Commissioning Strategy for Older People’s Services in Wrexham 2013-18
PART A: Vision

Wrexham County Borough Council | Adult Social Care

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Introduction

This Commissioning Strategy outlines our intention to reform Older People’s services, including services for older people with complex mental health needs, including dementia, in Wrexham. It is our vision that by 2018 there will be a more efficient service that provides early support to prevent issues from escalating into crisis. This will mean that more people will be supported but less intensively. As a result of this, more of the people we work with will report an improvement in their quality of their life. The central aim of this strategy is to ensure that Sustainable Social Services for Wales, A Framework for Action (2012) principles are observed. This will include supporting the domiciliary care market to support people who use our services to remain independent within their own homes for as long as possible and allow them to have greater choice and control over their care.

The commissioning intentions presented within this strategy have been developed in partnership with Wrexham citizens aged over 65 years, including those who use our services, and their carers, community groups, and associated professionals. Based on consultation with older people and key stakeholders as well as the analysis of our key demographic and service level data (see separate Market Position Statements), commissioned services for older people will be aligned with the Council’s vision that ‘All vulnerable older people have optimal health, independence and well-being’. (Council Plan 2012-16). The commissioning intentions presented within this strategy will set the agenda for Adult Social Care to ensure the support it provides, including the provision of domiciliary care services, are preventative in nature, and more focussed achieving the best possible outcomes for the people who use services.

Wrexham has in the past been reliant on traditional models of service provision and as this strategy will emphasise, this approach is changing. By the end of this five year commissioning strategy:

- An increasing number of older people will be supported to live independently within their own homes and communities
- The relationship with the Third Sector will consolidate so as to provide opportunities for older people to sustain their wellbeing
- Reablement will continue to be commissioned by the Council’s internal provider but we will work with independent providers, residential homes, the Third Sector as well as Carers in order to ensure that this approach is delivered across the whole spectrum of care
- Day care will be reviewed to ensure it meets the needs of older people, is enabling and integrated within the community and offers value for money
- We will increase the number of places available for respite which can be pre-booked
- We will invest in communities in order to develop a greater range of support which promotes the wellbeing of older people including people with complex mental health needs, within their own communities
- More older people will have access to Telecare including the Emergency Mobile Response Service
- We will develop systems to signpost people into low-level community services before their needs become urgent
- An outcomes focussed domiciliary care process will have been developed and embedded within care management systems.
- The way that we commission care services from the Independent Sector will change to focus on Reablement as a way of delivering outcomes after the initial assessment period.
- A period of Reablement will be provided by the Homecare Reablement Service to all individuals who have been identified as requiring support from Adult Social Care.
- Services will be re-shaped to ensure a consistent and high quality sustainable service is developed, which is fit for purpose, with capacity that is reflective of demand and offers choice and control.
- Independent sector providers and third sector organisations, with the assistance of the Social Care Workforce Development Partnership will be able to access Reablement training. Family members and Carers will have opportunities to learn how to support people through a period of Reablement.

- Employees both internally and externally will be trained more effectively in their present roles and will be prepared systematically for future roles by assisting them to achieve the qualifications, skills and knowledge they need for the work they do.
Vision for Older People in Wrexham

“All older people will be enabled to live the lives they want, achieving their potential to live independently, and exercising control and choice over the services they receive”

Wrexham Adult Social Care Department firmly believe that Older People are not only users of health and social care services; they are also people with skills and experiences, families and friends, and a continuing contribution to make to the communities in which they live. They may join in or help run local clubs, or be involved in voluntary organisations. Many themselves will be carers. Choice, Dignity and Respect are important to Older People, even if their independence decreases in various aspects of their lives. Social networks play an important role in maintaining health and well-being and can also minimise demand for services.

Wrexham County Borough Council, and its partners, is committed to ensuring that all Older People in Wrexham are provided with the opportunities to achieve optimal health, independence and well-being. Teams have the objective of providing or accessing Intermediate Care to prevent Older People from being admitted to hospital inappropriately (often in emergencies), staying in hospital longer than they should, or going in to a care home when they don’t necessarily need to. It is our vision to enable all adults to live the lives they want, achieving their potential to live independently, and exercising control and choice over the services they receive.

As a department, we will strive for more services for older people that will be delivered in a way that:

- Promotes mutual respect
- Values their contribution and diversity
- Ensures their dignity is maintained at all times
- Takes account, where necessary, of their need for protection
- Supports them to (re)engage with their local communities

If we are to meet the needs of Older People in Wrexham we need to see a further shift in the way we currently commission services. The emphasis is to be on promoting independence and well-being.

The main principles of this commissioning strategy for older people in Wrexham are to:

- Deliver a holistic high quality service that maximises the use of informal care provided by family and friends, available community and other unregistered resources as well as low-level support commissioned by Adult Social Care and provided by the Third Sector in order to enable people to continue living independently within their own homes and communities
- Increase opportunities for engagement and social activity
- To ensure the necessary support to Promote dignity in care and deliver quality services
- Ensure services are sustainable and future focussed
- Support Carers to continue in their caring role at their chosen level
Inverting the Triangle

Services for older people can be described as a three-tier model where services are designed to meet need and promote independence. The three broad tiers of service are:

- **UNIVERSAL PROVISION**: Available to all older people
- **TARGETED PROVISION**: To enable older people to maintain independence and minimise their need for acute services
- **SPECIALIST PROVISION**: For older people who require more intensive support

We need to give greater emphasis to services which are not often part of a specialist nature but work towards greater universal provision.

By inverting the focus on specialist services and placing universal services at the top of the triangle we will ensure our investment and focus is primarily on maximising independence and choice for older people (DoH, 2008)

By ensuring that people who use our services have access to a wider range of preventative support options earlier on, we should be better able to maintain their health, well-being, independence and social inclusion, thereby reducing their need for access to more acute services in the future.
The model of care suggested within this strategy is consistent with the ‘transformed model of care’ outlined by SSIA\(^1\), highlighted below. This model presents a care system which starts with a focus on universal services, essentially providing appropriate information and advice and other services that promote and sustain healthy, independent lifestyles in the community, including health care benefits, information and wellbeing services such as exercise programmes - enabling people to remain outside the formal social care system. A second phase prior to entry to the formal social care system ensures people are provided with one or more of the following: intermediate care, Reablement, housing adaptations, equipment and assisted technology. It then involves assessment of eligibility for state funded care. This is the point at which people will be offered either Direct Payments or the services that will help meet their personal care needs. Following completion of the above, and possible reduction in need, there will be progression onto formal social care packages. The final part of the system is the effective commissioning councils and all partners of appropriate services required at the second and third phases. Savings can be realised by adopting approaches which provide good information and advice and promote community based solutions alongside robust Reablement and effective health interventions, reducing the demand for residential and domiciliary care.

Underpinning this is the culture of continuous review and monitoring of Support Plans so that they adapt and change as Customers’ needs increase or decrease.

Investment in Social Care Services is fundamental to achieving the capacity in the Sector to meet the needs of the ageing population. With the assistance of the Social Care Workforce Development Partnership we will deliver training programmes for care staff who are employed by independent domiciliary care agencies, as well as Third Sector organisations. Volunteers, family members and Carers will have the opportunity to learn how to support Reablement provided to older people in the long-term to remain independent in their own homes and communities.
Budget and Financial considerations

National evidence has demonstrated that the right intervention at the right time results in 50% of people having no long term requirement for intensive support after a period of Reablement, with 47% of people achieving their identified outcomes with less input\(^2\). Reablement is not just a six week process; an improvement to older people’s health could occur at any time up to a year after their incident.

In the diagram below\(^3\) a hypothetical service user’s current position is set out where a package of support is reviewed after 12 months of delivery. The total price of the package is £13,400; however, only £3,400 is used in meeting actual need. Changes in the service user’s requirements are not taken into account during the year and improvements in their condition are not acted upon until the review. This leads to inefficiencies delivering the full package of support, and promotes dependency, when a reduced package would be more appropriate.

*This diagram would reflect a Wrexham Adult Social Care support package commissioned from the Independent Sector of 18 hours per week

The diagram below shows the effects of a 6 month review on the Support Plan. There still remain inefficiencies in the system, but this has been reduced to £3,200.

\(^2\) Better Support at Lower Cost – John Bolton - SSICymru.org.uk

\(^3\) Helping people to Live at Home – The Wiltshire Model
This Diagram shows the effects of the Provider working closely with the Service User in a citizen directed way. This process requires defined phases of support targeted at achieving specific outcomes. By increasing the responsiveness of the Provider to the reducing needs of the Service User the levels of waste within the service delivery have been reduced to £800. The total resource required reduces but more significantly, the Service Users level of dependency has also been reduced.

It could not be assumed that all support packages would reduce as illustrated, but costs could be avoided if packages were reduced over the year. 475 service users have been supported by ASC for more than 12 months at an average care package of 11 hours per week. If we follow the model above and review care packages four times per year we would achieve significantly reduced costs.

During the life of this strategy we will use performance management methodology to identify the impact of Reablement and associated improvement actions on service user outcomes, cost reductions and service efficiencies.
Key Strategic Drivers

National Priorities & Policy
The main policy and strategic drivers that inform this commissioning strategy are:
- Forthcoming Social Services & Well-being (Wales) Bill
- Fulfilled Lives Supportive Communities, A Strategy for Social Services in Wales over the Next Decade, WAG 2007
- Sustainable Social Services for Wales: A Framework for Action, WAG, January 2011
- Achieving greater efficiency in services for older people in Wales, Social Services Improvement Agency (SSIA) October 2010
- National Services Framework for Older People (NSF), WAG, 2006
- The Strategy for Older People in Wales, 2008-2013, WAG, 2008

Local Policies
- Our Joint Plan, Wrexham County Borough Council 2011-14
- Wrexham Council Plan, 2012-16
- Healthcare in North Wales is Changing, Betsi Cadwaladr University Health Board (BCUHB) public consultation document, 2012
- Social Care Workforce Strategy 2012 - 2017

Sources of Information – References:
- My Home My Care My Voice : Older People’s Commissioner for Wales 2012 www.olderpeoplewales.com’
- Care is not a commodity: UKHCA Commissioning Survey 2012 http://www.ukhca.co.uk/pdfs/UKHCACommissioningSurvey2012.pdf
- Oxford Brookes University IPC Where the heart is … a review of the older people’s home care market in England - www.brookes.ac.uk/about/news/wheretheheartis

Local Drivers
More people in Wrexham are living for longer and have more significant support needs. Health, housing, social care and other services are working closely together to support vulnerable older people and those who care for them. To this end, older people’s services have been identified as an improvement priority within the Council Plan (2012- 2016), which has set out to ensure that ‘All vulnerable older people are safe and have optimal health, independence and well-being' (PE5).

