

SUMMARY

OLDER PEOPLE JOINT COMMISSIONING STRATEGY

APPENDIX 1

STRATEGIC CONTEXT IN MORE DETAIL

2.1 National Drivers

2.1.1 World Class Commissioning

The proposals in the White Paper *Our health, our care, our say* set the strategic direction for delivering healthcare with a greater focus on prevention, on promoting well-being and on delivering services in settings that are more convenient to the people that use them. The aim is to secure the NHS as fair, personalised, effective and safe, and which is focused relentlessly on improving the quality of care.

Improving commissioning is at the heart of delivering this agenda. Primary care trusts (PCTs) must become trusted community leaders, working with their local population, partners and clinicians, leading the local NHS.

World class commissioning is the term used to deliver a more strategic, long-term and community focused approach to commissioning services, where commissioners and health and care professionals work together to deliver improved local health outcomes. World class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically-driven, patient-centred and responsive to local needs.

The Commissioning framework for health and well-being is designed to enable commissioners to achieve:

- a shift towards services that are personal, sensitive to individual need and that maintain independence and dignity
- a strategic reorientation towards promoting health and well-being, investing now to reduce future ill health costs
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.

World Class Commissioning identifies eight steps to more effective commissioning:

1. Putting people at the centre of commissioning
2. Understanding the needs of populations and individuals
3. Sharing and using information more effectively
4. Assuring high quality providers for all services
5. Recognising the interdependence between work, health and well-being
6. Developing incentives for commissioning for health and well-being
7. Making it happen – local accountability
8. Making it happen – capability and leadership

The World Class Commissioning Framework states that commissioners' role should be to develop the market in services, in order to encourage third sector providers who are thought by commissioners to be able to provide services which can achieve sustained improvement in particular outcomes.

Commissioning itself will increasingly take centre stage at local level, and will be assessed jointly by synchronising performance management systems.

A recently introduced concept in NHS commissioning is Quality Improvement Productivity and Prevention (QUIPP). This is an approach to managing the financial challenges within the NHS. In summary, it is the process of looking at how we can best use our existing resources to ensure that we are using it effectively, delivering quality services that can achieve the best health outcomes. We should focus on preventing ill health that will reduce the costs of secondary care interventions and use innovation and best practice from elsewhere to drive efficiency and quality. QUIPP will be a major tool that the NHS will apply to service redesign in the coming years.

2.1.2 Putting People First and Transforming Social Care

The Local Authority Circular *Transforming Social Care* (2008), details the approach to personalisation; it is the way in which services are tailored to the needs and preferences of citizens. The overall vision being that the state should empower citizens to shape their own lives and the services they receive.

Therefore, everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered. It will mean that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

All individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being.

It will mean working across the sector with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services.

Across Government, the shared ambition is to meet the aspiration to put people first through a radical reform of public services.

Users' needs are changing, both growing and diversifying. The policy response is to seek to make public services themselves more diverse, using competition and choice in health, social care and housing markets, hoping to encourage a wider range of good-quality services to be created but at minimal cost.

Hence, the national agenda can be summarised as:

- Health and social care integration nationally and locally.
- Expanding the provider market particularly, community-based services.
- Shifting health and social care services into the community and giving individuals more control and responsibility for their own care.

A shift towards community-based services in these policy areas necessitates changes to housing strategy and the development of new technologies of care, such as support services available over the internet, and by telephone.

The focus for commissioning of services can be summarised as:

- Prevention of need – shared responsibility for outcomes in health and well-being.
- Personalisation – people in control and taking responsibility for their own care.
- Coordination and integration – whole system change.
- New healthcare technologies delivered in communities

2.1.3 Transforming Community Services

The NHS Next Stage Review: Our Vision for Primary and Community Care (DH July 2008) sets out a vision for the NHS of a modern, accessible and responsive community service which offers consistently high quality care. 90% of health care already takes place in the community; the vision anticipates even more health care being delivered outside of the acute sector and closer to the patient's home.

To deliver this vision, PCTs are told they need to:

- Understand the needs of their population,
- Understand the current supply of community services
- Assess to what extent current supply meets the assessed needs,
- Identify local priorities and specify what services are needed
- Stimulate the market to deliver the services which are required,
- Manage both demand and outcomes,
- Manage performance and evaluate.

