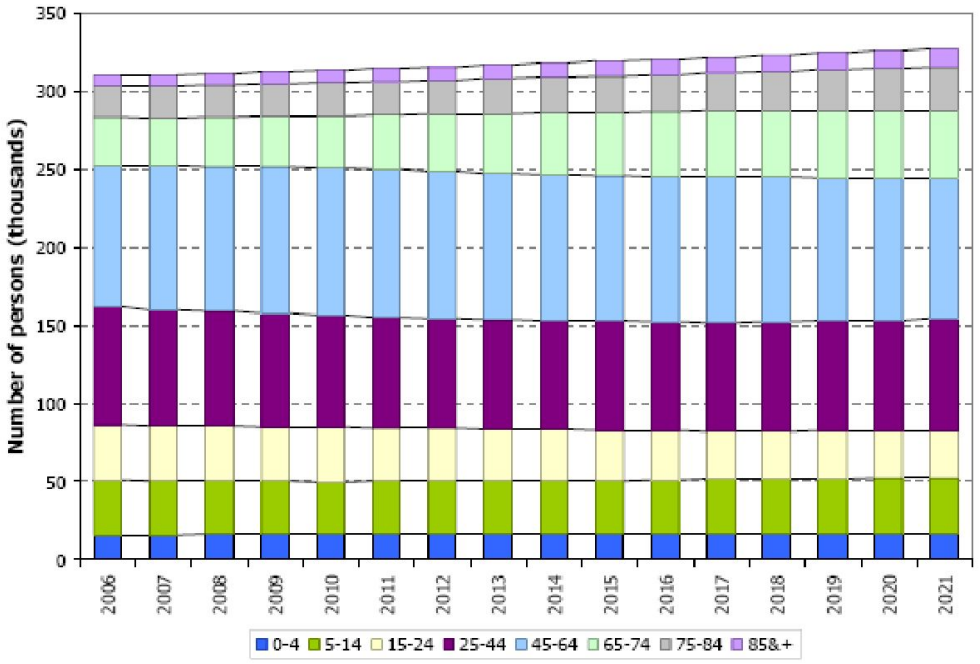
The JSNA in Northumberland is available as a web-site[1] rather than as a published document to make it easier to update information and keep it accurate. Key messages from the JSNA are set out below. The website provides extensive further detail, and includes a specific section dealing with younger people with a physical disability or illness[2]. Key messages from the information in the JSNA[3] are that:

- Between 21,000 and 24,000 adults in Northumberland aged 18-64 have a moderate or severe physical disability
- Of people who need care management support, and whose diagnosis is recorded, around one in five have arthritis, one in eight have multiple sclerosis, and one in eleven are stroke survivors
- 165 adults aged 18-64 who do not fall in other need groups are registered with severe sight impairments, and 139 with other sight impairments[4]
- Around 500 adults aged 16 to 60 may have severe to profound deafness, and 12,000 may have mild to moderate deafness[5]
- At the time of the 2001 census, 32,680 people aged 16-64 in Northumberland said that they had a limiting long-term illness or disability (LTLI) – one in six of the population[6]. This total included:
- 11% of all 16-49 year-olds, and 29% of 50-64 year-olds
- 16.8% of people who identified themselves as white, but only 11.3% of people of other ethnicities. The main reason for this seems to have been the younger age profile of non-white working age adults.
- 15.6% of women and 17.9% of men.

[1] http://www.northumberland.gov.uk/default.aspx?page=8119
[2] http://www.northumberland.gov.uk/default.aspx?page=8133
[3] Some figures below have been updated from the published baseline JSNA, which is not intended to be a static document.
[4] Figures as at 31 March 2009
[5] Pro-rata estimates based on data from www.rnid.org.uk, consulted 2 May 2009
[6] Not all of these will have been people with a physical disability or illness.

Demographic change is likely to have some impact on the needs of this group over coming years, though changes in the prevalence of long-term conditions may be more significant. Overall the population aged 18-64 is falling, as shown in the chart below. Between 2010 and 2025 the number in this group is projected to fall by an average 0.4% per year[7]. Within this total, however, the number of people in the oldest decade (55-64), when disabling long-term conditions are most likely, will generally rise, partially or wholly balancing out the impact of the overall fall in numbers.

Projected population for Northumberland, by sex and age group 2006-2021



SOURCE: Mid-2006 Population Estimates and 2006 based Sub National Population Projections, ONS, 2008 © Crown copyright

[7] Source: www.pansi.org.uk, consulted 10 April 2009

Our current services

Our current and future community mental health services in Northumberland aim to:

- intervene as early as possible: to facilitate a more general shift to allocate more resources upstream to build capacity in individuals and families to avoid problems of ill-health and improve general life quality and social cohesion
- provide support in the community which prevents the need for hospital/institutionalised care; or when admission has been unavoidable
- facilitate discharge from hospital.