This Strategy builds in Wrexham’s Annual Council Reporting Framework, which reflects the following principles:
- **Personalisation:** To ensure that individuals who require Adult Social Care services continue to have choice and control over their lives
Localisation: To ensure individuals' needs can be met within their local communities
Integration: To ensure that services work together to meet the needs of individuals, using flexible resources to maintain/increase independence
Safeguarding: To ensure that vulnerable adults are protected from harm

The Social Care Economy
Older people aged 65+ make up the largest proportion of Wrexham’s social care clients, with just over 54% of all our social care clients aged 65+. This compared to 61% across the comparable authorities, and 60% across Wales. Of the 2,991 social care clients aged 65+, Wrexham enables 81% to continue living independently within their own homes. This equates to 11% of the entire population of people aged over 65 years. In the future, this demographic change will place additional pressure on Council services, as the gap between demand and available resources widens. Of the 475 care packages currently being delivered for a period of 12 months or more, 54% have seen an increase in the number of hours delivered; 18% of packages have stayed the same and 28% of packages have seen a decrease in the number of hours of care delivered. In order to continue in this regard we will need to find new and innovative ways to support older people within the community as well as identify people before they reach crisis point.

We have more people and less money so we must think differently about how we support the growing needs of an ageing population.

The approach proposed within this Strategy is based on the philosophy that by meeting people’s needs in a more flexible way which maximises their control, we can make current resources go further, and by creating a more sophisticated and flexible relationship, we can do more with less.

There is a continuing trend for older people to be supported at home rather than going into long term residential or nursing care. Furthermore, support packages are tending to become larger as increasing numbers of older people with high support needs remain at home. Given that the number of frail older people aged over 75 years is projected to increase rapidly over the coming years, there will be severe pressure on the funding of social care services. In order to manage this Wrexham County Borough Council will continue to expand and develop its Reablement service to include independent providers, day services and long-term care. This short-term early intervention aims to maximise older people’s ability to care for themselves, enhance their quality of life, and reduce reliance on social care services. Because we are operating with critical and substantial needs eligibility criteria, it is particularly important for us to ensure that a wider range of preventative services is available to support people whose needs currently fall outside these criteria, and to ensure that people do not go without the support, which would prevent critical or substantial needs from developing in the future.

Key Commissioning Challenges
The following represent some of key challenges when looking to commission services for older people. As a department, we will undertake to address these challenges so as to maximise the positive outcomes for older people within the County Borough.

- Managing cases using a joint approach and joint provision to maximise independence and quality of life of all service users including those funding their own care.
- Ensuring that all citizens have accessible information, advice and guidance that enables self-care
- Ensuring that the infrastructure of all community services is strengthened to provide preventative services
- Aspiring to improve the experiences of people who require support, whilst ensuring that changes are sustainable in the future.
- Ensuring that there is a range of affordable services and activities that enable people to remain active
- Increase the effective use of assistive technology
- Developing services with an enabling ethos
- Supporting the sector in the recruitment, development and training of the social care workforce
- Ensuring information given to Providers from all agencies is consistent and comprehensive to enable Providers to work with people to ensure they receive the help that they need when they need it.
Getting Engaged: Understanding the needs of Older People in Wrexham

The Adult Social Care Department provides a wide range of services for older people in Wrexham. It is important that the public, people who use our services, their families and Carers, have a clear means to share their views and opinions about what we do as well as participate in shaping the services they receive.

In this section we consider customer engagement and unmet need as a driver of our commissioning strategy. A series of questionnaires were developed to capture information on the issues affecting older people within local communities, identify areas of unmet need, as well as provide space to consider options for future service development. Questionnaires were distributed amongst a random sample of Adult Social Care service users, as well as older people in receipt of the Options Service (Age Concern North East Wales [ACNEW]). Questionnaires were also distributed to key stakeholders who come into contact with older people (community councils, GPs, Social Workers, Community Development Officers, community leaders within Wrexham’s seldom heard communities, e.g. multi-faith groups, British Minority Ethnic [BME] groups, Lesbian, Gay, Bisexual and Transgender [LGBT] groups etc). In addition, evidence from the unmet need email address, Panel Applications and staff feedback sessions further helped to build up a picture of the needs we should be endeavouring to meet through this strategy.

Experience suggests that involving customers in shaping services can improve outcomes and effectiveness, and result in different and more affordable approaches. It is important that the public and people who use our services and their families and carers have a clear means to share their views and opinions about what we do and also participate in shaping the services they receive. Experience suggests that involving people in shaping services can improve outcomes and effectiveness, and result in different and more affordable approaches being adopted. Moreover, supporting and stimulating the provision of ‘that bit of help’ in the community can provide older people with the assistance they need to sustain the health, activities and relationships that are important to them. This may include collective solutions, small grants or seed-funding for self-help groups, and developing local markets to provide support people want and value. Such an approach involves moving away from thinking about conventional social care and/ or services, towards thinking about the assistance that older people need and choose, and their experiences. Finally, through thinking about the development of ‘place-based’ approaches to low-level services, which reflect the whole of people’s lives, services can be delivered that represent greater value for money, by including, for example, transport, leisure, fire and rescue services, community and older people’s groups in the co-ordination of support.

Understanding Unmet Need across the County Borough

A range of issues were cited as affecting older people, in terms of their ability to live independently within their own homes and communities, these included:

- A need to further develop accessible information on the services available (both within the local community, as well as by Adult Social Care and partner organisations)
- A need to further develop accessible and affordable transport, including community transport arrangements
- A need to further develop affordable and appropriate housing for older people, including Warden Controlled Flats
- Social Isolation (often compounded by a lack of affordable and accessible transport)
- A need to further develop Counselling services and/ or psychiatric support for older people
- A need to further develop exercise classes suitable for older people
- A need to further develop availability and affordable cleaning and domestic services
- A need to further develop respite opportunities for Carers
- A need to combat anti-social behaviour and a decline in a sense of community safety
Questionnaire responses highlighted a need to further develop community based service across the County indicating a need to ensure equity of access is achieved. Whilst we know that these services are available within Wrexham either through internally or externally commissioned services, or through non-contracted services, evidence gathered as part of this review is suggestive of the need to ensure equity of access and coverage across the County Borough. Given the value of low-level service provision for enabling older people to continue living independently within their own homes and communities, continuing to invest in these key services areas will be an important means by which as an Authority, we will be able to ensure that positive outcomes for older people are achieved, and social care spend is utilised effectively. Finally, respondents outlined the types of low-level services they felt would be of benefit for older people in order to enable them to continue living independently within their own homes and communities. Suggestions have been organised into themes and are detailed below:

- **Transport**: accessible transport is required either through the provision of local bus services or opportunities for community transport.
- **Information**: improved information on how to access services as well as what services are available to older people within the community was felt to be important. It was suggested that Adult Social Care look to hold ‘coffee mornings’ within local communities to inform residents of services available. An extension to the current Citizens Advice Bureau’s outreach work was thought beneficial.
- **Community Safety**: a greater police presence, especially in the evenings was felt to be important in order to ensure older people feel safe within their own communities, as well as access to local facilities.
- **Local Services**: for example, a community bus and groups that promote intergenerational activities were highlighted as a possible area for development.
- **Support Services**: for example affordable cleaning and laundry services to counselling services especially in relation to bereavement, and EMH day services.

What Our Customers Tell Us about Their Needs and the Support Services They Receive

Based on the feedback we received from people who use Adult Social Care services, or those services externally commissioned by the department, we know that:

**Quality of Life, Health & Well-being**
- 48% of older people rated the quality of their lives as either, very poor, poor, or ambivalent
- 88% of older people had an illness or disability that limited the quality of their lives
- Only 29% of older people enjoyed their life
- 41% of older people felt unsafe in their daily life
- Only 28% of older people felt that the information they needed in their daily life was available to them

**Social Engagement and Activity**
- 76% of older people did not feel they had opportunities for leisure activities
- 15% of older people did not have friends they talked to each week
- 39% of older people stated that their social life had mainly been related to older people’s services or people who use social care services
- Whilst 59% of older people stated that they were only involved in clubs or organisations for older people
- over 80% saying they did not feel part of their community
- 24% of people were dissatisfied with the transport arrangements with many commenting that they don’t or can’t use public transport. Some respondent rely on family and friends, or taxis to get out and about and some are unable to access their communities at all.
- “I find it frustrating not to be able to do what I would like.”

**What people told us about the support they receive:**
- 88% of responders told us they were always or nearly always listened to about important things
- 88% reported that they were treated with dignity and respect by those who cared for them
83% of people thought they received the best quality care possible and 91.5% said they always or nearly always received good care from their care worker.

76% of people who responded felt their care was organised in the way they wanted with only 5% telling us their care was organised only a little or not at all in the way they wanted.

69% said they had received information about other services that may help improve their wellbeing and independence.

Only 67% said their care workers had enough time to do all that was needed during their visit.

Only 50% said the same care worker always or nearly always visited each time, and 16% said that they never or almost never had the same care worker.

15% of responders did not feel their care worker had the right skills and knowledge to carry out their duties.

Consultation with older people, including those who use our services highlighted that older people would like to see the following opportunities developed:

- Participation in meaningful activities and tasks within residential homes.
- Availability of activities that reflect personal interests and that are integrated with their local community.
- To feel their efforts are recognized, i.e. through volunteering, engaging with community projects etc.
- To receive true personalized care that is respectful of their life histories and personal preferences.
- Access to a greater range of information on the services available and the professionals involved in the delivery of social care support.

Three people indicated that their preferred language was Welsh, and we would assume that they would prefer to have their care delivered using the medium of Welsh. The Welsh Language (Wales) Measure is intended to modernise the existing legal framework largely governed by the Welsh Language Act 1993 regarding the use of the Welsh language in the delivery of public services. It is intended to promote or facilitate the use of the Welsh language, or work towards ensuring that the Welsh language is treated no less favourably than the English language in relation to service delivery activity; when a person is delivering a service to another or dealing with any other person in connection with delivering services to that person or to a third person.

