

Strategic Moves: Thinking, Planning and Delivering Differently

Strategic Commissioning for Older People's Services:

A community approach

A workbook from the Housing Learning & Improvement Network
and the Better Commissioning Learning & Improvement Network
at the Department of Health

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For further information on the Housing LIN and Better Commissioning LIN or the other tools and resources on the housing and care needs of older and vulnerable people visit www.changeagentteam.org.uk/housing

Contents

	Page
Introduction	4
Module 1 Learning about strategic commissioning	9
Module 2 Developing planning capacity Information, intelligence and systems	50
Module 3 Commissioning approaches and structures	76
Module 4 Resources for moving forward: Knowing your funding and investment streams	120
Module 5 Developing a draft action plan	142
Appendices	
1 The Liverpool Experience	170
2 References and sources for more information	182
3 Glossary of abbreviations and terms	184
4 Summary checklist	

Introduction

- The workbook is designed to help partnerships develop better commissioning to fit the outcomes they want to achieve. It builds on *Preparing older people's housing strategies* published by the Office of the Deputy Prime Minister and the Department of Health (DH) in 2002 and *A catalyst for change: commissioning non-acute services for older people* by the DH Change Agent Team in 2003.
- It introduces a new strategic approach that works across WHOLE systems and moves away from a welfare approach to services and system design. This approach also reflects the Department of Health's *The New Vision for Adult Social Care*.
- The workbook is primarily aimed at health, social care, housing, support, and in the community regeneration decision-making partners. It focuses on imaginative steps to plan, invest in and deliver services for all older people. However, the approach we use would help diverse partnerships wanting to improve the future for any section of the population.
- Examples in the workbook are taken from work with local authorities, health and others to develop integrated older people's strategies, whole systems accommodation and support strategies and the structures and processes to take them forward.
- Accompanying this workbook is a CD-rom. This captures on film examples of what can be achieved by adopting a strategic commissioning approach and how services have been transformed locally. These can be viewed on the CD-rom.

The basic premise behind the workbook: Why does commissioning need to be improved?

- Commissioning is underdeveloped. Despite repeated exhortations by Governments to encourage joint commissioning only limited joint commissioning takes place and it tends to be restricted to 'traditional' service users.
- For example, joint decisions to commission some services usually involve health and social services or social services and local authority housing, or social housing providers.
- Other potential partners are often ignored e.g. regeneration partnerships, the commercial sector and private house builders; and provider interests more generally.
- Staff involved in commissioning are often middle management or operational staff. There is little joint leadership between partners at the top.
- There is a tendency to give little attention to long-term investment or joint development and business plans. The structures and processes for decision making and investment tend to be missing.
- As a result organisations continue to work in their own silos.
- They miss out on opportunities to develop innovative ways of working and planning at a strategic level that would ultimately benefit everyone.

Background and structure

- The workbook is based on our experience of working with local authorities and health and regeneration partners to help them become strategic commissioners. (See references at the end for more information).
- Our experience was turned into presentations and learning material that we first tested and developed at two day 'Master Classes' for invited partners at the University of Birmingham in 2003 and 2004 and several regional Housing LIN events in 2004.
- The workbook is divided into five modules containing:
 - Slices of information
 - Exercises for partnerships e.g. to see how strategic they are now and how far they have to go (coloured green)
 - Tasks for partnerships to take away (shown in purple)
 - Learning points for the partnership to take forward (coloured blue)
 - Notes for facilitators (shown in red)
- There are also an appendix with a further case study example, useful references, a glossary of abbreviations and terms and a summary checklist from Module 4.

Using the workbook: Essential preparations

- The workbook is intended to be used by existing and potential partners in planned learning sessions.
 - At the end of the sessions you will have a clear idea of how you want to plan for the future.
 - It is advisable to appoint a facilitator experienced in whole-system working to work with the participants before and during the learning sessions.
 - Allow up to four, three-hour sessions to go through the learning material. Allow a fifth session to begin drafting your action plan.
- Whom to invite:
 - Think about money, decisions and breadth. Invite people responsible for major funds coming into the local area e.g. regeneration money or funds for rural development. Include the most senior decision makers in social care, health and housing, planning, and environmental health.
 - In two-tier authorities exploratory discussions should include other stakeholders, commissioners and fund holders in different tiers of government.
 - Consider the regional agenda and invite appropriate people

What participants need to know

- Participants need to recognise from the outset that they have to prepare for sessions. There are tasks and exercises and some of these will be done outside and before sessions.
- The learning is intended to lead to change. Participants need to be advised of this and to start planning how they can maximise the opportunities from coming together to learn.
- Learning should not stop once the sessions are over. Further learning can be achieved via the CD-rom as well as accessing the Housing LIN website at www.changeagentteam.org.uk/housing and/or participating in regional learning and improvement events.
- An appendix is included which provides information on further resources and publications that might be useful.

Contents

Module 1

	Page
About Module1: Outcome Aims	10
Presentation 1	11
Notes for facilitators	24
Presentation 2	25
Exercises and Tasks:	31
Notes for facilitators	35
Presentation 3	36
Task to take away: What should be in a shared vision?	47
Learning Points and notes for facilitators	48

About the Module

- Module 1 introduces strategic commissioning. It explains what it means, draws distinctions between service and strategic commissioning and provides a model to enable participants to 'see' the difference. Participants are also asked to identify where they would locate their current approaches to commissioning
- The outcome aims of Module 1 are to enable participants to have a good 'shared' conceptual understanding about what strategic commissioning is and identify where their area/organisation is along the road to strategic commissioning

Presentation 1

Module One

Introducing strategic commissioning

- *Strategic commissioning* is different
- It means thinking, planning and working differently
- Considering the needs and aspirations of the whole population not just those who receive services from some of you now
- And understanding how all patterns of investment from diverse sources could be used to benefit the population
- The ordinary meaning of commissioning is confused – often used narrowly to refer to purchasing or commissioning particular services
- *Strategic commissioning* works at a higher level – it sets the broad direction against a shared vision which is backed up by agreed patterns for investment
- *Service commissioning* flows from these but it is only one of a number of aspects that might be strategically decided on

Why does commissioning need to be improved? (1)

- Integrated commissioning is underdeveloped. Despite repeated exhortations by Governments since the community care reforms, only limited joint commissioning takes place e.g. as a result of Health Act flexibilities
- For example, joint decisions to commission some services. These usually involve health and social services or social services and local authority housing, or social housing providers
- Other potential partners are ignored e.g. regeneration partnerships, the commercial sector and private house builders
- The expertise independent providers have is generally not tapped into - for example, attracting alternative investment, experience from other projects to minimise risk, ability to make quick decisions

Why does commissioning need to be improved? (2)

- Staff involved in commissioning are often middle management or operational staff. They are not senior enough to make key changes
- There is little or no attention to long term investment or having joint development and business plans. Without these things there is no room for change and improvement
- The structures and processes for joint decision making and investment on a large scale tend to be missing
- As a result organisations continue to work in their own silos, creating vicious rather than virtuous circles

A virtuous circle



Develop **ONE** approach and methodology to link as a virtuous circle

Meanwhile the world changes, pressures and demands increase (1)

- Performance targets and/or incentives to meet key Government objectives introduce more pressures e.g. Payment by Results
- Huge changes occurred after the community care reforms and change has continued
- Expectations and demands from the public have risen
- Resources continue to be under pressure
- Now have penalties such as reimbursement/cross charging for delaying hospital discharge arrangements (also known as 'bed blocking')

Meanwhile the world changes, pressures and demands increase (2)

- The number of partnerships organisations are expected to participate in has risen
- There are more planning bodies agencies have to participate in e.g. for Local Development Plans, Local Implementation Teams (LITs), Community Safety partnerships work to develop Supporting People Commissioning Bodies, Core Strategy Groups and so on
- More meetings and responsibilities – lots of overlap and the big decisions are made elsewhere
- By applying strategic commissioning partners can find a coherent way to rationalise the number of meetings and still achieve targets and responsibilities

The difference between strategic and service commissioning

Service commissioning

- Is a service e.g. extra care housing or home care
- Follows rather than leads on overall strategic directions for a whole group of services for the population e.g. older people's services
- Commissions services accordingly
- Sets effective and appropriate purchasing arrangements to follow the direction decided on
- Ensures that monitoring and quality arrangements, regulatory and Performance Indicator (PI) targets are met
- Monitors outcomes against broad strategic directions set elsewhere for all services
- Monitors outcomes for specific service objectives e.g. tackling health inequalities

And strategic commissioning

- Involves more than services provided by one organisation
- Involves considering population needs; understanding the elements that might be in a whole system, understanding capacity and considering optimum ways to meet needs
- It is best seen as a set of interconnected processes, structures and behaviours designed to work with methods to draw in diverse funding streams
- While alongside there is a process to relate investment decisions back to needs and methods to achieve measurable outcomes

Commissioning and strategic development

- Since commissioning is more than purchasing and takes place at a higher level it has to have a strategic backdrop.
- Taking older people's services as our prime example, the traditional approach is to focus on services that are primarily intended to serve a portion of the local older population.
- In contrast strategic commissioning involves creating a vision and climate across a very broad strategic front which amongst other things develops the processes and procedures to lead to improved services and options for all older people.
- It also involves having an understanding of what the whole system looks like and different structures, processes and behaviours to bring changes about.
- As a result the interventions that follow will include e.g. decisions to influence or *actively enable* the market to provide where appropriate

Let's start with concepts and terms

Strategic commissioning

- Big decisions to underpin interventions to benefit sections of the population – much bigger than a programme for service delivery
- Thinking and planning with a broader range of agencies than you do now in order to use more funding streams. It involves the most senior people who take investment decisions together

High level

- Over-arching agreements between partners
- Involves the most senior people & long term commitments

Whole system

- Working with partners to take effective long term decisions jointly for the whole population across a whole system e.g. across the whole accommodation system that touches on a number of policy areas

Strategic commissioning still new but more partnerships are doing it

- Bringing all the money into one pot and making sure that it is spent well is a key benefit – new monies can be brought in and **more people** benefit
- Means partners at the most senior levels having to learn how to make major decisions together including taking an integrated investment approach
- This is very different from the situation now where commissioning tends to be seen as something that middle managers do
- Lack of appropriate structures can get in the way so partners have to adapt structures to suit them. (The workbook returns to this theme later)

End

Presentation 1
Module 1

Notes for facilitators following Presentation 1 Module 1

- Facilitators are asked to lead participants in a general discussion after Presentation 1.
- Facilitators should make a note of any points, questions or issues. They can be returned to later on in the session.

