

Delivering our **vision** for

2025

Health, Housing and  
Adult Services

  
Sunderland  
City Council

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## Foreword by Eric Timmins, Portfolio Holder for Adult Social Care

When I talk to people who use social care services, what strikes me most is how keen people are to describe the type of service they would like.

A service that preserves their dignity, maintains their independence and gives real choice, while minimising dependency, is a common description from individuals.

Through this plan, we intend to deliver exactly this; we are providing a framework for the future of adult social care, which will ensure that people in Sunderland have access to services that meet the outcomes expressed by individuals.

The plan and its aims provide us with an aspirational future, unconstrained

by detailed practical considerations. It provides a vision of how things could be in 2025, a vision that requires everyone involved to work together.

Today's world is one where we are moving away from people having to fit their lives around the social care system, to one where the system fits around the lives of individuals.

Tomorrow's world will be one where maintaining independence is expected; where person-centred packages of care are the norm and where the real control is in the hands of individuals and their carers.

A world where independence, choice and wellbeing are part of everyone's lives.



## Introduction by Neil Revely, Director of Health, Housing and Adult Services

I am delighted to be introducing our plan, which sets out how we as a Directorate, working closely with others, will deliver the transformational change that is needed if we are to achieve our ambitions. We echo the values promoted in Putting People First and believe that:

'Ensuring older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and the equality of independent living is fundamental to a socially just society.' (Putting People First, 2007)

This plan provides a clear guide for us to make a reality of our vision and beliefs; it will enable better outcomes to be achieved by all of our citizens and the communities in which they live. The aim is to support whole communities and not to concentrate solely on people with more acute needs. By preventing greater dependency on services, we will support people to enjoy more fulfilling lives in ways that are affordable for all.

In painting a picture of the future we are shaping, the plan is built on a strong

policy foundation to deliver the type of world that individuals have told us they want. It gives a strong signal to our partners and stakeholders and supports investors to make the right decisions, as well as identifying our priorities and indicating how we will be exercising our influence and deploying our resources. Our vision for 2025, whilst being ambitious is also very achievable. The delivery of this plan will be ensured through 3 year rolling implementation plans linked to our key commissioning aims and supported by significant investment and appropriately resourced project plans. This will ensure our plan is responsive to the changing world and take advantage of opportunities as they come along.

We are entering an exciting time of change that will transform how we do things and improve the lives of our citizens. Sunderland is a place to be proud of; achieving our vision will drive us further forward and grow our pride in the city to even greater heights.



# EXECUTIVE SUMMARY

**Personalisation should be the cornerstone of all public services in social care; this means that every person across the spectrum of need, has choice and control over the shape of their support, in the most appropriate setting.**

### Transforming Social Care, 2007

To achieve this vision, we have established a plan that will take adult social care in Sunderland on a journey of improvement with the sole focus on achieving the best for the citizens of Sunderland.

**The Directorate needs to meet the challenges that are ahead:**

- Demographic changes, including expected increase in the ageing population
- Rising expectations of individuals and their carers, in relation to demand for services
- Policy drivers focused on developing and delivering personally tailored, high quality services

The plan provides the framework for the improvement journey; this is supported by detailed 3 year delivery plans which outline how we as a Directorate, working with other relevant partners, will deliver the ambition for adult social care.

### The plan is centred around 5 key aims:

**Choice and Control**  
We aim to empower people to identify, choose and control the support or care they need to live as they want.

**Independent Living**  
We aim for every person to have the support to live independently in their own home or community, if that is what they want.

**Equal Access for All**  
We aim to work with partners to improve access to services and opportunities for all sections of the community, in order that people lead the fulfilling lives they want.

**Improving Health and Wellbeing**  
We aim to enable people to access a range of early and preventative interventions that prevent or delay decreasing independence.

**Better Commissioning**  
We aim to deliver outcome based commissioning that provides people with the service they value most, whilst ensuring services are cost effective.

Meeting these aims will transform the social care system, to one where an individual is seen as an active citizen, who is in control of their own needs and solutions, which can be met by services that are accessible to all.



## INTRODUCING OUR PLAN

**Sunderland Adult Social Services Directorate has a long history of providing dependable, good quality services for vulnerable people, meeting people's current expectations. The world is however, changing with different and challenging expectations of care and support from people who need adult care services.**

In July 2007, our new Directorate and the post of Director of Health, Housing and Adult Services were established, reinforcing the future direction and leadership of the council's agenda in response to the Government's White Paper 'Our Health, Our Care, Our Say' (2006).

This plan is the Directorate's opportunity to set out how it will meet the challenges that it faces, in light of the changing world set out in the White Paper and the recently published concordat 'Putting People First'. A world which needs a social care system that can respond to demographic challenges presented by an ageing population and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives. The plan provides the vision for the future, through the identification of 5 key aims. It also sets out a framework for commissioning in the future, which will be used to meet the needs of

individuals over the forthcoming years.

The plan, through its vision and framework, will take us to 2025. To support the framework, there will be 3 year delivery plans that set out how the Directorate will take forward the vision through prioritisation of shorter-term projects to deliver such an ambition.

Having a vision and plan for 2025 will make a difference to the development of services, providing a direction for staff and a statement for partners and service providers, thus ensuring a common understanding of the future vision for adult social care in Sunderland.

# VISION FOR HEALTH, HOUSING AND ADULT SERVICES

## The Sunderland Strategy sets out the vision for the city:

### Sunderland – for a better future

The people of Sunderland are proud, passionate and positive – building on this unique heritage and can-do spirit, Sunderland, in 2025 will be a place of choice to live, work, study and visit. A thriving city that can offer you an enhanced quality of life, with first class services and facilities, and opportunities for all. An internationally recognised city that welcomes you, where you can access everything you need to lead a balanced and fulfilling life and where your contribution is valued and respected.

The Sunderland Strategy provides a framework for all to work towards, improving quality of life over the forthcoming years, and for Health, Housing and Adult Services, provides the platform to develop its vision for people who need adult social care or housing related support.

For Health, Housing and Adult Services, this document sets out what this means for those citizens who may need adult social care or housing support.

This vision is built on the following **strong principles:**

**Universal services** will be developed to meet the needs of individuals and their communities, **with equality of opportunity** at the heart of these services.

Every citizen will have access to **good quality accommodation of their choice**, reducing the need for institutional care as the only solution for many people.

Individuals will have **greater self-access to care and support**, through conducting self-assessments and in purchasing and managing their own care packages.

There will be opportunities for individuals to have **fulfilment in their lives**, with a focus on preventing ill health, dependence and poor sense of wellbeing.

For those who need supported care, services will meet the **needs of a diverse range of people**, ensuring the services are sensitive to cultural, ethnic, disability, gender, age, faith, and sexuality issues and do not disadvantage people due to structure or delivery.

**Information and services** will be provided locally by well-trained and motivated staff working together, not just within the Directorate but also **across many different settings** including Health and the third sector, which includes voluntary and community organisations.

Above all, individuals will have **control over decisions** that affect them, through a robust involvement and engagement process that is not piecemeal and tokenistic and solely based around consultation.

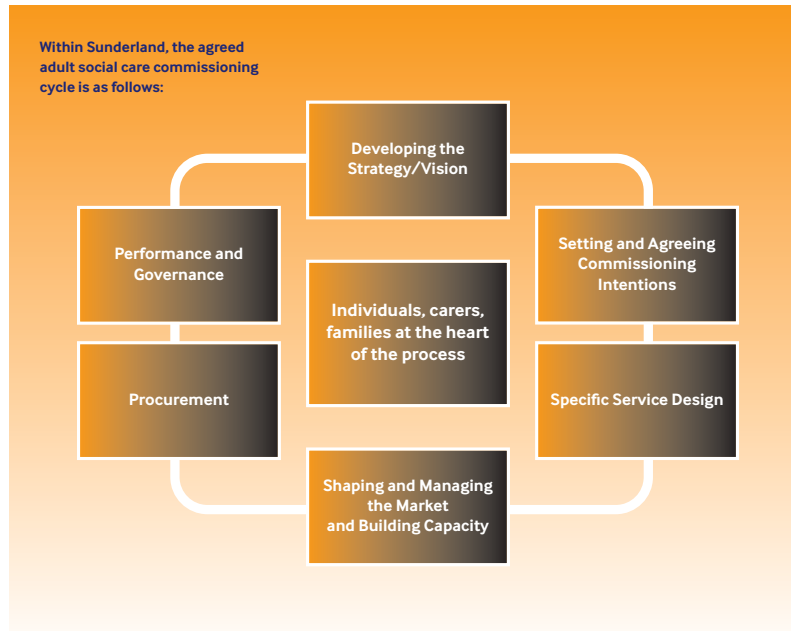


# STRATEGIC COMMISSIONING PROCESS

'Commissioning is the process of translating aspirations and needs into timely and quality services for individuals which meet their needs, promote their independence, provide choice, are cost-effective, and support the whole community.'  
(CSCI Relentless Optimism, 2006)

**In setting out the challenges that Health, Housing and Adult Services face, the plan provides an opportunity for the Directorate to identify its strategic commissioning process.**

The elements of the cycle are of equal importance, with the process being equitable and transparent, and open to influence from all stakeholders, including individuals, their carers and families. It is important to recognise that not all services/solutions for individuals will be procured. The model ensures that a process is followed, which allows the most appropriate responses to be developed, redesigned or procured to meet relevant needs. This could involve service redesign, models being developed within other sectors in partnership with the Directorate, or services procured according to a service specification.



