



# Adult Services Commissioning Strategy 2014-2017

*Promoting the independence and wellbeing of citizens, their families and communities through a range of effective support services.*



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# Foreword

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We know that demand for our services is increasing and will do for the foreseeable future. In addition the Social Services and Wellbeing (Wales) Bill will shortly require us to be mindful of the wellbeing of the whole population – not just the 2 per cent with whom we usually work.

This document sets out how we are planning to meet these challenges by developing a range of adult social care services to help individuals maintain, or regain, their independence. Our intention is to place a greater focus on individual choice and control. We also want to develop services that prevent crises from happening, and if they do, mitigating their impact by intervening at an early stage. We believe we can best do this by promoting the independence and wellbeing of citizens, their families and communities through a range of effective support services

Newport City Council is proposing a new approach to designing, implementing, and reviewing services based on an agreed commissioning pathway, to allow for meaningful collaboration with a wide range of different stakeholders.

As part of a wide ranging consultation on this strategy we engaged with many individual and groups on its content. We have taken their contributions fully into account as we refined to arrive at this final version of the strategy.

We would like to thank everyone who took part and would ask that you continue to give us feedback as the strategy is implemented.

We look forward to working with you to implement the Newport City Council's Adult Social Care's Commissioning Strategy.

Paul Cockeram  
**Cabinet Member for Social Care and Wellbeing**



# Introduction

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The strategy is broken down into three components:

- The first covers the context in which social care will be delivered, our values and principles and the vision for the future.
- The second part is an action plan to deliver on the vision and our approaches to how we will review and monitor.
- The final part is a set of appendices where we provide the latest information on demographics, policy, consultation and our action plan. These areas are subject to change over the life of the strategy.

## What is a commissioning strategy?

A commissioning strategy describes how a public body intends to work with partners to deliver services that meet the needs of a given community. It is a strategic guide for the staff of the public body, as well as - but not limited to - service users, trades unions, representative bodies, regulators and public, private and third sector partners. The commissioning strategy provides both the underpinning context and an overall strategic framework for how services will be commissioned over a given period.

Effective commissioning requires an organisation to have a thorough understanding of the needs of a population and clear assessment of what services are currently provided. It also requires an assessment of future needs and the potential services that will be required. A commissioning strategy must therefore communicate to partners as far as possible, current and future demand for services, as well as what types of services the organisation will require in the future.

Local authorities have statutory responsibilities to ensure that the services are procured, managed and evaluated in line with EU, UK and Welsh legislation and statutory guidelines. In addition, they must work to local policies and procedures and should reflect the values of the organisation. A commissioning strategy must therefore also set out the general principles through which an organisation can meet these various responsibilities.

**“As a pensioner I believe that the strength of the community lies within the support the council can give to aid independence of the individual or couples. That aid can be the building of better community relationships. Of course money is a key factor in all aspects of council involvement but after initial costs the community should be self-sustaining.”**

*Consultation response*

## Adult Services Commissioning Strategy 2014-2019

This commissioning strategy sets out how Newport City Council intends to work with staff, service users and public, private and third sector partners to deliver adult social care over the coming years. The strategy has been developed with a range of stakeholders. A full breakdown of consultation activity can be found in **Appendix D: Consultation on the Strategy**.

Adult social care is a range of interconnected services that includes information, advice and assessment, nursing and residential homes, supported accommodation, day care, short breaks (respite), reablement and telecare. It also includes services that the council has a statutory responsibility to deliver to ensure vulnerable people are as safe as possible.

Newport City Council has a statutory responsibility to provide adult social care services to people who have an eligible level of need, but we also provide a range of preventative services. Many different kinds of people make use of adult social care services including older people, people with learning disabilities or mental health conditions, and people with physical or sensory impairments.

To deliver social care, we use our own staff as well as organisations in the public, private and third sectors. Whatever and wherever care is delivered we want to make sure that it is of a high standard, reflects our values and achieves the right outcomes for the individual and the community as a whole.

Collaboration and integration have been highly valued in Newport at both a strategic and operational level. This strategy is firmly rooted within the strategic context of the wider partnership arrangements in Newport and across south east Wales. In particular we recognise that the continued integration of health and social care services between Newport City Council and Aneurin Bevan University Health Board will have an ongoing impact on how and where we deliver services.

This commissioning strategy seeks to support the priorities of Newport's Community Strategy 2010 2020. This can be found on the council's website - ([http://www.newport.gov.uk/stellent/groups/public/documents/plans\\_and\\_strategies/cont587013.pdf](http://www.newport.gov.uk/stellent/groups/public/documents/plans_and_strategies/cont587013.pdf))

# Context

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All local authorities are responding to significant challenges that are putting pressure on adult social care budgets.

## Ageing population

The population is growing older and people are living longer with life limiting conditions such as dementia. Research by the Alzheimer's Society in 2007 identified that the total number of people with dementia in the UK is forecast to increase to 940,110 by 2021 and 1,735,087 by 2051, this is an increase of 38 per cent over 15 years and 154 per cent over the next 45 years<sup>1</sup>.

Thanks to advances in medical science many more children with complex impairments are also living longer. This is to be welcomed, but local authorities are meeting these changes in the context of reduced budgets. (Appendix A contains detailed information on the demographic changes expected over the medium term.)

## Increased need

Newport City Council will not be able to respond to increasing need without a significant shift in the way services are delivered. To meet these challenges we will need to commission a different kind of adult care services that promote and maintain independence and wellbeing.

At the core of this approach is targeted prevention and early intervention so that individuals and their families are supported early on, and in a way that is right for them. An example of this could be commissioning a time limited reablement type service, that enables the individual to regain the skills to cook food after a hospital admission, rather than provide an ongoing service where home care workers prepare meals.

## Increasing diversity

Newport City Council has to respond to increasing diversity within its population. We have a statutory duty to ensure that the rights of individual and groups are protected and promoted as well as a specific duty to provide services to Welsh language speakers.

## Human rights

People who use social care services, their families and carers, have an expectation that services will be provided in a way that respects their rights and dignity. We recognise as an example that services need to be commissioned that reflect the specific needs of lesbian, gay, bisexual and transgender people, as well as people from Newport's Black, Asian and Minority ethnic communities. Services will also need to respond to the specific needs of both men and women. For example, we are mindful of the need to ensure gender appropriate home care staff. This emphasis on diversity will require a change in both the way we commission and monitor services.

## Fair and equitable treatment

Newport City Council also has a statutory responsibility to treat people fairly in how we allocate resources. This is an important consideration when budgets are under considerable strain.

## New legislation

This commissioning strategy also reflects the direction of travel of the Welsh Government in fostering greater integration and regional cooperation. The Welsh Government policy paper, *Sustaining Social Services – a Framework for Action* (February 2011), makes it clear that collaboration and integration are expected rather than merely encouraged. Newport City Council is already committed to this approach

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<sup>1</sup> A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007

and has taken a leading role in regional commissioning arrangements such as SEWIC. Appendix B contains detailed information on the policy context which has influenced this document.

### **The third sector**

As part of our agenda, we are placing great value on the role played by the third sector, particularly their contribution and delivery of preventative approaches in local communities. This development forms part of our key strategic intention to shape a mixed economy of social care delivered locally, and to establish tailored solutions within a collaborative commissioning framework.

We want to encourage and stimulate a strong, vibrant and mixed range of providers that offers and delivers choice, control, quality and value. We want those providers to embrace an outcomes-based approach and to be mindful of the differences their services will make to the lives of our most vulnerable adults.

### **A safe service**




Finally this commissioning strategy has been developed in the context of well reported failings in the care system across the UK.

*“There is a greater need for all organisations and sectors to work more closely together in planning and delivering services so that there is no duplication. With resources in short supply there is a need to work more collaboratively across the sectors. However, it must be recognised that the third sector organisation do not always have sufficient staff/managers to attend meetings, steering groups etc. so processes have to be productive and stream lined.”*

*Consultation response*

Although Newport has not been involved in any of these events, we remain vigilant that all services provided by us or our partners are monitored to ensure that standards of care remain of a high level.