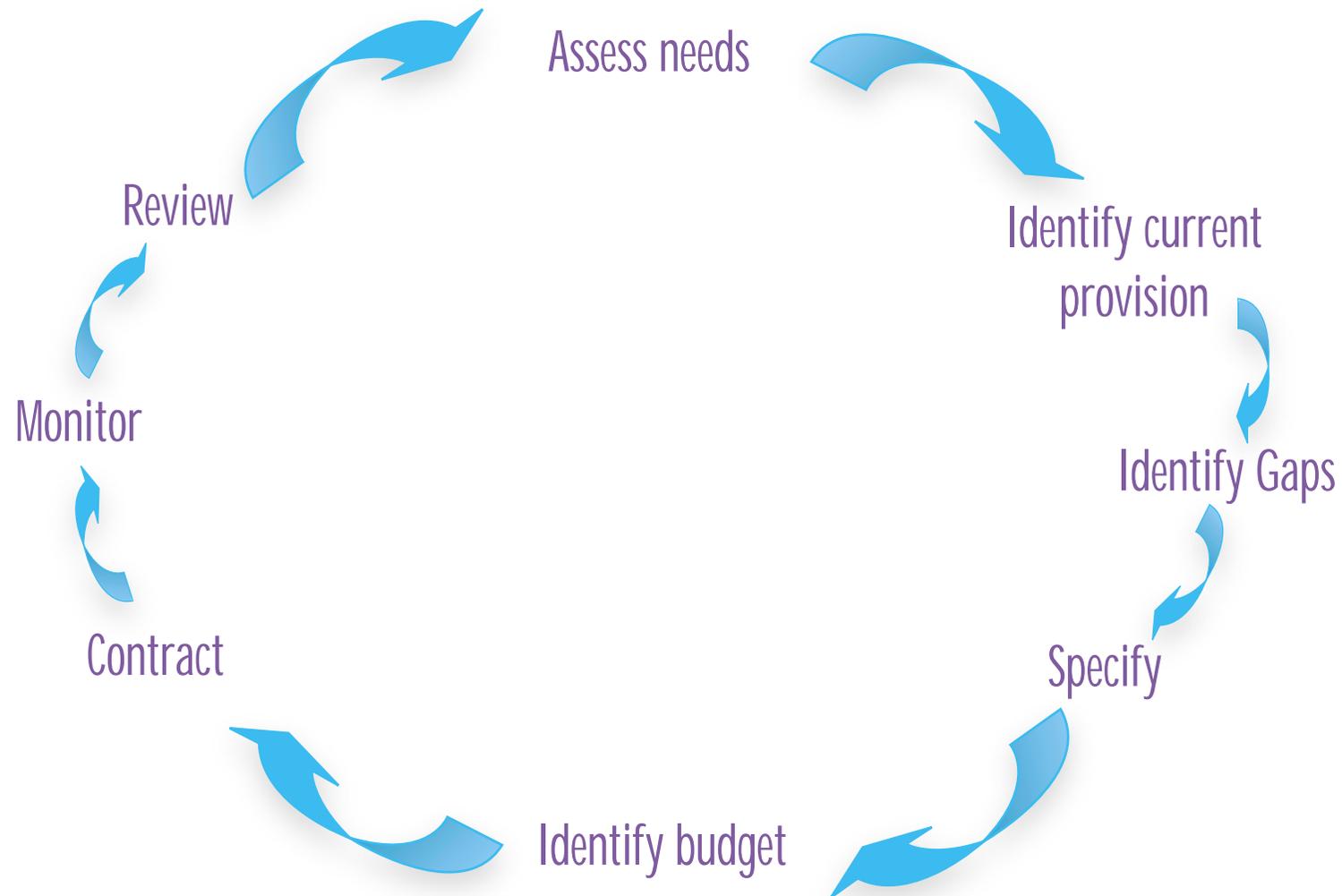
Presentation 2

Module One

Compare how commissioning is seen now to the new strategic commissioning approach

- The next three slides show two models
- The first slide is of a standard/fairly common commissioning cycle
- The second slide sets out the principles that should underpin a strategic commissioning approach
- The third slide shows a new strategic commissioning cycle we developed. It is closer to the ideal and reflects the changes that can occur as a result of learning to do strategic commissioning

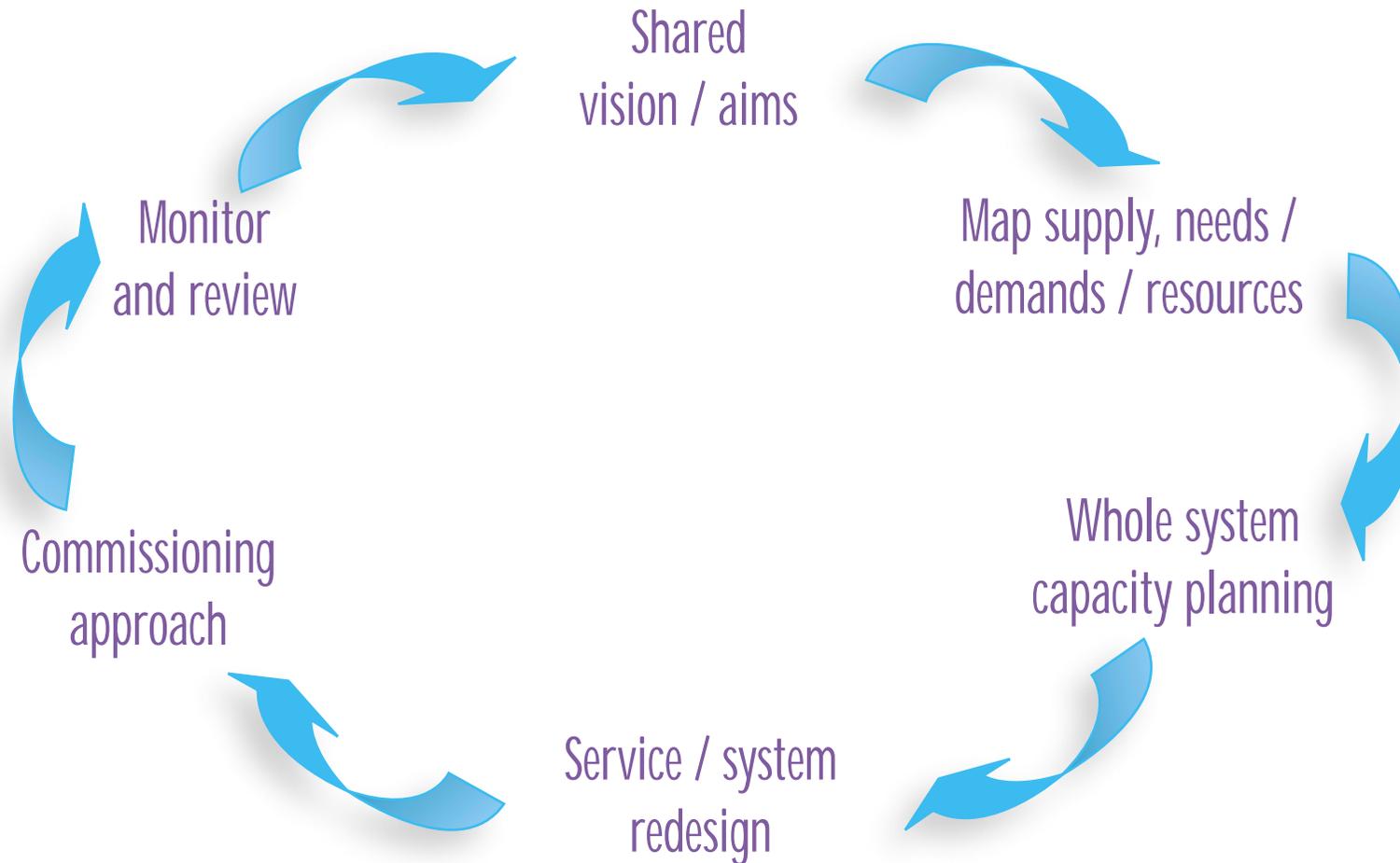
Standard commissioning cycle



Principles underpinning a strategic commissioning approach

- An approach and dynamic process that is outcome focused and leads to change – service redesign and system rebalancing
- NOT a mechanistic and static model of purchasing services and contracting
- Intelligent: based upon knowledge and built around outcomes for the population
- Joined up: can work across different legal, structure and funding systems

High level Strategic commissioning cycle



End

Presentation 2

Module 1

Exercises

Following Presentation 2
Module 1

Two exercises

- Exercise one could either involve the whole group or could be done by participants splitting into smaller groups
- Exercise two is for the whole group

Exercise 1 Module 1

Assess what approach to commissioning you are currently using:

- The standard commissioning cycle?
- The strategic commissioning cycle?
- A combination of the two?

If you are in transition and using a combination of the two, define the elements you are using. Also try to pinpoint the reasons why these elements are being used.

Considering the new approach - Exercise 2 Module 1

Brainstorm topic – for the whole group

- What are the advantages of the new approach?
- Any disadvantages?
- What are the barriers to adopting the new approach in your economy?
- How might the barriers be overcome?

Notes for facilitators - After Exercises 1 and 2, Module 1

- Facilitators should note feedback by participants
- And list on e.g. a whiteboard
- Summarise the main points
- Note areas that need further discussion and which may need to be returned to in later sessions
- Note questions that need answers and ask participants to consider how questions might get answered e.g. will someone follow the questions up by asking Housing LIN members?

Presentation 3

Module One

The vision in commissioning and strategic development

- We use vision to denote something forceful. It is not a wish list. It is something strategic partners have to explore and agree. There will be variations but the essential ingredients tend to be the same.
- It should be driven by national priorities, local interpretation and context, local needs and aspirations. It should seek to
 - Balance priorities – should hit all performance targets e.g. in the Performance Assessment Framework (PAF), should control costs & improve outcomes;
 - Use levers: sticks and carrots
 - Be outcome focussed
- It should have business like dimensions particularly identifiable investment decisions. These are important because investment decisions are milestones that can be used to assess progress
- It should reflect users' aspirations

Developing the shared vision and aims

- Although vision is an overused phrase – our experience is that it's still a good place to start and to return to
- See the example next from St Helens Metropolitan Borough Council for what happened after a **broad vision** was agreed on
- Having a broad vision developed by older people themselves was key in underpinning a broadly citizen based approach to strategic change

Example 1 - St Helens MBC

- Began with a broad vision and led into a:
 - A high level commissioning strategy with a series of steps to take to achieve system and service redesign
 - It found that housing has a central part to play in rebalancing the system away from hospitals and institutional care towards housing based/community choices for older people

St Helens' vision (1)

- Working in partnership with key agencies, the vision in St Helens is to promote improved quality of life and empower older people and their carers by:
 - Campaigning, rooting out and educating against ageism and age discriminatory practices and promoting positive images of older people
 - Recognising that older people have the experience, knowledge and skills to be fully involved in the planning, developing and monitoring of services for the whole community
 - Ensuring older people are able to make valid and informed choices in all areas of their lives as valued citizens

St Helens' vision (2)

- Ensuring security and independence that will enable older people to be effective citizens
- Ensuring equality and fairness of access to services and funding and availability so that individuals, groups and the community are valued and respected
- Ensuring when necessary the best and dignified support for those older, frail and vulnerable citizens who are having difficulty in caring for themselves

St Helens – steps for change

- 1 Older people centred approach
- 2 Whole system/person planning framework
- 3 Active ageing and prevention
- 4 Rebalancing the acute/community interface
(reducing admissions; building primary care; changing care commissioning; working differently with housing and the accommodation system)
- 5 Mental health and dementia
- 6 Developing a locality approach
- 7 A knowledge based approach to commissioning
- 8 Developing a programme to manage and sequence change

St Helens – the housing dimension

- Developing the role of housing to rebalance the specialist accommodation system across tenure away from institutional care (“inverting the triangle of care”)*
- Addressing housing standards in social rented housing – achieving Government targets on ‘Decent Homes Standards’** and accessibility
- Developing housing related services that enable people to live independently for longer – e.g. care and repair and housing assistance, Occupational Therapy services, developing better relationships with private landlords, using schemes to provide affordable warmth – and more

All our tomorrows (for reference see Appendix 2)