**In relation to the cycle, the following are some of the activities, which are undertaken under each element:**

### Developing the Strategy/Vision

- Understanding legislation, guidance, national and local policy and priorities
- Demand forecasting activities to identify current and future population needs
- Understanding the current service provision within a market framework
- Interpreting intelligence gathered from qualitative and quantitative methods e.g. consultation, to inform priorities

### Setting and Agreeing Commissioning Intentions

- Translating feedback from ongoing consultation in order to develop intentions
- Identifying gaps in current service provision and planning how these gaps will be met

### Specific Service Design

- Engaging key stakeholders to understand the pathway developments that are required

- Ensuring services that are needed are available or planned in ways which efficiently and effectively deliver the priorities

- Preparing service specifications

- Developing and using best practice models from research and other published material

### Shaping and Managing the Market and Building Capacity

- Ensuring a good mix of service providers, good communications and effective relationships with existing and potential providers, including third sector
- Making arrangements to ensure service quality is delivered, including identifying quality assurance criteria that should be included in contracts
- Reviewing balance between different sectors of service provision

### Procurement

- Transactional activity relating to purchasing a specific area of service from one or more providers
- Developing relationships with providers
- Agreeing contracting arrangements, including contract monitoring

### Performance and Governance

- Developing systems that bring together relevant data on finance, activity and outcomes
- Reviewing overall impact of services, considering effectiveness of service models in meeting outcomes
- Identifying revisions needed to reach priorities/targets

The plan provides the framework for strategic commissioning of adult social care services over the forthcoming years, and beyond. The framework guides and shapes commissioning activity, challenging current practice in order that change takes place.

# THE 5 KEY AIMS

To support the vision, 5 key aims have been identified, building on feedback from many people who use adult social care and those people and organisations that have a particular interest in adult social care:

## 1. Choice and Control

Over the next few years, there will be a radical shift in the power between 'professionals' and the individuals who need care and support. People will have control over the money spent on meeting their needs and will decide what best meets these needs, rather than having to choose from a limited menu of options.

We aim to empower people to identify, choose and control the support or care they need to live life as they want.

This will involve providing everyone who is eligible for publicly funded services with a personal budget, which shows a transparent allocation of resources, in order that the use of direct payments and individualised budgets are extended, which in turn will support people to meet their needs.

## 2. Independent Living

Living in a place of choice has a huge impact on a person's quality of life, with a decent and affordable home being central to this.

Increasingly, there are people who in the past would almost certainly have been in institutional care but who now can retain a large degree of independence if they are in well designed and supported accommodation. There is a spectrum of options to enable people to have

'their own front doors' including adaptations, equipment, core and cluster schemes, sheltered housing, extra care housing, use of technology and overnight services.

We aim for every person to have the support to live independently in their own home or community, if that is what they want.

This will involve further development of innovative schemes to support people in their own homes e.g. telecare / telehealth, and working with partners including housing partners to plan holistically for housing and support through an integrated approach.



## 3. Equal Access for All

Creating an inclusive society, increasing people's access to whatever leisure, learning, cultural, employment, volunteering and social activities they want involves a significant cultural change within Sunderland, primarily through the implementation and acceptance of the social model of disability, alongside recognition and implementation of all equality and diversity issues across Sunderland.

We aim to work with partners to improve access to services and opportunities for all sections of the community, in order that people lead the fulfilling lives they want.

This will involve working with partners to address the local challenges people face, whilst accessing communities and services and support them in finding local solutions. In doing this, we must make sure that local communities and services also take

account of the social model of disability and ensure that communities and services are truly inclusive.

## 4. Improving Health and Wellbeing

Providing opportunities to enable people to stay physically, mentally and emotionally healthy is significant if we are to reduce or prevent dependence on statutory services.

We aim to enable people to access a range of early and preventative interventions that delay or prevent decreasing independence.

This involves working in partnership to provide a range of interventions across a spectrum from 'that little bit of help' to retain choice, control and dignity in people's lives through practical support often provided by third sector, to joint working with Health to meet the needs of people with complex medical conditions and support people to stay at home.

## 5. Better Commissioning

Ensuring the most effective and intelligent use of resources is a key accountability for the Directorate to support the achievement of the overall vision and the aims.

We aim to deliver outcome based commissioning that provides people with the services they value most, alongside ensuring that services are cost effective.

This involves strengthening strategic commissioning, reviewing procurement arrangements, further developing the care market, and building capacity within the third sector. It also involves developing the workforce to deliver outcomes for individuals within the changing world of adult social care.

# HOW THE WORLD IS CHANGING

Over the forthcoming years we anticipate that there will be significant changes in the needs of the Sunderland population and the way in which those needs can be met. The world is changing within both a policy and a demographic context and this requires the Directorate to respond to ensure that it can meet the priorities that are presenting themselves.

## Policy Context

The recent White Paper, 'Our Health, Our Care, Our Say' (Department of Health, 2006) sets out a clear and ambitious direction for community health and social care services, building on the foundation of social work values. Underpinning the ambitious direction are four key themes:

- Better prevention for improved health and wellbeing
- Giving people greater choice and control over the care they receive

- Providing rapid and convenient access to high-quality, cost effective care closer to home
- Support for people with long-term conditions

The White Paper sets out a long-term strategy that aims to put people at the centre of local decision-making, including the planning and delivery of services. It also further emphasises the outcomes for individuals. It reiterates:

- The need for a new approach to commissioning due to social and demographic change
- The desire to put people in control
- The aim to put people at the centre of assessment and to manage risks appropriately
- The need to work in partnership
- The need for new roles within social care e.g. navigators, brokers
- The role of the third sector as central to delivering the vision and ambition

## Putting People First – shared vision and commitment to the transformation of Adult Social Care (HM Government, December 2007)

The groundbreaking concordat 'Putting People First' sees central government, local government, professional leadership of adult social care and the NHS jointly committing to a radical transformation of care services over a 3 year period.

## Central to the transformation programme:

- Personal budgets for people who receive funded care, in order to make a reality of the choice and control agenda
- Commissioning that offers incentives and stimulates high standards of care and dignity for individuals
- Universal information, advice and advocacy services via 'first stop shop' approach
- Common assessment process that has greater emphasis on self-assessment
- Carers and families to be treated as experts and involved in care planning
- Closer collaboration between NHS and local government so people receive more co-ordinated and efficient support in the community

The concordat acknowledges that in the future, adult social care will touch the lives of an increasing number of families. The signing of the concordat signifies the acceptance of all involved in the shared responsibility to create a high quality, personalised system which offers people the highest standards of professional expertise, care, dignity, maximum control and self-determination.

## Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society, (Communities and Local Government 2008)

This strategy sets out the response needed to deal with the global challenge of ageing. It outlines plans for making sure that there is appropriate housing available to relieve the forecasted unsustainable pressure on homes, health and social care services.

## It focuses on:

### A better deal for older people today

- Increased investment in new housing
- National housing and advice and information services – also strengthening local services
- New rapid repairs and adaptations services
- Future Home Improvement Agency project
- Modernised disabled Facilities Grant

## Building homes for our future selves

- Lifetime Homes Standards for all public housing
- Lifetime neighbourhoods encouraged to promote community spirit and civic pride
- Regional and local plans need to take account of ageing

## Reconnecting housing, health and care

- Preventative Housing Services
- Join up assessment, service provision and commissioning
- Investment in advice, information, repairs and adaptations

## Commissioning Framework for Health and Wellbeing, (Department of Health 2006)

This framework builds on the White Paper and is centred on practical action with a focus on partnerships. Commissioning for health and wellbeing means involving local communities to provide services that meet their needs, keeping them healthy and independent. It identifies 8 effective steps to commissioning:

- Putting people at the centre of commissioning
- Understanding the needs of the population and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence between work, health and wellbeing
- Developing incentives for commissioning for health and wellbeing
- Local accountability
- Capability and leadership



**Independence, Wellbeing and Choice – Our vision for the future of social care for adults in England (Department of Health, 2005)**

This policy sets out a vision for adult social care over the next 10-15 years, which will maintain independence and promote well-being through proactive, preventative services and give individuals greater choice and control over their lives. The vision is based on the principle that everyone in society has a positive contribution to make and that they should have a right to control their own lives for as long and over as much as possible. This will be achieved by individuals having more choices, increased flexibility and help to decide how their needs can be best met. Individuals will have the chance to do the things that other people take for granted and have better access to universal services and services will be focused on prevention and maintaining independence. The vision sets out the following clear outcomes for social care:

**Improved health** – enjoying good physical and mental health, including protection from abuse and exploitation. Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.

**Improved quality of life** – access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

**Making a positive contribution** – active participation in the community through gainful employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision making.

**Exercise of choice and control** – through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.

**Freedom from discrimination or harassment** – equity of access to services. Not being subject to abuse.

**Economic wellbeing** – access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

**Personal dignity** – keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.



**Modernising Social Services, White Paper 1998**

Whilst this White Paper was produced in 1998, it is still relevant as it sets out the duties placed upon Adult Services to provide:

- Care to people in a way that promotes and supports independence and respects their dignity
- Services that meet individual specific needs, by working in partnership with other agencies to maximum impact
- Care services that are organised, accessed, provided and financed in a fair, open and consistent way (Fair Access to Care Services)
- Protection from abuse, neglect or poor treatment whilst receiving care
- Appropriate training and skills development for staff in order that they can undertake their job

**Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004**

These policies have been combined with the overarching intention to give carers more choice and better opportunities to lead a more fulfilling life. It makes three principal changes to previous carers legislation, which are significant to the local authority:

- Duty to inform carers of their entitlement to an assessment of their needs
- Carer’s assessments must now include a consideration of whether the carer works, wishes to work, participates in education, training or leisure activity

- Cooperation between authorities – partners have a responsibility to cooperate in planning solutions for carers needs, in order that local authorities are able to provide a seamless service for carers.

