



Commissioning Strategy

Housing and Community Care Services

2010/11

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SECTION 1 – COMMISSIONING IN CONTEXT

1.1 Introduction to our Commissioning Strategy

Commissioning of services is one of the most important functions undertaken by Housing and Community Care Services. Commissioning is at the heart of effective service delivery which can transform people's lives. It is not just about procedures and processes but it is a strategic activity investing for the long term.

Currently our service has a gross annual revenue budget of £117.99 million but with income streams totalling £52.3 million this leaves a net annual budget of £65.7 million from which there is a total net spend of £31.2 million on externally commissioned and purchased services. This is reflected in detail in Section 2.4 of this strategy.

This strategy lays out our approach to commissioning. It will tell you what commissioning is; how we plan and commission; how much we spend on commissioning services and for whom we commission services. It covers the whole span of Housing and Community Care Services where a specific client group need has been identified. These services will include:

- Care home placements.
- Care at home packages including telecare.
- Day Care places or alternatives to traditional day care models.
- Housing Support packages for vulnerable groups.
- Accommodation with support.
- Housing support for those who are homeless or at risk of homelessness.
- Occupational therapy.
- Aids and Adaptations.
- Service Level Agreements with voluntary organisations.
- Support for carers and other forms of respite care.
- Services for those with substance misuse problems.
- Criminal Justice services.
- Services which support the delivery of the Community Safety Strategy.
- Services which support community regeneration.

1.2 Equalities

Housing and Community Care services will strive to encourage equal opportunities and diversity, responding to the different needs and service requirements of people, regardless of sex, race, colour, disability, age, nationality, marital status, ethnic origin, religion or beliefs, sexual orientation or gender re-assignment. This also applies to both directly provided services and those commissioned externally and forms part of the contract monitoring process to ensure this is the case.

The Council's Corporate Equalities Assessment Framework requires an assessment of functions, policies, procedures or strategies in relation to race, gender and disability and other relevant equality categories. This supports the Council's legal requirement to comply with the duty to assess and consult on relevant new policies to ensure there is no adverse impact on any community group or employees.

Perth and Kinross Council's Housing and Community Care Services has a dedicated equalities action plan, which sets out a detailed list of actions which for each of six equality strands. An Equalities Impact Assessment has been undertaken in relation to this strategy.

1.3 Legislation, Policy and Regulation

The statutory duties of our service are governed by a wide range of legislation. Principal legislation includes:

- The Social Work (Scotland) Act 1968 as amended by The National Health Service and Community Care (Scotland) Act 1990.
- Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000.
- Sex Discrimination Act 1975 and 1986.
- Carers (Recognition and Services) Act 1995.
- Disability Discrimination Act 1995.
- Data Protection Act 1998.
- Human Rights Act 1998.
- Adults with Incapacity (Scotland) Act 2000.
- Local Government Act 2000.
- Regulation of Care (Scotland) Act 2001.
- Housing (Scotland) Act 2001.
- Community Care and Health (Scotland) Act 2002
- Freedom of Information (Scotland) Act 2002
- Homelessness etc (Scotland) Act 2003
- Local Government in Scotland Act 2003

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Gender Recognition Act 2004
- Management of Offenders etc (Scotland) Act 2005
- Age Discrimination Act 2006
- Housing (Scotland) Act 2006
- Equality Act 2006.
- Adult Support and Protection (Scotland) Act 2007.

Most care providers from which the services described in this strategy are commissioned are regulated by the Scottish Commission for the Regulation of Care (the Care Commission). The social care workforce is regulated by the Scottish Social Services Council. There are also a number of different inspectorate and audit bodies who will scrutinise the performance of the Council and its partners.

A specific recommendation in the Social Work Inspection Agency's Performance Inspection of Perth and Kinross Council in March 2007 was that "The Council should give priority to the development of comprehensive, written commissioning strategies for the social work services."

Our services may also work in partnership with a number of other agencies during the commissioning process and these include:

- NHS Tayside (including Perth and Kinross Community Health Partnership).
- Voluntary and Independent Sector Providers.
- Tayside Police.
- Perth College UHI.
- Tayside Fire and Rescue.

1.4 How we plan and commission

It should be noted that this strategy will only apply when the Council has the lead responsibility for commissioning and the relevant funds form part of the Council's budget.

Commissioning has been defined as *"the process by which local authorities decide how to spend their money to get the best possible services for local people"* (SSI, Audit Publication).

Commissioning is about ensuring services are provided which enhance the quality of life for our service users and carers now and in the future. Commissioning is cyclical in nature and is a strategic process, ranging from the **planning stage** to the **procurement stage** to the **service delivery stage** to the **governance stage** (which includes monitoring and review). A widely used model in social care commissioning which is also relevant across public care services such as health, education and housing, and which emphasises this cyclical nature of commissioning, is the model shown below from the Institute of Public Care (IPC).

This model is based on four key performance management elements **analyse, plan, do** and **review**. These should all receive attention and be kept in balance throughout the commissioning process. The outer circle of the diagram is the 'commissioning cycle' and this should drive the purchasing and contracting activities shown in the inner circle of the diagram.