At the end of March 2012, 539 people covered by this plan were receiving services commissioned from the social care budget[8]. Of these people:

- 121 were arranging some or all of their support themselves using a direct payment.
- 270 were supported by home carers, for an average of 13.3 hours per week.
- 38 were attending day care services, on average for two days per week.
- 48 were living in care homes; 15 were in care homes providing nursing care.
- 37 people had short breaks in care homes arranged by the Adult Care Directorate in 2011-12.
- An estimated 2,540 people took delivery of items of disability equipment supplied by the joint equipment store (JELS).
- 25 clients were receiving a range of other related services.

It is not possible to include the number of people covered by this plan who receive NHS-funded continuing heath care as new administrative arrangements have recently been established and this information is not yet available.

[8] NB: numbers are not held for those people receiving the in-house and independent services provided using block contract arrangements and they are therefore not included in these figures.

Spending and Value for Money

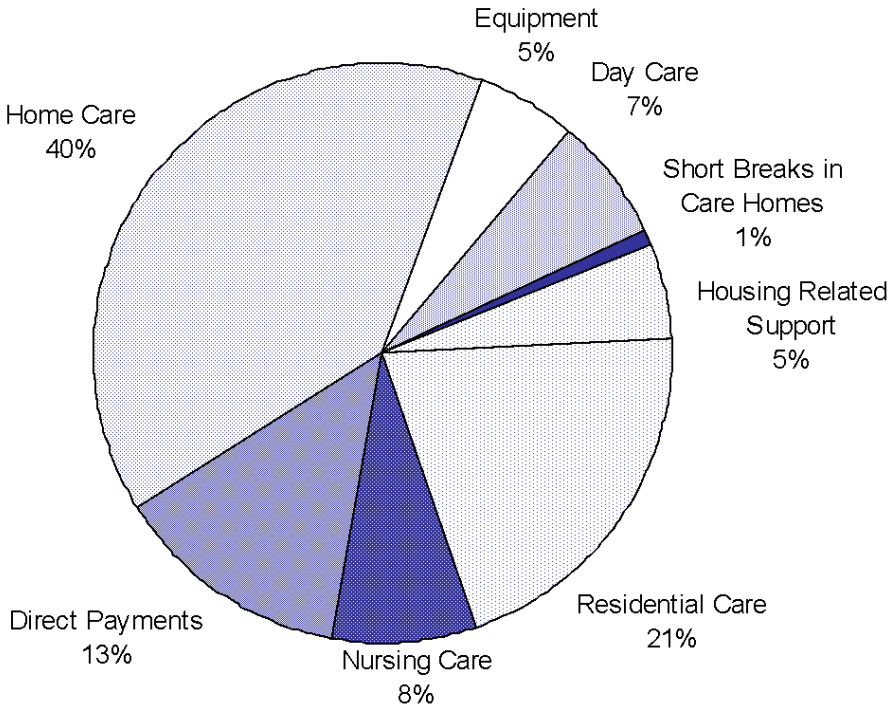
In 2012/13, we expect to spend £5.9m on commissioning social care services for working age adults with a physical disability or long-term illness, mostly from independent providers.

The precise allocation of this spending will depend on the outcomes of individual care planning, personal budgets and the increasing use of Direct Payments for social care.

Based on the current pattern of spending at the end of April 2012, the allocation of the budget would be:

- £770K on services commissioned by service users themselves through direct payments
- £2.3m on home care
- £313K on disability equipment
- £413K on day care
- £42K on short breaks in care homes.
- £1.2m on long-term care home placements
- £460K on long-term care home placements providing nursing care
- £305K on housing related support services for people covered by this plan.

Projected Spend on Social Care for Working Age Adults with a physical disability or long term illness, 2012/13



We expect to spend {£5.2M on continuing health care for this group check}, £1.2m on long-term care home placements and a further £411K on nursing care contributions for people living in care homes. We additionally expect to spend £288K on housing related support services relevant to this commissioning plan.

Organisational arrangements

The partnership arrangement between Northumbria Healthcare NHS Foundation Trust and Northumberland County Council in April 2011 allows the integration of health and social care services in the same organisation.

- Improving quality by providing more seamless, personalised and evidence-based services
- increasing innovation by removing organisational boundaries aligning incentives, enhancing skills and creating a safer environment to pilot new approaches
- increasing productivity through less duplication, reduced delays, shorter stays and less readmission, better communications and improved efficiency
- increasing prevention by more proactive management of chronic disease focusing on prevention across patient pathways ensuring that it is as important to secondary care as it is to primary care provision.