Quality is at the heart of this transformation but to deliver the quality requirements, the organisation providing the bulk of community services, namely the PCT's provider arm, must also change and update its organisational structure. The Transforming Community Services Programme aims to deliver both the commissioning and organisational changes outlined above.

The aim is to move from a single profession, stand alone services (for example District Nursing) to a more patient/clinical pathway model.

The key elements of clinical transformation are safety, effectiveness and patient experience.

The quality framework sets out a quality improvement plan for:

- **World Class Commissioning** of community services (identifying needs, specifying services, understanding and developing markets and performance monitoring and evaluating)
- A new **national contract** for community services
- A national **information model** which is being finalised
- Moving from the current block grant system to **local currencies and tariffs**.

New organisational arrangements for the provider services will be introduced during 2010/11. In the meantime, provider services will be strengthened to be more independent and establish a clearer contract and set of requirements for the service.

2.1.4 Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society (Feb 2008)

The National Housing Strategy for older people *Lifetime Homes, Lifetime Neighbourhoods* (2008) estimates that while the proportion of older people will continue to rise, with the 75+ age group growing faster than any other, this older part of the population will also become more diverse in the characteristics of its individuals. This ageing of the population is predicted to be one of the greatest challenges of the 21st century for housing. The strategy sets out the response to this challenge by outlining plans to enable people to live out their lives, as long as possible, independently and safely with their families and friends around them. The aim is to create “lifetime homes” in “lifetime neighbourhoods” that are welcoming, accessible, and inviting for everyone, regardless of age, health or disability where local shops, local services, and the local park or leisure facilities are accessible to all.

The strategy sets out plans for making sure that there is enough appropriate housing available in future to relieve the forecasted pressures on homes. It aims to ensure that:

- people are able to make the right choices at the right time,
- there is the right range of choices of ‘specialised’ housing available for those who need more support.

It is acknowledged that housing is central to health and well-being, so services need to be planned and integrated to reflect this. These principles reflect what older people have said they want – above all, to be involved in determining what those choices must be.

Today, most of our homes and communities are not designed to meet people’s changing needs as they grow older. Older people’s housing options are too often limited to care homes or sheltered housing. Put simply, more and better homes for older people are needed, now.

A lack of suitable housing, impacts both upon the ability of health services to discharge patients, and the ability of social care services to provide suitable care for older people with particular impairments.

There is also a critical need for more and better information about the range of housing choices available to older people, particularly for people who are not in touch with statutory services and who need some practical help in order to stay in their own home.

2.1.5 National Financial Context

2007 Comprehensive Spending Review (CSR)

The 2007 spending review set out departmental allocations for 2008-09, 2009-10 and 2010-11. The CSR was based on a need to meet the challenges presented by:

- demographic and socio-economic change, globalisation, climate and environmental change, global uncertainty and technological change;
- how the UK and public services need to respond to these challenges;
- an ambitious and far-reaching value for money programme to release the resources needed to address the challenges, involving both further development of the efficiency areas developed in the Gershon review, and a set of zero-based reviews of departments' baseline expenditure to assess its effectiveness in delivering the Government's long-term objectives; and
- a more strategic approach to asset management and investment decisions, ensuring the UK is equipped with the infrastructure needed to support both public service delivery and the productivity and flexibility of the wider economy.

The Government's stated objective is to build a strong economy and a fair society, in which there is opportunity and security for all and at this time they stated that:

- spending in the NHS will increase by 4 per cent per year in real terms from £90 billion in 2007-08 to £110 billion by 2010-11;
- confirming the Government's public service priorities and setting all departments' budgets for the next 3 years with total public spending set to grow at 2.1 per cent per year between 2007-08 and 2010-11.

However, this was based on an assumption that:

- the economy is expected to grow by 3 per cent in 2007, and by 2 to 2.5 per cent in 2008;
- inflation is set to remain low and stable at around 2 per cent; and
- the public finances remain sound, with borrowing forecast to be £38 billion in 2007-08 and set to fall in every year for the next 5 years of the projection, and with debt lower than in the US, Japan, and the euro area.

