

1. The establishment of a North Haven unitary authority represents an excellent platform for delivering modernised health and social care services in the area.
2. Our ambition for the new unitary authority is that it is the catalyst for implementing a vision for services which promote healthy lifestyles, social inclusion, independence and wellbeing – objectives which form the bedrock of Government policy set out in “Our Health, Our Care, Our Say”.
3. Our approach will see a major shift in focus to delivering more preventive and re-ablement services through innovative multi-agency working which reflect integrated governance, strategies, services, systems and processes. A common thread running through our whole approach will be to give service users more choice and control over services they require.
4. This is where the creation of a North Haven unitary will be the right mechanism of achieving the Government’s objectives, as North Haven will be large enough to plan at a strategic level with sufficient critical mass to support intelligent commissioning and efficient service delivery.
5. It will also have the advantage of being more connected to its communities and therefore better placed to involve local people in shaping services and in moving quickly to respond to deliver their aspirations and priorities. This is vital because of three issues that provide the context, and challenge, for the establishment of the new unitary:
6. Firstly, we must recognise the distinct needs of the various communities within the North Haven area, Ipswich, Felixstowe and the rural areas.
7. Secondly, is the need to plan for the significant demographic changes which are expected to see a massive growth in the elderly population by 2021, together with increasing numbers of people requiring support with learning disabilities, or limiting long term illnesses.
8. Thirdly, is the need to increase momentum in delivering the modernising agenda. While we will want to build on those aspects of adult services which are working well within the county, and ensure a seamless transfer to the new unitary through careful transition planning, there are several areas where stronger performance needs to be achieved on operational performance alongside swifter and more effective implementation of key strategic developments.
9. Against this background, the new unitary council will more easily encourage fresh thinking without being burdened by historic service models and patterns of expenditure in developing innovative, forward-looking arrangements, which are uniquely shaped to meet the needs and aspirations of the local community.
10. Moreover, the new unitary council has the advantage of being closer to the communities it will serve and therefore is better placed to involve local people in shaping our services, and move quickly to respond to deliver their aspirations and priorities.
11. Older people, and people with disabilities, generally say that they want to be as independent as possible, live in their own homes and communities, in touch with their families and friends. They want to be able to use the same leisure, education, health, shopping and other facilities as everyone else, and many want support to maintain or regain their health and fitness.

12. We will translate these strong messages into a statement of service values and actions that truly put the service user at the centre of everything we do so that they, and our communities, become the major drivers of changes to services. A key feature, in dialogue with our service users and communities, will be to achieve the right balance between protecting people and enabling them to manage their own risks. Increased availability of information, and advocacy services, will empower service users and carers with access to the necessary support for them to become actively involved and make a positive contribution.
13. The result will be fairer access to services that provide our customers with more personalised care, and more choice about services that fit better into their lives. As part of this approach, we will drive forward the Government's "Personalisation" agenda so every service user, and carer, has their own individual budget to give people greater freedom to choose the support they want. This allocation can then be taken as a direct payment to organise their own services, or used to purchase services from approved care providers. We will provide advocacy and brokerage services to assist people to make informed choices and negotiate flexible services that meet their individual needs.
14. The Council will also build on the existing multi agency strategic alliances in establishing and supporting a clear council-wide policy for protecting vulnerable adults. We will develop with our partners a robust framework and policy to improve and increase safeguarding services for vulnerable adults.
15. As part of our drive for greater efficiency savings, we will implement planned and careful reductions in transaction costs through effective demand management and targeting of care services within budget, procurement savings and charging arrangements which do not impact adversely on patients, service users or carers. We believe the integrated directorate has the potential to secure significant efficiency gains particularly in term of home support and warden services. In addition, harnessing the facilities managed by our culture and leisure services will add to the menu of preventive services thus reducing the need to call on more intensive resources.
16. We will use proven business process re-engineering techniques (BPR) to work with partners to analyse existing care pathways and develop new models of care, based on national best practice, to improve the service user experience and deliver fast and efficient service delivery. These new models of care will support people in communities and in their own homes; reducing unnecessary admissions to hospitals and institutions; and getting in early to stop the problems developing.
17. The result will be higher levels of productivity, more customer-focused working, and savings that will achieve our financial targets for the new unitary council, while ensuring the right investment in front-line services. This will:
  - Identify and eradicate service overlaps and duplications;
  - Improve access and care pathways;
  - Strip out unnecessary transaction processes and costs.
18. A key thread running through all our work will be the development of a highly skilled and motivated workforce, capable of working within our integrated service model and across organisational boundaries. We will make full use of the "Building Brighter Futures" guidance (2008) to achieve this, thus ensuring that North Haven has the "right people, with the right skills, in the right places at the right time".