Finally, staff consultation in relation to the delivery of preventative services highlighted the need for the following:

- Greater flexibility over the provision of regular respite beds that can be booked in advance.
- Disability awareness training sessions for Taxi companies as well as minimum standards developed for those transport companies with whom we contract.
Contextual Issues

For information relating to workforce development, safeguarding and Equality duties, including the Welsh Language Act, please see the corresponding sections of the Departmental Commissioning Strategy.

Monitoring

Strengthening the commissioning and contracting process for adult social care is a priority that will enable the department to fulfil our vision and give more choice and control to people who use our services.

The service level Business Plans which sit beneath this Strategy and which outline the actions for taking our commissioning intentions forward will be monitored on a quarterly basis through our Performance Surgeries. Business Plans are updated annually. The commissioning strategy will be reviewed on an annual basis to ensure it functions as a ‘live’ document.

It will be important that we are able to clearly demonstrate the impact that investment in this new model of service delivery is having upon social care spend and the numbers of people accessing formal care services, and at what stage. Work will commence throughout the life of this strategy to identify and develop robust performance measures as well as put systems in place to capture and record this information.
Commissioning Strategy for Older People’s Services in Wrexham

PART B: A Preventative Approach

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What do we mean by Preventative Services?

The definition of a preventative approach subscribed to within this document is one where good information and advice, practical support, appropriate housing options, Reablement and joint working between agencies assist older people in living fulfilled and independent lives, thereby reducing the number of people entering or requiring ongoing social care support.

- Preventative services are a means of ensuring good health, well-being, independence and social inclusion in later life, by promoting and encouraging the uptake of comprehensive health and social care services for older people.

- This means providing information, advice and guidance at the right time and in the right format; ensuring that there are a range of activities and services that enable people to stay physically and mentally active and commission services that enable people to gain or regain their independence in their own homes and communities.

- The outcomes of preventative services for individuals and their families are to ensure we improve the quality of life of older people in the County Borough. Any increase in demand for more specialist services, due to the forecast demographics will be managed through ensuring good health and well-being, which mitigates against the need to use such services.

This document will use the framework suggested in the guidance on Transforming Adult Social Care which identifies three types of prevention (Department of Health, 2008)

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| **Primary prevention** | Aims to promote the well being of the population as a whole, including people who may have little or no particular social care needs or symptoms | ▪ Combating ageism  
▪ providing universal access to good quality information  
▪ supporting safer neighbourhoods  
▪ promoting health and active lifestyles  
▪ delivering practical services |
| **Secondary prevention** | Aims to identify people at risk, to halt or slow down any deterioration, and to actively improve their situation | ▪ screening  
▪ case finding to identify individuals at risk of specific health conditions  
▪ identifying those who have existing low level social care needs |
| **Tertiary prevention** | Aimed at minimising disability or deterioration from established health conditions or complex social care needs | ▪ rehabilitation  
▪ enablement services  
▪ joint case management of people with complex needs |
### Summary of Commissioning Intentions: Preventative Services

**Primary Prevention** *(AIM: To promote the well being of the population as a whole, including people who may have little or no particular social care needs or symptoms)*

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<tr>
<th>Outcome 1</th>
<th>Older people are active citizens and are involved in making decisions about their future and about where they live</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commissioning Intentions</strong></td>
<td><strong>Lead</strong></td>
</tr>
<tr>
<td>1. Develop and expand opportunities for older people to ‘get engaged’ and actively contribute to service development</td>
<td>ASC</td>
</tr>
<tr>
<td>2. Expand the scope and influence of the Dignity in Care Charter</td>
<td>ASC</td>
</tr>
<tr>
<td>3. Improve the way we collect information on unmet need</td>
<td>ASC</td>
</tr>
<tr>
<td>4. Support the digital inclusion of older people and other vulnerable groups</td>
<td>Regen, Hous, Lib</td>
</tr>
<tr>
<td>5. Ensure older people are provided with opportunities to continue to make an economic contribution</td>
<td>ASC/ CVC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 2</th>
<th>Older people are signposted to services quickly and accurately</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commissioning Intentions</strong></td>
<td><strong>Lead</strong></td>
</tr>
<tr>
<td>6. Develop an early intervention and prevention pathway to identify people within the community who are at risk and signpost them to the appropriate service before their needs become urgent</td>
<td>ASC</td>
</tr>
<tr>
<td>7. Improve the information we provide about the services we deliver</td>
<td>ASC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 3</th>
<th>Strong and supportive communities are developed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commissioning Intentions</strong></td>
<td><strong>Lead</strong></td>
</tr>
<tr>
<td>8. Promote the Community Development Small Grant scheme within local communities, with a special emphasis on rural areas</td>
<td>ASC</td>
</tr>
<tr>
<td>9. Support the development of ‘Dementia Friendly’ communities within Wrexham</td>
<td>ASC</td>
</tr>
</tbody>
</table>
**Secondary Prevention**

**AIM:** To identify people at risk, to halt or slow down any deterioration, and to actively improve their situation

### Outcome 4

Older people are provided with the practical support to enable them to remain independent

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Implement findings from Community Transport Review in order to increase opportunities for older people to access their local community and beyond</td>
<td>ASC</td>
<td>Medium to long term</td>
</tr>
<tr>
<td>11 Identify any requirements to remodel the Supporting People Services for Older People</td>
<td>SP</td>
<td>Short to medium term</td>
</tr>
<tr>
<td>12 Continue to Implement Falls Pathway</td>
<td>HSCWb</td>
<td>Short to medium term</td>
</tr>
</tbody>
</table>

### Outcome 5

Older people are provided with the appropriate community/low-level support before they reach crisis

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Continue to develop the Telecare Service</td>
<td>HSCWb</td>
<td>Short to medium term</td>
</tr>
<tr>
<td>14 Increase the number of places available for planned respite</td>
<td>ASC</td>
<td>Short to medium term (2013-16)</td>
</tr>
<tr>
<td>15 Enhance the provision of counselling and/or bereavement services for older people</td>
<td>ASC</td>
<td>Medium (2015-16)</td>
</tr>
</tbody>
</table>

### Outcome 6

Services are developed which can respond quickly to identified need

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Expand the size and scope of the Emergency Mobile Response Service to meet demand</td>
<td>HSCWb</td>
<td>Short to medium term</td>
</tr>
<tr>
<td>17 Develop the Home from Hospital Scheme in partnership with BCUHB</td>
<td>WCBC, BCUHB, FCC</td>
<td>Short term (2013-14)</td>
</tr>
<tr>
<td>18 Develop and progress our model for Intermediate Care including Enhanced Care</td>
<td>ASC</td>
<td>Short term (2013-14)</td>
</tr>
</tbody>
</table>

### Outcome 7

Older people are provided with opportunities to (re)engage with their community in order to reduce social isolation and increase positive wellbeing

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Develop a range of Befriending options for socially isolated and/or disenfranchised older people</td>
<td>ASC</td>
<td>Short term (2013-14)</td>
</tr>
<tr>
<td>20 Review Day Service Provision</td>
<td>ASC</td>
<td>Short to medium term (2013-16)</td>
</tr>
<tr>
<td>21 Develop the Lunch Club model</td>
<td>ASC</td>
<td>Short term (2013-14)</td>
</tr>
</tbody>
</table>
OUTCOME 1 Older people are active citizens and are involved in making decisions about their future and about where they live

{Primary Prevention: To promote the well-being of the population as a whole, including people who may have little or no particular social care needs or symptoms}

Active citizenship means people’s involvement in running the community in which they live. Although it applies to the community as a whole, in this context we are concerned particularly with those who use social care services or are likely to use them in the future. Active citizenship supports prevention because it promotes physical, social and economic activity, improves people’s mental health and well-being and stops or delays their need social care support.

What we have now
Our current activity in relation to enabling older people to be active citizens includes:

| Advocacy | Specialist Advocacy support for vulnerable older people living in the community as well as in residential and nursing homes are available through the Safeguarding Older People Project (Age Concern North East Wales). The service also supports older people who are in hospital and feel they have no one to speak up for them, or who are 50+ and are the victim of domestic abuse. This specialist service is complimented by a generic advocate who can deal with more day-to-day issues on behalf of older people. A Hub and Spoke service is also provided by Advocacy Works, and is available to older people who require support in relation to a matter directly linked to a service provided or commissioned by Social Care Services and the NHS in Wrexham. |
| Customer Engagement | The Adult Social Care Department provides a wide range of services for the people of Wrexham. It is important that the public, people who use our services, their families and carers, have a clear means to share their views and opinions about what we do and participate in shaping the services they receive. The Getting Engaged strategy and action plan has been written to ensure their voices are heard. It is the department’s vision that: “By 2014 Wrexham Social Services will have invested in a supportive infrastructure that enables individuals, communities and groups to participate fully in all aspects of service planning, design and delivery”. An action plan has been developed within Older People’s Services, which dovetails with the departmental strategy, and outlines the ways in which we will engage with and feedback to older people who use services in order to ensure the best possible services are developed. |
| Equalities Impact Assessments | “EASI” is Wrexham County Borough Council’s streamlined the equality impact assessment process. An equality impact assessment is a structured process that we follow when the Council is considering introducing a new policy, plan or strategy. This assessment helps us to identify the different ways that different people located in different wards across the Borough might be affected by our proposals. As well as looking for ways to reduce negative impact it also provides scope to look for opportunities to create a positive impact and improve outcomes for people who are at greater risk of (or are historically prone to) exclusion, isolation and disadvantage. |
| Dignity in Care | The Dignity in Care Charter, which was launched in April 2010, is a joint project between Wrexham and Flintshire Councils and their associate partners. The key outcome from this project is the integration and development of core Dignity in Care activities, training and support across Flintshire and Wrexham. |
| Community Cohesion | “One Wrexham” is a new initiative being led by the Council to promote good relationships between everyone who resides or works in the County Borough. The idea is to engender a common sense of belonging across all communities and cultures to ensure Wrexham is a welcoming, inclusive and tolerant place to be. To progress towards this goal we have created the One Wrexham Charter of Belonging which is a one page certificate setting out a statement of values and commitment. We are encouraging public bodies, voluntary and community organisations and businesses to sign up to the Charter to make a positive and meaningful statement about equalities and respect for diversity. |
| Access to digital technologies | Wrexham and Flintshire Councils have agreed to part fund an Initiative that will involve providing basic ICT training to older people over a two-year period |
What are the issues with current provision?