Since the publication of the 2007 Spending Review there have been significant, well documented changes to the international economy. The government have been clearly indicating that there will be cuts in public sector spending which will be set out in the 2009 pre budget report.

The December 2009 Pre-Budget Report announced details of the £12 billion of savings to be achieved through delivering services in a smarter, more effective way and announced that £11 billion a year of these savings will be delivered by 2012-13, of which, £8 billion are savings identified as part of the Operational Efficiency Programme (OEP) through improving back office functions, IT, collaborative procurement and property running costs. The remaining £3 billion are additional to OEP.

Summary of the National Strategic Context

There will be a greater focus on prevention, on promoting well-being and on delivering services in settings that are more convenient to the people that use them.

Services will be tailored to the needs and preferences of individuals, they will maintain independence and dignity and individuals will be well informed of what is available.

Citizens will be empowered to shape their own lives and the services they receive.

Service Development is expected to be achieved at the same time as delivering major financial efficiencies and savings.

2.2 Local Strategic Direction

2.2.1 Local Area Agreement

The North Somerset LAA entitled “Improving our communities” covers the period 2008 – 2011. The LAA is aimed at improving the quality of life for local people through better joint working practices and by strengthening local services. It is a key delivery mechanism of the Sustainable Community Strategy.

The new LAA contains 69 targets aimed at tackling local priorities and is based around four key policy areas:

- Children and young people
- Economic development and environment
- Health and wellbeing
- Safer and stronger communities

Of these 69 targets, the following are particular drivers for this strategy:

Priority Indicators	Baseline	2008-09	2009-10	2010-11
Achieving independence for older people through rehabilitation/ intermediate care (NI 125)	78% of older people discharged from hospital with an intention that they will move on/back to their own home 3 months after discharge	79%	80%	81%
Carers receiving needs assessment or review and a specific carers service (NI 135)	29% of carers	32% of carers	35% of carers	38% of carers
People supported to live independently through social services (all ages) (NI 136)	3152 / 100,000 population	3220	3485	3750
End of life access to	2006	18.0%	18.50%	20.26%

Priority Indicators	Baseline	2008-09	2009-10	2010-11
palliative care enabling people to choose to die at home (NI 129) Proportion of deaths at home registered within calendar year:	17.96%			
Increase the number of older people (65+) including carers with self-directed support packages	March 2006 Direct Payments 104 people (7.28%) Individual Budgets 0 people	15%	20%	No target set

2.2.2 NHS North Somerset Strategic Framework: Making North Somerset Healthier 2008 – 2013.

The corporate objectives of NHS North Somerset as set out in its Strategic Framework are to:

- Improve quality and earn autonomy by meeting all necessary targets
- Meet our challenges by innovative service redesign to meet identified needs
- Reduce health inequalities and promote health and wellbeing based on an understanding of health needs
- Be a competent commissioner and ensure the development of a fit for purpose provider service
- Be a good partner to work with – building public, stakeholder and staff confidence

These corporate objectives are enduring principles which underpin everything the PCT does and which are unlikely to change over time. Sitting alongside them are four Primary Goals which are specific improvements in health and wellbeing which will be achieved in the period 2008 – 2013.

Goal 1	To reduce health inequalities in all areas of our work, by targeting effort in the areas and population with greatest deprivation
Goal 2	Address the inter-related issues of care for older people, long term conditions, cardiovascular disease, cancer, self care, and increasing independent living at home
Goal 3	Work across boundaries to improve joint working in order to find new and radical solutions to systemic problems
Goal 4	To deliver safe and effective care by ensuring that systems and processes are efficient and reflect best practice

2.2.3 Transforming Community Services in North Somerset

The Transforming Community Services Strategy is an appendix to the NHS North Somerset Strategic Framework and covers all community health services regardless of provider. This includes a wide range of nursing, therapy and other services delivered to people outside of acute hospitals, often in their own homes. Some of

these services are provided in partnership with North Somerset Council and others are delivered by the independent and voluntary sector. It also considers services which are currently provided in hospital but which could be provided in the community in the future.