## PROJECTED ACHIEVEMENTS IN THE FIRST FIVE YEARS

19. Some of the key areas of progress we will achieve over the next five years with our NHS, and other partners, will be:
- More community based integrated responses with the voluntary sector;
  - Elimination of the current gaps in the essential menu of community services;
  - More older people and adults enabled to live full and independent lives – using individual budgets, direct payments, telecare and appropriate housing to make this possible;
  - Expansion of re-ablement services including intermediate care;
  - Reduction in the number of people who have their discharge from hospitals delayed;
  - Reduction in the numbers of older people and people with mental health needs being admitted to costly traditional residential care services;
  - Successful resettlement in more appropriate community settings of the significant number of people with learning disabilities currently placed in long stay healthcare provision;
  - Reduction in inequalities and improved access to community services;
  - More support for people with long-term needs;
  - More imaginative use of available resources and increased value for money;
  - Improved performance on assessments, service delivery times and reviews through investment in our front-line services;
  - Improved compliance with National Minimum Standards in regulated services.

## LEADERSHIP AND ORGANISATIONAL ARRANGEMENTS

20. Successful delivery of our vision will require strong strategic leadership across the authority and in our wide range of partnerships with NHS and other organisations across all sectors. The way we propose to organise the new unitary and partnership structures will guarantee these essential drivers.
21. Importantly, the leadership of adult services across the whole of the new authority will be enhanced by a Portfolio-holder for Adult Social Care and officer champions for each of our localities to ensure effective, responsive and joined up responses to local priorities and needs.
22. We will also establish health and adult services scrutiny arrangements that not only focus on North Haven specific issues, but allow joint scrutiny of NHS plans and performance which have cross-boundary implications.
23. Our new Directorate arrangements, will bring together adult social care, housing and leisure and culture, enabling us to develop joined-up, integrated and flexible solutions as well as seamless transfer of vulnerable service users from children's services.
24. We have drawn up a provisional structure that will give us the capacity and clarity to lead and deliver. This structure has been benchmarked with other high performance authorities for capacity and value for money.

25. In building the new organisation, we will ensure there is a strong strategic core with high priority given to ensuring ample capacity to support commissioning, procurement, financial management, quality assurance and performance management. These functions will support key stages in the commissioning cycle around:
- Outcomes and service specification;
  - Performance review;
  - Needs analysis;
  - Gap analysis;
  - Service re-design;
  - Market management;
  - Quality assurance and contract performance.
26. To promote strong multi-agency working, we will want to explore with the PCT, the scope for joint posts in relation to:
- Public health;
  - Commissioning;
  - Management of integrated services;
  - Hospital discharge planning and rehabilitation services.

## **PARTNERSHIP ARRANGEMENTS**

27. Given the importance of partnership working to successful delivery of the new Unitary's ambitions, we will begin consultations on the detailed arrangements immediately on the Government's decision about a unitary council:
- Suffolk PCT;
  - Ipswich Hospital Trust;
  - Suffolk Mental Health Trust;
  - Ipswich General Practitioners;
  - Suffolk County Council;
  - Voluntary organisations;
  - Private sector organisations;
  - Groups and organisations representing service users and carers.
28. Robust strategic planning, joint commissioning and performance monitoring will be achieved through the establishment of a range of Partnership Boards covering these relationships and different issue or customer groups. All will have appropriate sub group structures to develop strategy, drive service change, and monitor performance in the delivery of national and local policy objectives. As well as North Haven and NHS membership, the Boards will include voluntary and private sector organisations and service users and carer representatives.
29. For any services which are jointly delivered, there will need to be robust and transparent joint governance arrangements, with explicit linking mechanisms to the executive decision making functions of each statutory body.

30. The work of the various partnership boards will be serviced by a well-resourced joint commissioning team. This high level of joint working will ensure access to a wide range of high quality accommodation, health care and social support networks. This will assist with early care planning and identification of resources to ensure smooth transition from children's to adult services.
31. We will seek to develop these provider services in Ipswich closely in partnership with North Haven based, and wider Suffolk based, voluntary organisations, such as Age Concern, Optua, MIND and Suffolk Family Carers. We will integrate our policies, resources and outcome objectives with those of the NHS wherever appropriate and, as a result, to improve outcomes for service users and carers.
32. We will also work hard to forge strong relationships with private sector care providers, involving them fully in the processes for setting fees, service specifications, and quality standards. This will ensure that providers feel confident that they can commit themselves to long-term and sustainable business plans, and will bring increased market stability.
33. We will be mindful of the fact that the new PCT arrangements are evolving. We will be supportive of their current strategic direction and will seek to negotiate tailored future Local Delivery Plans that provide a transparent focus on the needs of the North Haven area. Within this emerging relationship, we will seek to agree increased use of lead commissioning, pooled budgets and integrated services that do not just involve professionals working alongside each other or from shared bases, but demonstrate joint management.
34. We believe our new unitary council will be able to form more productive relationships with Ipswich Hospital. This is an important relationship as the new unitary area provides the catchment area which makes most demand, particularly for emergency services, and in the pressurised issue of delayed transfers of care.