In addition, the strategic housing service is now managed by the Corporate Director Adult Services and Housing, making it easier to co-ordinate services needed to support people living independently in their own homes.

The role of the Health and Wellbeing Board is key in driving further forward this integration and enhancing connections between communities and services.

What we have heard

What disabled people and carers have told us

Analysis of the views of people given in the 2009/10 Joint Health and Social Care Survey showed:

- 92% said that they were either 'extremely' or 'very' satisfied with the overall service they had received (as compared to 82% of people aged under 65 years)
- 99.5% agreed that staff had treated them with dignity and respect
- 97% said that they had been involved in decisions about their care and treatment as much as they would have liked.

Similar analysis of the 2009 Home Care Survey showed:

- 97% were satisfied with the service they received.
- 92% said that the care workers either 'always' or 'usually' come at times to suit them
- 99% were either 'always' or 'usually' happy with the way they are treated by care workers.

Consistent messages from the work of our forums have been:

- the importance of living independently in your own home and community as long as possible
- the continuity provided by having a named and consistent care manager responsible for co-ordinating care planning
- the difference made to quality of life by the consistency and quality of domiciliary care
- a need for well-informed and easily accessible advice and information about available services and financial arrangements
- the importance of participating in activities which provide a sense of connectedness and promote health and wellbeing.

Carers' priorities have remained broadly the same over time:

- better information
- breaks from caring
- opportunities for employment.

Key messages that have emerged from our forum of people with long term conditions are:

- more joined up working between the hospital services responsible for diagnosis and the organisation of support provided by social care, community health and local voluntary organisations – on which people rely after discharge from hospital

- a version of the “Golden Guide” (to services for older people) geared specifically for working age people

- services which promote well-being and a sense of community involvement (a similar message to that from the older people’s forums).

Key local strategies

Northumberland's Health and Well Being Board has recently been established and will have responsibility for producing and maintaining a commissioning framework for joint service procurement. There's a structure of lead groups operating under this that then will be working with strategic stakeholder fora like the Older People's Partnership Board to identify service priorities.

Work has begun on a Health and Wellbeing Strategy for Northumberland. Policy Objectives have been agreed:

- Give every family the best start to life
- Ensure everyone is treated fairly, feels included and has the opportunity to fulfill their potential
- Enable everyone to take greater responsibility to keep people healthier for longer and create the conditions for everyone to die with dignity
- Champion a preventative approach to ill-health and the wider factors that contribute to it.

They result in the following areas for immediate/ongoing action:

- Taking targeted early intervention to support individuals, particularly children, at risk of future health, educational and social disadvantage
- Delivering primary prevention initiatives aimed at reducing the incidence of major health problems (e.g. focusing on obesity, alcohol, smoking, exercise and diet)
- Shifting the focus of health and social care services for people with long-term conditions, aiming to promote independence and offer people maximum control of their own lives
- Challenging all services to identify their contribution to reducing health inequality.

In addition the Northumberland Equality Information 2012 has collated planned activity in support of groups prioritised under the equalities and human rights legislation. Each Group of the council has reviewed their contribution to equality and diversity and contributed Northumberland Equality Objectives 2012 which are reflected the priorities for action in this commissioning plan.

The **Sustainable Community Strategy** for Northumberland, *Northumberland: resilient for the future* sets out five "Big Partnership issues", with accompanying "Areas of focus". Those most relevant to health and social care commissioning are set out in the box below.

Health and social care and the Sustainable Community Strategy

- *Making and creating sustainable communities* (e.g. by maintaining a network of cohesive communities, involving people who feel detached, encouraging active citizenship in all its forms)
- *Rebalancing our economy* (e.g. by opening up the opportunity to work and creating a culture of financial independence)
- *Giving everyone a voice and influence* (e.g. by linking vulnerable people, their families and carers to support community networks and activities)
- *Promoting health lifestyle choice* (e.g. action on smoking and alcohol misuse, by promoting active participation in sport, leisure and cultural activities and creating a network of healthy workplaces)
- *Supporting our young people into adult hood* (e.g. by empower ting them to make the right choices for the lives they want to lead)
- *Delivering services differently* (e.g. by transforming frontline services to be more preventative in focus and developing new customer-led ways of commissioning services).

NHS Operational Plans

The NHS North of Tyne Integrated Strategic and Operational Plan 2012-13 to 2014-15 combines the commissioning plans developed by the Clinical Commissioning groups in this area. The Locality Commissioning Plan for the same period for Northumberland CCG has also been published and has been taken into account during the development of this Plan.