**It is important to acknowledge the wide range of local/national policies that provide direction for specific groups of individuals or provide the context for Sunderland overall.**

**Within this policy framework are, amongst others:**

- Sunderland Strategy
- Local Area Agreement
- 50+ Strategy
- Valuing People Now
- National Service Framework for Mental Health
- National Service Framework for Long Term Conditions
- Cross-cutting Independent Living Strategy

These policies provide some of the cornerstones of the policy foundation that informs the vision and 5 key aims within the plan.

**Sunderland’s demographic context**

Sunderland has a population of 283,700 (mid-year estimate 2007) adult residents, of which 45,800 are aged 65 years or over. The older population is rising as the overall population is declining, with particular increases in the number of people aged 85 and over, often those that tend to be the most vulnerable group of older people requiring the most support.

Projected Sunderland population				
Projected statistic	2007	2012	2022	2026
Population 65+ years	45,600	48,900	57,800	62,000
Number with dependencies if health of population improves	17,574	19,416	22,426	24,186

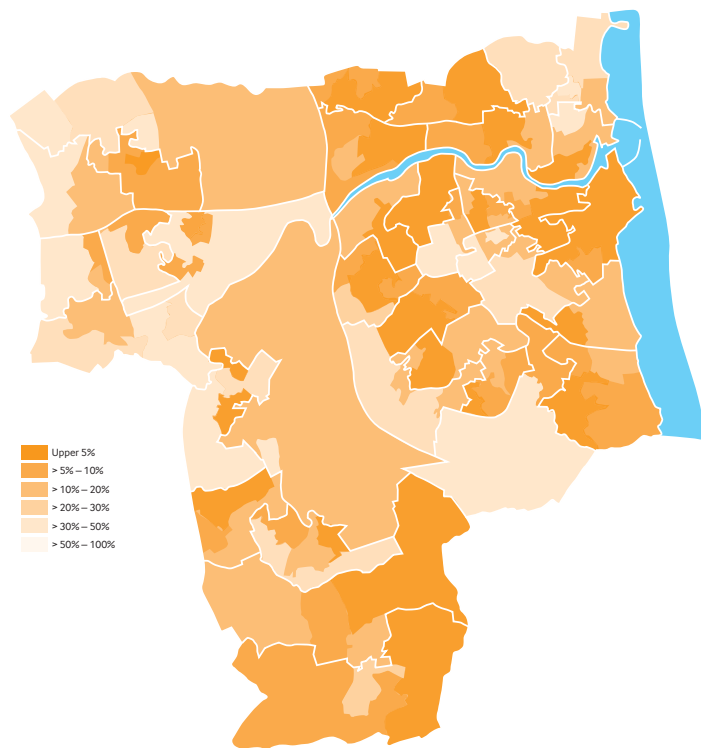
Sunderland has substantial levels of deprivation relating to social and health problems amongst the population, with mortality rates, although improving, higher than many other areas in the country. Some 51 out of Sunderland’s 188 Super Output Areas (SOAs – “sub-ward level”) were among the most deprived 10% in England, whilst 44 out of 188 were in the most deprived in relation to income.

There are also significant variations between wards in terms of both health and deprivation inequalities in Sunderland.



# 2007 Indices of Deprivation

## Index of Multiple Deprivation



Source: Department of Communities and Local Government, Indices of Deprivation 2007.

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Summary of 20% most deprived wards in Sunderland

Area	Ward	Number of Lower Super Output Areas (LSOA)	Number of LSOAs in the most 20% deprived in Sunderland for Health Deprivation
West	Barnes	13	5
	Pallion	9	5
	St Annes	9	7
	Sandhill	6	6
	<b>TOTAL</b>	<b>37</b>	<b>23</b>
East	Hendon	9	7
	Millfeld	11	9
	Ryhope	7	7
	St Michaels	7	2
	<b>TOTAL</b>	<b>34</b>	<b>25</b>
North	Castle	8	7
	Fulwell	8	0
	Redhill	8	8
	St Peters	9	5
	Southwick	11	9
	<b>TOTAL</b>	<b>44</b>	<b>29</b>
South	Doxford	8	5
	St Chads	7	5
	Silksworth	10	5
	<b>TOTAL</b>	<b>25</b>	<b>15</b>
Coalfield	Copt Hill	9	7
	Hetton	9	7
	Houghton	6	5
	Shiney Row	8	4
	<b>TOTAL</b>	<b>32</b>	<b>23</b>
Washington	Washington Central	10	6
	Washington North	8	7
	Washington East	9	2
	Washington South	6	1
	Washington West	8	5
	<b>TOTAL</b>	<b>41</b>	<b>21</b>

It is estimated that, in Sunderland, 38% of people aged 65 and over have problems with some aspects of daily living (with 17% having significant or very significant dependencies – the people most likely to benefit from some statutory help with daily living), compared to a figure of 30% for England. Even assuming that the health of the population improves over the forthcoming years, the number of older people with these functional dependencies is projected to increase by 28% to 22,400 by 2022 (with 10,100 having significant or very significant dependencies), simply because there will be more older people living longer in Sunderland.

If the health of the population is maintained at its current position (or even worsens) the levels of dependencies will increase substantially – this is projected to increase the levels of dependencies to around 26,000 – 27,000 people, with around 11,000 having significant or very significant dependencies by 2022.

Projected number of older people with significant dependencies in Sunderland				
Projected statistic	2007	2012	2022	2026
Number with dependencies – health of population remains the same	17,517	19,550	23,862	26,117
Number with significant/very significant dependencies – health of population remains the same	7,830	8,738	10,746	11,854
Number with dependencies – health of population deteriorates	17,877	20,038	24,583	26,994
Number with significant/very significant dependencies – health of population remains the same	7,988	8,960	11,059	12,243

Sunderland position - estimated population with dementia							
Age group	Population					% change 2007 - 26	% change 2007 - 12
	2002	2007	2012	2022	2026		
65-69	197	192	218	237	254	32.6%	13.7%
70-74	309	311	309	388	382	22.8%	-0.7%
75-79	583	626	637	753	849	35.6%	1.8%
80-84	675	823	888	971	1,058	28.6%	7.9%
85+	739	1,127	1,296	1,759	1,975	75.2%	15.0%
All	2,503	3,079	3,348	4,108	4,518	46.8%	8.7%

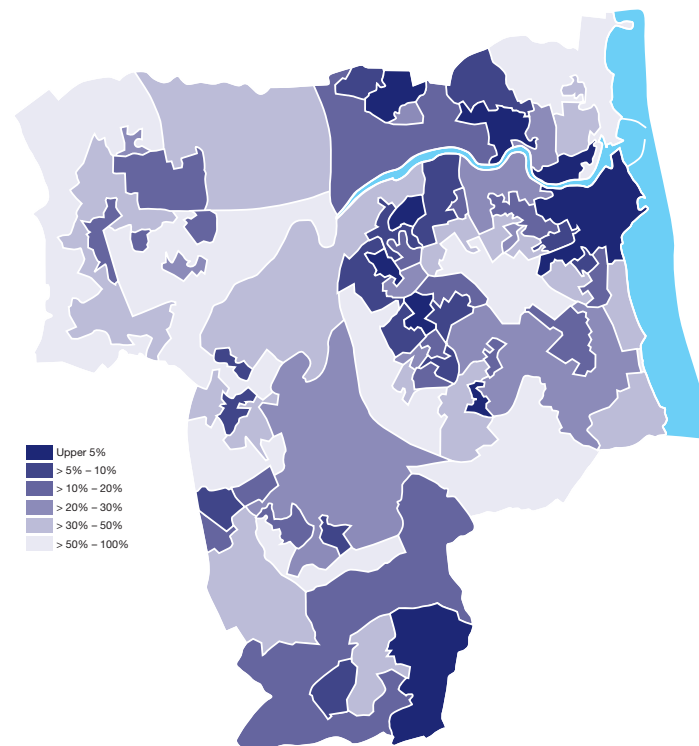
#### Older people with dementia

The changes in the population will also mean that there will be changes in the presenting health conditions. For

example, it is expected that the number of older people with dementia in the city will increase by 33% to 4,100 by 2022.

## Health Deprivation and Disability Domain\*

IMD 2004 – Domains of Deprivation



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\* This domain measures rates of poor health, early mortality and disability in an area and covers the entire age range.



**Long Term Conditions – 18-64**

**Just less than one quarter of people aged 18-64 years reported a life-limiting condition in 2001 Census.**

Number of Sunderland population with life limiting conditions			
Age	Female	Male	Total
<20 Years	1603	2025	3628
20-29 Years	1418	1559	2977
30-39 Years	2661	2704	5365
40-49 Years	3825	3923	7748
50-59 Years	6033	6138	12171
60-64 Years	3343	4068	7411
65-69 Years	3569	3801	7370
70+ Years	10796	7370	18166

Of the 40,000 people aged 18-64 years that have life-limiting conditions in the city, Health, Housing and Adult Services supports around 3.7% with physical disabilities and/or sensory impairment at any given time. Prevalence of individuals with physical disabilities aged 18-64 years within a "social care" model is not well mapped within Sunderland or England. The reason for this is that much of the prevalence of people with physical disabilities is mapped in terms of a "medical condition" model, rather than the implications on activities for daily living.