# Our values

<b>JUSTICE</b> – people have a right for their personal integrity to be respected		
<p><b>To protect individuals from harm and promote independence and wellbeing</b></p>		<ul style="list-style-type: none"> <li>• actively listen and engage, even when it is difficult to do so</li> <li>• work with service user to understand their needs</li> <li>• assess fairly, proportionately and appropriately</li> <li>• take action to safeguard and protect where appropriate</li> <li>• challenge our own poor attitudes and those of other colleagues</li> </ul>
<b>HOPE</b> - people can change		
<p><b>To prevent risks and promote community resilience</b></p>		<ul style="list-style-type: none"> <li>• work to ensure services have maximum impact on families and communities</li> <li>• realise the potential for change in every person, including those people who have complex issues or those who have been institutionalised by our actions or the actions of others</li> <li>• celebrate small steps</li> </ul>
<b>HUMILITY</b> - recognise our strengths and that we sometimes will get things wrong		
<p><b>To be professional and retain our humanity</b></p>		<ul style="list-style-type: none"> <li>• be passionate about delivering high quality adult social care</li> <li>• take pride in learning from others</li> <li>• strive to be the best</li> <li>• share ideas knowledge and skills</li> <li>• recognise listening is not enough we need to actively engage</li> <li>• seek out and then respond to criticism positively</li> </ul>

We expect Newport City Council staff and our partners to respect these values and principles when planning, implementing, delivering and commissioning adult social care.

Sometimes we experience an inherent tension between various aspects of our values, such as seeking to promote individuals' wellbeing and independence, whilst also seeking to safeguard them from risk and harm. In order to continue to do this, we need to retain our humility and recognise that sometimes we could be wrong.

As part of the wider commissioning process, we expect professional relationships and frontline practice to evolve into a more 'enabling' model of support.



# Our principles

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## At home, by default

We recognise that, on the whole, people want to stay in their own homes and remain independent for as long as possible, generally, with the least possible intervention from formal services. We will develop services that support individuals to remain safely within their own homes insofar as is feasible in their individual circumstances.

## Prevention and early intervention

We believe that prevention and early intervention have a vital role to play in remedying, reducing, or delaying the escalation of relatively minor problems, to the point where access to formal services is necessitated. We believe this is better for individuals and their families and is less costly.

We will therefore support endeavours to ensure:

- Better access to good information, advice and assistance to engage the citizen, with links to the resources available in the community to enable people to exercise their voice and control and make informed decisions.
- A wide spectrum of proportionate community-based support services, which citizens who have wellbeing needs can access without having to rely on complex care packages.

*“Agreed with the proposals in general but would add - Allowing people to stay in their own homes is often the cheapest solution and best in wellbeing terms, but this requires up front money to make sure house is safe and appropriate, and quality carers, with pay that recognises their skills and abilities. Whatever the solution the sight of greenery, garden, flowers, bird feeders, etc. is essential to mental health and wellbeing.”*

*Consultation response*

Newport City Council will develop a range of services to ensure that individuals, their carers and families and communities can access services at an appropriate level to meet their needs and prevent crises from arising. We will direct resources at ‘preventative’ activities and/or early intervention. We believe that this is better for our service users, as it maintains independence and is better for the service, as it reduces cost. We know that delayed care/support tends to be more costly in the end.

We are aware that some people prefer to be on their own, but for many, being isolated or socially excluded tends to make matters feel worse. Even so, they might not necessarily need formal support from social services. Sometimes becoming engaged, or re-engaged, with their communities is all that is required.

We also understand that our service users are individuals and that what might suit some will not suit all. Different people will have different needs and, if these are social care needs, we must be prepared to work with our service users, and others, to find different ways to help meet those needs. We recognise that for many, having a choice and remaining in control of what happens are important factors, and this is why we support developments such as direct payments and other self-directed support mechanisms.

## A local service

We recognise that people like to receive services within their own community rather than travel across the city. Where we can we will encourage community services to be provided at facilities within communities.

## Collaboration

We will work at a strategic level with all our partners, including individuals, their carers and families, and their communities to ensure that services are coordinated, integrated and responsive to local need. We recognise that it is not possible for one organisation to provide the entire range of support services in isolation. We will need to work with commissioning partners to understand needs, costs and assets,

and make decisions about how far to share resources to achieve a more efficient and effective way of meeting needs, without duplicating or leaving gaps where services are required.

We will also work with individuals and organisations with whom we commission services to achieve shared goals. Within the statutory constraints that we have to work (in areas such as procurement) we will seek to build as positive a relationship as possible with existing and new suppliers. Where we can we will support local innovative services. We will however expect value from all partners and ability to demonstrate transparent and sustainable business models.

### **Mixed market**

We will ensure we have a mixed market of provision where all services, including in-house provision, are clear about their specific remit within the continuum of support.

### **Transparent, needs-based commissioning**

We will commission in a legal, ethical and transparent way that involves all stakeholders in the development of services to ensure they meet local needs appropriately. We will understand the costs of services that we commission and ensure value for money in all our services.

### **Outcome-focused working**

As a service we will, with our partners, move to an outcome focused approach to delivering social care. To do this we will require our staff and our partners to demonstrate how their work is outcome-focused.

We recognise that this is a significant change to practice and to the delivery of services, however, we believe that everyone no matter how complex their care needs, should receive outcome focused care. It will require a culture shift as well as a change to commissioning and procurement practice.

### **Person centred**

A radical change in approach is required in how Newport City Council interacts with everyone who has now, or will have in the future, a social care need. We need to provide services to individuals at a point when they require additional support in a way that makes sense to them in the context of their lives. Where we are required to provide a service due to an identified eligible need, or when we choose to provide a service to prevent need escalating, we will do so in a way that is responsive to that individual. We also need to do this in a way that is fair and affordable.

### **A well skilled and supported workforce**

We will ensure that the workforce working with our service users and carers is appropriately trained and supported to deliver services and use skills such as motivational interviewing and goal-setting in a consistent way.

### **Integrated and bespoke services**

We will develop an approach that responds to the needs of the individual through the use of evidence based assessment and interventions. This will require adult services to work with others to provide a seamless service tailored to the changing needs of the individual.

### **Innovation**

We will value brave and innovative solutions that can deliver real outcomes for individuals, and decommission services that are not meeting identified needs to release funding for reinvestment.

### **Equality**

We recognise that we have a range of statutory duties to ensure that we do not discriminate when we deliver our services, and have a proactive responsibility to promote equality in how we commission services. We need to work towards being able to deliver services using the medium of the Welsh language.

## **Community Involvement**

Enabling citizens and communities to have a key role in meeting their own needs is a vital to delivering on our vision. We will utilise this commissioning strategy, and other means, to further build individual resilience and community capacity.

# Our vision

“Promoting the independence and wellbeing of citizens, their families and communities through a range of effective support services.”

To achieve this vision we will invest in:

## Universal wellbeing support

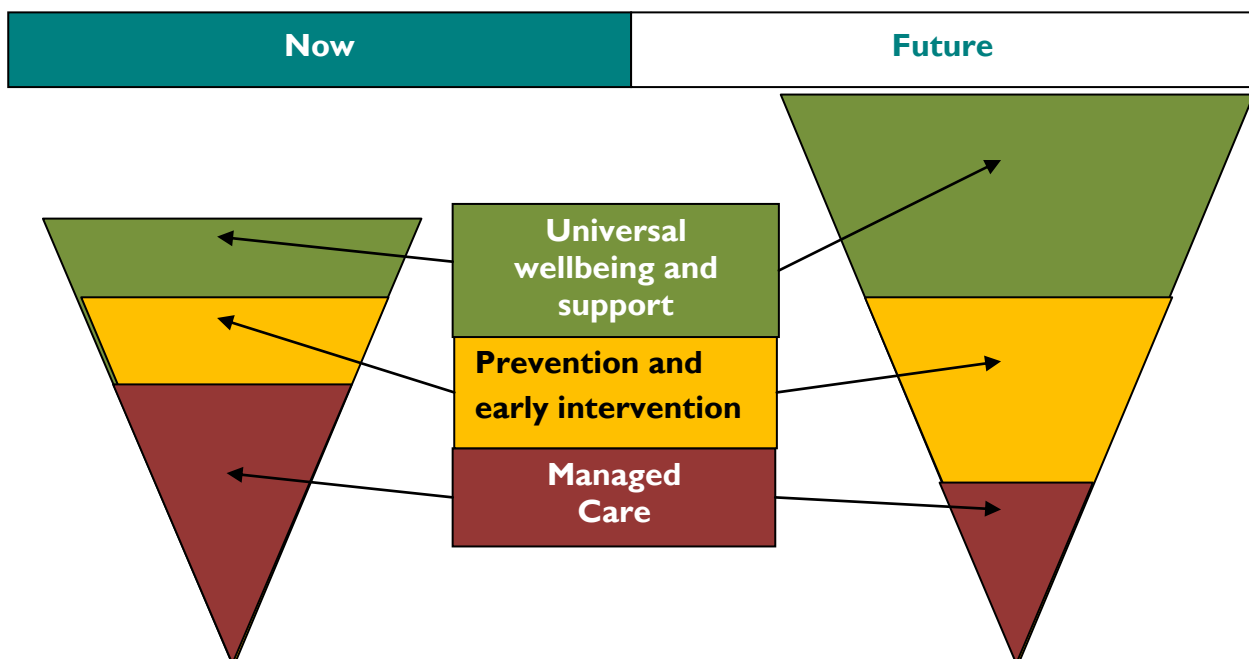
These are services that support individuals and families to maintain their independence within the community. A key component of this is the structured development of effective information, support and advice services and the development of low-cost or no-cost self-care options for people who do not have an eligible level of need.