National Policy

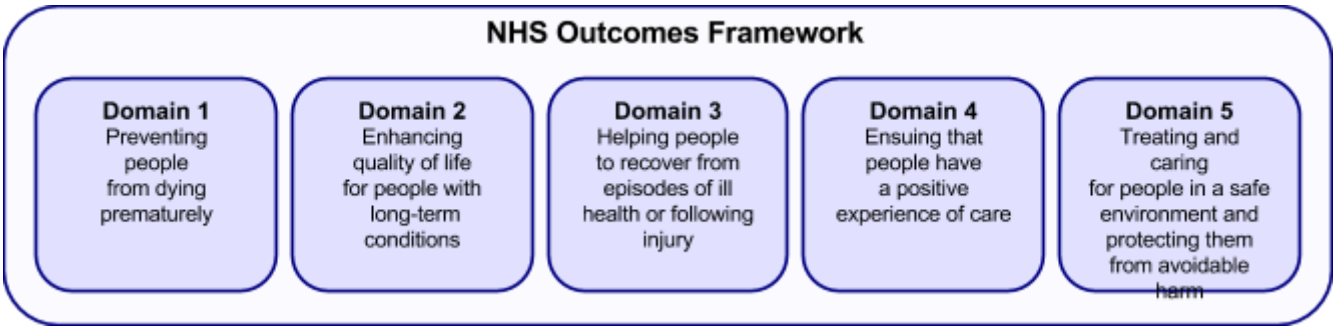
The Health and Social Care Act sets out major reform to the Health Service, including significant changes to the way in which services are commissioned:

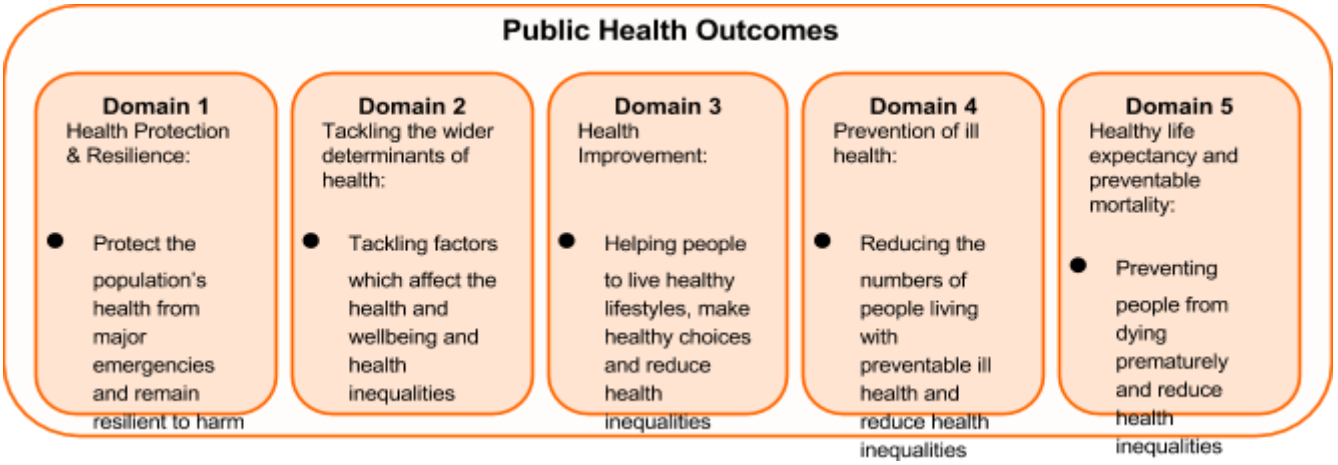
- **Health and Wellbeing Boards:** will be statutory bodies charged with co-ordinating commissioning by NHS, social care, public health and other services relevant to the local population's health and wellbeing. These arrangements will shape new joint health and wellbeing strategies, and oversee the collection and analysis of evidence in the joint strategic needs assessment ("JSNAs").