**Learning Disabilities**

It estimated that around 2.4% of the overall population have learning disabilities, of which the Directorate supports around 20% at any given time. The number of adults with these disabilities will fall as the general population in this age range is expected to fall. However, children and adults with more significant learning disabilities (currently making up 0.43% of the population) are living longer

than they once would have done, particularly into adulthood, and it is expected that the number will increase to 1,500 people by 2021, with the most significant area of growth being amongst those individuals aged 65 and over (320 by 2021), but only a relatively small increase in the number of people aged 18-64 years.

The age range 18-64 years, seems to confirm that the national and local pressures for public sector-supported accommodation, including residential/nursing care, are only partly due to demographic changes in prevalence of this condition, but much more to do with changing expectations associated with NHS resettlement and changing expectations for the lives of individuals and carers, including "carer fatigue" with their current circumstances (including the ageing and death of carers). Current projections suggest that the pressure to place individuals in intensively supported accommodation, including

residential/nursing care and Supporting People, should account for around 13 individuals per annum, slowly declining to the year 2021. This is in broad agreement with an analysis of future pressures through transition/caseload monitoring over the next 2-3 years. This does not mean, however, that this accommodation will be available or appropriate – merely that this represents an expectation that could be fulfilled through suitable alternatives, e.g. property transfer, individual tenancies etc.

Projected number of people with significant learning disabilities in Sunderland											
	2006				2011		2016		2021		
Age group (years)	Number with significant LD				% of popn in age group	Total	% of popn in age group	Total	% of popn in age group	Total	% of popn in age group
	Estimated % in each category			Total							
	Most able	Moderate	Severe								
20+	51%	26%	23%	952	0.44%	1,024	0.47%	1,095	0.50%	1,158	0.53%
20-64	52%	25%	23%	804	0.48%	832	0.49%	841	0.50%	845	0.52%
65+	44%	32%	25%	149	0.33%	192	0.40%	255	0.48%	318	0.56%
<20	-	-	-	196	0.29%	219	0.35%	242	0.41%	271	0.47%
<b>Total</b>	-	-	-	<b>1,219</b>	<b>0.43%</b>	<b>1,313</b>	<b>0.47%</b>	<b>1,409</b>	<b>0.51%</b>	<b>1,506</b>	<b>0.54%</b>

### Mental Health

The University of Durham mapped the prevalence of mental health problems amongst individuals to a ward-level in the city as part of a national mapping exercise. This estimated that 17% (30,000) of people aged 18-64 years in this age group in Sunderland had a

mental health problem at any given time, with around 5% having more significant mental health problems, excluding depression. Around 4.4% of this 30,000 total are currently on the Care Programme Approach (CPA) across Mental Health Services in the city.

Summary of people with mental health problems aged 18-64 years							
Area	Statistic	2007	2012	2017	2022	2026	Comments
<b>"True" Prevalence</b>	Population estimates 18-64 years	177,380	176,220	172,020	167,940	164,120	ONS projections
	Estimated number aged 18-64 years with mental health problems	30,094	29,897	29,184	28,492	27,844	Assumes 17.0% of the people with mental health problems throughout period
	Estimated number aged 18-64 years with depression	21,110	20,972	20,472	19,986	19,532	Assumes 11.9% of people with mental health problems throughout period
<b>"Administrative" Prevalence</b>	Estimated number of people on CPA	1,331	1,322	1,291	1,260	1,232	Assumes stable 4.4% of people with mental health problems on CPA
	Estimated number of people on enhanced CPA	349	347	338	330	323	Assumes stable 1.1% of people with mental health problems with enhanced CPA
<b>Adult Social Care</b>	Estimated number of people helped to live at home in year	677	672	656	641	626	Model adjusts for more "typical" levels of number helped to live at home for end 2006/2007, i.e. 590 individuals rather than 802 by the end March 2007
	Estimated number of people in residential/nursing care in year	28	28	27	27	26	
	Total number of people supported in year	705	700	683	668	652	



**Emergency hospital admission rates in the city remain higher than the national position, but recently the number of admissions started to fall, particularly for older people, as a result of a greater range of preventative health and social care advice, support and services available within the city.**

All of these issues mean that Sunderland has a higher level of social care need than the England position. In response to this, Health, Housing and Adult Services continues to provide against all four of the Department of Health's Fair Access to Care service bands, i.e. providing clients assessed as 'critical' through to 'low' with solutions to meet their eligible needs. This is true of only two English authorities and reflects a policy decision supported by members to continue to support people with low-level needs through a preventative approach.

#### **Sunderland's market context**

Within Sunderland, the independent sector provides a significant amount of the care for vulnerable people, with the majority of this care commissioned by the council and the NHS. At present, there is capacity within the care sector to provide for the needs of individuals. However, as this plan sets out, the world is changing and when services are commissioned in the future, there is a need to understand the social care market and support the shaping of future service models that will meet the transformation agenda set out in this plan.

#### **Current capacity within the care sector**

##### **Care Homes for older people**

There are 58 homes, 25 of which provide nursing care. There are 2560 places in independent Care Homes.

##### **Care Homes for younger people with disabilities**

There are 45 homes, 24 of these are commissioned by the Directorate and 1 provided by the authority for people with learning disabilities. There are also 2 care homes for people with a physical disability, 1 providing short break care, 1 providing permanent care.

##### **Domiciliary Care**

There are currently 15 registered domiciliary care agencies in Sunderland. The Directorate commissions homecare from 11 of these organisations and 1 is provided by the Directorate.

##### **Day Care**

There are 7 traditional building based day care services for older people, 4 on the independent sector and 3 provided by voluntary sector. There are 4 day care services for younger people with learning or physical disability, 1 is provided by a voluntary organisation, 3 by the local authority. The local authority also provides 5 day support services for people with mental health needs.

There is a range of support services, for example companionship services, community social groups, community support services.

#### **Grant Assistance**

30 third sector organisations receive grant assistance to provide a range of preventative services to people in Sunderland.

Applications are received annually for the Grant Assistance process. The process awards funding to voluntary sector organisations that support the priorities and objectives of the council. The voluntary sector organisations deliver a wide range of services from lunch clubs, to advice and counselling services. The aim of many of the services funded is to provide preventative and re-ablement support to maintain people at home, prevent admission into hospital or long-term care and provide carer relief.



“Southern Cross Healthcare, Four Seasons and European Care Ltd are all national organisations and have a considerable presence in the older people’s care home sector.”

#### Market profile

There is a mix of providers who are local, regional and national. In the care home sector the majority of homes for people with learning disabilities are run by voluntary organisations i.e. not for profit organisations, whilst all but one of the care homes for older people is private sector owned. Southern Cross Healthcare, Four Seasons and European Care Ltd are all national organisations and have a considerable presence in the older people’s care home sector. A number of providers have a small number of homes; and many are single businesses. It is likely that several of these may choose to come out of the market in the next few years as the occupancy situation has an impact. For other services, the market is varied across the local/regional provider profile.

#### Market information

Currently the issues for commissioning and working with the market in Sunderland include:

- Maintaining accurate up to date knowledge of providers and the services they offer. The market has been subject to a significant degree of change in relation to registered services and personnel. Change can affect quality, and more information is needed about the quality of services generally.
- Putting in place contracts where services are being provided through short or fixed term funding. There is a need to consider the issues around decommissioning services and any transition arrangements that may be needed if funding ceases.
- The availability cost and quality of specialist services. Where very specific and specialist service user needs have to be met, there may be limited options available. The development of services where low volume activity is required is problematic.
- Ensuring services reflect the inclusive agenda and that there are a range of services available for people who may choose to purchase their own care. The individual budgets and the direct payment agenda will result in a need for greater capacity to allow for service user choice. More information about the capacity of the market to change is needed.
- Continuing to develop partnerships with third sector providers and consider maximising the role of volunteers.
- Staff recruitment and retention in the care sector. Sustaining and developing the workforce will require support for providers to develop the new skills that will be needed to provide services in a way that ensures outcomes are met. The quality of training provided, particularly the e-learning agenda will need to be considered to ensure the workforce is suitably skilled for the task.
- Managing relationships with providers to maximise partnership working and the delivery of services in line with our expectations.
- The move towards greater efficiencies has raised the profile of regional commissioning which has tended to be agreed in principle but difficult to operate in practice in the light of each local authority’s uniqueness and in many situations their constitutional position.
- A more comprehensive picture of the market relating to non-commissioned services is needed; the new electronic Social Care Resource Directory ‘Starting Point’ will help with this.
- Working with Providers to achieve benefits such as cost reduction, access to technological developments, joint innovations, reduction in duplication of effort, waste reduction, shorter lead times and a more customer focused supply chain.
- Ensuring effective governance will ensure that the customer gets what is agreed, to the level of quality required by monitoring the contract’s performance to ensure that the customer continues to get value for money.
- There is a need to strengthen market management techniques to understand, stimulate and control the available supply to better meet need and projected need.
- Category management techniques will be introduced this resource will work strategically to secure both compliance to common procedures and also drive value-for-money in procurement and commissioning activity.
- Commission and procure quality services, shaped by priorities and local need, which aim to reduce need through preventative measures, evaluating external and internal options for provision and chooses best for meeting needs, wider social, economic and environmental objectives, and VFM.