Applied by the Office of the Deputy Prime Minister and the Housing Corporation

St Helens - Broad outcome aims

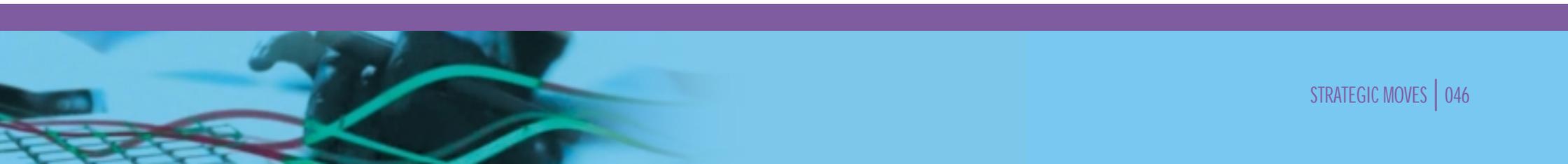
- **Having an agreement on a broad vision led partners to consider 5 year outcome aims across a wide range of services and agencies**
- **Engagement:** older people engaged as valued partners in planning for the future of their communities; greater social inclusion and reduction in age discrimination and ageism
- **Active ageing:** More older people living active and healthier lives – improved information, income maximisation, transport, leisure
- **Prevention and longer life expectancy:** a network of practical services, and personal support to prevent decline; reduce falls/strokes
- **Coping with critical points & transitions:** timely mainstream intermediate care and support services in the community

Outcome aims continued

- **Community based housing and support:** More older people living quality lives at home in ordinary or supported housing via more joined up flexible primary and community services and more housing choices
- **Hospitals and institutional care:** reduced no. of emergency admissions and delayed transfers of care; all non acute care in the community and no one in institutional care unless necessary, through effective care co-ordination and stronger primary and community care
- **Resources and services:** a better balance of resource use – money and who does it - to deliver older people's priorities

End Presentation 3

Module 1



Task to take away with you

What should be in a shared vision/outcomes to guide strategic commissioning?

Please write in:

Your views on what you think the partners here could agree on in terms of the shared vision and outcome aims. Make the areas of agreement broad. Think about everyone who may be involved in a specific 'client' group.

Divide your comments into

- Shared vision examples and
- Shared outcome aim examples

Learning points and notes for facilitators

- Facilitator should sum up main learning points
- Facilitator should also remind participants to bring their completed task sheets to the next session

End

Module 1

Developing the capacity to plan: dynamic intelligence and systems

Module Two

Module 2 - Developing the capacity to plan: dynamic intelligence and systems

Contents	Page
About the Module and outcome aims	52
Notes for facilitators	54
Presentation 1	56
Notes for facilitators	58
Presentation 2	59
Exercise	72
Notes for facilitators and learning points	72
Task to take away	74

Contents

About Module 2 & its aims

- Module 2 focuses on the information, systems and intelligence needed to understand what is in the 'whole system'. Information is a vital resource because it underpins the capacity to plan and make future strategic decisions.
- The Module's outcome aims are to:
 - Promote understanding of information within whole systems amongst strategic commissioners so they can direct their commissioning in particular ways
 - Encourage participants to explore how a whole systems approach can be applied to achieve the outcomes in their vision
 - Facilitate thinking on developing the capacity to plan
 - Encourage agreements to improve system development, promote joint information collection and better approaches to information sharing that would benefit strategic commissioners and others

Structure

- The Module is essentially in two halves. The first half builds on previous learning
- The second half introduces new material – some of it will be familiar to participants e.g. sources of data and how it can be used. But some will seem very new, for example, challenging ways of looking at local data sources and taking control of the data so it can be used dynamically by commissioners
- We begin by revisiting the learning points from Module 1

Notes for facilitators

Remind participants about the learning points summarised at the end of Module 1 Facilitators to insert notes from Module 1, e.g. on whiteboard so participants can view these when needed

Preparing for Presentation 1 Module 2

Presentation 1 involves one slide only. Facilitators are asked to do several things:

- First, ask participants for feedback on the task set at the end of Module 1 – note and list key points on a flipchart or whiteboard
- Second, show the slide and then lead a discussion seeking comments & comparisons e.g. local differences
- Notes after the slide give prompts that facilitators should find helpful

Presentation 1

Module Two

Examples of shared vision/outcome aims

Vision examples

- Tackle health and service inequalities & direct resources to meet need
- Involve communities in decision making
- Promote the power of partnerships and solving problems together

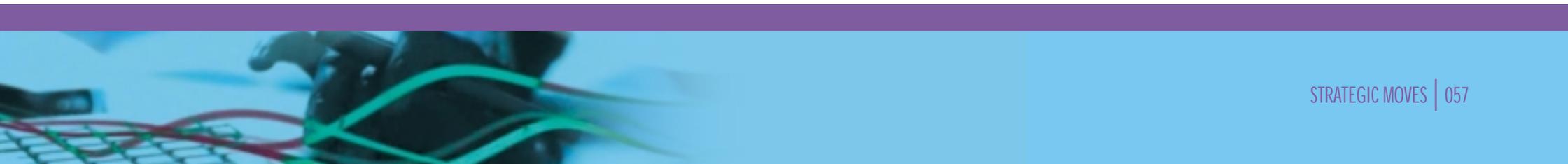
Outcome aims examples

- Improve health, well-being of population
- Improve access to services
- Locally provided
- Improve citizens experience
- Have quality providers

These are taken from real examples

End Presentation 1

Module 2



Notes for facilitators

Following the presentation and feedback from the task set at the end of Module 1 facilitators are asked to

- Prompt participants for their comments on differences and similarities between their responses and those shown in the “real” examples.
- Note comments. Use prompts from below and opposite if discussion points are needed
- Note the breadth of the vision in the “real” examples
- Note that examples are broad enough to secure cross agency agreement
- Note how the real examples relate to big picture or high level strategic directions not narrow service directions
- Note how they can be used to shape a view on how other players in a whole system can be influenced

Presentation 2

Module Two

Information, systems and intelligence

- Presentation 2 gives an overview of sources of information across a big canvas – *a whole system*
- It shows how information can and should be used in a dynamic way by strategic commissioners – by this we mean the leaders at the top of organisations making big strategic decisions with other leaders from partner organisations
- It provides a tool to show how information can be used to achieve the vision and outcomes you want

A place to start

- **What information?**

The population, numbers and trends – modelling

Resources, people, money, buildings how many/much and where

- **Which systems?**

What information systems exist? What do they hold e.g. on service use, service gaps, unit costs, what is not counted? Which systems should be thought about to make a whole system?

- **What intelligence?**

What do commissioners need to know to get an intelligent understanding about a whole system?

- **Why and how to apply knowledge?**

What is all the information for – developing capacity to plan for and make change.

Information to map supply, needs, demand and resources across the whole system

- The aim is to have information that will produce one 'whole system' map and data base. For example, for older people the whole system could be across housing, social care, health *and more* – e.g. regeneration, community safety, leisure, culture and heritage, economic development
- The map is built in stages: e.g. the specialist accommodation system for older people, community based services, health centres...
- You need to agree **how** you map – there are different ways to do it e.g. by client group, by geography for structuring services, by natural communities
- The next slide shows a framework that can be used to map and plan services. You will need to do two maps:
 - first current position;
 - next, later in the commissioning cycle the desired position. The findings will tell you what you need to commission to move from the current to the desired position

A framework for planning services - A tool to use

- Level 1 – citizenship, inclusion and engagement
- Level 2 – prevention and minimum intervention
- Level 3 – intensive time limited interventions
- Level 4 – community based on-going long term health and social care support
- Level 5 – hospital, residential and nursing home care

For modern commissioners the goal is to move funding and services upstream

Information to quantify and map resources

- This information will sit behind information on service mapping
- You need to have a map of financial resources - budgets
- People resources – how many and what they do
- Service examples to ascertain range of provider costs for similar services e.g. sheltered or extra care housing, domiciliary services
- System costs - e.g. out of hours services - broken down by different services and providers (can they be brought together in more effective and efficient ways?)
- Include as much as possible – across the whole system

The purpose is to get an overview of all the resources and should be a basis to prepare for pooled or dedicated budgets and should build knowledge and trust

Population statistics – capacity planning and modelling change

- Strategic commissioners need to consider information that will help construct a model capable of planning for change
- Current and future population information is needed e.g. 2004, 2008, 2013
- Current baseline figures (e.g. the number of older people at home with no, low, moderate or intensive needs and the same for people living in sheltered, extra care, residential care, nursing homes)
- Static projections based on population change
- Model how different projections would change the system
Example: Impacts of changing balances
 - What the impacts would be of minus 20% in residential care; plus 5% in extra care, plus 15% at home?
 - What difference would it make if intermediate care capacity was increased? if the adaptations system was improved? if there was more flexibility and preventive services or if entirely new kinds of services were created?

Learning about and using indicators to develop whole system capacity planning

- As you know, all key agencies have to work to performance targets.
- Because strategic commissioning uses a whole systems approach all agencies are enabled to meet their targets while they also learn to use targets and indicators more dynamically.
- Let's start with using targets and indicators dynamically. By this we mean that targets and indicators are used by commissioners to give information on key parts of the system. They also provide a means to monitor and highlight areas for system change and integration.
- For example, high emergency admissions are about: limited options/gaps earlier in the system; cultural behaviour, medical models of care, single handed GPs (and more), all of which requires process improvement. Commissioners would look across the system and consider where improvements need to be made. They then agree and plan for change, making appropriate investment decisions to get there.

Getting to a dynamic use of targets and indicators

- Reaching a point where targets and indicators can be used dynamically involves taking action to develop the planning capacity of the whole system
- Strategic commissioners will not do the tasks involved in developing capacity themselves but they need to guide everything along. To do this they need to put processes in train that will ensure they regularly have in front of them the whole range of key national and local indicators. Commissioners need to understand the indicators and get ready to plan with them
- Commissioners need to recognise that the business of quantifying service demands for planning futures is not static. It requires a model that can adapt to change. Various modelling approaches can be used. The main thing is that the model should be based on indicators based on intelligent targets. For example:
 - Older people priorities; public health information; aggregated care co-ordination information; shared information on service use (e.g. nursing, residential care, extra care, sheltered);
 - Performance Indicators; local 'hot' issues – e.g. hospital admissions of people with mental health problems in supported housing

What you do with the information

- When commissioners have at least some information about the whole system they can begin to consider its fitness for the vision they want to make a reality
- Going back to the vision work you did before. Can you see now how a picture of the whole system (even if it is incomplete) might encourage commissioners to want to build capacity in different parts of the system? Does it help encourage thinking on delivering outcomes in different ways not just numbers of beds, places and hours?
- In our experience of working practically with partners to develop strategic commissioning it is all about change and having a process that enables commissioners to make changes. For example, stimulating the market, developing high quality providers that are able to change what they do to meet changing needs via a multi-skilled workforce

Leading ultimately to: service and system redesign

- Uses earlier stages to set the building blocks for change and relating them to vision and outcome aims
- Involves identifying and modelling elements of system redesign to achieve the desired changes
- Converting the changes into broad commissioning intentions and an action plan for investment with timetable
- Followed by putting processes in place for specifying, budgets, tender/negotiation & contracting. All located within a common commissioner culture and approach at the top and further down between e.g. Supporting People, Housing, Health, Social Services, Probation, Planning, Regeneration & Economic Development
- *Appropriate top level structures are important. Module 3 goes into more detail about structures and processes*

Example: System Redesign North Yorkshire County Council

Multi-agency approach & older people's strategy led to system redesign, including housing:

- Turning home care into a promoting independence service and developing community health care
- Shifting from residential care to extra care and sheltered housing
- Developing housing services e.g. 'Staying Put'; equipment & adaptations and assistive technology/telecare
- Providing more intensive support across a spectrum of intermediate care, respite care and domiciliary care

End Presentation 2

Module 2

Exercise 1, Module 2

- Looking at your vision from Exercise 1, Module 1 on page 32, what actions do you think are needed to get your partnerships fit for high level strategic commissioning?
- Using the checklist (in the resources section) identify strengths, weaknesses, extent of knowledge, gaps and areas for improvement
- **Note to facilitators.**
Ask people to work as a group or two groups. To make the exercise more fun you could ask participants to prepare a short presentation in the form of:
 - drawing
 - role play
 - poem
 - board meeting report
 - song

Notes for facilitators: Learning and Action Points introducing a task for participants to take away

- Facilitators could begin by asking participants what they have learned as a result of Module 2
- Facilitators are asked to record and summarise participants responses
- Also prompt participants to see if they want to record actions they want to see happen. For example, do participants want to make a start on assessing information?
- Do participants want to start mapping their current and desired positions?
- If action points are recorded, facilitators should ensure that copies are kept and given to participants for the next session

Task to take away from Module 2

- Finally, a task to do before Module 3 starts
- The task involves questions for you to answer as *individuals*
- Question 1:
 - What would your vision, aims and outcome examples look like now? (As a result of Module 2)
- Question 2:
 - What should a whole system ideally look like?
- Question 3:
 - Thinking about the way that major decisions are taken now by your organisation what main differences would there be if strategic commissioning were adopted?