## Prevention and early intervention

These are targeted services that stop needs escalating or reduce the level of need for social care services over the long term

By shifting some of our focus we will achieve over the long term better outcomes for individuals, families and communities as well as meeting the financial challenges.

The following diagram shows the shift that is required.



As a consequence of the investment we expect to see an increase in the total numbers of people better able to self-manage their care. We also expect to see an increase in the proportion of people receiving prevention and early intervention services in relation to managed care services.

## Managed care

Despite these changes managed care will remain by far the most significant area of spend by Newport City Council social services.

Managed care is the care that local authorities have a statutory obligation to provide to people with eligible care needs. Individuals who receive managed care undergo an assessment process that identifies the level of need and the services that we can provide.

We will refocus managed care so it is truly outcome focused. For some this may result in significant changes to the care packages they receive, but for others the outcomes may be smaller but no less important. This is because we believe that everyone including those with very complex care needs should be supported to live independent lives as much as possible.

The following table describes the framework of services that we will continue to develop over the coming years.

<b>FRAMEWORK FOR DELIVERING THE VISION</b>		
<b>We will promote the independence and wellbeing of citizens, their families and communities via a range of effective support services by commissioning through:</b>		
<b>Universal wellbeing and support</b>	<b>Prevention and early intervention</b>	<b>Managed care</b>
<b>What is required?</b>		
<b>Access to information and community resources for everyone who needs it.</b>	<b>Effective prevention and early intervention for people with a social care need</b>	<b>Efficient outcome-focused 'managed' care for more vulnerable citizens</b>
<b>What is the outcome?</b>		
<b>Everyone in Newport having access to the information and advice they need to enable them to maximise their wellbeing and live fulfilling independent lives within the community.</b>	<b>Everyone that requires it receiving effective prevention and early intervention services. These services will enable this group of people to maximise their wellbeing and regain their independence without having to rely on complicated assessments or care packages.</b>	<b>Everyone that has an eligible care need receives efficient high-quality outcome-focused managed social care.</b>
<b>How will we measure success?</b>		
<b>Increase in the community resilience to enable individuals and families to self-manage low levels of social care.</b>	<b>Reduction in individuals requiring long term managed care as a result of prevention and early intervention.</b>	<b>An increase in the number of people whose care plan changes as a result in a positive outcome of a care service.</b>

# Action Plan

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An action plan has been developed following extensive consultation to deliver the commissioning strategy.

A key focus of the consultation was a consideration of the **Strands of Change**. These are the underpinning, cross cutting activity that stakeholders felt needed to be prioritised to achieve the vision. They are:

- Information, advice, and assistance
- A truly person-centred assessment
- Dementia
- Short breaks
- Promoting active living in old age
- Day opportunities for working age adults
- Promoting independence in early adulthood
- Carers

To achieve the action plan and ensure we deliver on the strands of change we have initiated a number of projects and will be making a number of significant changes to the service.

## Projects

### ***Active living in old age***

This is a project to promote independence for older people. It is responsible for developing the information, advice, and assistance services that are required to keep people independent and the early intervention services that enable people to regain independence.

### ***Older person's prevention pathway***

A joint project with health to deliver integrated preventative services

### ***Promoting independence and choice***

A project to modernise services for learning disabled people so that the care they receive is outcome focused. A specific component of this project is developing services that promote independence in early adulthood.

### ***Modernisation of day opportunities and short breaks (respite)***

We will develop a cross cutting project to modernise day opportunities and short breaks

### ***Carers***

We will ensure all projects and operational activity provide the right services for carers. This will be documented in a carers plan.

## Changes to services

### ***Integrated commissioning and quality assurance service***

We will create a single unit to drive forward the changes in commissioning and contract management that is required to deliver on the vision. This is required to ensure that we can commission services that are outcome focused and person-centred.

### ***Integrated safeguarding services***

We will create a single unit to ensure we have the most effective safeguarding services

These projects and changes to the service will enable us to deliver on the following ambitious action plan. Delivering on the action plan is also reliant on the support of corporate services

The action plan is divided into the three strategic commissioning priorities:

- **Strategic priority no. 1**  
To provide access to information and community resources for everyone who needs it
- **Strategic priority no. 2**  
Effective prevention and early intervention for people with a social care need
- **Strategic priority no. 3**  
Everyone that has an eligible care need receives outcome focused person centred social care

<b>STRATEGIC PRIORITY NO. 1</b>	<b>To provide access to information and community resources for everyone who needs it</b>
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What will we do?	How will we do it?	Who?	By when?	Outcome
<b>Understand and agree with partners what information is required to maximise independence and choice for everyone in Newport that has a social care need.</b>	<p>Identify the latest research into supporting individuals to maintain or increase independence through information support services</p> <p>Develop with partners a programme that will ensure individuals have the right knowledge skills and behaviours to maintain independence of others</p>	This work will be embedded in each of the projects	<p>Oct 2015</p> <p>June 2016</p>	<p>Agreed information plan</p> <p>Staff that come in contact with people with a social care need are able to promote independence.</p>
<b>Ensure everyone who has a social care need receives high quality information</b>	<p>Create an knowledge hub for service users on how to access information</p> <p>Work with partners to create a single city wide resource to promote wellbeing and good health as well as effective signposting</p> <p>Develop approaches to reach-out to everyone who has a social care need including those from seldom listened to / hard to reach groups.</p>	This work is being led by the Active Living in Older Age project but is also dependent on corporate support	<p>Oct 2015</p> <p>Oct 2015</p> <p>Oct 2015</p>	<p>Knowledge hub</p> <p>Single city wide resource</p> <p>Programme delivered that includes involve hard to reach groups in the development and maintenance of information</p>
<b>Identify and engage with people and groups who use our services, or may use our services in the future, including those with whom we do have an active relationship with.</b>	Work with community organisations to ensure all groups can participate in developing new services	All service areas and all projects	Oct 2015	Programme delivered that includes involve hard to reach groups in the development and maintenance of information
<b>Support carers to access information to help them continue to provide care</b>	Develop a carers strategy and plan	Head of integrated care	Sept 2015	Published carers plan



<b>STRATEGIC PRIORITY NO. 2</b>	<b>Effective prevention and early intervention for people with a social care need</b>
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What we will do	How will we do it?	Who?	By when?	Outcome
<b>Develop a wide range of prevention and early intervention service.</b>	<p>Undertake a review of all current prevention and early intervention services across the city to understand what gaps there are to ensure future developments are appropriate</p> <p>Engage with partners to develop a framework for prevention and early intervention services across the city.</p>	This work is embedded in all of the projects.	Sept 2015	A published framework for prevention and early intervention.
<b>Ensure all prevention and early intervention for people with a social care need is outcome focused.</b>	<p>Deliver and commission services where all front line staff are be trained to use goal setting /and motivational interviewing so they can support all individuals achieve the positive care outcomes.</p> <p>Promoting Independence and Choice (LD) and Active Living in Older Age (OP) projects drive forward outcome focused prevention and early intervention.</p>	<p>This work is being led by the Active Living in Older Age project but is also dependent on corporate support</p> <p>This work will be delivered by the integrated commissioning and QA service</p>	Feb 2016	Change in all prevention and early intervention contracts to reflect outcome focused commissioning.
<b>Develop and sustain community resilience</b>	<p>Shift investment towards development of low-cost no-cost care options for people with low levels of care</p> <p>Develop a system where organisations that provide paid for care or informal care can self-identify to service users their services.</p>	This work is being led by the Active Living in Older Age project	March 2016	Realignment of budgets so resources can be made available
<b>Support social enterprises and other community enterprises</b>	Provide training and mentoring for social enterprises to understand procurement	Promoting this work is being led by the PIC project	March 2016	Local social enterprises and other community enterprises involved in active procurement.