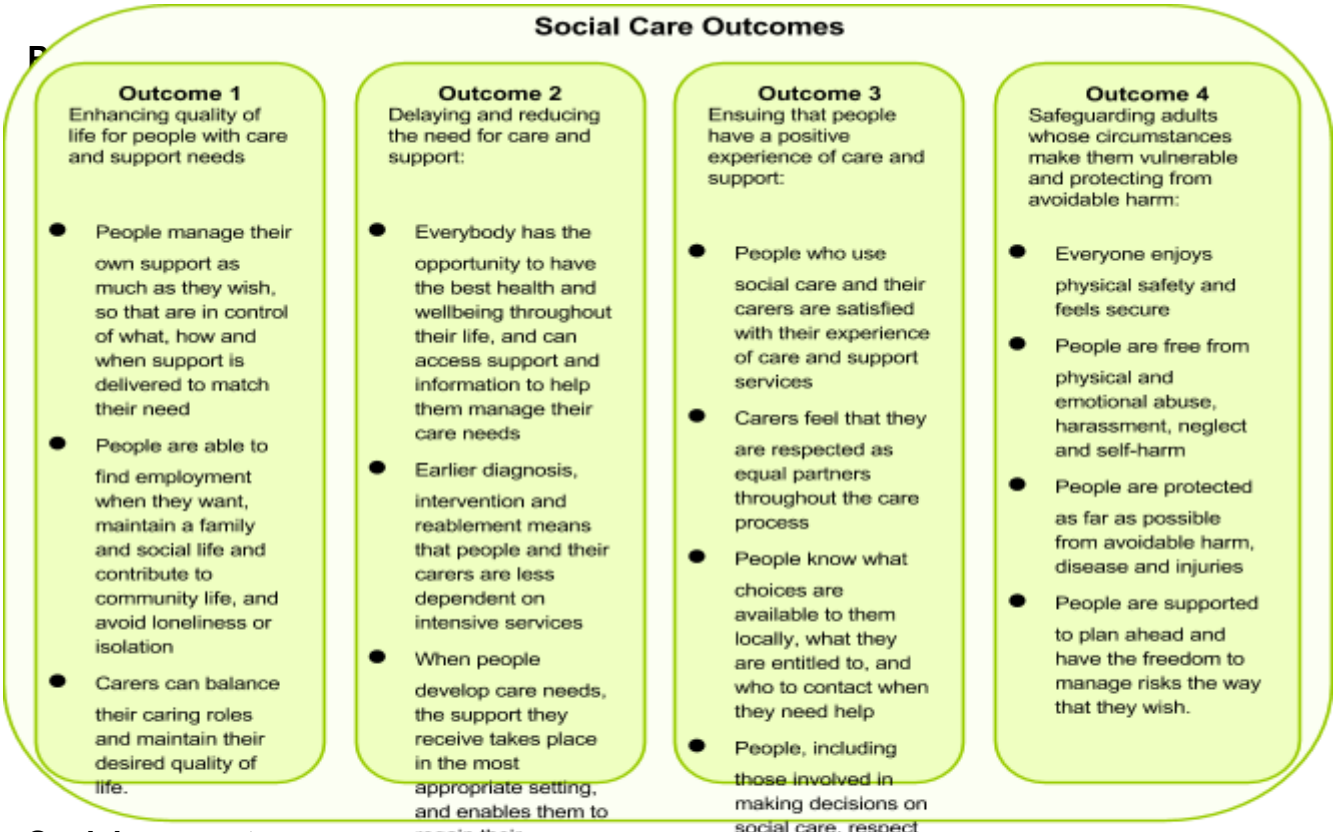
- **Clinical Commissioning Groups (CCGs):** Local health services will be the commissioned by GPs and other clinicians on Clinical Commissioning Groups (CCGs), subject to authorisation by a new national NHS Commissioning Board. The CCGs will be expected to work in partnership with local authorities, Healthwatch, Health and wellbeing boards and others.

- **Public Health:** responsibility for public health will transfer to a new national service, Public Health England and will locally be the responsibility of Directors of Public Health, working in local authorities.

- **Outcome frameworks:** new 'joined up' outcomes frameworks have been published for NHS, social care and public health. These make clear the goals of government policy and provide a common framework for accountability for different services. They are illustrated overleaf:







Social care outcomes

A national disability strategy

Government consultation in 2012 aimed to gather views on a new cross-government disability strategy, Fulfilling Potential. This would be organised around three broad themes:

- realising aspirations
- increasing individual control
- changing attitudes and behaviour.

This will be published in the late spring of 2012.

A vision for Adult Social Care: Capable communities and Active Citizens[9] is built on seven principles:

1. *Prevention*: empowered people and strong communities working together to maintain independence: the state supporting communities and helping people regain independence.
2. *Personalisation*: individuals taking control of their care using personal budgets, preferably as direct payments. Information on care and support is available for all, regardless of whether they fund their own care.
3. *Partnership*: care and support is delivered between individuals, communities, the voluntary and private sectors, the NHS and councils, including wider support services such as housing.
4. *Plurality*: the diversity of people's needs is matched by diverse service provision with a broad market of high quality service providers.
5. *Protection*: sensible safeguards against the risk of abuse or neglect. Risk should not longer be used to limit people's freedom.
6. *Productivity*: greater local accountability, agreed quality outcomes and improved transparency will deliver higher productivity and quality services.
7. *People*: the skills and compassion of the workforce, and the necessary freedom and support, are needed to lead the changes set out in the vision.