# HOW WE CURRENTLY PERFORM

Overall, Sunderland has been consistently recognised as one of the most strongly performing authorities within the country in terms of the Government's aims and objectives for adult social care, in relation to:

- Promoting independence
- Safeguarding
- Empowering individuals to make choices about their lives
- Making the best use of resources through developing it's commissioning priorities

The White Paper 'Modernising Social Services' sets out arrangements to assess the performance of each council with Adult Services responsibilities within the wider Best Value regime. The Performance Assessment Framework (PAF) pulls together information from three main sources, which together are intended to provide a comprehensive overview of the performance of each council through:

- Data returns against national performance indicators
- Evaluation from CSCI Inspections and Audit Commission reports
- Monitoring through CSCI Self-Assessment Survey (SAS)

The Adult Social Care judgement contributes to the Comprehensive Performance Assessment for all local government services, along with the Children's Services rating undertaken jointly by CSCI and Ofsted. A council cannot be rated as 'excellent' (as Sunderland is), unless the Social Care judgement is rated as three-star.

CSCI has recently changed it's performance assessment framework, with a much clearer focus on outcomes for vulnerable individuals that the council helps. These outcomes are based on objectives set out in the Department of Health's White Paper 'Our Health, Our Care, Our Say' and are:

Delivering outcomes	Our rating
Improved health and emotional well-being	Excellent
Improved quality of life	Excellent
Making a positive contribution	Good
Increased choice and control	Excellent
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Excellent
<b>Capacity to improve</b>	
Leadership Commissioning of Resources	Excellent

CSCI introduced a number of Key Lines of Standards of Performance (KLASP), against each of these objectives, with each authority being graded as 'Excellent', 'Good', 'Adequate' or 'Poor', depending upon how each authority

could demonstrate it performed against KLASP. Collectively, the results of these 7 objectives form each overall council's rating for the Delivering Outcomes component of the CSCI judgement.

## How is Adult Social Care currently improving citizen's quality of life?

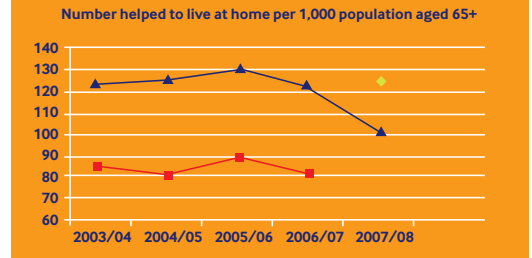
Promoting independence for individuals in order for them to live in their own homes for as long as possible is central to their quality of life. This is particularly true for older people, but also includes younger adults with life-limiting conditions.

Sunderland continues to support a relatively high level of individuals, particularly older people, to live at home through social care services. Performance is currently rated as 'very good' for older people (supporting over 5,750 individuals at any given time) and is amongst the top 10% of all authorities in England (Figure 1).

## What choice and control do people have in relation to their council services?

The number of admissions to authority-supported permanent residential or nursing care is a key measure for choice and control. The national strategy is to reduce the level of placements and promote more support, particularly intensive support at home. However, as a result of issues associated with ill health, Sunderland continues to have a high number of older people in care.

Figure 1 – PAF C32 – Number of older people helped to live at home at year end



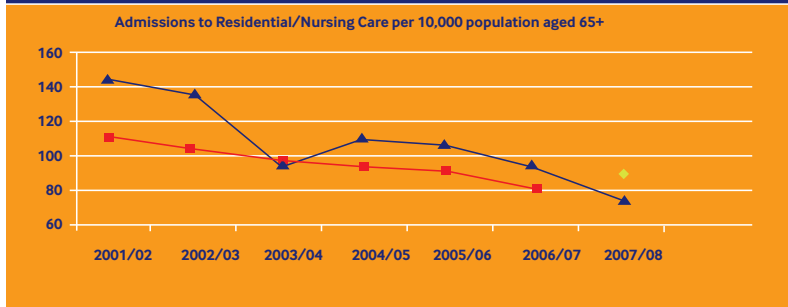
▲ Sunderland Actuals  
◆ Sunderland Targets  
■ England Average

Annual admission rates of older people to residential/nursing care continues to be higher than many other areas, but has shown a long-term decline over a number of years, as Adult Services and the NHS have switched resources to a more preventative agenda (Figure 2 overleaf). As the graph shows, this trend accelerated over the last 18 months as a result of all the preventative measures the city has put in place.





**Figure 2 – PAF C72 – Annual number of authority-supported admissions of older people to residential/nursing care per 10,000 population**

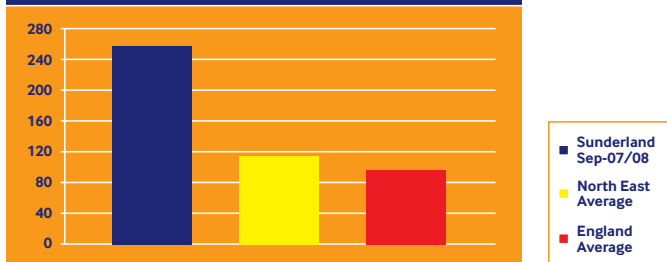


The city has recently launched the Sunderland Telecare Service, which incorporates a community alarm service to over 23,000 people in Sunderland. This provides reassurance for people to improve their feeling of safety to live in their own home, by providing a callout service to respond to alarms, e.g. triggered by sensors for older people with dementia "wandering" during the night. The service has developed an Overnight Service to provide unplanned and scheduled visits to people particularly at risk of admission to institutional care during the night. It is this type of service that enables people to remain at home for as long as possible, with the right level of support required.

Direct Payments is a national scheme by which vulnerable individuals are assessed and provided with financial support to make their own arrangements for their social care within agreed guidelines, e.g. personal assistance etc. Sunderland is one of the leading authorities in this area, which empowers individuals to make choices about their care. The total number of clients aged 18+ supported with direct payments increased from 405 to 425, of which more than 60% were aged 65 or over, between the ends of March and September 2007. Figure 3 compares the number of people with direct payments, standardised per 100,000 head of population across authorities.



**Figure 2 – PAF C51 – Adults and Older People receiving Direct Payments at 31 March per 100,000 population (PAF C51)**

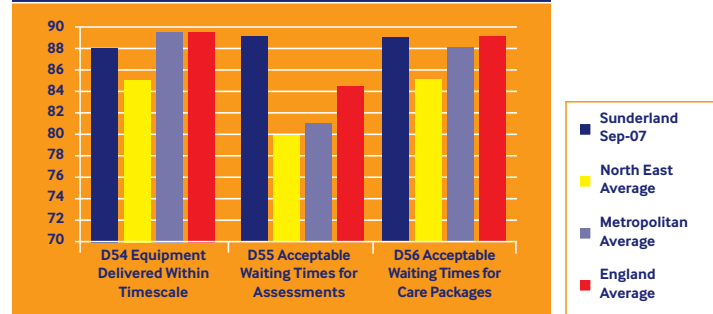


**How quickly do people receive services?**

Over the last 3 years, Adult Services has improved performance in respect of the timescales associated with appropriate start and end of assessment and service delivery to new older clients, but recognised that it was at the point at which little further improvement could be made within

existing processes and resources. As part of its wider response to the ambition in the White Paper, the Directorate is currently re-designing its assessment processes for new clients that require a specialist OT assessment. The aim will be to put the customer increasingly at the centre of service delivery, whilst providing a more efficient service.

**Figure 4 – PAF PI's D54, D55 and D56 – Acceptable waiting times for equipment, assessments and care packages during 2005/06.**



**How do we ensure people are free from discrimination and harassment?**

Ensuring that there is equitable access to and service for all individuals in the city is a main theme for Health, Housing and Adult Services and the council. The council has worked closely with BME groups to ensure that any barriers to access services are addressed. As a result of ongoing commitment over several years, people from black and ethnic minorities are now more than proportionately represented amongst the Adult Services client base.

**Future Agenda**

Whilst Health, Housing and Adult Services performance has improved, it is important to acknowledge the desire to continue to perform well and improve the customer experience for individuals. The performance agenda remains challenging and will continue to be an integral part of the future direction of the Directorate.

# COMMISSIONING AIMS – FUTURE DIRECTION

**So far, the plan has highlighted how the world of adult social care is changing. This section starts to describe the framework for the commissioning activity we need to engage in, if we are to implement the vision for transforming adult social care and provide a system that has personalisation as its cornerstone.**

## Commissioning Aim 1:

### Choice and Control

To empower people to identify, choose and control the support or care they need to live life as they want.

The current ways services are accessed and delivered do not meet the ever-changing expectations of individuals and their carers. The policy shift for the delivery of health and social care emphasises the importance of people being in control of their care. Self-assessment and self-directed care supports the shift for individuals to have choice and control,

and it is expected that the approach taken around personal budgets, including individualised budgets and direct payments will be the main delivery mechanism for adult social care in the future.

It is important to recognise that some people may choose to have others take responsibility for them at certain times, or they may need advocacy to express their choices and support to exercise control. This does not mean that these individuals cannot have choice and control as part of their independence. Choice and control does not mean that people are expected to do everything themselves – but they are expected to have the biggest say in what they do and how they live their lives and to take responsibility for their lives now and in the future.