List the differences you identify

End

Module 2

Commissioning approaches and structures.
Processes, examples and plans for the future

Module Three

Commissioning approaches and structures

Contents	Page
About Module 3	78
Notes for facilitators	79
Presentation 1	82
Notes for facilitators	105
Exercises1 and 2	106
Presentation 2	108
Notes for facilitators	117
Exercise 3	118

Contents

About Module 3

- Module 3 considers the processes, the structures and other mechanisms that are needed to take a high level approach to strategic commissioning further.
- The Module gives examples that work elsewhere so participants can think about how they are used. However, the examples aim to encourage participants to think about the processes and structures that would be most appropriate in their local circumstances.
- The Module also describes an action plan that can be used to plan the future.

Notes for facilitators: Starting Module 3

Facilitators are asked to:

- Introduce the purpose of Module 3 – from 'About Module 3'
- Ask participants to give feedback on the task set at the end of Module 2 including noting and listing main comments people make on a whiteboard or flipchart – the next page gives some headings that will be useful
- Lead a discussion on the main points made during the feedback session
- Prepare for Presentation 1, Module 3

Feedback: Task 1 Module 2

Facilitators should ask participants for their comments and summarise using the following headings:

What would your vision, aims and outcome examples look like now?

What should a whole system ideally look like?

Thinking about the way that major decisions are taken now by your organisation what main differences would there be if strategic commissioning was adopted?

Preparing for Presentation1, Module 3

Facilitators are asked to show a presentation, which focuses on structures and processes that enable high level strategic commissioning to work

The presentation uses several real examples – facilitators are asked to encourage participants to consider what could be applied locally from the examples

Presentation 1

Module Three

Structures & processes for strategic commissioning.

- Existing structures used for partnerships may be useful for strategic commissioning – provided they are broad and involve people with powers to take high level decisions

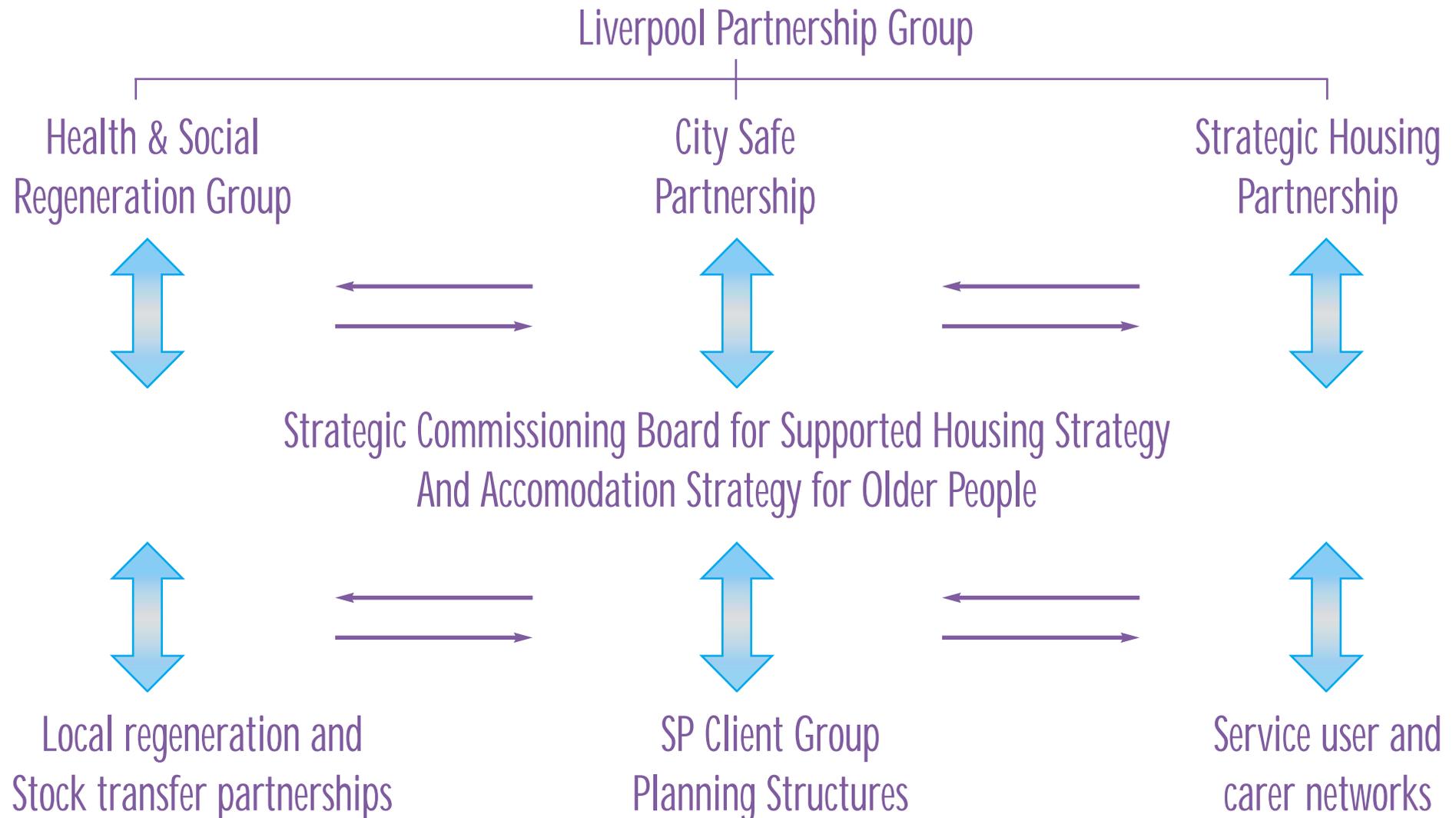
But alternative structures may be needed. You should:

- Decide what is appropriate depends partly on how decisions are made now
- And on political sensitivities and practicalities
- Elected members need to be consulted and methods need to be found to reach agreement with them on very broad strategic priorities
- A process for change will also have to be agreed

Example 1: Suffolk County Council Building on “special needs” structures

- Well established process and structures between county, districts and registered social landlords for developing supported and older people’s housing (sometimes called ‘special needs housing’)
- Housing post in social services
- Protocols and templates for development of extra care housing (for rent and leasehold)
- Gives a foundation to develop a whole systems strategic approach

Example 2: Liverpool City Council Partnership and planning structure



About Liverpool City Council

- The approach is very unusual
- The Partnership Board in Liverpool is unique
- Has taken several years to develop
- The structure was developed to help bring change about

Example 3: Durham County Council

Integrated housing, care and support strategy for older people

- Commissioned by Supporting People Core Group (Housing, Social Services and Primary Care Trusts (PCTs))
- Supporting People the catalyst in bridging housing, social services and health
- Developed both top down and bottom up
- Now being taken forward at district/PCT level

How Durham's strategy was developed

- At County level – with Core Group (strong leadership from Housing Directors)
- At District level - with the 7 Districts 5 PCTs; cross district to fit PCT boundaries
- With a range of partners at both levels – including members
- With older people
- One overall commission with one overall strategy around vision/direction and building blocks and seven District plans

How Durham is implementing its Strategy via Older People Partnership Boards

- Sedgefield: Director of Integrated Services based in PCT; 5 Integrated Community care Teams, including housing support. Now looking to link in other housing services - housing assessment; community alarm and mobile warden services; and sheltered wardens
- Durham Dales: 1 PCT/2 districts; have introduced a joint decision making forum for older people (care, housing and support needs) - includes Health, Social Services and Housing

Overview of the three examples

They illustrate different approaches:

- Suffolk has adapted existing structures
- Liverpool has developed a unique whole systems approach to put in place a structure for strategic commissioning that incorporates a very broad range of organisations, funding streams and interests running from regeneration through to health
- Sedgefield in County Durham is linking housing into the health and social care Partnership Board integration approach for older people's services