The Strategy does not consider primary care services such as GP, dental, pharmacy or optometry services.

The Transforming Community Services Commissioning Strategy supports the four primary goals of NHS North Somerset by aiming:

- to reduce health inequalities,
- address inter-related issues of care for older people, long term conditions, cardiovascular disease, cancer, self care, and increasing independent living at home,
- work across boundaries, and
- deliver safe and effective care.

The vision for future of community services has been developed on the assumption that, in the face of economic difficulties, the health care system will have to be more efficient and effective than ever before. There will need to be increasing emphasis on patients being supported to manage their own care and in ensuring they access the right level of care in the right setting when required.

The vision for self care in North Somerset is to develop “Health Shops” in all GP practices where patients can for example:

- find the latest information about their condition
- book on line on to exercise classes or borrow exercise DVDs
- pick up recipe books
- join expert patient programmes or support groups
- talk to a health professional

Health Shops could also be established in supermarkets, libraries or pharmacies and could be developed in conjunction with North Somerset Council’s Go4Life active lifestyles and healthy eating strategy. By opening up entry into self care, more people will be able to access at an early stage in their disease trajectory the tools which should prevent or slow down the progression of the disease.

Those patients whose health needs require more systematic management will need to be supported in the community by a range of professionals and support systems.

The services required to support patients in the community fall into two fundamental elements, urgent care and managed care. Within urgent care and managed care, there may be a number of components such as Rapid Response, Out of Hours Services and Emergency Care Practitioners in Urgent care and Direct Access Diagnostics, Rehabilitation and Community based Outpatient Clinics in Managed Care. The expectation is a move away from stand alone separate services to integrated pathway provision with the different components, if not delivered by one provider, delivered through partnerships between providers (NHS and other) with one lead provider being accountable overall.

Patients would only be seen in secondary care for Emergency Department Majors, complex surgery and those outpatient services which cannot be delivered in the community.

All other care should be managed in the patient's home or a community setting, though that community setting could be within Weston General Hospital for patients in the south of North Somerset and Clevedon Community Hospital for patients in the north.

A number of service gaps have been identified together with potential for shifting care closer to home. However, a number of the gaps in provision would be remedied by better processes and more systematic and consistent approaches rather than increased resources.

2.2.4 Bristol Health Services Plan (BHSP)

The Bristol Health Services Plan is an ambitious, wide ranging scheme to radically modernise and improve NHS health services in the Bristol area. The Plan involves changing how, where and when NHS health services are provided to improve the patient experience and treatment outcomes, and bring patient treatment and care closer to home. The Plan covers NHS health services in Bristol, South Gloucestershire and North Somerset – all the way from primary and health community care to hospital services.

The overarching goals of the Bristol Health Services Plan are:

- To provide better care closer to home: A far greater proportion of services will be provided in or close to people's homes.
- Improved service integration that will enable patients to access primary and specialist care in an efficient way.
- The centralisation of some specialist inpatient services such as paediatrics and ENT to enable the concentration on one site of specialist expertise in accordance with national standards.
- To enable a more systematic provision of secondary and tertiary hospital services.
- Flexibility to allow contestability for services with the Independent sector.
- Buildings that provide high quality environments for staff and patients.

The BHSP Service Design programme areas include Urgent Care, Cardiac, Cancer, End of Life, Sexual Health, Children's, Diabetes, Respiratory Medicine, Rehabilitation, Mental Health, Maternity and Newborn, and Elective Care. In addition there is a special project in acute myocardial infarction and acute stroke and TIA, and a service review in Breast Care.