### Where are we now?

Direct payments are used by many individuals giving them control, freedom and access to universal activities and support that helps them meet their identified needs in ways which traditionally have not been

available. Independent Living Fund monies are used to support people with learning disabilities and people with long-term conditions to have control over their lives in relation to how and where they live.

The concept of individualised budgets is becoming a reality, with an initial focus on people with learning disabilities. The development of Starting Point – a web-based resource directory provides the infrastructure to ensure individuals have access to information at the right time in their lives.

Commissioning of advocacy services to support individuals has been a priority over recent years. Within Learning Disabilities, self-advocates are equal partners within the LD Partnership Board, the body responsible for delivering the Valuing People White Paper. The Independent Mental Capacity Advocacy service is ensuring that those people who lack capacity are adequately supported and protected at points in their lives where major decisions are being made about their care or accommodation.

### Where are we going?

#### To make a reality of choice and control, now and in the future, we will:

- Assume that people know what is best for them – developing and implementing the process of self-assessment will allow individuals to access solutions in a different way that will meet their identified needs. This will be further influenced by the need to minimise the number of assessments that take place involving many different professionals at different times.
- Further develop advocacy – ensuring advocacy and self-advocacy is available for those who find it difficult to exercise choice and control is important. This will involve commissioning advocacy services across the city, especially for particular groups of people who do not easily access advocacy.
- Redevelop Care Management and Assessment processes – tailoring the processes to the individuals' needs regardless of the reason for their vulnerability, in order that processes are 'fit for purpose' rather than 'one size fits all'. Staff roles will need to change, focusing less on assessing and more on navigating, support and advocacy.
- Ensure excellent and timely information is available – individuals need to know about the different solutions that are available to meet their needs, including self-directed support and interventions that are focused on preventative strategies. Information needs to be accessible and just in time, and further developments of Starting Point, the web-based resource directory, will support this. The recent launch of the city's Strategic Advice Plan will also ensure people have access to timely information and advice.
- Further promote Direct Payments and Individualised Budgets – It is expected that individuals will increasingly want to take advantage of direct payments and individualised budgets, in so much as these become the main way in which people access services.
- Use care navigators and brokers – new types of workers who will support people to develop the right package of support or care without taking away control can be achieved if the role of the professional changes to match the change in policy direction.
- Work with partners – to explore integrated models of service provision and expand the variety of

places from which services can be accessed, for example, primary care centres, GP practices, Customer Contact Centre Networks.

- Managing risks and safeguarding against harm, abuse and stigma – whilst people will have choice and control, it is important that risks are managed appropriately and processes are in place to safeguard individuals. This involves embedding risk and choice frameworks into commissioning and care management practices alongside continually reviewing the safeguarding framework.
- Use Supporting People Programme – focusing on those most in need rather than those in specific types of accommodation, in relation to support services.
- Strengthening the transitions process – ensuring people aged 14-25 are appropriately prepared for the transition into adult social care, via appropriate pathways and co-ordinated approaches to person-centred planning.
- Shape the market – developing a wide range of new ways to meet the needs of individuals by shaping the market and being responsible for ensuring that commissioned services do deliver what they are supposed to.
- Build capacity within third sector – supporting and enhancing the sector to build community capacity in order that the sector is fit for purpose in the future to support individuals who choose to access the many different activities it provides.



**Achieving the aim of choice and control has implications for the delivery of services within Sunderland; it also impacts on the assessment, performance management, financial control and social care governance processes. The picture in 2025 is likely to be different from the current picture:**

#### **James' Story – A future picture**

James was 25 when he had an accident and suffered a traumatic brain injury. He spent time in hospital and after a programme of in patient rehabilitation was discharged home alone, with support from his family who lived nearby. Because of the brain injury James' behaviour had changed and he found that he was forgetful and relied on his parents more than he did before the accident. He became increasingly dependent on his parents and unable to cope and even became violent and aggressive. Following complaints from his neighbours about his behaviour, James and his parents contacted the council for help.

The council contact centre advised James and his parents that they would be eligible for a community care assessment and would arrange this; they also gave them some useful information about the local Carers Centre and Brain Injury Support Group. James and his parents thought that their only option would be to seek residential care for James. The Care

Manager talked through the options available and James decided that he needed one to one support at times; someone to be available overnight if he needed them and some pieces of assistive technology to support him to live independently. An Individual Budget was arranged and a Care Brokerage service helped James and his parents arrange and manage services from a Specialist Brain Injury provider, and purchase items of equipment from a local store. After 6 months the package was reviewed with James and his parents and James agreed that he no longer needed as much help but he did value regular support to help with managing his affairs, accessing his local leisure centre and meeting friends from the Brain Injury Group in his local pub. The Individual Budget allocation was adjusted and he negotiated his level of support with the provider. His parents were also receiving regular support from the Carers Centre and felt that James was not as dependent on them, and were pleased with his progress.

## JAMES' STORY



## Commissioning Aim 2:

### Independent Living

We aim for every person to have the support to live independently in their own home or community if that is what they want.

Everyone in Sunderland, and those wanting to come to Sunderland should have the opportunity of a decent and suitable home in a place where they want to live. To meet the needs of those individuals who are identified as vulnerable and in need of support and care, the overall aim is to develop an ever increasing range of housing options in the city, with the right level of surrounding support.

### Where are we now?

Sunderland has achieved much in relation to housing options and surrounding support that enables more people to continue living at home. There are a range of innovative services that support people at home including prevention (home care) teams, community dementia team, overnight services and a direct Social and Healthcare workforce who are all supported by the increased use of Telecare, which currently supports 23,000 people at home.

Intermediate Care Services within Sunderland have improved outcomes for individuals, supporting many older people 'back on their feet' following injury or illness, enabling people to return to their own homes and communities.

The development of the Home Improvement Agency (HIA) has enabled a co-ordinated approach to many services that all have the aim of supporting people to remain safely at home, providing practical support and assistance.

### Where are we going?

#### To achieve the aim of independent living, we will:

- Further promote and develop innovative schemes that support people in their own homes with new technology that gives security and confidence, such as telecare and telehealth.
- Develop and strengthen rehabilitation opportunities. Working with Health to develop the rehabilitation pathway is important to independent living. This includes looking at services that can be provided in individuals' own homes as well as specialist units.
- Further develop intensive support for individuals who are living at home in order to maximise independence and ensure people are appropriately supported, especially those who have complex needs.
- Develop a clear approach for vulnerable people and housing needs through the Housing Strategy and supporting programmes e.g. Supporting People, Homelessness Policy.
- Develop and implement the 'Homes for Life' Programme looking at development of a range of models including extra care, and core and cluster in order that the need for institutional based care is eradicated.
- Maximise opportunities to address housing and housing with support needs by working in partnership with Housing specialists to include those individuals who traditionally would not receive adult social care e.g. people who experience domestic violence and homeless people.

### Achieving this aim will mean the future might look like this:

#### John's Story – A future picture

At the age of 14 (in Year 9 of school) John participated in a person centred transition review that began the process of establishing a circle of support for him to help him plan for his adult life.

The outcome of the review was updated regularly via the active engagement of his circle of support that included his parents, his close friend Peter, who he went to swimming club with each week amongst other recreational activities, a neighbour who has known John since he was a small child and has an excellent relationship with all of John's family, a care navigator (formerly known as a social worker) and a classroom assistant from John's school who is excellent at interpreting John's communication.

By the time John reached 18 years he had a full person centred plan that clearly described John's hopes and dreams for the future. These include a place to live of his own that he can share with his friend Peter, a job where he can use his excellent interpersonal skills such as a Receptionist at a busy office, at least one holiday abroad each year with a group of friends, develop his swimming skills and meet his friends at least weekly for a meal, cinema etc.

John, with help from his support circle, completed his self-assessment and began to develop his support plan. A resource allocation was calculated by the council and John used some of his allocation to access a service broker to help him find and employ a personal assistant.

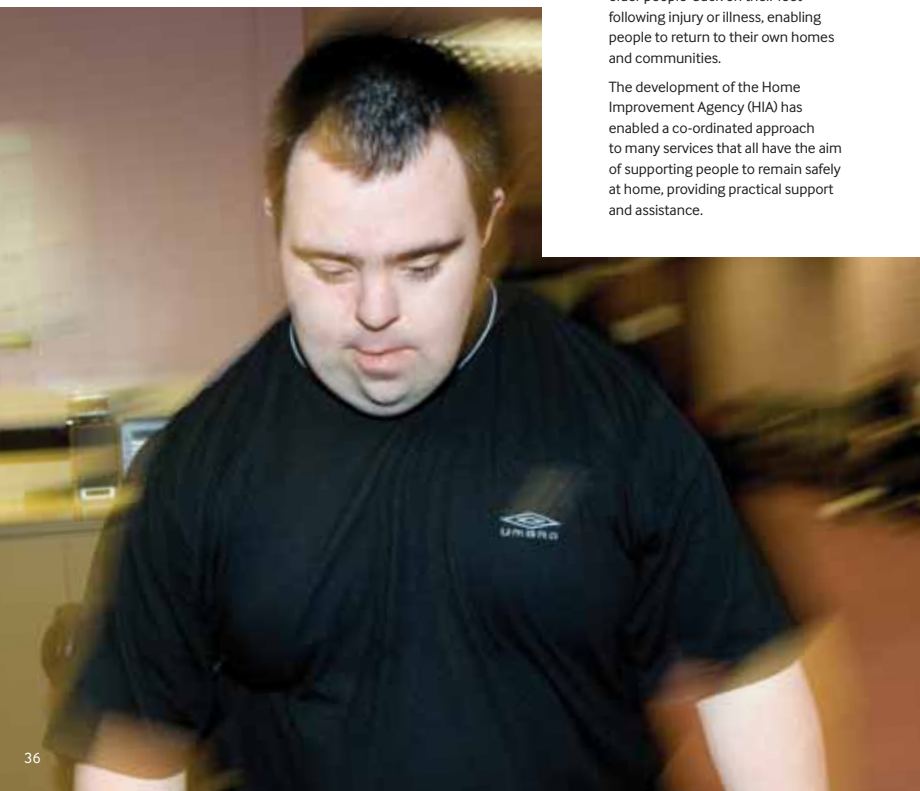
The care navigator enabled John achieve what was within his support plan and began by helping him access

universal employment services to secure a job where he could use his personal assistant to support him day to day. John continued to develop his swimming skills by joining a local swimming club that met on an evening twice a week. Here he made some new friends, one of whom was able to provide John with a lift to the pool and so there was no need for John's personal assistant to come with him.