**STRATEGIC PRIORITY NO. 3** Everyone that has an eligible care need receives outcome focused person centred social care

<b>What will we do?</b>	<b>How will we do it?</b>	<b>Who?</b>	<b>By when?</b>	<b>Outcomes</b>
<b>Ensure everyone with a eligible care need accesses good quality services</b>	Strengthen contract compliance procedures to ensure the care that is delivered on behalf of Newport City Council is outcome focused.	This work will be delivered by the integrated commissioning and QA service	March 2016	Effective quality assurance (QA) and safeguarding process
<b>Prioritise the development of appropriate services that are in Newport or within 10 miles of the council</b>	Amend contract specifications to reflect this strategic prioritisation within procurement guidelines	This work is being led by the PIC project but delivered by the integrated commissioning and QA service	March 2016	Agreed plan to for all service users to move closer to Newport
<b>Stop services that are not outcome focused</b>	We will decommission all services that are not outcome focused	This work is being led by the PIC project but delivered by the integrated commissioning and QA service	March 2017	Services decommissioned and replaced with outcome based services
<b>Start a new generation of outcome focused care</b>	Plan and commission a new generation of outcome focused social care	This work is being led by the PIC project but delivered by the integrated commissioning and QA service	March 2017	A range of outcome focused services commissioned covering older people, people with learning disabilities, disabled people and people with mental health conditions

<b>What will we do?</b>	<b>How will we do it?</b>	<b>Who?</b>	<b>By when?</b>	<b>Outcomes</b>
<b>Shape a mixed market of providers</b>	Supporting market development by assisting communities to encourage social enterprises and other community based initiatives to develop a range of preventative and supportive services.	This work is being led by the PIC project but delivered by the integrated commissioning and QA service	June 2016	Range of innovative services
<b>Improve our assessment and care planning process to ensure they are outcome focused</b>	We will evaluate the current assessment and care planning to ensure that they are outcome focused	This work will be delivered by the integrated commissioning and QA service	Oct 2015	Outcome focused approaches are demonstrated in all care plans. This will be evaluated through QA process.
<b>Change behaviours of staff and partners on outcome focused models of care</b>	Develop a training programme for all staff on responding to the needs of individuals	This work will be delivered by the integrated commissioning and QA service	Jan 2017	All staff to undergo behaviour change training
<b>Work with partners to develop outcome focused services</b>	We will only commission services that are outcome focused	Commissioners and category managers responsible for procurement	Oct 2015	Amended all future procurement specifications

# Monitoring and review

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We recognise that we must monitor and review progress against the strategy ensuring that service user and carer experiences, as reflected in commissioning decisions, remain central to what we do.

There are two levels at which the monitoring process needs to be effective.

- **Strategic level**

Monitoring and reviewing will be concerned with understanding whether the overall shape and coherence of services is delivering the required strategic outcomes. Progress on the implementation of the commissioning strategy, together with service performance will be monitored and evaluated on an annual basis by the Community Planning and Development Scrutiny Board, and will feature in the Director's annual report, and be scrutinised by Care and Social Service Inspectorate Wales (CSSIW).

The main vehicle for assessing the efficacy of this commissioning strategy will be the annual report of the Director of Social Services, but the observations of regulatory agencies, such as the Care and Social Services Standards Inspectorate Wales (CSSIW), and the National Audit Office (NAO), will also be significant. In turn these agencies and the main reporting structure will be informed by Performance Indicators, (PIs), and other targets (some of which are financial), satisfaction surveys, the regular critical reviews, and the departmental index of complaints.

- **Operational level**

At the operational level, the monitoring of the commissioning strategy is concerned with knowing whether individual services are accessible and efficient and are delivering the outcomes appropriate to service user's needs.

A range of people have a part to play in monitoring and evaluating performance at an operational level. Care Managers/ Social Workers have a role through the care management and review process to report positive and negative performance. Commissioning and contracting officers will monitor the delivery and performance of services. Service users, family members, carers and other health and social care professionals will be involved in the process.

We will routinely gather and collate information from a range of sources. We will closely monitor responses and systems of support delivered by providers in terms of outcomes for service users and carers, best value and best practice. We will be seeking evidence of success in terms of meeting service user outcomes.

Our approach will involve:

- Evaluating progress achieved against specific priorities using local and national performance indicators and benchmarking our performance against that of other local authorities.
- Continually reviewing our responses against the current and projected need within strategic and performance management frameworks to ensure there is sufficient capacity to meet any shifts in service user demand.
- Adjusting our approach to build on existing good practice to accelerate the implementation of good ideas which reinforce the key elements of our vision.
- Ensuring that the commissioning strategy is reviewed annually to maintain alignment with corporate and wider partnership priorities, and that it remains valid and current.

# Glossary

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We have adopted the Welsh Government's definitions of **commissioning** and **procurement**:

## **Commissioning**

Social care commissioning is a set of activities by which local authorities and partners ensure that services are planned and organised to best meet the social care outcomes required by their citizens. It involves understanding the population need, best practice and local resources and using these to plan, implement and review changes in services. It requires a whole system perspective and applies to services provided by local authorities, as well as public, private and third sector services.

## **Procurements**

Social care procurement is a set of activities by which local authorities secure best value services to meet the social care outcomes required by their citizens. It is one part of the commissioning process, and involves specifying requirements, securing services from the best providers and monitoring service effectiveness.

## **Decommissioning**

Decommissioning is the term used to describe the process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives

## **Outcomes**

Commissioning is increasingly recognised as the primary mechanism for delivering better outcomes, while using resources more efficiently. We use outcomes to refer to:

- (1) Strategic outcomes.
- (2) Individualised outcomes for individual service users, such as the impact, result or effect of services on the community or of a service intervention on an individual e.g. the reduction in crime in a local community or completion of formal education.

## Appendix A: An approach to commissioning

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Newport City Council wishes to engage with current and future partners in the public, private and third sectors to develop the next generation of adult social care services. As we have stated earlier in this document we are making specific efforts to work with the third sector but we also would like to develop services with innovative local providers.

We are open to innovation in both the delivery of services and the partnering arrangements. We have already for example entered into a partnership with Barnardo's to deliver family support within children services.

We will work with partners using three interconnecting approaches

- **Capturing and sharing intelligence**  
We will work with partners to develop and agree a shared perspective of supply and demand, leading to an evidenced, published 'market position' statement for an area of service
- **Structuring**  
We will design a structured commissioning framework for each service area. We ensure that the outcomes we want to achieve are accepted or at least agreed by partners.
- **Intervening**  
Newport city council will where necessary make interventions in order to deliver the kind of services we believe to be necessary for any given community or individual.

### Commercial arrangements

The council will be introducing a range of commercial processes and contract types to deliver services using different supply models. Everything the council does will be transparent, competitive and auditable. We will improve the way we performance manage providers and our providers must be willing and enthusiastic participants in the continuous improvement agenda.

By 2017 Newport will be using the developed council-wide commissioning framework to guide activity across the organisation and demonstrate impact on market development.

As the role of the council becomes increasingly that of a commissioner, rather than a provider of services, it will be vital for providers to:

- Understand commissioning and procurement.
- Have a working knowledge of contract law, or have connections with qualified/appropriate support agencies.
- Understand the benefits and risks of bidding as part of a consortium and other types of provider groups.
- Be conversant with the tender process – understand what the local authority is evaluating.
- Understand outcome-based specifications.
- Understand the implications of different forms of contracts.