- There is a range of ways that Wrexham County Borough Council and the Adult Social Care department in particular, support older people to be active citizens who are engaged in making decisions about their future. Corporately, through the development and use of Equality Impact Assessments, as well as the promotion of the principles of ‘One Wrexham’ ensures all service planning and delivery is inclusive and respectful of the entire population of Wrexham. The ethos of respect and dignity is further promoted through the Dignity in Care Charter that was launched within older people’s services in 2011. Moreover, to support this, a range of advocacy services exist to enable older people who feel they do not have a voice, to engage with services.

- Whilst, as a department, we are moving towards co-productive commissioning, whereby the voices of the people who use our services stand at the cornerstone of all service planning and development, work remains to be done to ensure that this becomes firmly embedded within practice, both at a strategic and an operational level. We will need to ensure that we actively engage with older people from seldom heard communities, and indeed, work is needed to understand who the seldom heard voices are within older people’s services. We need to improve our understanding also of older people who self-fund their social care. We will need to ensure that older people are given the opportunities to engage with the department in a way and at a level they feel comfortable with.

- Greater strides need to be taken to ensure that the social and economic contribution that older people are able to make is recognised and that meaningful opportunities are provided for older people to continue to use and develop their skills and experiences.

What changes need to be made?

By the end of this 5 year commissioning strategy, we will aim to ensure older people are active citizens and are involved in making decisions about their future and about where they live. We will do this by:

**COMMISSIONING INTENTION 1: Develop and expand opportunities for older people to ‘get engaged’ and actively contribute to service development**

People who use our services, their families and carers will need to have a clear means to share their views and opinions about what we do, and participate in shaping the services they receive. We will need to ensure the voices of all older people are heard and represented. To achieve this we will form connections with appropriate teams such as Community Cohesion, as well as with Corporate initiatives such as the EAR Group, to ensure that we engage with seldom heard communities. We will train peer volunteers to undertake detailed qualitative interviews with people who use our services in order to complement the range of existing quantitative feedback received. Finally, we will commit to holding regular engagement and feedback events with older people, based upon the corporate principles of You Said… We Did, in order to shape services from the point of view of the people who access them. Co-productive commissioning calls for the people who use services to be at the centre of decision making about those services. In recognition of this we will ensure Older People are represented on recruitment panels for new social care staff (strategic and operational) and tender panels for contracted services. Finally, we will work with partners to establish a programme group to drive forward innovation and change in older people’s services. A clear memorandum of understanding will be developed to support older people to be actively involved in this group.

**COMMISSIONING INTENTION 2: Expand the scope and influence of the Dignity in Care Charter**

We will continue to promote the Dignity in Care agenda within older people’s services as well as across all other service areas. This will include the development of a website for organisations to promote dignified practice, including the use of digital stories.

**COMMISSIONING INTENTION 3: Improve the way we collect information on unmet need**

As a department, we will develop a systematic and robust method of collecting unmet need that is consistent across all service areas.
COMMISSIONING INTENTION 4: Support the digital inclusion of older people and other vulnerable groups
The Regeneration, Housing and Libraries departments, WCBC will work in partnership with Flintshire County Council and Flintshire Local Voluntary Council to take forward a digital Inclusion initiative that aims to promote digital inclusion amongst older people and other vulnerable groups. The project will deliver training to 500 digitally excluded individuals in each county and also assist 30 Organisations and Enterprises to better use Technology as a means to improve their efficiency moving forwards.

COMMISSIONING INTENTION 5: Ensure older people are provided with opportunities to continue to make a social and/ or economic contribution
We will work with the Community Voluntary Council and contracted Third Sector Services to ensure opportunities for older people to engage with volunteering, and that these opportunities are actively promoted across the County Borough.
OUTCOME 2 Older people are signposted to services quickly and accurately

*Primary Prevention: To promote the well-being of the population as a whole, including people who may have little or no particular social care needs or symptoms*

Signposting people to services involves providing good quality information and advice, as conveniently as possible, so that people can make best use of the available services. The provision of good quality information is an important part of removing barriers to the services people need. Effective services may need to be complex, but the route to receiving them should be as straightforward as possible if prevention is to be effective. Signposting people to support helps prevention by making it easier for people to maintain their independence and wellbeing, access more appropriate services, more quickly and maintain more control over them.

What we have now
Our current activity in relation to signposting people quickly and easily to services includes:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Assessment Team</td>
<td>The Contact Assessment Team provides a single point of access to all Social Care Services.</td>
</tr>
<tr>
<td>Contact Wrexham</td>
<td>Contact Wrexham is a new service developed by the Council that provides a ‘one stop shop’ for information and advice regarding the range of services provided by the Council.</td>
</tr>
<tr>
<td>Citizens Advice Bureau</td>
<td>The service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. It values diversity, promotes equality and challenges discrimination. Outreach clinics are run across the County Borough.</td>
</tr>
</tbody>
</table>

What are the issues with current provision?
Whilst robust mechanisms exist for older people to enter into Adult Social Care and/or for signposting people on there is currently no systematic, whole systems approach to identifying older people within the community who are at risk, prior to the point at which they reach crisis.

What changes need to be made?
By the end of this 5 year commissioning strategy, we will aim to ensure older people are signposted to services quickly and accurately. We will do this by:

**COMMISSIONING INTENTION 6: Develop an early intervention and prevention pathway to identify people within the community who are at risk and signpost them to the appropriate service before their needs become urgent**

We will develop a pathway to services in conjunction with Health, Housing, and Community Groups/Partnerships/Third Sector for early identification and signposting for lower-level social care needs in order to ensure access to appropriate services in a timely manner to prevent/delay the need for statutory services. This will act as a vital gateway to services for older people before their needs become urgent by signposting older people to a range of community support services and networks.

**COMMISSIONING INTENTION 7: Improve the information we provide about the services we deliver**

Feedback from people who use our services highlighted the importance of having access to good quality information on the range of services provided by Adult Social Care, other Council Departments as well as externally contracted services. We will need to ensure continuous improvement to our information and advice. We will update our Older People’s webpage to ensure it enables people to navigate through the range of support options available to older people and their Carers.
OUTCOME 3 Strong and supportive communities are developed

**Primary Prevention:** To promote the well-being of the population as a whole, including people who may have little or no particular social care needs or symptoms

Strong and supportive communities are those where people share interests and activities across cultural and organisational boundaries, feel accepted and welcome, safe and at home. Such communities support prevention by combining and co-ordinating skills and resources, growing and strengthening links with formal and informal sources of support and by combating isolation.

**What we have now**
Our current activity in relation to developing strong and supportive communities includes:

<table>
<thead>
<tr>
<th>Community Inclusion Grant Scheme Pilot</th>
<th>The aim of this scheme is to offer individual grants of up to £2,500 to local community organisations to set up new, or expand local services to meet the needs of their community. The primary focus of the grant scheme is on developing local community based sustainable support options within rural areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Hardening</td>
<td>Target hardening is a service which increases household security through advice and/or the provision of security measures, including the timely fitting of any required equipment, particularly in support of high risk victims.</td>
</tr>
<tr>
<td>Community Safety Partnerships</td>
<td>Wrexham Community Safety Partnership (CSP) is a statutory organization that brings together representatives of key agencies to work together to tackle and reduce local levels of crime and disorder</td>
</tr>
<tr>
<td>Operation Cinnamon</td>
<td>Operation Cinnamon is an scheme which seeks to promote understanding and awareness of the risk of bogus and cold callers</td>
</tr>
</tbody>
</table>

**What are the issues with current provision?**
- Traditional communities, characterised by cohesion and mutual support are in decline. Without these informal networks older people are at an increased risk of social isolation and disengagement. There is a role then for low level services, especially within the Third Sector, which can seek to replicate this community dynamic and foster positive well-being and engagement.
- Communities are often perceived as ‘unsafe’ by older people, thereby further entrenching their sense of social isolation and exclusion.
- Our communities, town centre and shops are not set up to function as ‘dementia’ and/ or ‘age friendly’ spaces, again, this further serves to entrench feelings of social isolation and exclusion amongst people who live with dementia.

**What changes need to be made?**
By the end of this 5 year commissioning strategy, we will aim to ensure strong and supportive communities are developed. We will do this by:

**COMMISSIONING INTENTION 8: Promote the Community Development Small Grant scheme within local communities, with a special emphasis on rural areas**
We will continue to invest seed funding into local communities to enable them to develop support services and initiatives to vulnerable people within that community. Funding will be provided through a one-off payment, although successful projects will be able to apply for development funding in subsequent years. Attention will be given to the development of support in rural communities. Support options that focus on and/ or are inclusive of the needs of older people with complex mental health needs, including dementia, will be encouraged.
COMMISSIONING INTENTION 9: Support the development of ‘Dementia Friendly’ communities within Wrexham

We will work with other Council departments to pilot the development of ‘Dementia friendly’ communities, within agreed areas across Wrexham County Borough. As part of this approach, we will seek to establish a Dementia Action Alliance for shops and organisations within communities to sign up to so as to promote the importance of dementia friendly spaces, and develop a programme of training for customer-facing staff working within Wrexham’s service industry. This initiative will help to promote a sense of corporate responsibility in relation to dementia.
OUTCOME 4 Older people are provided with the practical support they need to enable them to remain independent

*Secondary Prevention: To identify people at risk, to halt or slow down any deterioration, and to actively improve their situation*

Practical support can mean anything that makes life more manageable and worth living. The provision of practical support is important within the preventative agenda by providing the necessary tools and resources to enable people to retain their independence in their community. The sources of support provided vary considerably and are best provided within the community itself, or by working with the community.

What we have now

We currently provide, either internally, or through externally commissioned services, a range of support options that provide practical support to older people to enable them to remain independent within their own homes and communities.