2.2.5 Putting People First in North Somerset

By 2011 North Somerset will be expected to have in place the following core components:

- **Integrated working** with the NHS and wider local government partners along with a strategic shift of resources for care and support away from intervention at the point of crisis to a more pro-active and preventative model.
- A **commissioning strategy**, which stimulates development of high quality services that treat people with dignity and maximise choice and control whilst balancing investment in prevention, early intervention/re-ablement and providing intensive care and support for those with high-level complex needs. There should be joint support for third/private sector innovation, including social enterprise.
- Universal, joined-up **information and advice** available for all individuals and carers, including those who self-assess and self fund, which enables people to access information from all strategic partners. Links to advocacy and support services will need to be considered where individuals do not have a carer or in circumstances where they require support to articulate their needs and/or utilise the personal budget.
- A framework for proportionate contact and social care **needs assessment** to deliver more effective, joined-up processes. Greater emphasis on (assisted) self assessment, enabling social workers to undertake more appropriate assessments and spend more time on support, brokerage and advocacy.
- For people eligible to receive council-funded support:
 - **Person centred planning** and self-directed support should be the norm, with individuals having choice and control over how best to meet their needs.
 - A simple, straightforward **personal budget** system, which will lead to maximum choice and control being in the hands of people who use services.
 - Mechanisms to **actively involve family members** and other carers as expert care partners, with appropriate training and practical support to enable carers to develop their skills and confidence.
 - An enabling framework to ensure people can exercise choice and control with **accessible advocacy**, peer support and **brokerage** systems with strong links to user led organisations. Where user led organisations do not exist, a strategy to foster, stimulate and develop these locally.
 - An effective and established mechanism to enable people to make supported decisions built on **appropriate safeguarding arrangements**.
 - Effective **quality assurance** and benchmarking arrangements and effective local information systems to capture inputs/outputs and outcomes for individuals to support local quality assurance.

Councils will also be expected to have started to develop:

- A **market development** and stimulation strategy, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes. This may include a transformed community equipment service, consistent with the retail model.
- A local care **workforce** with the capacity and capability to deliver choice and support individual control, with staff who are appropriately trained and empowered to be able to work with people to enable them to manage risks and resources and achieve high quality outcomes.
- An approach that demonstrates an effective use of the available resources and meets the 3% **efficiency targets**.

In the longer term, all councils with adult social services responsibilities should take a balanced approach to prevention and early intervention and deliver personalised services, enabling individuals or groups to develop solutions that work for them. Key components should include:

- Everyone eligible for statutory support should have a **personal budget** - a clear, up-front allocation of resources. The council or a third party may manage this on behalf of an individual. Alternatively, people may choose to take all or part of this budget as a direct payment, with access to appropriate support to enable real choice and control.
- A strategic balance of investment between enablement, **early intervention or prevention** whilst ensuring suitable provision of intensive care and support for those with high-level complex needs.
- Responding to the developing national approach, a move to wider information sharing through the **common assessment framework**.
- An established mechanism to ensure that views and experiences of users, carers and other stakeholders are central to every aspect of the reform programme.

Measuring Success

There are four areas on which councils and their partners should focus to help make sure services become more personalised and to get the right results for people. These areas link together and are shown in the diagram below:



- a) **Universal Services** - general support and services should be available to everyone locally including things like transport, leisure, education, health, housing, community safety and access to information and advice.

These services are important in everyone's lives, not just those people with care and support needs. Universal services work best when everyone can get the information, advice and support they need readily and easily to be able to use them effectively.

An indication of success would be that the local public transport system is set up to enable older and disabled people to attend hospital appointments and social/education activities easily and with confidence.

- b) **Early intervention & prevention services** - Support should be available to assist people who need a little more help, at an early stage to stay independent for as long as possible. These include things like support to recover from the effects of illness and help to manage a long term condition from someone with experience of a similar condition. These services also include help to safely maintain home and garden, training to get a job or return to work after a break, or support to start taking some exercise.

Not only do these early interventions make sure people can stay in their own homes for as long as they want, but are also the best way of keeping the costs down in the future.

Success would mean people were supported to get the right exercise and equipment following a fall so they would not have to go into hospital, and could stay at home without significant risk of falling again. Alternatively, through effective use of telecare people with dementia are routinely able to stay at home with their families, who are able to continue their everyday lives.

- c) **Choice and Control** - Self-directed support means having services available to meet people's needs rather than people having to fit in with the things on offer.

People who need support should be able to choose who provides that support, and control when and where the services are provided. The right information and advice needs to be available to help people decide. Some people will need extra help to negotiate their support and may need advocates to help them. It is important that people can take responsibility for themselves, and that councils and other advisers are not limiting their advice about what is possible.