Think local act personal[10], a partnership agreement between local government, health, private, independent and community organisations was produced alongside the vision for adult social care, setting out the partners' response.

[9] (DH, 2010)

[10] Care Quality Commission, ADASS, Local Government Group, Department of Health et al, January 2011.

The agreement underlines the importance of community-based approaches to personalised care and support; and is supported by a number of other documents giving guidance and examples of best practice.

Commissioning for personalisation: a framework for local authority commissioners[11] This document highlights the following key areas for change

Area for change	Examples
Enabling choice and control	• Personal Budgets • Direct Payments
Focusing on information, advice and advocacy	• advocacy • brokerage • peer support • working with partners to broaden choice
Building the capabilities of citizens and their social networks	• use of self-directed support to access community networks • building social capital
Building on universal services	• services reflect full diversity of abilities and needs • "commercial" as well as public services
Developing more flexible services	• working with providers to broaden the choice of services
Integrating services around the needs of individuals	• care pathways • expert patients
Engaging citizens and stakeholders in commissioning plans	• partnership boards • co-production techniques
Delivering efficiencies	• re-ablement • assistive technologies
Developing re-ablement and preventative services	• comprehensive re-ablement services, using range of expertise and intervention

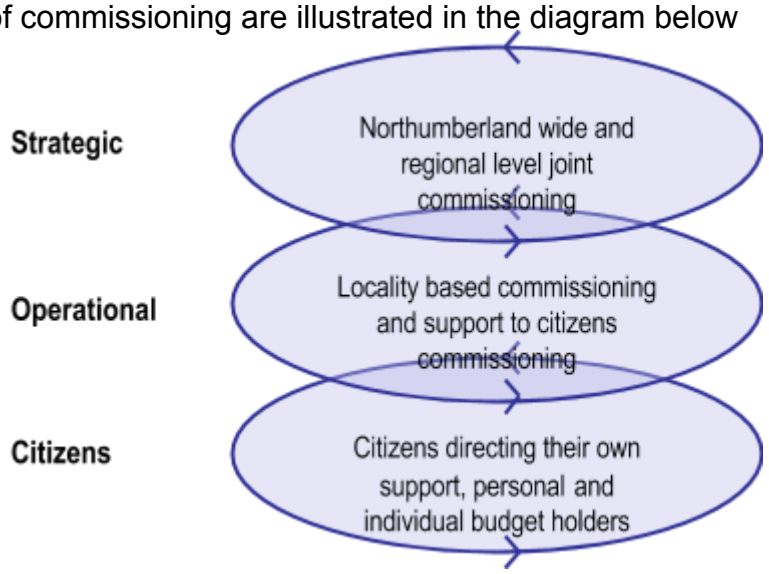
This document offers the following definition of commissioning:

Working together with citizens and providers to support individuals to translate their aspirations into timely and quality services which meet their needs; enable choice and control; are cost effective; and support the whole community.[12]

[11] Department of Health, 2010.