Our current activity in relation to providing practical help to support older people to remain independent includes:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Solutions</strong></td>
<td>This service supports people who require assistance with domestic cleaning, assisted shopping, pet walking, assisted visits i.e. for leisure or to appointments, Handy Person services and a range of other practical home based services.</td>
</tr>
<tr>
<td><strong>Care &amp; Repair</strong></td>
<td>The service aims to help older people and people with a disability by providing free advice and practical assistance with regards to repairs, renovations and adaptations to their homes so that they can live independently, in comfort and security.</td>
</tr>
<tr>
<td><strong>Home Fire Safety Checks</strong></td>
<td>North Wales Fire and Rescue Service offer a free home fire safety check and advice service. People who are elderly, disabled, living alone or who have suffered a recent fire may also qualify for free, risk reducing household equipment.</td>
</tr>
<tr>
<td><strong>Shop ‘n’ Drop</strong></td>
<td>The Shop ‘n’ Drop service is provided by Age Concern North East Wales and offers an internet based shopping service, using local supermarkets to supply you in your home.</td>
</tr>
<tr>
<td><strong>Surefeet</strong></td>
<td>The Surefeet Service aims to provide information, advice and support to older people in their own homes with the main aim to help reduce the number of falls experienced by older people in the community.</td>
</tr>
<tr>
<td><strong>Travel &amp; Motability</strong></td>
<td>The Motability scheme gives disabled people who receive the Higher Rate Mobility Component of the Disability Living Allowance or the War Pensioners’ Mobility Supplement the opportunity to own or lease a car to use, as a driver or passenger, at an affordable price. Powered wheelchairs and scooters can also be financed through the scheme.</td>
</tr>
<tr>
<td><strong>Options</strong></td>
<td>The Scheme provides short term support for up to 8 weeks. Advisors visit older people in their home to complete a holistic assessment and support plan. Project designed to empower the older person and enable them to remain independent and living in their own home.</td>
</tr>
<tr>
<td><strong>Falls Pathway</strong></td>
<td>The North East Wales Falls Pathway has been implemented in Wrexham and work has been undertaken to reduce falls, including the introduction of Falls Strength and Balance Exercise classes, the Sure Feet Project and additional Falls Clinics.</td>
</tr>
<tr>
<td><strong>Adaptations to Property</strong></td>
<td>The Housing Department at Wrexham County Borough Council operate a scheme for older and disabled people ensure their home is suitable for their needs and enabled to continue living as independently as possible within their own homes and communities. Disabled facilities grants are also available for a range of works necessary to help a disabled person to remain living independently at home. This includes access to essential amenities such as toilets and bathroom and kitchen facilities, and adapting the controls of any heating, lighting or power supplies to make them suitable for use.</td>
</tr>
<tr>
<td><strong>House proud</strong></td>
<td>This service aims to remove the hassle, uncertainty and worry associated with home repairs and alterations by providing: Surveys, plans, written schedules of work, quotations from reputable and appropriate builders, submission of relevant documents to statutory organisations when required, monitoring of ongoing work and inspection of completed works.</td>
</tr>
<tr>
<td><strong>Reablement</strong></td>
<td>The purpose of Reablement is to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent in their own homes and communities. This service is provided free of charge for up to a maximum of six weeks.</td>
</tr>
</tbody>
</table>
What are the issues with current provision?

- The good work undertaken by the Reablement team is at risk of being undermined at the point at which individuals leave that service and enter into mainstream care provision. Further work is needed to ensure that all persons who provide support to older people are committed to enabling that individual to achieve their personal goals and regain their independence.
- The Reablement service does not currently operate as an intake service, which provides inequity and inequality (see Part C of this strategy for commissioning intentions relating to the Reablement service)
- There is limited affordable and accessible community transport to support older people, thereby increasing social isolation and dependence.
- Services being funded via Supporting People grants are subject to review in order to identify the extent to which they represent value for money and deliver positive outcomes for individual users of those services.

What changes need to be made?

By the end of this 5 year commissioning strategy, we will aim to ensure we provide older people with the practical support they need to enable them to remain independent. We will do this by:

**COMMISSIONING INTENTION 10: Implement findings from Community Transport Review in order to increase opportunities for older people to access their local community and beyond**

The Transport Unit is currently undertaking a review of all subsidised public transport services, in relation to funding cuts from the Welsh Government, and have also engaged Consultants to work on a project to look at community transport in Wrexham in order to support a reduced subsidised bus network, with a view to rolling out community transport projects regionally. Links will also be established via this work to Non Emergency Patient Transport. Transport remains perhaps the single largest barrier to the uptake and hence the success of low-level preventative services within the community. Once the findings of the community transport review are published, officers within the Adult Social Care department will work with colleagues in Transport in order to ensure that any improvements actions identified are relevant to, and meet the needs of older people who wish to engage with local services and activities, and that the overall approach to community transport is supportive of, and enables the vision of this preventative commissioning strategy to be realized. We will also seek to develop disability awareness training for taxi companies and look to establish a set of minimum standards for those taxi companies with whom we contract.

**COMMISSIONING INTENTION 11: Identify any requirements to remodel the Supporting People Services for Older People**

Supporting People funding, and the services it supports, plays a significant role in the provision of low-level preventative services to older people in the community. The Supporting People Team will lead on a review of current funding and identify any requirements to remodel services. Once this review is complete, detailed actions will be identified and reported on within the Older People’s Commissioning strategy.

**COMMISSIONING INTENTION 12: Continue to Implement Falls Pathway**

As part of the continued development of the Falls Pathway, work will be undertaken in order to identify an appropriate pathway for recurrent uninjured fallers within the community to have timely access to an appropriate medical assessment. A programme of activity will be developed and initiated for older people at risk of falls who live within long-term residential care. Work will also be undertaken to develop health promotion measures, which will provide a preventative means of stopping people from falling and providing community-based support services.
OUTCOME 5 Older people are provided with the appropriate community/low-level support before they reach crisis

{Secondary Prevention: To identify people at risk, to halt or slow down any deterioration, and to actively improve their situation}

Many of the activities conventionally thought of as preventative in nature involve using or analysing existing knowledge or contacts with people to work out who could benefit from services or advice and providing this before they need it. Intervention before needs become urgent helps prevention in a very direct way. When provided in a targeted and timely way, it has a clear preventative role.

What we have now

We currently provide, either internally, or through externally commissioned services, a range of support options that provide intervention to older people before they reach crisis, or experience an escalation in social care need.

Our current activity in relation to providing intervention before needs become urgent includes:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telecare</td>
<td>The Telecare Service provides assistive technology within people’s own homes in order to enable assistance to be summoned in the event of an emergency, enabling users to remain living safely within their own homes and communities.</td>
</tr>
<tr>
<td>Extra Care Housing</td>
<td>Wrexham’s Extra Care Housing Scheme (Plas Telford), is designed to enable tenants to live as independently as possible within their own homes. Each flat has assistive technology and tenancy support is offered and those who have been assessed as having eligible social care needs, domiciliary care are available. The scheme operates 54 one and two bedroom apartments and is located within Acrefair.</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>There are 22 Sheltered Schemes, inclusive of mobile rounds, within Wrexham County Borough. The accommodation is unfurnished, self-contained dwellings – mostly flats or bedsits, but with some bungalows – with a resident or non-resident warden and emergency alarm service. WCBC also offer two additional Sheltered Housing with Support options – Springfield and Royal Court. Sheltered housing is also provided across the County Borough by Clwyd Alyn Housing Association; Tai Clwyd; Wales &amp; West Housing Association, and the Abbeyfield Society.</td>
</tr>
<tr>
<td>Visiting Warden Scheme</td>
<td>This service aims to assist older people to live independently by providing proactive, regular, ongoing support visits. Support is set at a level equivalent to the individual’s need and will focus on providing housing related support to enable people to stay living at home for longer.</td>
</tr>
<tr>
<td>Respite Beds</td>
<td>A range of options are available within Wrexham County Borough that provide respite for older people and/ or their Carers. This includes provision within residential or nursing care; day and night sitting services, day care, and home-based short-term breaks.</td>
</tr>
<tr>
<td>Elderly Mental Health Scheme</td>
<td>This Scheme is run in partnership between Wrexham County Borough Council and Betsi Cadwaladr University Health Board. The service provides assistance to people who need support to remain in their own homes. Examples of support provided include: assistance with safety and security of the home; assistance with life skills such as cooking, food storage; cleaning; assistance with shopping and errand running; assistance with arranging appointments.</td>
</tr>
</tbody>
</table>

What are the issues with current provision?

- There is limited provision within the market for respite beds that can be pre-booked. Currently this resource is only provided within one unit thereby creating a deficit in our ability to respond to identified need. Opportunities for respite are crucial in supporting Carers to continue in their caring role.
- The Telecare Service (basic and enhanced packages) provides an extremely valuable service. However, there is scope for this provision to grow in order to meet demand, especially as an Authority we support greater numbers of older and vulnerable people to continue living in their own homes and communities.
What Changes need to be made?
By the end of this 5 year commissioning strategy, we will aim to ensure older people are provided with the appropriate community/ low level support before they reach crisis. We will do this by:

COMMISSIONING INTENTION 13: Continue to develop the Telecare Service
The Telecare service will be supported to grow. Attention will be given to supporting greater numbers of people with complex needs, as well as refining the types of packages offered to individuals to meet their needs and support them to continue living safely and independently within their own homes and communities.

COMMISSIONING INTENTION 14: Increase the number of places available for planned respite
As part of the review of Day Services we will look to increase the number of planned respite places available in order to support Carers of Older People and/ or older carers. The ability to plan respite has been identified as important and allows Carers to plan for the future. As we increase the support we provide to enable people to continue living within the community, we must recognise the increased responsibility this places on informal carers and therefore provide services in recognition of this.

COMMISSIONING INTENTION 15: Enhance the provision of counselling and/ or bereavement services for older people
Working with the Third Sector, we will seek to ensure there is adequate counselling/ well-being support available to older people who have recently lost a loved one. It is recognised that access to bereavement support can help people come to terms with the death of a loved one, experience improved well-being and stay connected to their social groups, and thereby reducing social isolation.
OUTCOME 6 Services are developed which can respond quickly to identified need

{Secondary Prevention: To identify people at risk, to halt or slow down any deterioration, and to actively improve their situation}

Responding quickly to identified need includes action following illness or accident which, if provided in a timely and planned way, will stabilise people’s condition, maximise their independence and make it possible to remain (or return to) living in the community. Interventions of this sort are important to prevention because they respond to needs as soon as possible after they are identified. Short periods of intervention at this point, and assessment of the support needed in the longer term, help people to make the adjustments needed to live in the community and offer alternatives to more complex, longer term care and support needs.