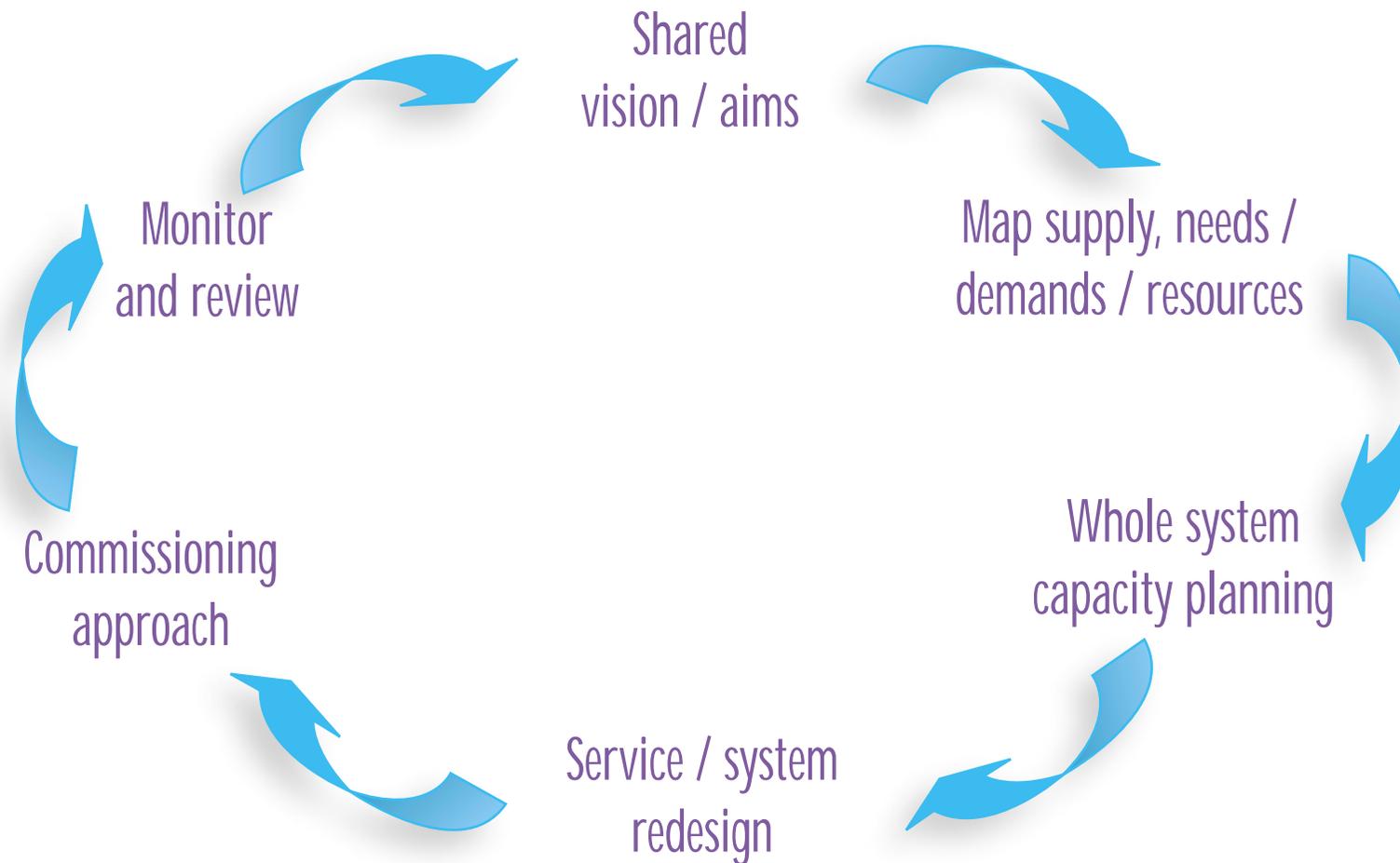
Before we move on let's consider

- Structures and their usefulness
- Are there too many structures now?
- Are existing structures appropriate for what you do now?
- What might have to change in order for strategic commissioners to come together at a high level in order to make decisions together?

Structure and process are important

- Experience around the country suggests that different structures on their own will not take strategic commissioners in the direction they wish to go
- Going back to the new approach or model for strategic commissioning that we showed in Module 1 – shown again on the next slide - you can see that a number of processes need to come into play

A new model for strategic commissioning



What are the key processes to underpin high level strategic commissioning?

An overall awareness of & commitment to change. For example:

- Working on common Performance Indicators
- Common project management approach
- Shared information systems
- Shared local training – e.g. Older People centred culture
- Shared Technical Support Group (could be across client group) – planning, finance, commissioning and contract/performance management, information, human resources. Could be real or virtual team from PCT, social services, Supporting People and housing)

Processes for change: The leadership group mandates change

A senior level leadership group is a central component for driving change. Leaders drawn from key partners meet to agree:

- The shared vision
- Strategy, and system and service redesign
- Commissioning approach and structure
- Resources for change including trading resources to create new 'pools' for investment
- Systems for monitoring and review

Their main roles are to empower change and decision-making and address obstacles

Processes for change: Where to start with common PIs - Halton Borough Council

Halton BC has a joint Housing and Social Services Department

- The Social Services Assistant Director for Older People's services worked with housing colleagues to draft an integrated Older People' strategy based on the Liverpool approach
- They have mapped all housing and services
- Are developing shared Performance Indicators that work across health, social services and housing

Working on common Performance Indicators relevant to older people

- A5 – Emergency admissions
- C28 - Intensive home care
- C26 – admissions to residential/nursing for 65+
- C32 – No. of older people helped to live at home
- C33 – avoidable harm for older people – falls, hypothermia
- D38 - % of equipment/adaptations less than £1k delivered within 3wks
- D41 – delayed transfers of care
- D42 - carer assessments
- D54 - percentage of equipment delivered in 7 days (PCTs)
- BV62 (ODPM) - % of unfit private sector dwellings made fit by Local Authority action
- Also need to consider Supporting People quality assessment frameworks

Processes for change: Establishing arrangements to monitor and review outcomes together

There are two sets:

- Progress on delivering redesign e.g. more extra care housing units; stronger intermediate care system
- Progress on outcomes e.g. more older people supported in housing settings; fewer residential care placements and emergency hospital admissions

Processes for change - Behaviours and cultures

- Partnerships that have successfully made strategic changes across the whole system have done it by breaking out of separate organisational models to build an integrated approach
- The examples shown earlier of the Liverpool Partnership Group and the Sedgefield Partnership Board are an illustration

Involving Providers - why

Provider organisations often have important expertise to offer. The Department of Health wants to see them involved in the strategic commissioning process. Their expertise can include:

- Experience and 'know how' on how to change existing services
- Knowledge of the range of different models and approaches for housing and service re-design
- Experience of dealing with open processes for decommissioning and exit strategies
- Workforce development including working through and consulting on change, re-training and redeployment

Involving providers - how

- There are different options for involving providers in strategic commissioning:
 - Direct involvement as members of a strategic commissioning structure to reflect the provider perspective (see next slide on Liverpool example)
 - In the form of a broker acting in the providers interests and ensuring that their skills and knowledge are brought to the strategic commissioning table

More on Liverpool

- Liverpool's Strategic approach was driven by the Liverpool Housing Action Trust (about 70% of its tenants are older people) which, persuaded the Council and health authority to come on board
- Focus includes older people from Black and Minority Ethnic groups (BME elders)
- There is a cross-agency planning group
- Has a strategy to get Executive Members on board
- Has a Strategic Commissioning Board to drive change
- Has a shared funded post to co-ordinate implementation
- Linked to a wide ranging Supported Housing Strategy in order to promote social inclusion

Liverpool's Vision and Culture

- Vision around citizenship and social inclusion – rights and responsibilities for vulnerable people and the wider population
- Principles to underpin the vision – opportunity, promoting independence, diversity, partnership, respect
- Enabling Service culture – 'can do' approach, risk management 'with the person' not risk averse

End

Presentation 1

Module 3

Notes for Facilitators after Presentation 1, Module 3

Facilitators are asked to introduce a couple of exercises. These are for the whole group:

- Exercise 1, is an exercise for a whole partnership group. Facilitators should show the exercise and give participants 10 minutes to do the exercise
- Exercise 2, is in two parts. Part one asks participants to consider the questions shown on the next slide. Participants should form views/list questions and issues.
- Part two of the exercise requires facilitators to direct participants to look at a learning presentation called 'The Liverpool Experience.' This is appendix 1 at the back of the workbook. Facilitators should show the exercise and load the learning presentation for participants.
- After the learning presentation facilitators should ask participants to reconsider the questions and issues they raised during part one of exercise 2. Facilitators are asked to note any changes and prepare a summary of key points on a flipchart.

Exercise 1, Module 3

At what stage is your partnership/commissioning approach and capacity?

Stage 1: Separate organisations, mutually exclusive financial arrangements, no joint working.

Stage 2: Separate organisations but collaborative working. Information sharing, shared financial responsibility negotiated on an individual client basis. No formal pooled or shared dedicated budgets

Stage 3: Some small scale pooled budgets. Joint commissioning frameworks for some service areas

Stage 4: Shared vision, large scale pooled or dedicated budgets, agreement on managing risk and budget variations and lead commissioning by one partner on key service areas

Stage 5: Single organisation for commissioning across all mapped areas with dedicated budgets and agreed investment plans

Exercise 2, Module 3

Exercise on structures and processes

Part one:

- Identify any existing structures that could be adapted for strategic commissioning for older people
- Would you recommend this as interim or long term solution?
- What problems do you foresee?
Please list questions and issues

Part two:

- Go to the presentation called the Liverpool experience (contained in the resources appendix)
- Having looked at the presentation what changes would you make to the questions and issues you listed in part 1 of the exercise?
- Finally, what steps or interventions would help overcome the problems you identify?

Presentation 2

Module Three

Beginning to plan for the future

- Partnerships have benefited from working together to develop a long term plan for the future
- A set of main headings can be used to help structure a plan
- This presentation shows headings from a framework first developed for 'Guidance on Preparing Older People's Strategies' (see resources appendix for more on this)
- The Guidance was published jointly by the Office of the Deputy Prime Minister and Department of Health in 2003
- The headings in the framework were based on the examples of real partnerships working towards high level strategic commissioning
- Some of the examples are also shown here

Headings to structure a plan

- Vision, principles & culture
- Whole system working
- Information, advice & assessment
- Rebalancing the specialist accommodation system
- Refocusing the housing system
- Integrating services at a local level
- Creating diversity and choice
- Quality and standards
- Resourcing and commissioning

Example: The housing elements in St Helens' action plan

- Specialist housing plan: develop extra care for rent and sale and a multi tenure older people's village; develop housing based models for people with dementia and intermediate care; make better links between sheltered stock and services– links with Health and Social Services
- General needs housing: introduce better standards for new housing; housing assistance policy-stock improvement and further development of a Home Improvement Agency and handyperson service; use other national funding such as National Renewal Funds to increase size of funds available
- Housing services: bring together a register of adapted property; develop the potential of a local community alarm service and new technology; develop floating support and practical services – gardening etc

Example: Warwickshire County Council – How they started developing an action plan

- 1 Partnership to meet to agree a draft shared vision for all older people's services
- 2 Agree a small task group with some resources to carry out action plan tasks for the partnership as follows
- 3 Map existing provision beginning with one locality and continuing. Identify gaps - using existing knowledge about services wants and needs
- 4 Identify actions needed to reshape the system
- 5 Present "big idea" to stakeholders
- 6 Facilitate a stakeholder event including older people, to work up the vision and start drilling down the detail of the "big idea"
- 7 Task group feedback from above and develop a draft action plan for the partnership

Example how Liverpool implemented their City wide action plan and had a local focus

- Liverpool has a Neighbourhood Renewal Fund programme of Active Ageing pilots
- Pilots in Speke, south Liverpool and Anfield (Arena Housing Association) led by local housing associations. Pilots have strong housing and regeneration dimensions – they also aim to support older people in ordinary housing

The examples make it look seamless. But it is challenging to implement & sustain

Question: How do partnerships start to implement changes and keep the process going?

- Some partnerships have found it helpful to plan sub strategies to support their strategic commissioning action plans
- For example, work out how all partners could embed and embrace changes in their strategies for their organisations. Also in their practice and long term plans for development and training

Where next?

- Modules 1 to 3 introduced the concept of high level strategic commissioning
- Explained what it means and indicated how it compares with traditional commissioning
- Given examples where it is being used to good effect
- And explained the steps, the structures and processes to get a strategic approach going
- To take it further partnerships need to develop a joint action plan and agreed process for implementation.
- An exercise coming up aims to help you think over where you go next

End

Presentation 2

Module 3

Notes for facilitators: Learning points from Module 3

- Facilitators are first asked to help participants identify the main learning points from Module 3
- Second, facilitators help participants start the process of developing an action plan for their local area
- The process involves leading participants through exercise 3 shown on the next page
- Facilitators are asked to gauge participants interest in having a fourth session to develop a draft action plan and set a date for a fourth session
- Or help participants identify an alternative course of action and encourage them to sum up what they have learned from the all of the modules.

Exercise 3 Module 3

Working towards an action plan

Who would be best placed to develop an action plan draft for your partnership/older people in the local area?

Who should start the change process towards strategic commissioning?

What are your views about planning a final fourth session after this one to produce a draft action plan?