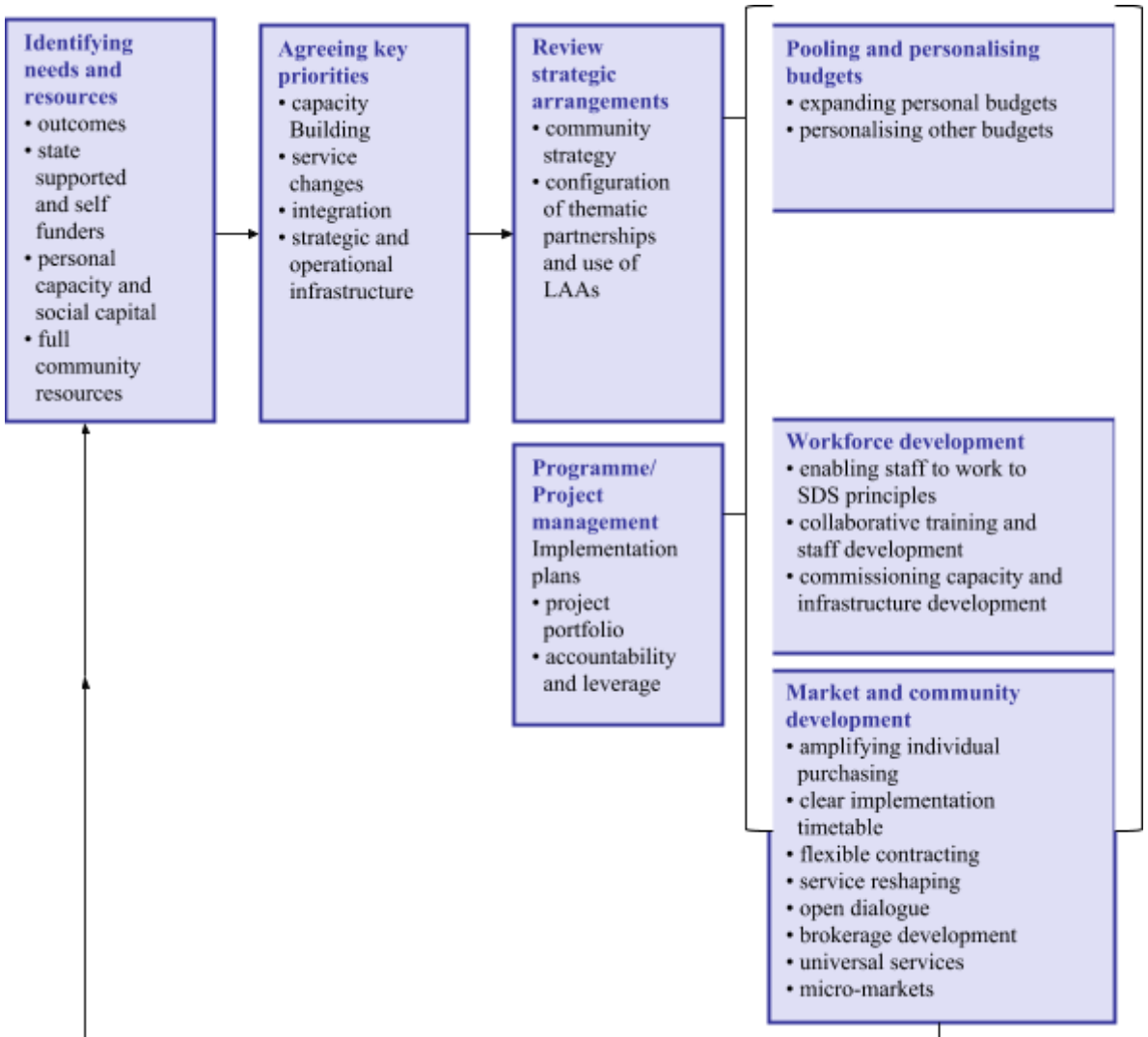
[12] op. cit., p. 14.

Three levels of commissioning are illustrated in the diagram below



This commissioning plan is primarily about the first of these and the need to create the conditions in which the other levels operate effectively. The government's commissioning guidance includes a further diagram specifically relating to strategic level commissioning.

Strategic Level Commissioning[13]



[13] op. cit, page 24.

The Ageing Well Programme was announced in July 2010 by the Minister of State for Pensions and receives funding from the Department for Work and Pensions. It is designed to support local authorities and their partners, including older people themselves, to improve services to older people taking a strategic and place-based approach to planning. Action is considered on four themes – promoting wellbeing, engaging older people in civic life, tackling social isolation and promoting independent living.

Recognised, valued and supported: next steps for the carers' strategy[14] is a cross-government publication which identifies four priority areas for improving support to carers, the majority of whom are older people:

- identification and recognition
- realising and releasing potential
- a life outside caring
- supporting carers to stay healthy.

Financial pressures

As part of the contribution to reducing the national debt, there is significant pressure within both the Local Authority and the NHS to reduce spending and work more efficiently. In February, Northumberland County Council published savings proposals of £9.7m for Adult Care within the Council's budget for 2012-13.

The NHS needs to make up to £20 billion of savings by 2015 through local programmes aimed at achieving quality, innovation, productivity and prevention ("QIPP") Northumbria Healthcare Foundation Trust expects to reduce spending within Community Services by £3.1m in 2012-13. These are significant reductions in spending in both areas which will mean some difficult decision in terms of the structure of service provision and support. We are aiming to make these changes in ways which impact positively on the quality of life of people in Northumberland.

Partnerships between Northumberland County Council and NHS organisations

The County Council's social care functions (excepting strategic commissioning, safeguarding, mental health services, in-house homecare, day care and residential care have been delegated to Northumbria Healthcare NHS Foundation Trust. The current, two year agreement was extended until 2015, in order to allow for the future of NHS reform to become clearer.