What we have now
Our current activity in relation to providing services which can respond quickly to identified need, include:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Mobile Response Service</td>
<td>This service responds to uninjured fallers and unplanned personal care needs in order to support people at times of crisis, prevent the need for an ambulance call out and/or hospital admission.</td>
</tr>
<tr>
<td>British Red Cross – Medical Equipment Loans</td>
<td>Short term wheelchair loans to enable independent living whilst recovering from short term illness/injury which affects mobility.</td>
</tr>
<tr>
<td>British Red Cross – Home From Hospital</td>
<td>The aims of this service are to reduce / prevent admissions and readmissions of vulnerable people into hospital by providing practical support, encouragement and companionship to build their longer term resilience.</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>Intermediate Care is a service provided for people that enables early discharge from, or prevents inappropriate admission to hospital or long-term care. The areas of service include rapid short-term assessment and intervention which aims to reduce a crisis due to ill health or carer breakdown and/or expedite hospital discharge once the individual has been assessed as medically stable. Service provision across all areas includes a multi-disciplinary team working across the Health and Social Care spectrum.</td>
</tr>
<tr>
<td>Intermediate Care Carers Well-being Scheme</td>
<td>The Intermediate Care Carers Well-being Scheme provides up to six weeks well-being support to Carers of persons being supported by the Intermediate Care Service. Small grants are also available to support the Carer to continue in their caring role.</td>
</tr>
</tbody>
</table>

What are the issues with current provision?
Since its inception in 2009, the Intermediate Care Service has made great strides in terms of supporting older people to either overcome the need for a hospital admission, or return home quickly and safely following a hospital stay. The service is a partnership between Adult Social Care and Betsi Cadwaladr University Health Board (BCUHB), and is currently funded via a Welsh Government Continuing Health Care grant. Whilst this money is confirmed as recurrent, greater investment is required in order to expand the service and ensure it has a real tangible impact on the acute hospital sector, in terms of bed days saved. The service currently operates Monday to Friday 9:30 – 5:30. However, it is recognized that the hours of operation may need to be extended to include evenings and weekends in order to provide equity of service and destabilise the current culture of older people not being discharged from hospital at weekends. There is greater scope for the Third Sector to support the Intermediate Care agenda, and whilst pathways have begun to be developed this is only tentative. More robust links need to be established in order to support this agenda and safeguard older people who receive care within their own home.
What Changes need to be made?
By the end of this 5 year commissioning strategy, we will aim to develop services that can respond quickly to identified need. We will do this by:

**COMMISSIONING INTENTION 16: Expand the size and scope of the Emergency Mobile Response Service to meet demand**
We will continue to expand the size and scope of the Emergency Mobile Telecare Response Service. Particular attention will be given to identifying training needs of Responders.

**COMMISSIONING INTENTION 17: Develop the Home from Hospital Scheme in partnership with BCUHB**
We will work in partnership with BCUHB and other North Wales Local Authorities to ensure the Home from Hospital provides value for money and is consistent with the commissioning intentions of each organisation. A service specification will be developed which meets the needs of the Intermediate Care agenda, by providing support to enable to overcome the need for a hospital admission as well as providing support upon hospital discharge.

**COMMISSIONING INTENTION 18: Develop and progress our model for Intermediate Care including Enhanced Care**
The Adult Social Care department will need to work in partnership with BCUHB in order to develop a Business Case for increased investment into the service in order to support its expansion. We will continue to work in partnership with BCUHB to develop the Enhanced Care pilot in South Wrexham as well as support its roll out across the whole of Wrexham. We will give consideration to extending its hours of operation in order to ensure people are able to benefit from the service regardless of the time of day or day of the week. Work will be undertaken to ensure the development of seamless linked intermediate care type services through the co-location of locality teams. Work will need to be undertaken in order to develop the model of care so that it is inclusive of older people with complex mental health needs, including dementia.
OUTCOME 7 Older people are provided with opportunities to (re)engage with their community in order to reduce social isolation and increase positive mental well-being

{Secondary Prevention: To identify people at risk, to halt or slow down any deterioration, and to actively improve their situation}

Providing services and initiative which enable older people to re-engage with their local communities, establish friendship networks and participate in meaningful activities is crucial in order to reduce the incidence and impact of social isolation. Interventions which aim promote social inclusion amongst older people support the preventative agenda because they enhance positive mental well-being and quality of life.

What we have now

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ACNEW – Lunch Clubs</td>
<td>This service aims to provide older people with a nutritious hot meal, activity and companionship. The service promotes independence by enabling people to retain/form social networks within their communities. Currently 39 lunch clubs operate across the County Borough.</td>
</tr>
<tr>
<td>ACNEW – I-CAN</td>
<td>I.C.A.N! activity sessions are delivered in the community and are open to anyone over the age of 50 who would like to experience an amazing day having fun with like-minded people. The session costs £10 and this includes a range of exciting activities, as well as a two course lunch.</td>
</tr>
<tr>
<td>ACNEW – Men in Sheds</td>
<td>This is a social inclusion project for older men in the Hightown area of Wrexham, which aims to reduce social isolation and loneliness as well as to promote good mental and physical health and wellbeing. The group gives older men the opportunity to socialise with their peers while sharing existing skills and developing new skills.</td>
</tr>
<tr>
<td>ACNEW – Garden Active</td>
<td>This service currently operates across 3 sites in Wales and West sheltered housing schemes. Plots of land are developed to grow vegetables and flowers and local residents are given chance to socialise and be active working the garden, which is made accessible for people with disabilities. The initiative promotes Intergenerational work with children from the local schools help develop the garden and share/learn new skills.</td>
</tr>
<tr>
<td>Contact the Elderly – Tea Parties</td>
<td>This service organises regular Sunday afternoon tea parties for people over 75, who live with little or no social support. Volunteers within their local community offer a regular and vital friendship link every month. The service provides a group activity that encourages inter-generational links and friendships to develop between older group members and volunteers.</td>
</tr>
<tr>
<td>Wrexham Care Association</td>
<td>This provides an older person’s Befriending Service provided by volunteer befrienders.</td>
</tr>
<tr>
<td>British Red Cross, GOFAL</td>
<td>Gofal is a Befriending &amp; Social Inclusion service. The service uses outcome focused tools to develop an action plan with the service user. The service aims to alleviate isolation and loneliness and encourage social interaction and emotional well-being. Support is provided for up to 12 weeks.</td>
</tr>
<tr>
<td>Telephone Befriending</td>
<td>Weekly telephone contact is provided for older people who are socially isolated in the community. Contact is made over the telephone by ACNEW volunteers who attend the office. The service promotes mental wellbeing and resilience by enabling people who are isolated to have meaningful social contact.</td>
</tr>
<tr>
<td>Penley Rainbow Centre</td>
<td>This service offers befriending support to older people within Wrexham Maelor South for up to 9 month. The befriending and befriender will work together on a one to one level to increase the person’s confidence and support them in engaging with wider social activities.</td>
</tr>
<tr>
<td>Alzheimer’s Society – Memory Café</td>
<td>A monthly dementia cafe is a chance for people to get together socially in an informal environment to talk openly about their diagnosis and meet new friends. Carers can find out how to access information &amp; support. Sessions are held in Wrexham town centre as well as in Penley Rainbow Centre.</td>
</tr>
<tr>
<td>Day Services, including TRIO</td>
<td>Day Services support people to have a meaningful and varied programme of activities and opportunities that aim to help support an individual’s independence through social and leisure skills. Day services are provided within a range of facilities, and operate across different days of the week. TRIO is a long established service, where project workers provide the opportunity for three service users to share a day together. The project workers own homes provide the base for the day, where refreshments and lunch is provided as well as a range of activities, games, discussion, visits etc. determined by the needs and interests of the group of people involved. The service is available between 10am and 4pm, Monday and Wednesday. The service is provided by trained and experienced project workers, and is managed by Wrexham Adult Social care Department.</td>
</tr>
</tbody>
</table>
What are the issues with current provision?

- Traditional models of day care
- Limited availability of day services within rural areas
- Do not reach traditionally hard to reach groups/ seldom heard communities/ socially disenfranchised. Only really target the worried well
- Sporadic availability of services rather than complete coverage across the county borough
- Older people within residential and nursing care are at greater risk of social exclusion

What Changes need to be made?

By the end of this 5 year commissioning strategy, we will aim to provide older people with the opportunities to (re)engage with their local communities in order to reduce social isolation and increase positive well-being. We will do this by:

**COMMISSIONING INTENTION 19: Develop a range of Befriending options for socially isolated and/ or disenfranchised older people**

We will commission a range of befriending options which support social inclusion amongst the over 50s in general, and the very elderly and/ or socially disenfranchised, in particular. To achieve these aims we will seek to develop an enhanced befriending scheme that utilises professional volunteers, peer mentors and activity groups in order to support people to re-engage with their local community.

**COMMISSIONING INTENTION 20: Review Day Service Provision**

Work will need to commence in order to develop the current model of Day Services to ensure a positive outcome focused approach is achieved for older people. Whilst it is recognised that there that continues to be a need for buildings based support options, day service provision should move towards a hub and spoke model which is firmly integrated in the local community and establishes effective pathways for enabling local residents to reach into the centre, as well as enable people who use the centre to reach out into the community. Unmet need information collect as part of this Strategy has identified the need to re-think how we provide Day Services in rural areas and has highlighted the need for a TRIO based model. The value of Adult Placement should also be explored and any identified actions taken forward. We will look to extend the scope of Day Service provision by piloting weekend opening in specified areas within the County Borough. Consideration must also be given to the development of Age Well Hubs as means of delivering effective and outcomes focused day services for older people and other vulnerable adults. The day care needs of older people with complex mental health needs, including dementia will be considered as part of this development work.

**COMMISSIONING INTENTION 21: Develop the Lunch Club Model**

We will seek to develop and enhance the lunch club model by supporting members to re-engage in social activities as appropriate to their needs. We will support volunteers to identify activities their members would like to participate in and re-engage with, and help them to source these activities within their local communities. Work will also be undertaken to ensure this model of service delivery meets the needs of, and attracts members from seldom heard communities and groups.
Commissioning Strategy for Older People’s Services in Wrexham
Part C: Domiciliary Care
2013 – 2018
What do we mean by Domiciliary Care?