At the age of 22, John felt ready to get his own home via a joint mortgage between him and a housing provider. The care navigator assisted him to find a housing provider willing to work in this way. The navigator then assisted John to find a mortgage lender that was experienced in shared ownership and when John reached his 23rd birthday he was living in his own home. He was still keen to live with Peter, his friend, and so John agreed that Peter could pay rent to him for a room in his house.

To celebrate their newfound independence the young men went on holiday to Greece, both supported by their personal assistants that they paid for using their resource allocation.

John's life continued to develop in this way, his independence grew, his status in his local community was as a working young man, living in his own home, with a wide network of friends and family, a busy social life and he received flexible support absolutely tailored to his lifestyle and needs.



## JOHN'S STORY

## Commissioning Aim 3:

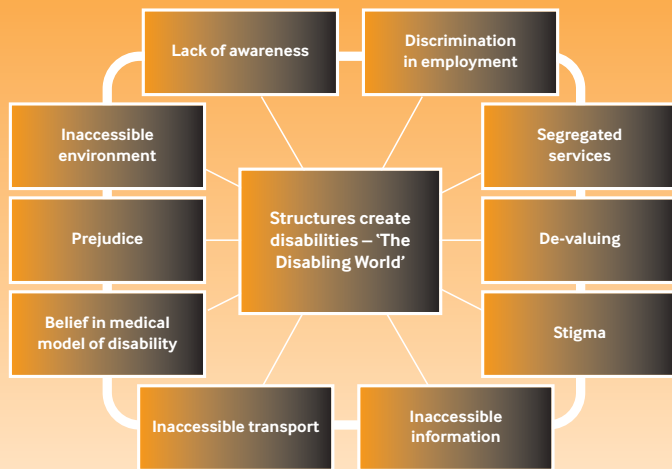
### Equal Access for All

We aim to work with partners to improve access to services and opportunities for all sections of the community, in order that people lead fulfilling lives.

Achieving full inclusion and citizenship involves a cultural change in Sunderland, centred on removing the

barriers to universal services that people who use adult social care often face. This involves embedding the social model of disability within our culture. The model makes a distinction between impairment (physical in nature) and disability (socially constructed). It establishes that everyone is equal and demonstrates that it is society that erects barriers preventing participation and restricting opportunities.

### Social Model of Disability



These barriers can be either physical or cultural, and are often not within the direct control of the Directorate or the council. Nevertheless, the council can use its influence to try and make a difference.

We need to take steps to make services we provide or purchase as understandable and relevant to all people ensuring access to services is equitable; this includes embedding equality and diversity standards and challenging any discriminatory practice.

### Where are we now?

There has been a shift in the provision of traditional social care services to community-based opportunities often provided by third sector providers. This has been strengthened by the increased use of direct payments and the acknowledgement of signposting as a solution to meet individual needs, supported by a navigating role of care managers.

Person centred planning within Learning Disabilities Services has enabled individuals to explore alternative support to traditional day care, including employment opportunities, local colleges and increasing use of community based facilities.

Challenging stigma associated with Mental Health has been and still is a key priority, with education and information being constantly shared in order to change the current situation.

### Where are we going?

#### To further promote equal access for all, we aim to:

- Build capacity with third sector – in order that local challenges are acknowledged and solutions are found to combat exclusions. This involves encouraging volunteering as a way to build community capacity and investing appropriately within the sector to support the direction of adult social care.
- Implement new ways of working – to respond to changing demands, aspirations and expectations of individuals including weekend working, flexible working in order that our services continue to be accessible and equal to all.
- Work with services to ensure vulnerable people have access – through Local Strategic Partnership and the implementation of Local Area Agreements to start and remove barriers to participation.
- Continue to develop community based day opportunities – to ensure that day opportunities are transformed into community resources that promote social inclusion through improved access to mainstream opportunities.
- Support individuals to make a positive contribution – to ensure people are given opportunities within their communities in order that people are identified as citizens and not 'just in need of help'.
- Achieve Level 5 Equality Standard – to ensure age, disability, gender, sexuality, race and faith equality is embedded into policy, practice and service delivery at all levels.
- Improve access to education and training opportunities – providing appropriate support for people who want to access such opportunities e.g. volunteering.
- Focus on pathways to work – providing a range of employment opportunities for those people who want to work and require support to do so.
- Support the Public Health Agenda – to promote healthy lifestyles, enabling everyone to live their lives to their full potential through healthy lifestyle choices.





### Joseph's Story – A future picture

Joseph has attended university and is now in employment. He has his own tenancy and own car. He starts to become unwell with suicidal thoughts. He goes to the GP straight away, because of his good understanding and knowledge of his mental health needs, both from previous occasions when he has been unwell, and also due to anti-stigma and mental health awareness education undertaken at school and university. To address his needs, he has:

- Primary care involvement
- Employment link worker to support him to maintain his employment, and his employers are very supportive
- Therapy, which takes a PSI (psychosocial interventions) approach and is delivered to him for 6 weeks (via technology – e.g. computer – so he doesn't have to attend appointments)
- Assistance with his personal care for a very short period
- Home Treatment Team interventions

As a result of the support he receives, he goes back to living in the community, with his friends; has increased contact with his family; and continues to develop his career and social life, with self-esteem that is increased.

## JOSEPH'S STORY



## ANNIE'S STORY

### Commissioning Aim 4:

#### Improving Health and Wellbeing

We aim to enable people to access a range of early and preventative interventions that prevent or delay decreasing independence.

Improving health and wellbeing is at the centre of all policy drivers influencing the changing world of adult social care. This can only be achieved through a partnership approach, if we are to reduce dependence on statutory services. For too long, we have focused on promoting independence of those who currently use adult social care. It is our intention to widen this focus to include those who would benefit from early and preventative interventions, reducing the need for more extensive and expensive services.

#### Where are we now?

Sunderland is one of a very small number of local authorities who

provide or commission services across all 4 Fair Access to Care Services (FACS) bands i.e. low to critical, only recently improving its operational framework to enable staff to support individuals through signposting and navigation at an early stage, as part of our approach to prevention.

Prevention is a key element to achieving the vision and the Directorate have agreed the following framework to conceptualise prevention:

- Preventing the general public becoming vulnerable and needing interventions
- Preventing those who are vulnerable due to age, frailty or disability from deteriorating through low-level interventions
- Preventing people who currently use adult social care from further deterioration and therefore, further dependence on intensive services, e.g. residential care

We work with the third sector, through a grants assistance process, providing monies to support individuals within the community through low-level preventative services, in the broadest sense, such as luncheon clubs, befriending, companionship services, advice and support.

We are undertaking a number of transformation programmes across the Directorate, which involve disinvesting in traditional models of care and re-investing in alternatives that are embedded within the preventative framework.

We have recently utilised Neighbourhood Renewal Funding to pilot a range of 'low-level' preventative interventions targeted at older people, to gather evidence of the impact of such interventions. This project also included establishing a baseline for quality of life amongst older people, using the quality of life toolkit.

#### Where are we going?

##### To improve health and wellbeing, we will:

- Review existing and develop new partnerships with a wide range of providers encouraging the development of services that provide health and wellbeing for all.
- Continue to develop our partnership with the Primary Care Trust with an emphasis on focused prevention including those people with complex long-term conditions.
- Further develop the Starting Point resource directory to ensure information is available to enable people to make positive lifestyle choices.
- Strengthen commissioning opportunities with the third sector building capacity and working with the sector to realise its full potential in developing and delivering services that provide opportunities for preventative interventions.
- Further develop our approach to prevention in order that preventative interventions are available to support individuals.
- Continue to develop the Home Improvement Agency in order that people are practically supported in their homes to remain safe, warm and secure.

#### Annie's Story – a future picture

Annie is 85 years old and following the death of her husband, lives alone in her own home. Annie usually spends her week enjoying the wide range of daytime opportunities available to her in her local community. Unfortunately, a fall outside her home has resulted in a stay in the hospital and upon discharge, Annie returns home with the opportunity to participate in intermediate care at home, in order that she gets back on her feet as quickly as possible. Whilst intermediate care is taking place, the care navigator who arranged the intermediate care notices that Annie would benefit from some practical help, such as grab rails and safety door chains, being undertaken in her home – this is arranged with the local Home Improvement Agency who ensure Annie is safe and secure in her own home.