## **PRIORITIES, COMMISSIONING & PERFORMANCE MONITORING**

35. Commissioning will be at the heart of the new unitary council's approach, and we will base our commissioning model on the DH guidance issued in 2006 and 2007. We will embed a results-driven culture underpinned by effective performance monitoring capacity and processes such as those for quality care monitoring and ICT systems
36. An early step will be the drawing up of an effective outcomes-based joint commissioning framework which will be a vital factor in delivering our vision for high performing adult services. This will ensure the right balance of investment in local services to address health and social inclusion, with both a focus on people with emerging needs and those with more complex problems.
37. Early work will also commence on developing new outcomes-based commissioning strategies for all the main user groups: -
  - Older people;
  - Mental Health;
  - Physical Disabilities & Sensory Impairments;
  - Learning Disabilities;
  - Substance Misuse;
  - Carers.

38. These corporate commissioning strategies will be markedly different in being driven by outcomes (rather than outputs) agreed through widespread stakeholder engagement, and will be active vehicles for change management rather than merely statements of intent and service development “wish-lists”.
39. Our plans will be based on sophisticated needs analysis and clear implementation “route maps”, with robust financial costs fully embedded in the Council and partners’ medium term financial strategies. The starting point will be to build on the previous work done by the county on completing a Joint Needs Assessment (JNA) by building up a more detailed picture of needs within North Haven and how well existing services are meeting these.
40. We will negotiate with partner agencies and will enable more systematic use to be made of Health Act flexibilities to maximise the opportunities for pooling and transfer of resources to deliver our vision.
41. Whilst the new unitary has sufficient capacity of its own, we will explore opportunities, on a regional and sub regional basis, for joint initiatives, and the opportunities for joint work on policy development, market analysis and procurement activity to avoid unnecessary duplication of effort and resources across partner agencies.

## **CUSTOMER ACCESS**

42. Local experience and national research shows the importance of two factors in helping people being able to gain timely support that meets their needs:
  - (i) Easy availability of clear and comprehensive information about relevant services;
  - (ii) Easily accessible customer contact points which are geared up to deal with the whole range of customer issues.
43. Our communities will benefit from information points placed in frequently used public facilities including libraries, GP surgeries etc giving access to information about our services, and those of our partners. Customer contact will continue via the established Customer First operations with staff trained to deal with all initial enquiries including those requiring referrals for a community care needs assessment which will be passed onto the relevant geographical or specialist team. Requests for adult social care services will therefore be able to be made at the same time as enquiries for any other council service.
44. Similarly, the new unitary council will bring services closer to our communities through for a “hub and spoke” approach to the delivery of adult services for all the main user groups.
45. For older people, people with physical disabilities, and their carers, we will develop a number of Resource Centres which will be the focal point for access to a range of on-site and outreach prevention, healthy living, early intervention and support services.
46. To provide the most integrated service possible, and to make best use of assets and resources, these centres, wherever possible, will be designed into our planned expansion of supported housing / extra care housing developments or specialist dementia residential units. The resource centres will provide a more local community base for health and social care staff carrying out needs assessments, (including aids to daily living), and staff delivering a range of rehabilitative services including rapid response and rehabilitative home care, and intermediate care.

47. For adults with learning disabilities, we will modernise the existing traditional day centre services to outpost staff, and develop local access points with increased access to mainstream community, education and leisure facilities.
48. Similarly, for people experiencing mental health problems, we will identify local community drop-in facilities where support can be provided, and which again can be used by health and social care staff to maintain contact as part of the Care Programme Approach.
49. To achieve the necessary economies of scale, we envisage that some specialist adult social care teams will have a unitary-wide remit.

## **INTEGRATED SERVICES**

50. We will seek to establish joint teams with the NHS in relation to older people and people with long term limiting conditions. This is likely to comprise a combination of fully integrated team under single management, others where professionals from different agencies are co-located, and some that are more fluid “virtual” teams coming together to ensure joined up responses to assessment and commissioning packages of care.