*Domiciliary Care (home care) can be described as being “a variety of practical and personal tasks provided to vulnerable people in a community based setting as opposed to institutional care, to enable them to live as independently as possible at home”.*

The Domiciliary Care Strategy 2010 – 2015 was written as a result of an agreement to re-commission the Homecare Service and develop proposals to improve the efficiency of the service as well as improving Value for Money. The project set out to deliver an expanded Reablement Service that would act as a flexible intake service accepting all new referrals to Adult Social Care for a period of assessment and Reablement with referrals for on-going homecare and other services being made during the Reablement period.

There is now an opportunity to explore and develop new and innovative ways of enhancing the Domiciliary Care market. We need to create a diverse, equitable, stable and sustainable market that will offer people that use services choice and control over their lives; we will aim to deliver and commission consistent high quality care services that are fit for purpose, flexible and responsive to crisis.

When people develop care and support needs, our first priority will be to restore their independence and autonomy. Services that support individuals and address the disabling effects of health conditions can play a major role in enabling a good quality of life. A considerable amount of care needs can be avoided or significantly reduced if we intervene earlier. Older Peoples services will strive to deliver services that promote mutual respect, ensures dignity is maintained at all times, and that our customers are supported to engage with their local communities.
## Summary of commissioning intentions: Domiciliary Care

### Outcome 8 Support older people to continue living independently in their own homes and communities

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Expand the Homecare Reablement Service</td>
<td>HOS</td>
<td>Medium term – 2015/16</td>
</tr>
<tr>
<td>23 Ensure Reablement focussed care is extended beyond the current six week period of Reablement</td>
<td>ASC</td>
<td>Medium term – 2015/16</td>
</tr>
</tbody>
</table>

### Outcome 9 Create a diverse equitable stable sustainable market that offers people who use our services choice and control over their lives and ensure a consistent and high quality domiciliary care service that is fit for purpose, equitable, flexible and responsive to crisis

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Develop and implement an outcomes focussed delivery model for Domiciliary Care.</td>
<td>ASC SW Teams</td>
<td>Medium to long-term – 2015/16</td>
</tr>
<tr>
<td>25 With Providers, explore ways of improving capacity in the Domiciliary Care market</td>
<td>ASC</td>
<td>Short to medium term – 2013/15</td>
</tr>
<tr>
<td>26 Develop/improve engagement with Domiciliary Care Providers</td>
<td>ASC SW Teams/Provider Agencies</td>
<td>Short Term – 2013/14</td>
</tr>
<tr>
<td>27 Move forward in developing a rate providers are paid on the basis of outcomes achieved rather than the volume of what is provided.</td>
<td>NW LA’s</td>
<td>Long Term – 2016/18</td>
</tr>
<tr>
<td>28 Further develop specialist training in complex needs and dementia that will meet the needs of people who use our services</td>
<td>Social Care Workforce Development Partnership</td>
<td></td>
</tr>
</tbody>
</table>

### Outcome 10 Provide a high quality domiciliary care service across all sectors that will comply with the expected standards as laid down in the National Minimum Standards for Domiciliary Care in Wales

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Continue to maintain a single diverse Regional Provider List for domiciliary care across all sectors</td>
<td>Contracts</td>
<td>Ongoing</td>
</tr>
<tr>
<td>30 Continue to develop an effective and robust contract monitoring framework that focuses on both compliance and safeguarding outcomes</td>
<td>Contracts/SSIA/BCUHB</td>
<td>Short-term 2014/15</td>
</tr>
</tbody>
</table>

### Outcome 11 Work in partnership with Providers, BCUHB and Housing Services to ensure whole system solutions are sought

<table>
<thead>
<tr>
<th>Commissioning Intentions</th>
<th>Lead</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Work in Partnership with BCUHB to ensure integrated domiciliary care support packages are developed</td>
<td>ASC/ BCUHB</td>
<td>Long-term – 2017/18</td>
</tr>
<tr>
<td>32 Work with Supporting People and partner organisations to review support in our buildings based services</td>
<td>ASC/Supporting People</td>
<td>Short term – 2014/15</td>
</tr>
</tbody>
</table>
OUTCOME 8 Support older people to continue living independently in their own homes and communities

People want to continue to live in their own home for as long as possible accessing care and support when needed and maintaining relationships with their local community.

What we have now?
Presently the In-house Homecare Reablement Service offers support to people eligible for, and referred to the service for approximately six weeks before their support is transferred to the Independent Sector if further care needs are identified. In addition, the Intermediate Care Service offers a 4 week service to expedite hospital discharge or to prevent hospital admission to persons aged over 65 years who have health and/ or social care needs that can be more appropriately managed in the community. A Homecare package is provided as an alternative to residential care and reflects the department’s commitment to supporting greater numbers of older people to continue living independently within their own homes and communities.

What are the issues with current provision?
Whilst both Intermediate Care and Reablement have been successful in achieving their aims, their short-term nature can mean that many service users require an ongoing social care intervention once that initial care package has ended.

Because Reablement is currently delivered by the Homecare service and not formally by Independent Providers, following Reablement, service users can soon revert back to being dependent upon the support they receive not only from ASC, but from well meaning family and informal carers and from interventions from the third sector.

We need to develop an ongoing Reablement programme whereby Social Workers; Service Users; their families and friends as well as the third sector are involved in planning outcomes for individuals which will allow them to improve their wellbeing and stay as independent as possible within their own community.

What changes need to be made?
By the end of this 5 year commissioning strategy, we will aim to support older people to continue living independently in their own homes and communities. We will do this by:

COMMISSIONING INTENTION 22: Expand the Homecare Reablement Service
We will consult with staff to ensure that the Homecare Reablement Service works towards becoming a full intake service for all referrals to ASC for support. All referrals to each service: Mental Health (Dementia); Learning Disabilities PSNI and OP will undertake a period of assessment through either Intermediate Care or Reablement before referrals to other outcome focussed services are commissioned. Employers will ensure with the assistance of the Social Care Workforce Development Partnership, that support workers are appropriately trained to continue to assist people to live independently in the own homes for as long as they choose to do so. Work will need to be undertaken to develop Reablement as a model of care for older people with complex mental health needs, including dementia.

COMMISSIONING INTENTION 23: Ensure Reablement focussed care is extended beyond the current six week period of Reablement
The Homecare Reablement Service support workers are scheduled to commence a period of Reablement training. With the assistance of the Social Care Workforce Development Partnership we will deliver training programmes for care staff who are employed by independent domiciliary care agencies as well as third sector organisations to deliver Reablement following the initial six week Reablement assessment. We will also support Service Users families and friends and informal carers during the Reablement period.
A multi-disciplinary approach will be adopted that will enable outcomes post Reablement to be holistic and person centred ensuring people remain as independent as possible for as long as possible.
OUTCOME 9 Create a diverse equitable, stable, sustainable market that will offer people who use services, choice and control over their lives and ensure a consistent high quality domiciliary care service that is fit for purpose, equitable, flexible and responsive to crisis

Adult social care will invest in sustainable solutions that enable independence

What we have now
A recent exercise carried out in July 2012, showed that 42% of Wrexham CBC funded Domiciliary Care visits lasted 30 minutes. 370 service users received calls that were fifteen minutes long although these calls were always part of a larger package of care. The process of purchasing care in short time blocks is broadly based on an assumption that the same level of care is needed by an individual on a regular basis.

Presently Providers can increase a package on a temporary basis for up to 14 days, but packages are only held open for a period of two weeks if someone is hospitalised and the process of seeking a new provider can cause delays upon discharge.

Few would challenge the value of outcomes as well as outputs. The need to shift thinking from how a service operates to what it accomplishes is recognised, but there are still challenges that must be faced before a truly outcome focussed approach is employed. Providers will need to pay attention to assisting older people to meet their stated outcomes through helping to find solutions to their needs from within their communities.

With increasing pressure on the NHS, demand is increasing for community orientated services to divert older people from, and reduce demand for, acute hospital, nursing home and residential care admissions. Homecare through Reablement and Intermediate Care already play a part in achieving these aims both in terms of preventing such admissions occurring and facilitating early discharge, however, we need to focus more strongly on achieving the right outcomes for service users based on the achievement of rehabilitative and personal and social goals. This is an area that may lend itself to payment by results and outcome based contracts in the future.

Reablement is not just a six week process; an improvement to older people’s health could occur at any time up to a year after their incident. Reablement is a way of working with people that is focussed on helping someone to achieve defined goals. An example of this is helping someone to bathe themselves who has had a stroke and has lost the use of an arm. Reablement services would work with that person to help them work out for themselves how they can have a bath rather than to do it for them. This is an integral part of the new approach we are seeking to adopt within the life of this strategy.

The focus will be on supporting providers to recruit and retain staff by further developing the delivery of Domiciliary Care to minimise the time spent by staff travelling between visits especially in rural areas where travelling time is an issue. We will work with Providers to understand how the rate they are paid by ASC relates to the pay and conditions of their staff.

During the life of this strategy Social Care Workforce Development will work with the North Wales Partnership and our partners in the independent sector to assist in the recruitment and retention of staff who have the appropriate skills and qualifications to assist them in building a reputation as employers of choice in the area. Social Care Workforce Development Partnership will also play an active role in reviewing current contracts and specifications which will improve recruitment and retention and consequently continuity of service to the vulnerable adult.
What are the issues with current provision?
People have told us they don't want to need long term care, but when they do need it, they want it at home.

Services cannot be shaped without a clear understanding of what outcomes must be achieved. This will not be a one off exercise. Over time peoples’ needs and expectations change and service responses need to be flexible and adaptable. We need to create a more holistic approach which focuses on people being able to remain in their own homes or communities, and Adult Social Care must be prepared to provide the most appropriate and cost-effective support to meet assessed needs.

What Changes need to be made?
By the end of this 5 year commissioning strategy, we will create a diverse equitable, stable, sustainable market that will offer people who use services, choice and control over their lives and ensure a consistent high quality domiciliary care service that is fit for purpose, equitable, flexible and responsive to crisis. We will do this by:

**COMMISSIONING INTENTION 24: Develop and implement an outcomes focussed delivery model for Domiciliary Care**
For eligible situations, and after the initial 6 week period of assessment/reablement undertaken by the Homecare Reablement Service, outcome-focused plans will be developed together with service users to record their assessed needs and associated risks to independence, and agreed wherever possible by them or their representatives.

Being taken shopping or being able to visit friends or go out, or having someone to help with house and garden maintenance may be seen as low level services but social isolation and loneliness play a significant part in older people’s decisions to leave their community and go into residential care when a crisis occurs. Outcomes should reflect what people can do and their capacity for self-care.