It will be vital for providers, including voluntary sector organisations to consider sharing back office facilities and other skills to reduce avoidable costs.

Newport City Council will signal what information it can but much of the change in demand is expected to be driven by the Personalisation/ Citizen Directed agenda, that is – directly by customers.

In summary, providers will need to be flexible and adapt to changing demands.

*Taken from Newport City Council's Adult Social Care Market Position Statement*

Successful commissioning is achieved by using a structured and planned process.

The high level process Newport City Council will use can be demonstrated by the commissioning cycle (see Figure 1, below). Originally developed by the Institute of Public Care at Oxford Brookes University, it illustrates the relationship between the activities involved in commissioning and procurement. This ensures services are improved and developed against past experience and current community need.

- Understand the needs of those using the service
- Consult provider organisations when setting priorities
- Put outcomes for users at the heart of the process
- Map the fullest practical range of providers
- Consider investing in the provider base
- Ensure contract processes are transparent and fair
- Ensure long term contracts
- Allow for risk sharing
- Seek feedback to review effectiveness of the commissioning process.

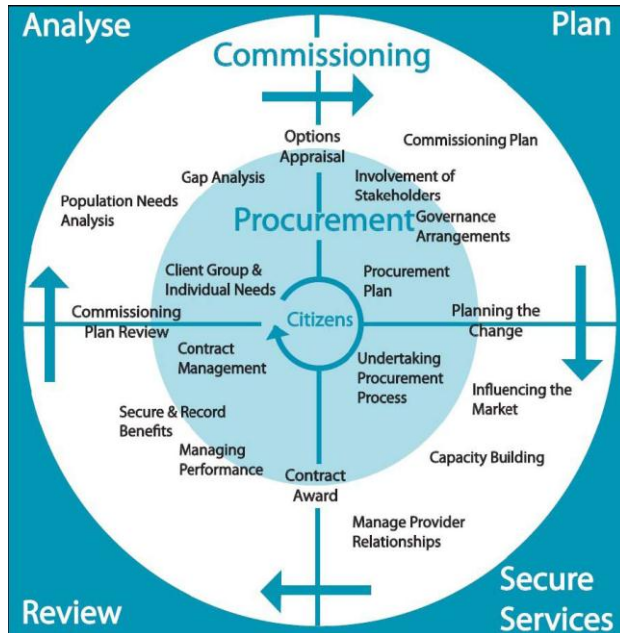


Figure 1 - Commissioning cycle

## Commissioning plans

Using the commissioning cycle, individual service areas will develop commissioning plans. The plans will ensure that there are effective services for specific groups of adult social care users. They will normally cover three to five years and will include all directly provided and contracted social care services. They do not have the status of statutory plans, but they are the working tools of the local authority, and as public documents, convey the authority's intentions to potential providers, and the strategic outcomes the authority intends to achieve.

## Statutory responsibilities

Newport City Council's staff, in accordance with the Section 7 Guidance, will seek value for money and take account of a number of wider considerations when delivering and implementing commissioning plans, such as:

- The impact of some services, particularly, preventative services can reduce costs of other services. Investment in services such as community equipment and telecare, for example, can help to reduce the demand for domiciliary and residential care for older people as well as helping carers and promoting the independence of service users. Investment in family support services can reduce the need for children to be looked after in the care system.
- The costs of providing services in rural communities are usually greater than those serving more densely populated areas.
- The decisions of commissioners will impact on the market and the choices available to other users such as self-funders.
- There should be consistency of approach in establishing the value for money of directly provided and contracted care services.

- Tenders submitted should evidence the quality and depth of choice to be offered to service users within the service to be provided.
- Continuity of good quality service provision.
- The national or local economic environment may be making it difficult for some provider organisations to remain financially viable.
- A requirement to improve the quality of services may be put a short-term strain on resources.
- The move to an outcomes- based approach may pose serious cultural as well as financial challenges.
- Recognition of the need for service providers to be able to recruit employees with the skills and aptitudes necessary to deliver good quality care, to provide them with the training they require to obtain qualifications relevant to their duties and to facilitate continuing professional development to extend their abilities.
- The need to re-train the workforce to respond to more up-to-date practices may have transition cost and service implications.



## Appendix B: Expected changes in the population

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### Current Position

- In 2010-11, Adult Services provided and commissioned services to 3,576 adults.
- In 2011-12, Adult Services provided and commissioned services to 3,303 adults.
- In 2012-13, Adult Services provided and commissioned services to 3,066 adults.

We provide 2,500, (82%), people with support in the community (care or support at home, day care services), and we provide support for carers and Telecare\*

We provide 566, (18%), people with longer term care, in residential or nursing care placements.

In 2013 we met the needs of:

- 1,527 (50%) older/frail people, and people with physical and sensory disabilities;
- 736 (12%) people with mental health issues;
- 368 (12%) people with dementia-based issues; and,
- 436 (14%) people with a learning disability.

### Future position

The profile of the population is changing – in Newport; we are expecting an increase by about 4 per cent from the last Census in 2011 (145,700), to the next in 2021.

Much of this increase will be due to people living longer, and many of those will have some form of life-limiting condition – such as a physical disability or sensory impairment or dementia. In short, there will be more people needing, potentially, much more support.

### Older people

We expect to see a 31 per cent increase in the population of Newport, aged 65+ by 2030 – from 24,900 in 2013 to 27,200 in 2020, and to 32,000 by 2030.

Evidence suggests that older people tend to remain settled in the same area for life, but it is possible that one effect of current welfare reforms, in particular, changes to Housing Benefit, could be that older tenants in social housing may have to move to smaller properties, and in turn, this could impact on their links with an established community and lead to increased social isolation.

The greatest potential area of demand will be the number of people aged 65+ with chronic unstable conditions (including dementia), who are no longer able to live independently. It is anticipated that there will be increasing pressure on health and social care systems to meet that extra demand.

In 2012-13, 368 people with dementia were supported by social services – this represents only 20 per cent of the population believed to have dementia, which suggests that 80 per cent have either not been diagnosed and/or do not receive formal support. By 2020, it is estimated that 2,011 of Newport's population aged 65+ will have dementia.

Up to now, Newport has been relatively successful in supporting many older people to live their lives without the use of formal Social Services. This has been achieved mainly by increasing the Housing-related support provision, and the introduction of the Frailty Project (see *below excerpt from the Market Position Statement*), which seeks to re-able people to regain their independent lives, thereby reducing the need for on-going, long-term, intensive support. Newport supports more older people in the community than in Care Homes, but even so, the cost for 2012-13 was £19m.

*“The (Frailty) service is available for up to six weeks to maximise a person’s independence so that ideally no on-going support is needed. However, at times, long term care and support may be needed following a period of reablement, but the level of care has been reduced. There is no charge for up to the first six weeks but care and support from then on is subject to the charging policy.*

*Frailty helps prevent hospital admissions and facilitates timely discharges from hospital.*

*We would like providers to support us in this reablement model:*

- Working with a reablement ethos to enable independence.*
- Consistency of carers and care.*
- Flexible and integrated care and support provision to achieve service user outcomes.*
- Workforce development, including contribution to assessments and reviews to better respond to service user needs.*
- Connecting service users with wider community opportunities*
- Staff training and development of services to respond to the increasing numbers of people with dementia*
- Transport and simple pricing structure.”*

*Taken from Newport City Council’s adult social care market position statement*

We received numerous views about certain aspects of care provision, especially concerning people with disabilities and/or elderly people during our consultation. For example:

*“More welfare provision for elderly. Shutting places like Hillside only isolates older frail people more. Give grants to voluntary sector to reinstate the social day-care activities, keeping respite care house open. Elderly people need better care facilities. Newport Council is more interested in building monuments that are just another area for drunks to congregate. If nice care homes were built in communities elderly people wouldn't be frightened to give up their homes. People with dementia are still being ignored by the council.”*

*Consultation responses*

*“There was general approval for ... the willingness to work together with other providers and commissioners to ensure that commissioning was outcome-based. Examples were given of how one agency was able to provide hospital discharge package within six hours but statutory services could take much longer ...*

*There was a wish to develop the reablement approach further - from outset to outcome, and not terminate it peremptorily at the six week threshold, as it would be infinitely better to dovetail into domiciliary care where that was appropriate – and for the valuable information and insight elicited during the reablement phase to be seamlessly transferred to the continuing care phase.*

*Frailty was regarded as a good practice example of how LHBs and voluntary organisations could, and do, work together.”*

*Consultation responses*

*“While there has been some development such as the Frailty model and reablement, the majority of services are the more traditional and often building-based. Domiciliary care, while being of good standard, still needs to be move to a universal programme of Reablement and day care needs to move from building based to a more community based and inclusive day service.”*

*Taken from Newport City Council’s Adult Social Care Market Position Statement*

## People with physical disability and/or sensory impairments

The number of people, aged under 65, with physical disability and/or sensory impairments in Newport is expected to remain about the same over the next few years, (22,623 in 2013, to 14,263 in 2020). However, we are aware that their expectations about the services they receive are changing – we understand the wish to be able to access a different range of services, and we understand the desire to take more control over decisions that affect people’s own lives, and to be able to do so with less bureaucracy, (e.g. with the direct payments process).