How do you want to proceed?

End

Module 3

Resources for moving forward: Knowing your
funding and investment streams

Module Four

Resources for moving forward

Contents	Page
About Module 4	122
Notes for facilitators	123
Presentation 1	125
Notes for facilitators	139
Exercise	140

Contents

About Module 4

- Module 4 concentrates on making the best use of all available resources
- In common with other Modules it is a guided learning session
- It is intended to help senior officers in partnerships to explore a range of different resources and work out how they could put these to good use together
- The Module is composed of notes for facilitators, a presentation and an exercise
- There are implications from Module 4 for the Action Plans developed at the end of the final Module, Module 5. Participants are encouraged to record their learning from Module 4 so they can take it forward later

Notes for facilitators:

Facilitators are asked to:

- Remind participants, where appropriate, about key learning points noted in previous sessions
- Prepare handouts from the presentation which will be given in Module 4
- Introduce the presentation. Remind participants that high level strategic commissioning involves having senior people present who are able to make big budget decisions

Notes for facilitators:

- Encourage participants to think creatively while also acknowledging the existence of democratic or other checks and balances that govern organisational behaviour. For example, Elected Members have a key role in local authority decision making and their input is necessary to make strategic commissioning possible
- Encourage participants to record their learning so they can take this forward into the final Module, Module 5.
- Help write up notes and organise for them to be circulated to everyone later

Presentation considers

- Resources that may be available within organisations
- Resources that may be available in other parts of the system that are not currently tapped into
- Resources that could become available and how strategic commissioning partners could position themselves to make use of them
- The expertise providers have is generally not tapped into

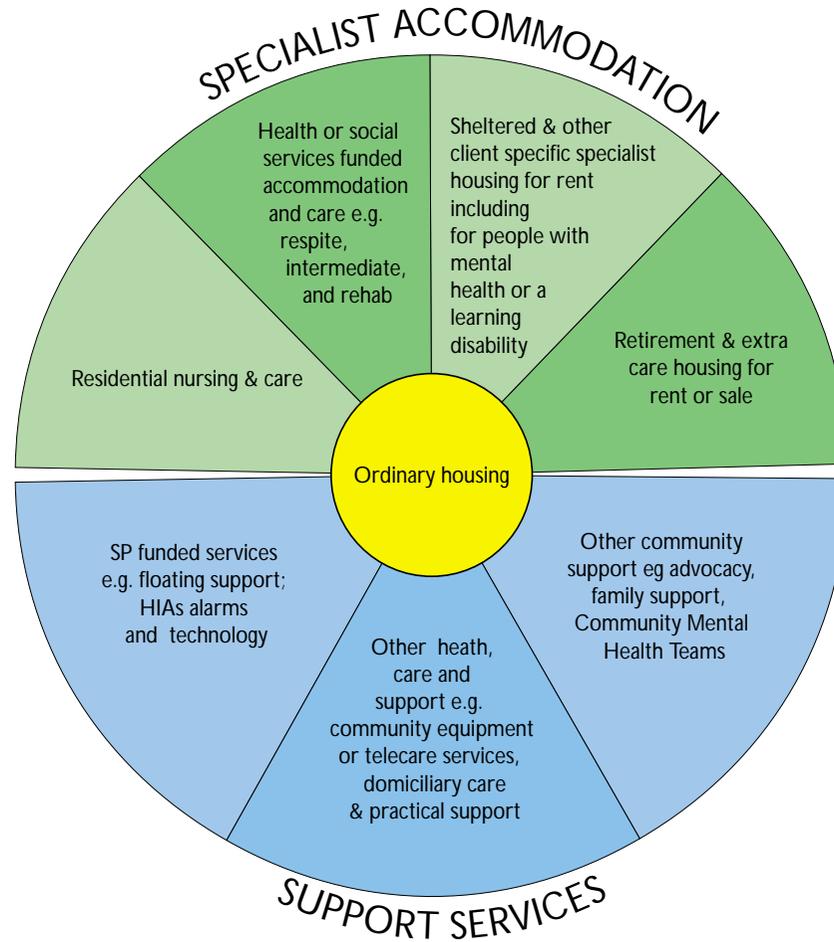
The accommodation system: what is in it now?

Most areas have:

- Many providers
- Many models

- Led by different philosophies
- Different practice
- Some unwanted, some unproven

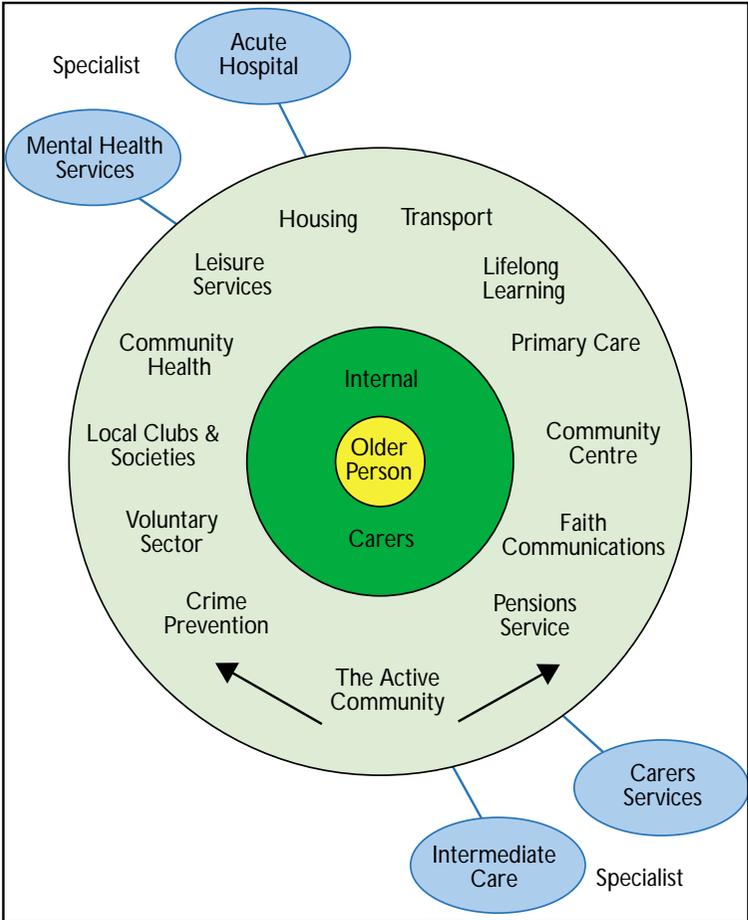
The accommodation system: what is it now?



By looking at all the accommodation resources together

- Strategic partners are able to appraise the effectiveness of all resources to meet the shared vision
- And consider them geographically
- Consider how to use accommodation and other resources differently
- Plan a more joined up a user-centred programme of investment for the future

A user-centred focus



Adapted from *All Our Tomorrows*, ADSS/LGA 2003

Durham: integrated older people's strategy is using strategic commissioning to turn the strategy into action

- Research for the strategy identified:
- Immediate wins - up to 3 months
- Short term actions – 3 to 12 months
- Medium term actions – 1 to 3 years
- Long term developments – 3 years +

Strategy is being developed in Durham

- With strategic commissioning:
 - At County level – with ‘Challenge’ Group – also SP Commissioner Body (strong leadership from Housing Directors)
 - At District level with the 7 Districts and 5 PCTs; cross district to fit PCT boundaries
 - With a range of partners at both levels – including members
 - With older people
- One overall strategy around vision/direction and how to get there and 7 District plans

More on Durham

- Has an investment programme for new and remodelled extra care – 8 on stream
- Recently commissioned a strategic/operational review of community alarms
- First stages completed and outline proposals adopted
- Involve radical change - commissioners influencing and leading the market rather than allowing providers to dictate
- Costs will be controlled and quality will be driven up
- May be tendering for the first time - providers will be made aware services can be purchased more cheaply and at better quality
- Difficult but Commissioners are working for the good of all even though they are from Districts and other bodies with vested interests
- Also discussing a joint investment fund

What resources?

- Across a whole system there are many
- Accommodation is one, there is also labour and skills/expertise as well as cash
- Money, funds for revenue and capital are obvious resources
- Who has them and how much?
- Growing trend of combining resources to make them go further and develop integration:
 - Growing joint commissioning teams across PCT's and SSDs; Supporting People
 - Growing capital for buildings
 - Growing revenue for services
 - Growing virtual staff teams on the ground

Examples of capital resources

- Housing Corporation
- LA credits, and free land for social housing
- RSL borrowing capacity
- PFI
- Regeneration funding
- HMRI
- DH extra care & assistive technology funds
- DH section 64 funding
- PCT LIFT funding
- Adaptations grants and DFGs
- Equity release from older home owners
- Regional or sub-regional funding

Connecting up funding cycles

- Rents/service charges
- Supporting People
- Social service revenue
- PCT revenue
- Old long stay hospital funding (s.28a)
- Neighbourhood Renewal Funding
- Section 31 Health Act flexibilities
- DH Section 64 grants to voluntary organisations
- Benefits income for individual older people
- Direct payments

Connecting up planning cycles

- Decisions to set up dedicated or joint funds need to be linked to budget decisions by different departments and agencies
- Getting to know when crucial budget decisions are being considered is crucial
- There will be a series of different planning 'cycles' for different agencies
- A shared strategy, and joined up commissioning structure and processes enable different planning 'cycles' and funding streams to come together
- Leaders from the different partners can unblock obstacles and vested interests in their organisations along the way

Building ownership as you go

- Elected members from Local Authorities & non-Executives from health bodies should also be seen as partners and need to be involved early to:
 - Endorse direction
 - Fulfil accountability
 - Mentor, sell ideas and proposals for change
 - Agree funding
- Older people's forums can root ideas in what older people really want – tenure choice, housing and service design and standards
- Providers can contribute ideas and experience early on from working in different areas – as partners not just contractors

Strategic commissioning still new but more partnerships are doing it

- There are many benefits:

Bringing all the money into one pot and making sure that it is spent well is a key benefit – new monies can be brought in and more people benefit

Means partners having to learn how to commission together with common language – everyone thinks they know how but is rarely true

Appropriate structures and people to take decisions and behave as commissioners is critical – Liverpool and Durham had to find methods

End

Presentation 1

Module 4

Notes for facilitators

Facilitators are asked to:

- Make notes of comments on the presentation on a whiteboard or flipchart
- Lead participants through the next exercise
- Record views/comments
- Summarise all into learning points
- Prepare a note on learning points from Module 4 to give participants at the next session

Exercise Module 4

- List all the resources you can identify
- Next list all possible resources including those you have very little knowledge about
- Looking at your vision from Module 1 – how could the resources be used differently to achieve that vision?
- What actions do you want to take now? E.g. find out more about resources or decide to join up resources

End

Module 4

Developing a draft action
plan to move forward

5

Module Five

Module 5

Contents

Page

About module 5

144

Notes for facilitators

145

Presentation 1: Action Plans

146

A) Elements to cover

B) Structure

C) Timetabling

D) Taking action plans forward

Notes for facilitators

167

Exercise: Where do you want to go next?