Systems should be easy to follow and everyone involved should work together with the person at the centre of the plan. This is true whether the council is providing the support or people are buying the services themselves. To do this planning, people (or their advocates and supporters) need to understand what money is available to spend on their support. If it is their own money, they need to know what support there is locally, and that it is of a high quality and safe for them to choose.

For example, they can make their own plans for services with the money from the council. They can also get together with friends to make the plans together, or they can ask an agent or the council to arrange things for them.

Success would mean people in the community who need support and their families and carers feeling empowered to come up with flexible solutions to meet their needs, individually or collectively. People feel they have a life rather than a set of services.

- d) **Social Capital** - Everyone has the opportunity to be part of a community and experience the friendships and care that can come from families, friends and neighbours. This should be done without putting an unreasonable burden on friends and family who want to help. Carers need to be recognised and supported in their role and they need a life of their own outside caring.

Positive interaction may be seen in many ways, it includes church groups and other faith communities, where people are encouraged to be interdependent, supporting each other in different ways. It is also about older and disabled people being full members of the community.

People who have support needs, their carers and others who find support difficult to access need to be encouraged to be part of those discussions about community life. Society should support them to influence decisions and build wider relationships through opportunities like volunteering. Evidence of success would be community groups working with the council to put good ideas into practice to make the area a better place for older and disabled people.

2.2.6 Adult Social Care Review

The Adult Social Care Review was carried out in 2008 and creates an action plan for North Somerset in achieving the outcomes set out in "Putting People First". The review recommends that the focus should be on preventative services in order to meet the personal care needs of older people and to achieve more effective use of the overall budget across health and social care. The following outcomes provide the focus for the way forward:

- A range of preventative service and good quality housing in the community to meet the needs and sustain the changes.
- Reduced numbers of older people entering care homes for personal care.
- Reduced numbers of older people entering care homes for nursing care.

A new service design is proposed to help prevent older people from having to go into residential or nursing care, and will help them back into their own homes after short stays in hospital, residential or nursing care. The services will:

- Enable older people to lead full, active and healthy lives for as long as possible.
- Enable older people to live independently in their own homes for as long as possible.

The development and implementation of this new model for services bring the opportunity for savings which will offset some of the additional investment needed to supplement existing preventative services.

2.2.7 North Somerset – Older People Strategy

The North Somerset – Older People Strategy brings together the work in all Directorates of the Council relevant to older people and to ensure that this work is coordinated, consistent and relevant to the wishes and aspiration of older people in North Somerset.

The following outcomes are highlighted which are derived from the 2006 white paper "Our Health Our Care Our Say":

- 1 - Improved Health
- 2 - Improved Quality of Life
- 3 - Making a Positive Contribution
- 4 - Exercising Choice and Control
- 5 - Freedom from Discrimination and Harassment
- 6 - Economic Wellbeing
- 7 - Ensuring Personal Dignity

Review of the strategy has taken place and plans are underway for development of a new strategy from April 2011. This will be a joint strategy and will encompass all the members of the North Somerset Partnership.

The Older People Champions Group and the Older People Strategy Group will oversee the development of the new strategy. Its development will be guided by a steering group whose membership will be drawn from across the members of the Partnership, older people, carers, and other key statutory and voluntary sector organisations.

2.2.8 North Somerset's Older People Housing Strategy

The North Somerset Older People Housing Strategy covers the period 2007 – 2010. The overall aim of the strategy is to *'Ensure older people have access to a range of housing and housing related services that enable them to remain independent and lead a full and active life.'*

The strategy identifies the following key issues that are being faced:

- An ageing population
- Lack of awareness of what services are available and who to turn to for advice on housing and housing related issues.
- Meeting decent homes standards in the owner occupied sector
- Access to affordable warmth
- Pressure on Disabled Facilities Grant budget
- Uncertainty of Supporting People funding
- Appropriate housing options to meet changing needs
- Planning for extra care housing

The key priorities identified are:

- Providing High Quality Information and Advice Services for Older People
- Provision of Decent, Accessible, Warm & Safe Homes for Older People
- Promoting Independence
- Increasing Housing Choice

The strategy puts in place action plans to ensure that:

- Information and publicity is widely accessible detailing the services that are available to help older people make informed choices about their housing and housing related needs including planning for the future.
- Creating a new small works grant to complement Decent Homes Assistance, meeting identified need in relation to home maintenance and develop a range of incentives to deliver energy efficiency improvements.