In 2012-13, the cost to Newport of supporting people aged under 65, with physical disability and/or sensory impairments, was £500,000.

## Mental health

In 2012 it was estimated that there were 7,955 people in Newport, aged 18-64, with some form of mental health condition. It is estimated that this figure will have reached 7,985 by 2020. In 2012, 142 people with mental health problems were supported by Social Services at a cost of £3.5m. Like learning disabilities, this is an area where the council supports fewer people than comparable authorities, but at greater cost.

The **Mental Health (Wales) Measure 2010**, which came into effect in April 2013, placed new legal duties on local health boards and local authorities regarding the assessment and treatment of mental health problems. The *Measure* also improved access to independent mental health advocacy for people with mental health problems. We understand that the *Measure* may have moved pressures from secondary to primary mental health services, but we are currently working towards the integration of health-based and social care-based mental health services to ensure a more joined-up service for individuals.

*“Reducing costs for social services dramatically. Mental health care for 142 people at a cost of £3.5M! Support for 390 people with learning difficulties cost £15M!?”*

*Instead of spending thousands on some rotting wood (The Ship) spend it on people and children that need it. When you have less money you have to prioritise it. I can't believe that we are collecting food parcels for the poor in 2013! In the 50's we were poor what has happened some are no better off.”*

*Consultation response*

## Appointeeships

*“Newport City Council provides an in-house appointeeship service for 117 people with mental health or learning disabilities who are unable to manage their benefits. There are also 16-20 people on the waiting list for this service. At the moment, this is not a chargeable service.”*

*Taken from Newport City Council’s Adult Social Care Market Position Statement*

## People with Learning Disabilities

In 2012, the total adult population, (all ages over 18), of people with moderate or severe learning disabilities, in Newport, was estimated to be 532. It is expected that this figure will have increased to 545 by 2020.

In 2012-13, social services supported 390 people with learning disabilities at a cost of £15m. Historically, Newport has been more supportive of fewer people with learning disabilities than comparable local authorities in Wales, and has spent proportionately more per head than other authorities.

*“There are good examples of day services in the community, one being Vision 21 which is a social enterprise that enables people with learning disability to run a coffee shop in Belle Vue Park.”*

*Taken from Newport City Council’s Adult Social Care Market Position Statement*

Current services were established in response to hospital resettlement and in line with the traditional – we are aware that younger people with learning disabilities do not find such services (whether residential or day-care) appropriate to their needs.

We are also aware that People with Learning Disabilities can now expect to live longer, often with aging parents, and may have particular care needs in later life.

Newport City Council's Adult Social Care Market Position Statement states that;

*“Newport City Council currently has three block contracts in place for adults with learning disabilities. Two of these are for specialist autistic accommodation and support, with the other service being residential respite. At present, the Council is unlikely to commit to any additional block contracts, due to the inflexibility that can be a feature of them.*

*The reliance on residential respite for people with learning disability is obvious; there are opportunities here to develop more innovative forms of respite that will meet the needs of the person as well as carers.”*

## **Carers**

Welsh local authorities provide 11.7 million annual hours of care (4%), compared to the 288.5 million hours provided by unpaid carers (96%).

In Newport in 2012, of the carers aged over 65, 2,679 were providing care for fewer than 19 hours a week, 731 for between 20-49 hours a week, and 974 for more than 50 hours a week. The estimates for 2020 are that of the over-65s, 2,997 will be providing care for under 19 hours a week, 817 for between 20-49 hours a week, and 1,090 for more than 50 hours a week.

The health of carers – a critical factor in terms of their ability to continue to care - tends to be poorer than that of the general population. At the 2011 Census, 12 per cent of the *total* respondents reported that they were not in good health, but the *proportion* of carers reporting that they were not in good health was 14.8 per cent. The wellbeing of carers is a significant component in the wellbeing of those for whom they care.

The **Carers Strategies (Wales) Measure 2010** placed a duty on statutory authorities to prepare, publish and implement a strategy relating to carers. This would ensure the provision of information and advice to carers and engagement with them in decisions about the provision of services to themselves or the persons for whom they provide care. It would also ensure that they are consulted concerning the provision of services *before* decisions be made.

Carers have been entitled to have their needs *as carers assessed*, but not necessarily *met* as up to now there was no statutory duty to do so. The forthcoming **Social Services and Wellbeing (Wales) Measure** will create a statutory duty to assess carers and provide support if they meet the eligibility criteria, and to ensure that the authority has preventative services in place to support carers.

The number of carers' assessments undertaken in Newport have always been low, but significant work is currently under way to address this, and to ensure that a range of appropriate support services are available to meet the needs of carers and people at risk of becoming socially excluded or isolated.

In some areas, Newport has significant levels of deprivation, poverty and social disadvantage resulting in increasing numbers of people who are socially excluded, or at risk of becoming socially excluded. Such groups are often associated with poor health and increased need for care and support.

It is anticipated that full implementation of the welfare reform program will compound such difficulties when Universal Credit replaces some of the current social security benefits and tax concessions, and demand increases for housing-related support services.

Older people are particularly vulnerable to social isolation and loneliness as bereavement and age-related ill-health or disabilities affect their lives. Isolation and loneliness can impact blood pressure and

contribute to depression – and the cumulative effect on an individual’s wellbeing may have substantial cost implications for health and social care services.

Higher levels of loneliness have been found to increase the likelihood of nursing home admissions and to decrease the time until such an admission. The influence of extremely high loneliness on nursing home admission remained statistically significant after controlling for other variables such as age, education, income, mental status, physical health, moral and social contact.<sup>2</sup>

In Newport, a Social Isolation Task Force is now engaging with isolated older people and utilising 1:1 interventions, Group Services and wider community engagement such as befriending, social group schemes, and community navigators.

*“I think small things such as post offices, corner shops; luncheon clubs, etc. make a big difference to the lives of older people and keep them connected to others, Keep Community Centres open and Libraries and support them.”*

*Consultation response*

### Welsh speakers

The number of people aged 3+ able to speak Welsh in Newport in 2011 was 13,002, (this equates to 9.3 per cent of the population aged 3 and over). As people become older, or perhaps suffer strokes or develop dementia, many tend to revert to their first language; for an unquantified number in Newport, this is likely to be Welsh.

*“There are a lot of lonely elderly people who just need to be visited and talked to. Do not get rid of bus passes.*

*Just one practical issue affecting elderly/frail living on their own without family, neighbourhood support is the withdrawal of the home response scheme by Newport City Homes (telecare/home response for falls). If people are going to be living in their own accommodation and encouraged to do so this type of support should continue to be available.”*

*Consultation response*

Public services in Wales are committed to providing citizen centred services, but there are many people who can only participate effectively in their own care, as equal partners, through the medium of Welsh.

We acknowledge our responsibility to respond to language need as an integral element of care, and that we have a legal and statutory requirement to comply with the **Welsh Language (Wales) Measure, 2011** which ensures that Welsh speakers can receive services in Welsh.

<sup>2</sup>Source: Welsh Government: Framework of Services for Older People 2012:90

## Appendix C: Legislative and policy context

Newport City Council is required to observe, and comply, with a wide range of legislation, regulations, frameworks, plans and guidance, some of which is statutory and some of which is advisory, and all of which may be subject to change, as legislation is consolidated, updated, repealed or replaced.