168

About Module 5

- Module 5 is a guided learning session that builds on Modules 1 to 4
- It is intended to help partners reflect and move forward to develop a draft action plan
- The Module is composed of notes for facilitators and a presentation
- The presentation is in sections from A to D. It covers actions and plans to take high level strategic commissioning forward
- The presentation encourages participants to review and revisit learning

Notes for facilitators

Facilitators are asked to:

- Help participants refer back to previous learning when this might be helpful
- Prepare handouts from the presentation which will be given in Module 5
- Introduce the presentation
- During the introduction, remind participants that high level strategic commissioning involves having senior people present who are able to make big decisions
- Encourage participants to think laterally and creatively
- Help write up notes and organise for them to be circulated to everyone later

Presentation on Action Plans

5

Module Five

This presentation covers

- A Necessary elements in an action plan
- B How to structure the action plan
- C Tips on timetabling and prioritising
- D Building capacity for taking the action plan forward and deciding what you as partners want to do next

Checklists go with the presentation!

A - Elements in an Action Plan

- Two sides need to be considered when developing an action plan:
Action needed to move from a standard to a strategic commissioning cycle
(covered in Module 1)
- Action on each of the six elements of the strategic commissioning cycle
(covered in Modules 1-3)
- The next slide gives an example of a framework for action
(used to develop integrated older people's strategies)

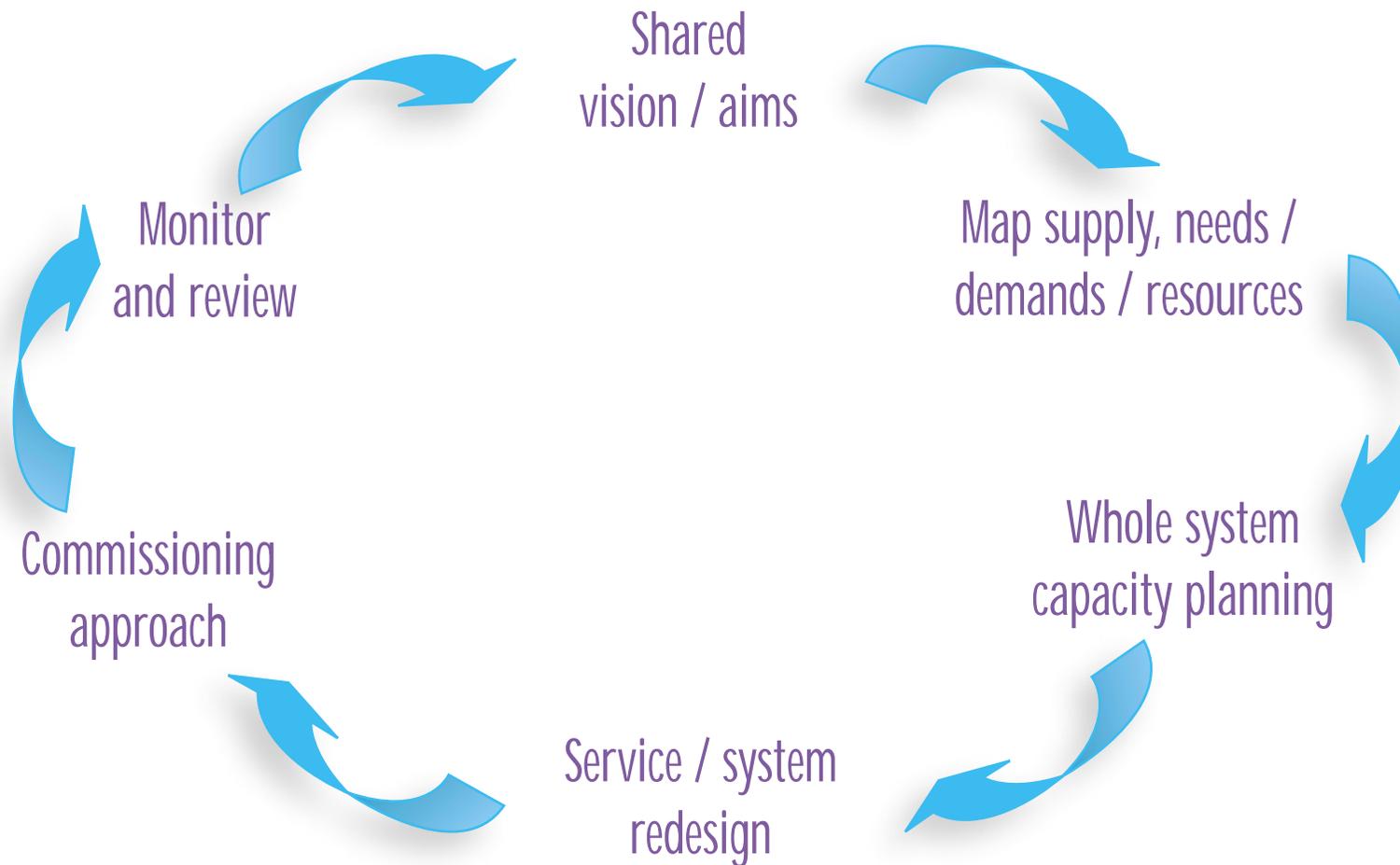
Framework recommended in ODPM/DH Housing Strategy guidance

- Vision, principles & culture
- Whole system working
- Information, advice and assessment
- Rebalancing the specialist accommodation system
- Refocusing the housing system
- Integrating services at a local level
- Creating diversity and choice
- Quality and standards
- Resourcing and commissioning

Preparing to use the high level strategic commissioning cycle

- Very soon some slides will be shown that aim to help you develop an action plan for each of the six elements in the strategic commissioning cycle
- The 'help' is largely in the form of a checklist of questions for each of the elements but you are also asked to note some actions – keep your notes on these things because you will use them later
- Let's begin with a reminder of the strategic commissioning cycle and the six elements in the cycle

High level Strategic commissioning cycle



Actions needed to adopt the strategic commissioning cycle

- Module 1 explained strategic commissioning
- It compared a 'standard' commissioning cycle to a high level 'strategic' commissioning cycle
- Exercise 1 in Module 1 asked you to identify which cycle you are using? Module 2 asked you to think about the benefits of whole system commissioning

Consider if you are still using elements of the standard commissioning cycle what actions should you take to change?

Write down the changes needed and keep your notes for later

The checklists

- Checklists are next
- On the handout that accompanies the presentation (or print off Appendix 4), tick the box next to the question (if appropriate) or note that an action will have to be taken

Note: No tick generally means some action has to be taken!

Checklist: Shared vision and aims

Tick as appropriate

Do you have a vision and set of outcome aims?

Was it developed with key partners, including older people?

Does it apply to the whole system - all aspects of older people's lives?

Do you have principles to underpin the vision? (e.g. dignity, partnership)

Have you a clear citizen and service culture to support the vision? (e.g. help to help oneself)

Checklist: Mapping supply, demand, resource use

Tick as appropriate

Have you thoroughly mapped supply, needs, demand and resource use across your WHOLE system as ONE system - not as separate systems?

If there are information gaps - e.g. resource use – have you identified how to address them?

The next slide reminds you what the whole system framework tool looks like

FOR MORE INFORMATION GO BACK TO MODULE 2

Checking where you are - using a whole systems framework for planning services

- Level 1 Citizenship, inclusion and engagement
- Level 2 Prevention and minimum intervention
- Level 3 Intensive time limited interventions
- Level 4 Community based on going long term health and social care support
- Level 5 Hospital, residential and nursing home care

THE GOAL IS TO MOVE FUNDING AND SERVICES UPSTREAM

At which level are your services and where do you want them to get to?

Checklist on whole system capacity planning

- Do you have a whole system approach and methodology for capacity planning that uses a range of national and local data in a dynamic way?
- Do you know the key local indicators that impact most on your local system?
- Do you involve providers in capacity planning?

FOR MORE INFORMATION GO BACK TO MODULE 2

Checking the need for service/system redesign

Do you know the direction you want to go in terms of strategic change and service redesign and why?

- You need to know where you want to go, based on your vision and principles, before you model the numbers to deliver the change
- Use the recommendations framework in the Preparing Older People's Strategies guidance see next slide - to clarify your strategic direction and build the blocks needed to get there

FOR MORE DETAILS GO BACK TO MODULES 2 AND 3

Checklist: Commissioning and resourcing

- Is the action plan clear on how partners will strategically commission?
e.g. the type of commissioning model, such as lead commissioning
- Is it clear how budgets will be linked or pooled to ensure that the funding will deliver the desired changes?
- Do you have structures, processes and capacity to mandate and deliver change?
- Are partners drawn from across the range of services and at the right level?

FOR MORE DETAIL SEE MODULES 3 & 5

Checklist: Monitoring and review

Do you have a shared process in place to monitor and review progress on outputs and outcomes compared to your strategy and commissioning action plan?

FOR MORE DETAIL SEE MODULES 3 & 5

Moving on to structuring

- The next part of the presentation gives suggestions on how you might want to structure your action plan
- These are based on examples used in real work with partners learning to do high level strategic commissioning

B - Structuring your Action Plan

Take a flip chart sheet of paper and give it the title Action Plan.
Divide the paper into action areas:

- e.g
- actions needed on vision and aims
 - actions on outputs
 - actions on timescale
 - actions on responsibility/ies
 - actions on resources

Note: Use your responses to the checklist questions to insert information under each action area

Structuring your plan continued

- Start identifying priorities and the time it might take to do certain actions
- Are there any 'quick wins' or actions that are easier to take than others

Note: Look at the next slide for some tips

C - Tips on timetabling and prioritising

A good way to prioritise your action plan and divide it into manageable tasks is to apportion it into:

- Quick wins – action now
- Short-term – first year
- Medium term – 1 to 3 years
- Long-term – 3 years +

D - What about building the capacity for action?

- Some partnerships have found it hard to deliver on their action plan because they lack dedicated resources to make it happen
- You could create one or more specialist posts. Alternatively you could devise a team approach allocating so much time for team members and a nominated team leader (e.g so much time a week or month)
- Have you put the capacity in place to deliver on the action plan?
- Check back and make changes if you need to in your draft action plan

End

Presentation 1

Module 5

Notes for facilitators: To follow presentation in Module 5

- Facilitators are asked to work with participants to identify what participants want to do next, are the elements in the previous modules that need revisiting?
- The exercise coming up next provides a structure for doing this

Exercise

What do you want to do next?

Looking at your draft action plan what do you want to do next?

Using flipchart paper, write down your intentions e.g.

- Do more work on the plan?
- Set a date when it should be ready?
- Decide what will be done?
- Decide on best options for going forward?

End

Presentation 1
Module 5

Appendix 1

The Liverpool Experience

Prepared by Jo Mills formerly of
Liverpool Housing Action Trust (HAT)

The Context

- Liverpool has had a declining population since 1945
- High levels of poverty and ill-health
- Regeneration and housing investment programmes needed a strategic framework for supported housing

'No shortage of initiatives - but joined up or owned?'

Accommodation Strategy for Older People

- Commissioned 1999 by:
 - Regeneration
 - Social Services
 - Housing
 - Liverpool Housing Action Trustwith support from Liverpool Health Authority and the Strategic Housing Partnership

'From the start - a Joint Commission'

The Brief

- From 'care at home' through sheltered and extra-care to residential and nursing care
- Assessment of stock conditions
- An outline investment plan for 10 years

'Comprehensive and Deliverable'

Managing the Process

- Project Managed by the HAT
- Multi-agency Steering Group
- Workshops - Locality and Thematic
- Lead Commissioners
- Politicians

'Engagement and Commitment'

Core Values

- Citizenship and Inclusion
- The right to live safely in a community of one's choice
- Preventive approach

'A Table with Four Legs'

Further Initiatives

- Supported Housing Strategy
- Learning Disabilities Housing Strategy
- Homelessness Strategy

'All incorporate the core values'

Delivery Mechanism

- Delivered through a Strategic Commissioning Board
- Chaired by Executive Member for Housing and Neighbourhood Services
- Senior representatives across housing, health, social care, Supporting People, voluntary sector
- Project Manager - funded for two years by SHP, LCC and PCT

Role of the Commissioning Board

- Disseminate the Strategies
- Share information across the 'system'
- Ensure appropriate consultation
- Ensure co-ordinated investment of revenue and capital

'Dynamic and Challenging Process'

What makes it work?