It also provides an opportunity to link Annie into other opportunities taking place across the voluntary and community sector, including the chance to volunteer in her local community with local school children who value involvement and time from older people.

Annie is soon 'back on her feet', with a home that is safe and secure and a life that provides opportunities for volunteering and a chance to socialise with her friends. A happy life for a young 85 year old!

## Commissioning Aim 5:

### Better Commissioning

We aim to deliver outcome-based commissioning that provides people with the services they value most, whilst ensuring that they are cost-effective.

The pursuit of the overall vision requires a change in the market, if we are to achieve the aims outlined previously. Institutional settings currently provided in the care market

will not meet the changing expectations of individuals. Shifting the balance requires a different approach to commissioning focusing on the individual and the outcomes they want from their personally tailored services. This involves shaping and influencing the market, in order that it is fit for purpose as we move forward in achieving this vision.

#### Where are we now?

The recent development of the Learning Disabilities Provider Framework has provided opportunities to stimulate the local market,

providing options for individuals to remain living in Sunderland.

Building relationships with the independent sector has been successful, with regular involvement via provider forums. This provides the opportunity to share with the sector the direction for adult social care, understanding potential implications from their perspective.

Work is underway to develop our contracting arrangements, with a focus on understanding how outcomes for individuals can be achieved. This also includes the grants assistance process and the monitoring of outcomes.

#### Where are we going?

##### In order to ensure better commissioning, we will:

- Redesign procurement processes in order that contracting is undertaken within an outcomes-based approach that provides a common ground for commissioners, providers and individuals and their carers alike.

- Shape and manage the market to ensure that services are available for individuals who can purchase their own care and support, and for those who want to use direct payments and individualised budgets, in order to meet their needs.
- Establish clear policies that support the development of the commissioning process, including a continually reviewed charging policy.
- Continue to review care management and assessment processes to ensure that operational practice is moving in the same direction in order that outcome based commissioning is achieved.
- Strengthen care pathways to ensure individual outcomes are achieved; and to work in partnership with others to avoid duplication and confusion for individuals.

- Review ICT systems to ensure that they are fit for purpose, supporting the operational practices rather than driving operations.
- Develop robust needs assessment to ensure commissioning is informed by future demands, customer feedback and identified priorities.







# HOW WE WILL DELIVER THIS PLAN

**The plan sets the broad direction for the next 15 years and beyond, and to further understand the commissioning implications over the next 3 years, delivery plans will be produced based upon the 5 key aims.**

The plan sets the agenda for the Performance, Commissioning and Change Service, of Health, Housing and Adult Services, and allows us to strengthen capacity and develop

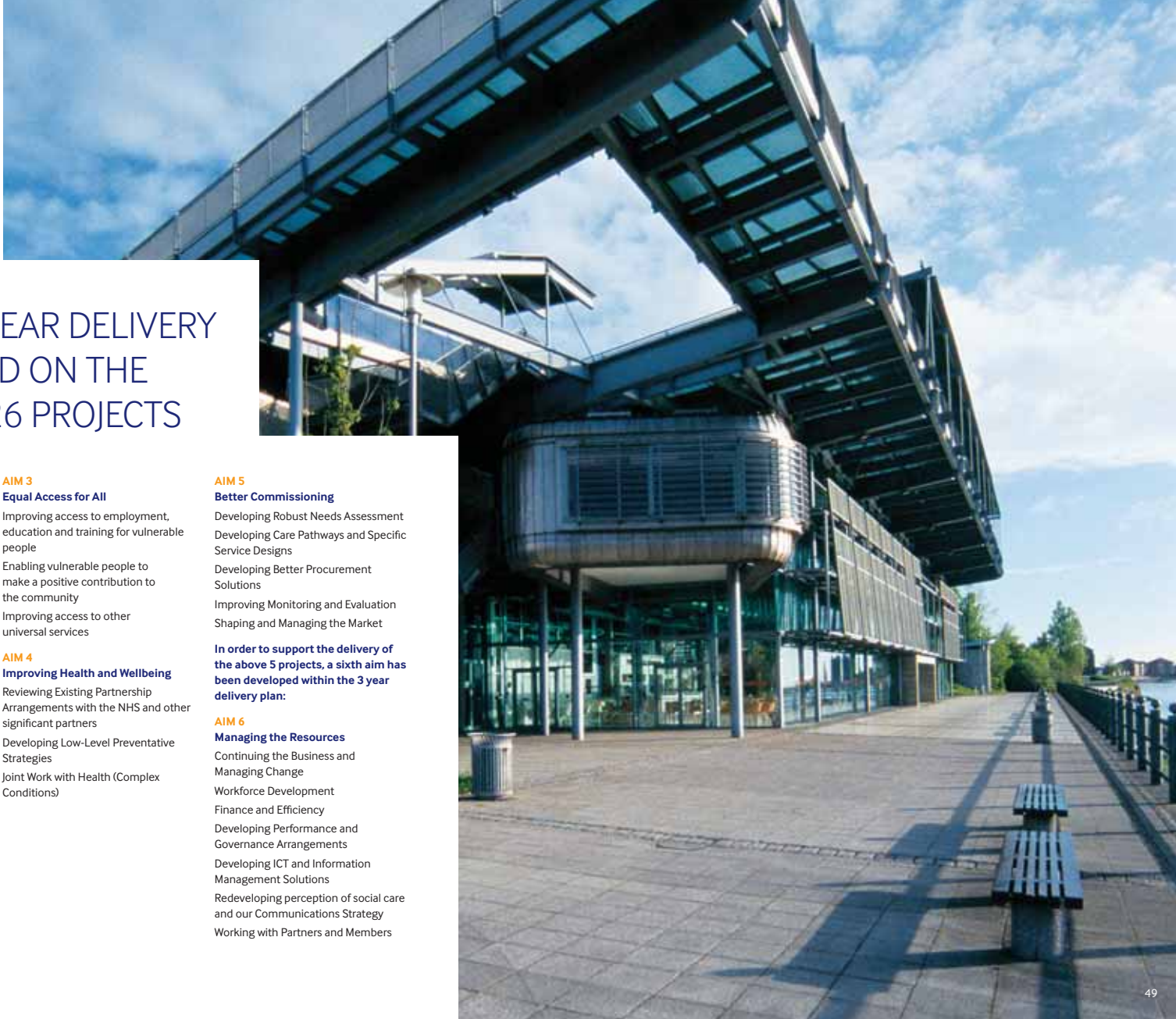
different skills in order that we are seen as a commissioning organisation.

Performance, Commissioning and Change will be tasked with commissioning services for the future direction of social care, in order that people can make a reality of the 5 key aims of the overall vision.

Within this service area, the key functions that support the overall commissioning process are illustrated

against the elements of the process first identified on page 8. It is important to remember that these functions can only work by working in partnership with operational staff, wider partners and most importantly individuals, carers and their families alike.

Developing Strategy/Vision	Performance and Information Team Strategic Commissioning Team Operational Areas Strategic Change Team
Setting and Agreeing Commissioning Intentions	Commissioning and Finance Clinic
Specific Service Design	Strategic Commissioning Team Performance and Information Team Procurement Team Operational Areas
Shaping and Managing the Market and Building Capacity	Procurement Team Strategic Commissioning Team Social Care Governance Team Workforce Development Team Finance Team Operational Areas
Procurement	Procurement Team Strategic Commissioning Team Finance Team Operational Areas
Performance and Governance	Procurement Team Performance and Information Team Social Care Governance Team Finance Team Operational Areas



## THE FIRST 3 YEAR DELIVERY PLAN IS BASED ON THE FOLLOWING 26 PROJECTS

### AIM 1

#### Choice and Control

- Reviewing Care Management and Assessment
- Developing Care Brokerage Models
- Implementing Self-Directed Support through Individualised Budgets
- Strengthening Transition Arrangements
- Balancing Risk, Choice and Safeguarding from Harm, Abuse and Stigma

### AIM 2

#### Independent Living

- Supporting People with Complex Needs at Home
- Developing Accommodation Solutions for Vulnerable People
- Reducing the Risk of Homelessness

### AIM 3

#### Equal Access for All

- Improving access to employment, education and training for vulnerable people
- Enabling vulnerable people to make a positive contribution to the community
- Improving access to other universal services

### AIM 4

#### Improving Health and Wellbeing

- Reviewing Existing Partnership Arrangements with the NHS and other significant partners
- Developing Low-Level Preventative Strategies
- Joint Work with Health (Complex Conditions)

### AIM 5

#### Better Commissioning

- Developing Robust Needs Assessment
- Developing Care Pathways and Specific Service Designs
- Developing Better Procurement Solutions
- Improving Monitoring and Evaluation
- Shaping and Managing the Market

**In order to support the delivery of the above 5 projects, a sixth aim has been developed within the 3 year delivery plan:**

### AIM 6

#### Managing the Resources

- Continuing the Business and Managing Change
- Workforce Development
- Finance and Efficiency
- Developing Performance and Governance Arrangements
- Developing ICT and Information Management Solutions
- Redeveloping perception of social care and our Communications Strategy
- Working with Partners and Members



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If you would like a copy of this information in an alternative language, large text, Braille or audio format please contact the Communications Team at: Tel: 0191 566 1419 or email: [HHAS-Communications@sunderland.gov.uk](mailto:HHAS-Communications@sunderland.gov.uk)

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