### Social Services and Wellbeing (Wales) Bill

The Social Services and Wellbeing (Wales) Bill, consolidates current social care legislation but will also require local authorities to be mindful of the wellbeing of the entire population, beyond attempting to address the needs of those who meet the 'eligibility criteria' as is the present case. The Bill will require us to develop a model of Self-Directed Support, and places a statutory duty on us to assess carers and provide them with appropriate support. Additionally, it creates a statutory duty to provide information, advice and assistance, and reinforces the importance of safeguarding all citizens by creating new duties to protect vulnerable adults.

Alongside the Social Services and Wellbeing (Wales) Bill, there are many other documents, some with the force of law, (these are known as Statutory Guidance under s7 of the Local Authority Social Services Act 1970), placing various duties on the authority, including the expectation that we work collaboratively or in partnership with others such as health or the third sector.

The main legislative and policy documents are noted below, with a brief summary of some the more significant elements.

- **Access to Care and Wellbeing in Wales Report**  
*Social Services Improvement Agency (March 2013)*
- **Aneurin Bevan Health Board Five Year Plan (2010-2015)**  
*Aneurin Bevan Health Board (2010)*

The challenges of improving health outcomes, systems performance and achieving financial sustainability are leading to a demand for services to be delivered as close to patients' homes as it is safe and effective to do so, the development of greater specialisation of services, and the need to achieve increasing standards of efficiency and productivity across the health care system. This in turn is requiring fundamental reconsideration about the ways in which services are or could be delivered.
- **A Sustainable Wales: Better Choices for a Better Future** (White paper consultation proposals for a [Sustainable Development Bill](#)), *Welsh Government (2012)*
- **A Strategy for Adults with a Learning Disability 2012-17** (also known as **Gwent Learning Disabilities Strategy**)  
*Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen (2012)*

This hinges on person centred care, promoting independence and social inclusion. It seeks to improve access to advocacy and information, and covers aspects of everyday living such as employment, housing, education, leisure, day activities and life skills, as well as provision to support carers.
- **The Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales (2009)**  
*Welsh Government*
- **Carers Strategies (Wales) Measure 2010 - and associated Regulations (2011)**  
*Welsh Government*

This carries the requirement to develop a Strategy that sets out how the local authority will provide information and advice to carers, in reaching the decision about the care service they or their cared-for will receive, as individuals, to consult with carers, and to consult with carers

before making decisions of a general nature regarding the provision of services to carers or those for whom they care.

- **Children in Need Commissioning Strategy 2012-15**, *Newport City Council* (2012)
- **The Community Strategy - Feeling good about Newport**, *Newport Local Service Board*:  
The Community Strategy feeds into the One Newport Local Service Board's vision (Newport Single Integrated Plan – SIP – see below), for improving Newport. The priorities are:
  - to have a prosperous and thriving city
  - to have a better quality of life
  - to have vibrant and safe communities
  - to deliver better public services
- **Corporate Assessment Report: Newport City Council**, *Wales Audit Office* (2013)
- **Corporate Plan and Annual Improvement Plan: Standing up for Newport: Corporate Plan 2012-2017**, *Newport City Council* (2012)  
Newport City Council's Corporate Plan describes the council's intentions over the next three years as Newport becoming:
  - A caring city
  - A fairer city
  - A learning and working city
  - A greener and healthier city
  - A safer city
- **Delivering a Better Newport – Improvement Plan 2012-13**, *Newport City Council* (2012)
- **Delivering Local Health Care – Accelerating the Pace of Change**, *Welsh Government* (2013)  
A framework for health boards, local government and third sector partners to provide high quality, safe and sustainable services to meet the needs of people in Wales, with emphases on prevention and early intervention, improved support for older people and people with long-term conditions, strengthening locally-led service planning and delivery, and that the care be coordinated, focused and designed around people.
- **Designed to Add Value – a third dimension**, *Welsh Assembly Government* (2008)  
Recognises the contribution of voluntary organisations, and advocates:
  - Stronger partnership working
  - Improved service planning
  - Supporting self-care and independence
  - Promoting and improving health and wellbeing
  - Volunteering for health and social care
  - Developing social enterprises in health and social care
  - Integrated services and workforce planning
  - Fewer hospital admissions and improved discharge rates
  - Research and development
- **Developing a Market Position Statement: A Commissioner's Toolkit**, *Social Services Improvement Agency* (November 2013)
- **Dublin Declaration (signed by NCC in November 2013)**  
Affirmation of NCC's pledge to make Newport an age-friendly city by 2020, commitment to adopt best practice, and to promote opportunities for older people.

- **Future Generations (Wales) Bill: Better Choices for a Better Future**  
(formerly known as the **Sustainable Development Bill**) *Welsh Government (Forthcoming)*  
Will help tackle the generational challenges Wales faces in a more joined up and integrated way - ensuring Welsh public services make key decisions with the long term wellbeing of Wales in mind, by placing a duty on local authorities to incorporate *sustainable development* as an organising principle of the work undertaken.
- **Framework for Action for Independent Living**, *Welsh Government (2012)*  
Requires those commissioning services to be mindful of the need for:
  - Information, advice, advocacy, peer support
  - Accessible and supported housing
  - Personalised care and support
  - Person-centred technology
  - Barrier-free transport system
  - Accessible and inclusive places
  - Employment (including self-employment)
- **Framework of Services for Older People**, *Welsh Government (2012)*
- **From Vision to Action (Pearson Report)**, *Independent Commission on Social Services (2012)*
- **Fulfilled Lives, Supportive Communities - Commissioning Framework: Guidance and Good Practice**, *Welsh Government (August 2010)*  
This publication, issued under Section 7 of the *Local Authority Social Services Act 1970*, provides statutory guidance on commissioning social services. It applies to commissioning by local authority social services, and to commissioning by wider partnerships, where social services are engaged. The Guidance strongly encourages partnership working.
- **Market Position Statement (2013)**, *Newport City Council (unpublished)*
- **Mental Health (Wales) Measure 2010**, *Welsh Government*
- **More than just words - Strategic Framework for Welsh Language Services in Health, Social Services and Social Care (2013) – Social Services in Wales Action Plan**,  
*Welsh Government (2012)*  
This is the Welsh Government’s strategic framework for Welsh language services in health, social services and social care. As it regards being able to access services in Welsh, without having to ask, as a crucial part of respect for the Service User, it places a requirement on health and social care services to be able to provide services in Welsh.
- **National Dementia Vision for Wales (2011)**, *Alzheimer’s Society/Welsh Government:*
  - (1) to increase awareness and understanding about dementia and its effects on those with dementia and those who care for them;
  - (2) to develop more closely integrated services for those afflicted and affected by dementia, and
  - (3) to create ‘Dementia Supportive Communities’
- **Newport Autistic Spectrum Disorder Action Plan 2013-2014**, *Newport ASD Steering Group (April 2013)*



- **Newport Single Integrated Plan (SIP) - Feeling Good about Newport**, *SIP Newport Local Service Board (2013)*

A SIP is the defining statement of strategic planning intent for a local authority area. It contains the Local Service Board's (LSB) vision for improving the area over the next three years. As no single organisation can meet the total needs of a community, there is a requirement to plan and deliver services in collaboration with other public and private sector organisations. Newport's SIP identifies the following key priorities:

- People in Newport achieve their full potential
- Newport has a prosperous and thriving economy
- People in Newport are thriving and healthy
- People in Newport live in a safe and cohesive community
- Newport as a distinctive and vibrant community.

- **Newport Strategic Equality Plan**

The Equality Objectives and Equality Action Plan cover both equality objectives and actions required to meet the legal requirements of the *Equality Act 2010* as outlined in the Strategic Equality Plan 2012-2016. The objectives concern:

- Engagement
- Accessible services
- Community cohesion and tackling hate crime
- Domestic abuse
- Worklessness

- **Newport's Unified Needs Assessment 2013**, *One Newport Casnewydd yn Un (2013)*  
[http://onewportlsb.newport.gov.uk/stellent/groups/public/documents/plans\\_and\\_strategies/cont716439.pdf](http://onewportlsb.newport.gov.uk/stellent/groups/public/documents/plans_and_strategies/cont716439.pdf)

- **Our Healthy Futures (2010-2020)**, *Welsh Government (2010)*

The strategic framework for public health, in Wales with aspirations to make the systems fairer by reducing inequalities. By 2020, it is hoped that:

- We will take care of our own and others' health and wellbeing.
- Organisations and individuals work together to improve and protect the health of the people of Wales.
- There will be a reduction in the gap between communities with poor health and communities with better health.
- Public policy will support and enable people to lead healthier lives.