Outcomes will be identified and agreed on the basis of users and carers own views about what they themselves would like to achieve. The assessment should enable users to begin thinking about what is most important for them, and should include preventative and rehabilitation or reaablement outcomes that reflect the need to optimise their independence, some users may benefit from having an allocation of 10 hours of home care per week to call upon when they most need it rather than a set time for the service to be delivered.

For those who require long term care, their service can still have clear outcomes to help them remain within the community even though there may be little improvement or even a decline in their health and wellbeing over time due to frailty or a long term condition. They can also run in tandem with lifestyle provision and offer a greater degree of choice about who delivers them.

Care planning will be concerned with identifying and recording outcomes from the support that is to be provided and the time-scales within which it is hoped that the outcomes will be achieved. Outcomes can be described as the changes and effects that the service user requires resulting from service provision and the support network available to them.

Plans should aim for the minimum intervention possible to achieve these required outcomes and objectives. They should also take account of activities other than those provided by the statutory services and the positive contribution that they have in helping service users maintain independence and improve their quality of life. All agencies providing or commissioning services that are part of an individual’s package of care should have been involved in planning the care.
COMMISSIONING INTENTION 25: with Providers, explore ways of improving capacity in the domiciliary care market

Some Providers have told us that they have continuous recruitment programmes but have difficulty recruiting and retaining dedicated reliable staff. We will work with Domiciliary Care Providers to explore ways of increasing capacity in the domiciliary care market and improve their ability to retain sufficient staff with suitable qualifications and experience in order to sustain and improve their business.

The Social Care Workforce Development Partnership will work with the Homecare Service and independent providers to explore ways of increasing the capacity in the domiciliary care market by:

- Contingency planning, working together to identify and plan for periods of high demand
- Re-shaping services and Homecare provision to better manage capacity at peak times
- Work to achieve greater security for care workers by seeking to improve the terms and conditions of domiciliary care workers operating in the independent sector. This will improve recruitment and retention and consequently continuity of service for the people we support.

COMMISSIONING INTENTION 26: Improve the way we engage with Providers

We will use existing Provider Forums to support the development of a Market Position Statement (MPS) for Domiciliary Care. The MPS will serve as a crucial mechanism for improving the way we engage with Providers and will enable the Adult Social Care Department to shape the future domiciliary care market and clearly communicate its commissioning intentions.

COMMISSIONING INTENTION 27: Move forward in developing a rate Providers are paid on the basis of outcomes achieved rather than the volume of what is provided

We will identify how we can move forward in developing a specification that allows Providers to supply services of an acceptable quality, built around the expressed wishes of consumers, and based on outcomes assessed by ASC but with Providers and service users and their families/carer together determining how they should be met. This will see Providers paid on the basis of the outcomes achieved rather than the volume of what is provided.

We will investigate buying outcomes rather than set hours based support plans that are paid on results. Agreed outcomes will have an agreed timescale within which it will be expected that they will be achieved. At the end of this time period the success or otherwise of the Provider in enabling the service user to meet the outcomes will be measured. Providers will continually review progress against support plan outcomes through their front line staff. Providers will carry out reviews at agreed intervals, normally at the end of the phases of support. Where a review identifies a significant change in the service users circumstances a re-assessment of need will be undertaken. Underpinning this is the culture we want to promote of continuous review and monitoring of support plans so that they adapt and change as service users needs increase or decrease.

The weighted average charge paid by councils in the UK for one hour of weekday, daytime homecare in the UK is estimated at £12.87. Commissioning packages in blocks of weekly/four weekly hours rather than specific call times and lengths will give Providers flexibility and confidence to adjust the way they deliver the service within the commissioned hours rather than having to continually ask for a review.

COMMISSIONING INTENTION 28: Continue to develop specialist training in complex needs and dementia training at awareness level, intermediate and professional level to meet the needs of the people who use our services.

Wrexham Social Care Workforce Strategy & Development Partnership will team ensure Providers meet the basic i.e. at least 70% have the minimum qualification and will work in partnership with Providers to develop specialist training to meet the needs of service users with dementia and challenging behaviour. The Social Care Workforce Development Partnership will also explore the use of resources within the independent sector to enhance training opportunities. We will explore the requirements of the Welsh Language Strategy to inform the Domiciliary Care market when writing their business plans and aid in the process of developing their businesses to provide services in the medium of the welsh language across all service sectors when requested to do so.
OUTCOME 10 Provide a high quality domiciliary care service across all sectors that will comply with the expected standards as laid down in the National Minimum Standards for Domiciliary Care Agencies in Wales

People said they wanted services to be effectively monitored to ensure that Providers are delivering what they should be.

What we have now?
A recent inquiry carried out by the Equality & Human Rights Commission⁴, concluded that Local Authorities had an obligation to procure and monitor home care contracts in a way that promotes and protects the rights of service users. Contract Monitoring is applicable to all externally commissioned services. Monitoring visits consider:
- Progress on any action plan detailed as result of previous visit;
- Contract compliance;
- Engagement and feedback from service users, carers and families;
- Complaint / complement management;
- Staff management systems including safe recruitment, training and supervision.

Wrexham County Borough Council Adult Social Care has taken steps to promote human rights in social care for older people through its Dignity in Care campaign which aims to demonstrate how putting human rights at the heart of health and social care services can deliver better domiciliary care for service users and staff alike. The campaign invites commissioners, providers and services users to become “dignity champions” to raise the awareness of Dignity in Care and inform Older People of their rights to enable them to make informed choices with regards to the services that they access.

Adult Social Care has worked with the CSSIW to develop a more proportionate and focused approach to Contract Monitoring. The approach coordinates the activities of both parties, thus minimising duplication and disruption to the Provider. Essentially, the approach is for CSSIW to focus on regulations and standards whilst Social Care concentrate on the contractual service specifications and the quality assurance system of the Provider though compliance with regulations and standards are also considered via contract monitoring.

Information from service users and their carers and families is routinely used to inform judgements about the standard of services and decisions about services. Every Domiciliary Care recipient receives a questionnaire at least annually. A number will be contacted directly or visited to provide more in depth information. Where Service Users need assistance or lack capacity to provide feedback directly then engagement takes place with their relative, friend or advocate who will continue to be asked to provide feedback on their behalf.

What are the issues with current provision?
Presently only services commissioned by ASC are monitored. People in Wrexham who fund their own care or are in receipt of a direct payment should also have their care monitored so that their rights are protected and their service is delivered with dignity and respect.

We need to further enhance the commissioning and contracting process for adult social care to enable the department to fulfil its vision and give more choice and control to people who use our services as well as those who purchase care directly from independent providers.

⁴ Source Close to Home: An inquiry into older people and human rights in home care
The Carers Reference Group will be used by Service Users and their carers to report quality issues in confidence identify areas for improvement and to give positive feedback and compliments. We will act accordingly on behalf of individuals to tackle quality concerns and feedback will inform our commissioning strategies.

What changes need to be made?
By the end of this 5 year commissioning strategy, we will provide a high quality domiciliary care service across all sectors that will comply with the expected standards as laid down in the National Minimum Standards for Domiciliary Care Agencies in Wales. We will do this by:

**COMMISSIONING INTENTION 29: Continue to develop a single diverse Regional Provider List for domiciliary care across all sectors including Continuing Health Care**
A regional APL is in force covering the six North Wales Local Authorities and a Regional Domiciliary Care Contract has been developed with standard terms and conditions; service specifications and outcomes. We will engage with BCUHB in order to ascertain their Intermediate/enhanced Care requirements and include them within a specification for approved providers. This will help the Domiciliary Care market inform their business plans and develop their services to provide support across all service sectors.

**COMMISSIONING INTENTION 30: Continue to develop an effective and robust contract monitoring framework that focuses on both compliance and safeguarding outcomes**
We will develop a common monitoring process across the North Wales region which will identify a base line monitoring process to which Wrexham ASC will add additional steps. We will continue to monitor each contract and the outcomes we expect from each provider and feedback from Care Managers / Review Team, will link into the overall contract monitoring process. We will develop a plan to monitor the care delivered to those who fund their own care either by direct payment or through personal finances. The Social Care Workforce Development Partnership will investigate the possibility of developing a training programme for Dignity Champion volunteers.
OUTCOME 11 Work in partnership with Providers, BCUHB and Housing Services to ensure that whole system solutions are sought

What we have now?
Presently BCUHB commission continuing healthcare packages from Independent Providers, many of whom are registered on our Approved Provider List, and who also deliver a service commissioned from ASC.

What are the issues with current provision?
Housing, Health and Social Care are the three pillars of independent living. Identifying shared outcomes between these three areas and commissioning together will offer more efficient and integrated services. We will work in partnership with BCUHB and Housing to consider the development of a framework and agree processes creating a more flexible, cost effective, integrated service that offers value for money and provides quality services at an affordable cost that focuses on commissioning outcomes with a strong emphasis on enabling people to live independently.

Presently BCUHB commission continuing healthcare packages from Independent Providers, many of whom are registered on our Approved Provider List, and who also deliver services commissioned from ASC. This can lead to multiple visits from support workers from different agencies, or indeed one agency. Providers tell us that in these circumstances it is difficult to arrange a seamless care package that benefits the client.

The vision of Health, Housing and Social Care Services is to help people to stay at home when it is safe and appropriate to do so. Services will need to be integrated and developed to reduce duplication of visits and lesson the number of people who “knock on the door” of our clients.

What changes need to be made?
By the end of this 5 year commissioning strategy, we will work in partnership with Providers, BCUHB and Housing Services to ensure that whole system solutions are sought. We will do this by:

COMMISSIONING INTENTION 31: Work in Partnership with BCUHB to ensure integrated domiciliary care support packages are developed.
It is our intention to procure a more integrated domiciliary care service which will include joint commissioning with BCUHB and include the commissioning of continuing health care services in any new contracts.

COMMISSIONING INTENTION 32: Work with Housing, Supporting People and other partner organizations to review support in our building based services
The Supporting People Team will lead on a review of current funding and identify any requirements to remodel services. Once this review is complete, detailed actions will be identified and reported on within the Older People’s Commissioning strategy. We will work closely with the housing department to plan for supported housing to be further developed in Wrexham, especially for those older people with complex mental health needs, including dementia.