Northumberland Care Trust, which continues to employ some strategic commissioning and safeguarding staff, will cease to exist in 2013 – and therefore responsibilities and staff are being transferred to the Council. In addition, new arrangements for mental health services are under discussion between the Council and Northumberland Tyne and Wear NHS Foundation Trust. New arrangements for mental health services are also

[14] DH, November 2010.

needed and under discussion between the county council and Northumberland Tyne and Wear Foundation Trust.

Our plans for the future

The changes we wish to encourage through our strategic commissioning of services for adults of working age with a disability or illness are set out below under three themes:

- promoting independence, wellbeing and participation in meaningful and inclusive activities, and making it easier to use the ordinary, everyday services taken for granted by the community;
- increasing the way that services reflect the personal needs and preferences of individual service users;
- continuing to drive up the quality, responsiveness and sustainability of existing services.

Promoting independence and the use of ordinary, everyday services

1. **We will make it simpler and quicker to get advice and information about services and community facilities in Northumberland:**

    - We will extend good practice from our experience in the five social care and health information points ("SCHIPs").

2. **We will expand the use of assistive technology in supporting independent living in the community**

    - We will roll-out telecare across the county, ensure its financial sustainability and ensure that it is "mainstreamed" into community care where it can support independent living.
    - We will jointly explore the use of telehealth technology, aiming to implement this where there is evidence that it can enable us to make more effective use of professional staff an, and to maximise benefits from links with telecare.

3. **We will recognise the role and expertise of family/friend carers**

    - We will implement the Carers Strategy and Action Plan[15] covering access to carers breaks; access to information; support for return to work' access to carers advice and skills training; and identification and support for young carers.

[15] Northumberland Clinical Commissioning Group, Locality Commissioning Plan 2012/13 – 2014/15, Appendix 9, Commissioning intentions by rank, rank 19.

4. **We will work with health and social care providers to improve crisis support and re-ablement, to identify alternative options for non-acute health and/or social care needs, to improve the patient experience of discharge from hospital and to promote a return to independent living.**

    - We will introduce reporting requirements to enable the commissioner to identify and review patients with a length of stay greater than four weeks[16].
    - We will formalise within a service specification the current integration of services and agree quality and activity metrics[17].
    - We will continue to develop the Short Term Support Service and identify opportunities for improved interdisciplinary cooperation between the different disciplines.

5. We will improve the integration of housing-related support with other services

- We will review the existing contracts for housing-related support to ensure co-ordination with other service developments and the most effective use of available resources.

Increasing personalisation, individual choice and service users' control

6. **We will continue to develop to the maximum personal budgets and develop self-directed support planning for all younger people with a disability or illness who need social care support**

    - By April 2013, all eligible younger people with a disability or illness will have a Personal Budget, preferably in a Direct Payment.

7. **We will continue to promote the involvement of people with long term health conditions and carers in the planning and delivery of services:**

    - We will continue to support the Forum for people with Long Term Health Conditions in Bedlington.
    - We will continue to work with Carers Northumberland, an independent organisation supporting carers in the county.

[16] Northumberland Clinical Commissioning Group Locality Commissioning Plan 2012/13-2014/15, Appendix 8, page 36.

[17] Ibid., page 37.

- We will work with people with visual impairments to agree a new specification for visual impairment services.

8. **We will increase individual choice and control over services for people with physical disabilities**

   - We will continue to review the operation of contracts in residential care homes for people with physical disabilities.

Improving service quality

9. **We will reduce emergency admissions to hospital and improve the pathways for unplanned care by implementing a regional "111" service to signpost, direct and deliver the patient to the correct service the first time**

   - We will populate the local directory of services in readiness for the introduction of the 111 service in 2013[18].

10. **We will ensure that we respond appropriately to the needs of military veterans whose illness or disability is linked to involvement in armed service[19]:**

    - We will prioritise care for veterans against those with a similar level of clinical need.
    - We will support reservist employees to participate in active service.

11. **We will continue to work in partnership with Children's Services in the county to support the transition to adulthood of young people with support needs.**

    - Disseminating good practice within the region through the North East Transitions network.
    - Placing place people with learning disability in college and further education through the Join LDD (learning difficulty and disability) Joint Funding Panel.
    - Improving the forward planning of services for 13-18 year olds with support needs using shared information systems.
    - Involving support planners from age 17 and ensuring their involvement in Year 9 reviews.

[18] Northumberland Clinical Commissioning Group Locality Commissioning Plan 2012/13-2014/15, Appendix 9, Commissioning intentions by rank, rank 25.

[19] Northumberland Clinical Commissioning Group: Locality Commissioning Plan 2012/13 – 2014/15, Appendix 8: Contracting intentions summary page 35.