## **STRATEGIC AND SERVICE PRIORITIES**

### **Prevention & Promoting Independence Services**

51. To deliver both a focus on commissioning preventive and more intensive support services, we will review the Fair Access to Care Services (FACS) bandings and levels of services linked to each of these.
52. Our reshaped services will see year on year improvement on the county’s PI’s for the proportion of adults, and older people, helped to live at home. This will be matched by a corresponding reduction in the need for higher level services, and a reduction in acute hospital admissions. Across all user groups, we will also secure high performance on OT assessments and delivery of community equipment, home adaptations – providing the necessary improvement on current performance.
53. A strategic shift away from traditional expensive forms of care will generate efficiency savings that can be reinvested into a wider menu of modern services models. Front-line care management staffing levels will be given high priority and there will be more support for people with long-term conditions or complex needs through joint teams, with the provision of a case co-ordinator and integrated care plan.
54. Linking our housing services with adult social care will also offer closer and more effective work in respect of tackling decent homes for vulnerable people, and achieving better quality of life outcomes, rather than a gradual dependency on health and social care.
55. Our robust needs assessment and financial management will allow us to achieve the necessary strategic shifts to meet a wider range of assessed needs through the Supporting People programme and deliver value for money.

56. We will effectively integrate community alarm and HEARS services and use technology, such as Telecare Systems, to promote independence for older people and those with disabilities. This will be enhanced by the Council's housing function which will also help to make sure information and assistance to older people, to prevent trip and fall accidents, is available. Fire safety will be promoted with smoke alarms fitted and hospital admissions will continue to reduce due to measures, including use of technology systems, such as alarms linked to 24-hour support lines.
57. To help promote the continued independence of people with moderate or low needs under the FACS bandings, we will develop long term contracts with "third" sector organisations to provide access to appropriate community activities as well as a range of low level support schemes such as befriending, shopping, handyman, gardening and community transport schemes. Over time, increased activity will enable these services to become more self-financing.
58. Effective use of the welfare rights service will maximise the income and independence of older people and adults with additional needs. This service will also provide support to council staff who have direct contact with the public. We will use our localised knowledge and existing links to effectively work with local community groups to maximise the income and thus the independence of people from minority groups.
59. We will adopt a transparent, equitable and supportive approach to financial assessments under the CRAG and Fairer Charging regimes, ensuring that this work is closely aligned with the work of specialist staff providing benefits advice to ensure service users' income is maximised.
60. For people whose needs are substantial or critical, our emphasis will be on re-ablement services to enable people to remain in their own homes or to return to their homes after hospital admission. Accordingly, through re-investment of some of the resources currently used to fund residential and nursing care, we will accelerate the expansion of the following key services which are currently below levels of comparator and best performing authorities:
  - Intensive home care;
  - Intermediate care;
  - Rapid response teams.Expansion of these services will also contribute to excellent performance in relation to delayed discharges from hospital.
61. Our established housing management skills, and partnerships with RSL's, will guarantee success in expanding the range and amount of alternative supported housing options particularly extra care housing schemes.
62. For those whose needs cannot be met by the above models of care, our inclusive quality strategy, and inclusive commissioning and procurement processes, will ensure a sufficient supply of high quality nursing and residential care from private and voluntary sectors providers. For people with serious dementia, or those requiring short term rehabilitative care, we will either commission, or directly provide, specialist resource centres offering a mixture of residential, day and outreach services – the latter two services providing carers with respite support.

### **Mental Health**

63. Our commissioning strategy for mental health will provide a strong focus on mental health promotion and social inclusion. The combination of our CMHT's, crisis resolution, and assertive outreach services will offer fast and effective 24/7 support and treatment for those with severe or enduring mental health problems, while placing the right emphasis on protection of the public. Investment will ensure coverage of key services across the whole of the authority including a recruitment and training strategy to achieve the recommended numbers of approved social workers.

### **Learning Disabilities**

64. The new unitary will bring fresh impetus to drive forward the "Valuing People" objectives of rights, independence, choice and inclusion to improve the life chances for people with learning disabilities focussing on self-directed support, inclusion, choice and control.
65. A restructured Partnership Board will translate vision into action to deliver:
- Improved transition from children's to adult services;
  - Co-ordinated services to meet the outcomes of person centred planning;
  - Improved healthcare assessment and treatment;
  - Improved commissioning and quality monitoring of supported housing;
  - Modernised day services centred around local access points and increased access to mainstream community, education and leisure facilities;
  - Reduce the use of out of county placements and reduce existing high costs of placements.
66. We will also apply a rigorous project management approach to the important priority of achieving successful resettlement of patients still residing in long-stay NHS provision.

### **Substance Misuse**

67. We will ensure there is a strong corporate working with our partners on tackling drug issues, especially in the south of the county, with a strong drug action team. We will further develop screening for drug and alcohol misuse and ensure that we increase the number of people successfully retained in drug misuse treatment.

### **Carers' Support**

68. Carers and young carers will receive a much better deal than at present in the following ways:
- Access to improved information;
  - Recognition as individuals with distinct needs from the person they care for and their own assessment in every case;
  - Fair access to an increased range of practical support of their choice that makes a real difference to their quality of life e.g. short breaks and home-based emergency respite support – available seven days a week;
  - A range of accessible, quality services for the people they care for;
  - More effective co-ordination of health and social care services.