- High Profile Membership across agencies
 - capital / revenue
 - increasing membership
- The Project Manager
- Shared Values
- Common Commitment to Change

'And passionate people'

What difference has it made?

- Significant shifts in attitudes, e.g:
 - Mapping Spend
 - Inclusiveness
- Improved consultation
- Increased recognition of 'housing'
- More transparent approvals process

End

The Liverpool Experience presentation

Appendix 2 Resources and useful information/sites

ADSS/LGA (2003) *All Our Tomorrows*. London, Local Government Association. (www.lga.gov.uk)

Audit Commission (2004) *Older People – Building a strategic approach*. London, The Audit Commission (www.audit-commission.gov.uk)

Care and Repair England (2003). *Healthy Homes, Healthier Lives*. (includes a case study of joint training regarding community equipment and aids and adaptations)

Care and Repair England (2004) *Having Our Say. A Housing Action Kit for Older People* (www.careandrepair-england.org.uk)

Department for Health (2004) *A new vision for adult social care* (www.dh.gov.uk)

Department of Health, Housing Learning and Improvement Network
(For further case studies on Strategic Commissioning go to: www.changeagentteam.org.uk/housing)

Department of Health (2003) *A catalyst for change: commissioning non-acute services services for older people*. (available from the Better Commissioning LIN at www.changeagentteam.org.uk)

Office of the Deputy Prime Minister and DH (2003). *Preparing Older People's Strategies. Linking Housing to Health, Social Care and Other Local Strategies*. (www.renewal.net/Documents/Policy/Guidance/Preparingolderpeoples.pdf) (note there is a space between 'policy' and 'guidance')

Appendix 2 Continued

Other useful sites and references

Centre for Urban and Regional Studies, School of Public Policy, University of Birmingham. (Has a wide range of useful papers and publications on topical subjects including extra care housing, research on retirement housing and regeneration.) Go to www.publicpolicy.bham.ac.uk/publications

Peter Fletcher Associates 1999. *Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing*. Published by Housing 21, Beaconsfield, Bucks. Tel 01494 685200 or go to www.housing21.org.uk

Forthcoming from Joseph Rowntree Foundation
Discussion paper from the Task Group *on The Future of*

Housing, Money and Care for Older People.
(Watch on the website by going to www.jrf.org.uk)

For reports on innovations, types of housing based models in Europe go to www.hopenetwork.org.uk

The Elderly Accommodation Counsel have a *Housing Options toolkit* and a housing with care property locator. www.housingcare.org

The Elderly Accommodation Counsel (EAC) provides the above website – you can use this to find sheltered housing, extra care, residential care homes by postcode. It is a user-friendly approach.

Appendix 3

Glossary of abbreviations and terms

Abbreviation/Term

CSG

Core Strategy Group – a group involving a wide range of partners and stakeholders including provider organisations. Is particularly relevant for Supporting People. The group organises and co-ordinates strategic information on needs for support services and plays a key role in drafting the Supporting People strategy for a local area.

Decent Homes

This term has an explicit meaning linked to Government policy that aims to bring homes up to set standards. When standards are met they have reached the decent homes standard. All social housing landlords have targets to meet the standards. Standards cover a number of things including warmth and heating, modernised bathrooms and kitchens.

All dwellings have to meet standards by 2010

DFG

Disabled Facilities Grants: available through local authorities to enable structural changes to be made to houses and other domestic properties to help people adapt properties to make them suitable for a disability.

Equity release

Refers to schemes including insurance, mortgage and offset arrangements to enable owner occupiers to release some of the equity tied up in their homes in order to enhance their incomes

Extra care housing

A concept rather than a type of housing. Has several components:

- Buildings and accommodation
- Services
- Philosophy
- Culture.

Buildings: Can include new purpose built and 'remodelled' buildings. Must have self-contained living units for individuals.

Living units can be rented, owned or leased by individuals/couples.

Appendix 3 Continued

Abbreviation/Term

Extra care housing continued

Using the new Housing Corporation descriptions for Registered Social Landlords Returns (RSR forms), which apply from April 2004, Extra care corresponds with buildings described as: Retirement housing with access to support & purpose designed retirement housing with access to support.

Extra care housing is seen both as an alternative to residential care and as a broadening the choice of housing based options for older people

Floating support

A term used to describe support services for the individual that are not linked to a property type. Can also be used to describe services that 'float' off when a person no longer requires the service.

HMRI

Housing Market Renewal Initiative. This is a Government funding initiative to address the decline of areas with a mix of tenures and where there is a collapse (or risk of collapse) of the housing market. The ODPM has named a number of Pathfinder areas, mainly in the north of England to pilot the programme

LA

Local authority. Local authorities represent the different tiers of local government. There are: unitary authorities (London boroughs, metropolitan and other borough councils); and two tier authorities comprising county councils which will also have a number of district or borough councils within the county

LDP

Local Delivery Plans. This refers to plans that social care and health are obliged to have in place to deliver services where there is overlap and where joint planning is required. The services are subject to key performance indicators e.g. the National Service Framework for Older People.

LIT

Local Implementation Team – a partnership group for implementing National Service Frameworks (see below)

LSP

Local Strategic Partnership. Partnerships formed between key departments at a local level to plan future services and joint commission services.

Appendix 3 Continued

Abbreviation/Term

LSP continued

LSPs also involve a wider set of partners, for example the police, health service and chamber of commerce

Managing agent

This term is used in a variety of different ways depending on the context. In the context of specialist housing for older people it usually refers to the role taken on by an organisation for providing management e.g. a housing association may be the managing agent for ensuring that care services are provided to a given standard by a care provider.

National Service Frameworks

The Department of Health has developed a number of NSFs covering areas such as strokes, mental health and older people. They set out a plan and for health and social services

Neighbourhood Renewal

One of several national Funds set up by Funds Government for regenerating local areas.

Old long stay Hospital funds S28a

These are monies transferred from health authorities to other agencies using powers under the Health Act 1977 (e.g. re-provision for patients discharged from long-stay hospital). Can be cap[ital and/or revenue

Payment by Results

A system of national tariffs that standardise prices in the NHS

PAF

Performance Assessment Framework. This is a framework introduced by the Department of Health for Social Services authorities. The PAF has a range of targets and indicators governing performance of services against key Government targets e.g. reducing emergency admissions to hospital.

PCT

Primary Care Trust

PCT LIFT

Capital Funds From the Department of Health to finance the provision of new community based Health facilities such as primary care centres

Appendix 3 *Continued*

Abbreviation/Term

PFI

Private Finance Initiative – private sector funds are used to finance new public buildings – e.g. hospitals; schools; residential care; extra care and sheltered housing

Remodelled

Improved or refurbished buildings and living units – Usually means improved to enable people to age in place e.g. installing a lift and making buildings and living units accessible to people who use wheelchairs or have mobility problems.

RSL

Registered Social Landlord. Usually refers to housing associations registered with the Housing Corporation.

Section 64 grants

Health authority grants to voluntary organisations Under s.64 of the NHS Act 1977

Service agreements

Agreements for 'services' e.g. housing management, cleaning communal areas and living units, gardening and landscaping, maintenance costs for lifts and equipment.

Service commissioning

Can be used in several ways. It is used in the workbook only to refer to commissioning particular services. The term is also used sometimes to refer to purchasing.

Sheltered housing

Tends to be used loosely to apply to any kind of specialist housing for older people managed and owned by housing associations, local councils, charities and other organisations including sheltered housing for sale or leasehold. There are specific definitions used by the Housing Corporation and other bodies. Because of vagueness it is important to ask each housing provider what the accommodation is like, what services are provided and what they cost.

Appendix 3 **Continued**

Abbreviation/Term

SSD

Social Services Department

Special needs housing

This is an old fashioned term although some people still use it. It used to be used to make the distinction between housing built for the general – able bodied population - and other people including people with disabilities and older people.

Support plans

Supporting People introduces the individual support plan for each person who receives a support service funded by Supporting People.

Support services

Support tends to be used very loosely in every day language. Specific meanings apply under Supporting People. These refer to low level and housing-related support and cover things like advice and information, help with welfare benefits, help to get shopping and signposting to other services. Care is not part of support.

Tenure

Legal arrangements for occupation. Housing tenures include rented, owner occupied (owned outright or with mortgage, shared ownership (part owned and part rent), leasehold, licensee.

Appendix 4

Module 5 Checklist (accompanies pages 153-160 of the workbook)

Checklist for shared vision and aims

- Do you have a vision and a set of outcomes
- Was it developed with key partners, including older people?
- Does it apply to the whole system – all aspects of older people's lives?
- Do you have principles to underpin the vision? E.g., dignity, partnership?
- Have you a clear citizen and service culture to support the vision? E.g., help to help oneself?

Checklist for mapping supply, demand, resource use

- Have you thoroughly mapped supply, needs, demand and resource use across the WHOLE SYSTEM as ONE system – not as separate systems?
- If there are information gaps – e.g. resource use – have you identified how to address them?

FOR MORE INFORMATION GO BACK TO MODULE 2

Checking where you are

- Using Levels 1-5 in the module, at which level are your services and where do you want them to go?

Checklist on whole system capacity planning

- Do you have a whole system approach and methodology for capacity planning that uses a range e.g. national and local data in a dynamic way?
- Do you know the key local indicators that impact most on your local system?
- Do you involve providers in capacity planning?

FOR MORE INFORMATION GO BACK TO MODULE 2

Checking the need for service/system redesign

- Do you know the direction you want to go in terms of strategic change and service redesign and why?

FOR MORE DETAILS GO BACK TO MODULES 2 AND 3

Appendix 4 Module 5 Checklist accompanies pages 153-160 of the workbook)

Checklist for commissioning and resourcing

- Is the action plan clear on how partners will strategically commission? E.g., the type of commissioning model, such as lead commissioning?
- Is it clear how budgets will be linked or pooled to ensure that the funding will deliver the desired changes?
- Do you have structures, processes and capacity to mandate and deliver change?
- Are partners drawn from across the range of services and at the level?

FOR MORE DETAIL SEE MODULES 3 & 5

Checklist for monitoring and review

- Do you have a shared process in place to monitor and review progress on outputs and outcomes compared to your strategy and commissioning action plan?

FOR MORE INFORMATION SEE MODULE 3

Housing Learning & Improvement Network

A Department of Health resource to enhance learning and support across health, social services and housing.

- Facilitating development work of extra care housing and new technologies, including the adaptation of good practice to local settings
- Promoting the development of a whole system and joined-up approach to other housing with care services for older people and for people with disabilities
- Supporting a local plan, including implementation and follow-up to achieve improvements
- Identifying and sharing what works

For further information and/or details of how you can join the Housing LIN please contact us:

Tel: 020 7820 1682 E-mail: housinglin@e-a-c.demon.co.uk

Web via the CAT website at www.changeagentteam.org.uk/housing or www.dh.gov.uk

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