- Establishing a disability housing register of adapted properties and increase use of recycled equipment.
- Ensuring a range of accessible housing is available that meet the Lifetime Home Standard.
- Maximising funding for affordable housing.
- Working in partnership with all stakeholders to meet older people's housing needs.

The Housing Strategy 2010 and beyond is due to be adopted by the end of March 2010, this will give a broad overview of how we aim to meet all housing need. Following on from this we will be developing an older people's delivery plan to sit within the new corporate Older People Strategy. This will also inform developments within Supporting People in relation to housing related support services for older people.

2.2.9 Local Resource Planning

NHS North Somerset and the Council are proud of its services to older people. Care for older people is one of nine agreed priorities of the Council. However we are concerned at the impact of the continuing growth in health and adult social care spending.

The council have embraced the Government's efficiency agenda, with a strong track record of delivery of efficiency savings. This has involved working collaboratively on a range of projects, including the development of a Homecare re-ablement service, electronic scheduling and monitoring and shared financial services with PCT and DWP generating additional income and benefit take up.

In addition income has been maximised by efficiently applying charging arrangements to all services.

The Comprehensive Spending Review signals only a very modest real terms increase in local authority spending, insufficient to keep up with population growth.

Local opinion indicates that Council Tax has reached an affordability limit, with the impact of the increases over the past ten years having fallen particularly hard on the district's disproportionately older population. As a consequence, the Council has set a clear target to limit increases in Council Tax to less than the rate of general inflation, especially given the deteriorating economic position.

In addition, the draft Regional Spatial Strategy allocates a house building target of 26,000 new homes to North Somerset in the period to 2026, as a significant contribution to the West of England growth point. While concerned at the potential impact of such intense development, the Council is determined to ensure that sufficient infrastructure and community facilities are provided in order to provide cohesion to these new communities.

The Council faces stark choices in future spending decisions, acknowledging the tight outlook for public spending and are committed to managing costs within limited resources.

The PCT has been provided with analysis to demonstrate the potential productivity improvement that can be delivered across North Somerset health services. Plans are being developed under the auspice of a Quality, Innovation Productivity and Prevention programme (QIPP) and will deliver productivity and quality improvements to fund cost pressures due to demographic growth and technology. Changes will include revised care pathways and redesigned services.

We remain committed to a service with quality as its organising principle through a period of expected significant financial challenge. We recognise the challenge is to find ways in which services are developed that apply innovation to deliver productivity and quality.

Summary of the Local Strategic Context

Agencies will work together to make available, better integrated health and social care services for older people.

Community based services will be available that will enable older people to lead full, active and healthy lives for as long as possible and to live independently in their own homes for as long as possible.

Services will be rated as high quality, innovative and meet identified needs

The health and social care system will be more efficient and effective than ever before. There will be increasing emphasis on patients being supported to manage their own care and in ensuring they access the right level of care in the right setting when required.

The focus will be in enabling older people in North Somerset to make a positive contribution to their own quality of life and to their community.

2.3 Linked Strategies

National

[End of Life Strategy](#)

[Stroke Strategy](#)

[A new ambition for old age: Next Steps in implementing the NSF for Older People](#)

[NSF for Long Term Conditions](#)

[Use of Resources in Adult Social Care](#)

Local

[Older People Strategy](#)

[Older People Mental Health Joint Commissioning Strategy](#)

[Carers Strategy](#)

[Learning Disability Joint Commissioning Strategy](#)

Learning Disability Self Assessment Action Plan

[Housing Market Assessment for Older People](#)

[Safeguarding Adults Policy](#)

[Joint Engagement Strategy](#)

[Go4Life - Active Lifestyles](#)

Putting People First Milestones Framework

[Draft Physical and Sensory Impairment Strategy](#)

[Transforming Community Services \(Summary\)](#)

North Somerset LINK Health & Adult Social Care
Priorities Survey Report