

LONDON BOROUGH OF BRENT**Meeting of the Executive**
17 January 2005

Report from Director of Social Services

For action

Wards affected:
All**Report Title: Joint Commissioning Strategy for Older People – 2004 – 2009 and National Service Framework for Older People Action Plan**

Forward Plan Ref: SS-04/05-27 & 28

1.0 Summary

- 1.1 This report presents Brent's first joint commissioning strategy for older people (2004-09) Appendix 1. This shows how Brent Primary Care Trust, Brent Social Services will work with Brent Housing and Supporting People as partners in the commissioning process together with other key organisations in the borough, to improve and develop services for older people over the next five years.
- 1.2 The Strategy also includes the National Service Framework (NSF) standards and reflects the Brent NSF Action Plan (available on request).

2.0 Recommendations

- 2.1 That the Joint Commissioning Strategy be agreed (appendix 1).
- 2.2 To note that the Joint Commissioning Strategy will take forward the requirements of the NSF.

3.0 Detail

3.1 NSF Background and standards

The NSF for older people (2001) sets out national standards for the care of older people in hospital, in residential/nursing homes and in the community. It is a 10 year programme which aims to:

- Root out and abolish age discrimination
- Provide person-centred care, treating older people with respect and dignity
- Promote older people's health and independence
- Fit services around people's needs.

The 8 NSF standards are detailed in Appendix 2. The detailed Action Plan is available on request.

3.2 NSF implementation

Brent PCT is the lead agency for implementation of the NSF. An action plan has been developed and agreed by the local implementation team (BGOLD), which reports to the Health and Social Care Partnership Board. Milestones have been met for the past 3 years and the action plan results from a review of progress. The action plan is available on request. A key development for social services and health is meeting the single assessment requirements, and to develop a more integrated service for older people with mental health problems or dementia.

3.2.1 A key standard is rooting out age discrimination. Social Services, through the council's implementation of Fair Access to Care (FACS) has provided a standard eligibility criteria across all client groups, regardless of age. The Older People's Service will be carrying out a further audit from April 2004.

3.2.2 NSF Champions

Lead agencies are required to identify older people's champions. For the Council this is the lead member for Health and Social Care, who has a key role in promoting older people's developments. There is a London wide network which provides information updates.

3.2.3 Consultation

The NSF review has engaged stakeholders to identify service gaps, and improvements, such as improving the integration of intermediate care and rehabilitation of single points of access. Social Services is working with the PCT on proposals to integrating services based at Willesden Hospital. All these are identified through the Joint Commissioning Strategy.

3.3 Background to Joint Commissioning Strategy

The Joint Commissioning Strategy reflects the national and local agenda and the DoH requirement for such local strategies. It incorporates NSF principles as well as the needs and views of older people, their carers and representative organisations in Brent. The Strategy should be seen as part of the corporate commitment to enable older people to participate in all aspects of community life to enjoy security, leisure, a healthy environment, life-long learning, transport, as well as quality housing, health and social care.

3.3.1 Principles

Brent is a diverse ethnic and multicultural borough, and the health and social care objectives seek to promote diversity and social inclusion. A key principle is for all people in Brent to have maximum life chances, quality of life and ageless services that maximise independence, active participation and community engagement.

3.3.2 Involving users and carers

The agencies are committed to involving older people in the formulation of policies, procedures and practices that impact on their lives, and in taking a whole system approach to joint working. The aim is to provide individual, person centred seamless services that offer a range of options and improve the experience of older people who receive services.

3.3.3 Joint Commissioning Strategy

The Strategy is a comprehensive document over 100 pages long. There is an Executive summary that provides the key purpose, vision, priorities, care principles and outlines the commissioning intent. This is available on request. It will also be available for wider distribution partner agencies, users and carers.

The fundamental objective is to promote independence, provide seamless services and meet diversity and equality standards. The objectives link into other key strategies of housing and supporting people, and bring together all health and social care providers intentions. The Strategy has been consulted on, and approved by BGOLD and the Health and Social Care Partnership. It is also to be approved by the PCT.

3.3.4 Shifting the balance of care

In order to achieve the objective of promoting independence resources need shifting, or decommissioning, away from costly residential services to provide more flexible support for people in their own

homes. This will also increase the empowerment and self determination of no people, a key principle of the Minister for Health's draft vision for adult social care. Ways in which the strategy intends to achieve this include:

- Greater use of intensive home care
- Extra care sheltered housing
- Extra care sheltered housing and floating support.

3.3.5 Action and timescales

The strategy has ambitious targets both in the short term and long term. The key operational issue for Social Services is the proposed move of assessment and care management older people's team to Willesden Hospital (during 2005), to provide joint location and integrated approaches. It will greatly assist the full implementation of single assessment for older people. Further work will be undertaken on using Health Act Flexibilities to pool resources by 2009. All actions will be monitored through the LIT, Health and Social Care Partnership and reported to Executive where approval is required.

3.3.6 Review

The Joint Commissioning Strategy is the basis for an evolving agenda for service improvement, and will be reviewed and updated annually, based on regular consultation with older people, their carers and representative organisations, multi-agency discussions across all sectors, and taking into account demand for services and resources available. Through this process the progress of the relevant NSF standards will be addressed.

4.0 Financial Implications

- 4.1 The Joint Commissioning Strategy explains the total spend by all partners on older people is difficult to calculate as older people use a wide range of health, housing and council services that are not age specific. Any amount given understates the full amount of expenditure.
- 4.2 Social Services budget 2004/05 for direct provision for older people is £23,180,980 net. Further details on agencies investments are at para 6.2 of the Strategy.
- 4.3 Services developed through the Strategy will have to be funded from available resources. This is likely to require efficiencies and decommissioning of other non priority services. New services also may be subject to growth bids for future years. If adequate resources are not available parts of the strategy will not be delivered.
- 4.4 Agreeing this report does not commit the Council to expenditure.

5.0 Legal Implications

- 5.1 Many of the projects and initiatives contained within this report will have significant legal implications.

6.0 Diversity Implications

- 6.1 The intention of the Strategy is to ensure services meet diversity requirements and in particular the growing number of older people from BME communities. An impact assessment has concluded there will be no adverse impact.

7.0 Staffing/Accommodation Implications (if appropriate)

- 7.1 Where integrated teams are proposed there will be full consultation with staff and unions, as well as where accommodation needs and changes are identified.

Background Papers

1. NSF Action Plan available from Ros Howard
2. Executive summary – Joint Commissioning Strategy

Both available from Ros Howard, Service Unit Manager, Older People's Services, 13-15 Brondesbury Road, NW6 6BX
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