- **Shared Purpose, Shared Delivery – Guidance on integrating Partnerships and Plans**, *One Newport Casnewydd yn Un (2012)*
- **Social Services and Well-Being (Wales) Bill**, *Welsh Government (2013)*
- **South Wales Programme (as part of Together for Health: A Five Year Vision (2011-2015))**, *Aneurin Bevan University Health (updated 4 November 2013): 'Together for Health' – South Wales Programme* <http://www.wales.nhs.uk/sitesplus/866/page/65180>

Health boards across south Wales have come together to look at a small number of specialist, but important services. Working with more than 300 clinicians, the programme has identified some specialist services where change in provision and delivery may be indicated:

- some specialist maternity services (obstetrics)
- accident and emergency and trauma services.

- **Shared Purpose, Shared Delivery**, *Welsh Government (2012):*

Sets out the roles of local government and their Local Service Board partners to plan and deliver high level outcomes by focussing efforts on prevention and early intervention, and expects that a

single integrated plan should be used to meet the statutory duties in relation to the development of plans and strategies required under the following (and other) legislation:

- **Local Government (Wales) Measure 2009 (Part 2: S 37-46)** – Community strategies;
  - **National Health Service (Wales) Act 2006 (Part 3: S40)** – Health, social care and well-being Strategies; and
  - **Crime and Disorder Act 1998 (Part 1: S6)** – Strategies for the reduction of crime and disorder, strategies for combating the misuse of drugs, alcohol and other substances, and strategies for the reduction of re-offending.
- **Strategic Equality Plan and Equality Objectives**, *Newport City Council* (2012)
  - **Stronger Partnership for Better Outcomes** Circular no 35/2006, *National Assembly for Wales* (2006)
  - **Sustainable Social Services for Wales: A Framework for Action**, *Welsh Government* (2011)  
Provides a framework for meeting the challenges facing social services in the next decade and beyond, and sets out priorities for action. It aims to reshape and refocus social services in order to ensure that they remain strong, and can continue to meet citizens' needs and aspirations.  
<http://wales.gov.uk/topics/health/publications/socialcare/guidance/services/?lang=en>
  - **The Third Dimension – A Strategic Action Plan for the Voluntary Sector Scheme**, *Welsh Assembly Government* (2008)
  - **Together for Health (includes South Wales Programme): A Five-Year Vision (2011-15)**  
Advocates a more integrated health and social care system by:
    - Helping people to live healthily and independently
    - Detecting health problems quickly
    - Delivering fast, effective, integrated care and support
    - Involving people in decisions about their local services and care
    - Enabling health and social care staff to plan and deliver care together
  - **Together for Mental Health: A five-year vision for the NHS in Wales**, *Welsh Government* (2012)  
This is a strategy rooted in the *Mental Health (Service User) Measure 2010*; it seeks to:
    - Promote mental wellbeing and prevent mental health problems arising
    - Improve information about mental health
    - Increase Service User and Carer involvement in care-decisions
    - Change attitudes to mental health by tackling stigma and discrimination
    - Deliver a well-designed, fully integrated network of care based on recovery and entitlement.
  - **Transitional and longer-term implications of the Social Services and Well-being (Wales) Bill 2013**, *Welsh Local Government Association and NHS Confederation* (September 2013)
  - **Welsh Language (Wales) Measure**, *Welsh Government* (2011)
  - **Written Statement concerning Social Services and Well-Being (Wales) Bill: Assessment and Eligibility Framework**, *Welsh Government*: 19 July 2013
  - **Written Statement concerning Social Services and Well-Being (Wales) Bill: Prevention and Early Intervention** *Welsh Government*: 21 November 2013

## Appendix D: Consultation on the strategy

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Events	When (2013)	Feedback Collation by
Presentation to Carers' Forum	15 July	Fiona McMahon
Involvement of Communities First	22 July	Eli Jones
Newport Involve – Citizens' Panel Survey (236 completed surveys returned)	30 July	Eli Jones
Neighbourhood Care Networks (GPs)	7 August	Fiona McMahon/Jonathan Griffiths
Rogerstone Ward meeting		Alys Jones
St Julian's Ward meeting	8 August	Lucy Jackson
SOS Newport		Lucy Jackson
Stakeholder meeting	30 August	Eli Jones
Strategic Reviews	30 August	Eli Jones
Newport ASD Strategy Group	8 October	Jonathan Griffiths/Eli Jones
Beechwood Ward meeting	9 October	Jonathan Griffiths
Stow Hill Ward meeting	10 October	Lucy Jackson
Staff Conference	21 October	Eli Jones/Claire Davis
Cluster Board meeting – Somerton Hope	22 October	Eli Jones
Cluster Board meeting - Millbrook Primary	23 October	Eli Jones
Cluster Board meeting – Duffryn Den	30 October	Eli Jones
Correspondence received		Eli Jones
Meeting with Health and Safety	29 November	Jonathan Griffiths/Eli Jones

We are grateful to all respondents for their feedback and invaluable comments.

## Appendix E: Future market opportunities

The following is taken from the market position statement that will be published separately.

Reviewing the evidence	Delivering change
<p>Demographic growth means that the current pattern of services and investment is unsustainable and will not be matched by public funding.</p>	<p>The market will need to be ready to respond to budgetary pressures that are being faced nationally. This may mean providers being able to offer sustainable value for money and quality services at a lower cost regardless of whether service users are spending their own or allocated funding.</p> <p>Newport City Council (NCC) will be keen to do business with flexible providers who can demonstrate that their services are able to diversify into areas of provision where they may not have provided in the past.</p>
<p>The number of people requiring home support is increasing, however we see this rising demand will be met by people being supported by short term re-ablement / intervention rather than relying on longer term support.</p>	<p>NCC will want to do business with providers that encourage people to become independent again or require less intensive methods of support and who put people in touch with local organisations to help them maintain that independence.</p> <p>Support planning and brokerage will take a new shape as both in-house and independent organisations will take on this role for Service Users.</p> <p>The aim will be to broker short term packages of care and support, with the focus on re-ablement rather than setting up longer term packages of care.</p> <p>The council in its commissioning approach will move towards a model of outcome based commissioning and performance management, that can deliver greater flexibility rather than the former block contracting of services.</p>
<p>Higher eligibility thresholds for local authority funding could lead to an increased number of people funding their own care.</p>	<p>People who do not require the local authority to fund their care should still benefit from improved health and social care information and expertise regarding, e.g., the alternatives to care homes, in assessing needs, maximising independence, managing risks and supporting carers.</p>

Reviewing the evidence	Delivering change
<p>People have higher expectations and want care provided flexibly in a way that supports their family and social life, rather than having to organise their life around care services.</p> <p>We also know that satisfaction with good quality, skilled and appropriately trained staff</p>	<p>NCC will seek to do business with providers who can demonstrate their ability to offer high quality care and support, underpinned by person-centred values and approaches whilst offering value for money.</p> <p>Service Users report that what matters most is the quality and consistency of the individual providing the care and support.</p> <p>NCC will want to work collaboratively with providers to diversify the level of competence and range of duties that care / support workers can provide to meet the rising demand for home-based services.</p>

as well as consistency of care / care worker wherever possible is important.	
Surveys indicate that service users and carers want a wider range of alternatives to the existing, often building-based, forms of care, respite or intervention.	NCC will be looking for providers to work flexibly to provide a range of options for e.g., day opportunities for working age adults, respite and alternatives for young adults coming through transition.
People want more choice and flexibility over how their needs are met, regardless of who is funding the support.	NCC will want to develop citizen directed support / direct payments so that people can manage their own care and have more choice in provision, e.g. shopping service, handy person and transport.

If you would like this information in another language or format, please contact the Social Services Public Information Officer on 01633 656 656 or email [swinfo@newport.gov.uk](mailto:swinfo@newport.gov.uk).