Figure 1 – Joint Commissioning Model for Public Care (IPC model)



Some basic principles have been agreed which must be followed when commissioning services in Perth and Kinross:

- All possible commissioning options will be considered by the service when a decision is made on whether or not to proceed with external commissioning such as directly providing services, using different providers, working in partnership or re-allocating resources from de-commissioned services; (the planning stage).
- Services which are commissioned will be based on eligible assessed need for our service users and the resources available; (the planning stage).
- New projects or services will not be commissioned unless required funding is identified and agreed at the outset; (the planning stage).
- Service users and their carers (or independent advocates) should be involved as appropriate in the planning process for any commissioned service; (the planning and procurement stages).
- Services which are commissioned must specify the outcomes which are to be achieved by the commissioned service provider; (the planning and procurement stages).
- Services which are commissioned will be in line with the Council's Corporate Plan Objectives, any agreed Business Management and Improvement Plan (BMIP) Targets and relevant client group strategy priorities and will be reviewed regularly to ensure they are current; (the planning and procurement stages).
- Services commissioned externally i.e. where they can not be provided in-house must be in line with the Council's Procurement Policy; (the procurement stage).
- Services which are commissioned must evidence that they comply with the Council's Social Work Contract Rules in the service's capacity as a social work authority; (the procurement, service delivery and governance stages).
- Services which are commissioned must evidence that they comply fully with the Council's Scheme of Administration and any current relevant legislation; (the procurement, service delivery and governance stages).
- The quality of care and safety of the service user for whom the service is commissioned is paramount and the service's agreed Contract Monitoring Process should be used to ensure this is the case; (the service delivery and governance stages).
- Services which are commissioned must provide evidence of value for money for that particular type of service; (the service delivery and governance stages).
- Services which are commissioned must evidence that the specified outcomes have been achieved satisfactorily by the commissioned service provider; (the service delivery and governance stages).

It is important that this strategy recognises and continues to be consistent with the priorities defined in each client group strategy and these are detailed in Section 3. As these client group strategies evolve it will be necessary to ensure that this Commissioning Strategy remains up-to-date and yearly reviews will take place during the lifetime of this Strategy to ensure this is the case and continues to fit with the cyclical model of commissioning.

Joint planning for each client group strategy is undertaken by a dedicated joint planning team. Each has a wide range of representation from key services within the Council, NHS Tayside, voluntary sector agencies, registered social landlords, service users and carers. A wide variety of stakeholders are part of the ongoing participation and consultation process. These can include:

- Service users and carers.
- Elected Members of Perth and Kinross Council.
- Joint Planning Groups.
- Other Council services.
- Perth and Kinross Community Health Partnership.
- NHS Tayside
- Voluntary sector service providers.
- Scottish Government.
- Council staff.
- Private sector agencies.
- Registered Tenant Organisations.
- Individual Council tenants.
- Community Councils
- Public.
- Neighbouring local authorities.

In addition there is a Purchased Services Board in Housing and Community Care which has senior management representation. The key role of the this board is to oversee and receive regular reports on externally purchased services, including the quality of services provided, expenditure and relevance to service priorities.

1.5 Outcomes Based Commissioning

Commissioning is most effective when the service that has been commissioned is able to demonstrate that a positive outcome has been achieved for the service user.

An outcome can be strategic, such as meeting an outcome specified in our client group strategies, or individual. As an individual assessment of need is undertaken for every person accessing the services within the remit of this strategy this should agree the anticipated outcomes for that individual service user.

The current relationship between central and local government has seen a move towards measuring outcomes which has resulted in the Single Outcome Agreement. There are 15 local outcome indicators which all contribute to the agreed national outcomes. Those outcomes which our service directly contributes towards achieving through our Business Management and Improvement Plan are as follows:

Table 1 - Outcomes

National Outcome	Local Outcome	Key Local Action Areas
6 – we live longer healthier lives	<p>8 – our communities and people experiencing inequalities will have improved quality of life, life chances and health</p> <p>10 – our people will have improved health and well-being</p>	<ul style="list-style-type: none"> • Responding to an increasing elderly population with increasingly complex needs • Tackling areas of health inequality • Reduce alcohol and drug related harm • Increase levels of physical activity across the population
7 - we have tackled the significant inequalities in Scottish society	8 – our communities and people experiencing inequalities will have improved quality of life, life chances and health	<ul style="list-style-type: none"> • Close the inequalities gap, particularly in relation to poverty, educational opportunity, health and housing quality/availability • Improve equity of opportunity for those experiencing inequality as a result of disability, race and ethnicity, age, sexual orientation, gender or faith
8 – we have improved the life chances for children, young people and families at risk	<p>7 – our children will be nurtured and supported and have the best start in life</p> <p>9 – our communities will be safer</p>	<ul style="list-style-type: none"> • Ensure children and young people are protected • Reduce parental substance misuse • Improve life chances for looked after young children • Divert young people from offending

National Outcome	Local Outcome	Key Local Action Areas
9 – We live our lives safe from crime, disorder and danger	9 – our communities will be safer	<ul style="list-style-type: none"> • Reduce violent crime, in particular those that are alcohol-related • Improve the safety of vulnerable people in their homes • Reduce number of fires, particularly those that are alcohol-related • Reduce the number of people killed or seriously injured in road accidents
10 – We live in well-designed sustainable places we are able to access the amenities and services we need	<p>12 – our communities will have access to the key services they need</p> <p>13 – our area will have a sustainable natural and built environment</p> <p>14 – our people will have better access to appropriate and affordable housing of quality</p>	<ul style="list-style-type: none"> • Improve access to services for people living in rural areas or experiencing inequalities • Increase available affordable housing
11 – We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others	<p>11 – our communities will be vibrant and active</p> <p>8 – our communities and people experiencing inequalities will have improved quality of life, life chances and health</p>	<ul style="list-style-type: none"> • Increased levels of community engagement to ensure people have greater influence over the place in which they live and the services we deliver • Ensure the contribution made by volunteers in our communities is recognised and valued

1.6 Decommissioning

At times it may be necessary to decommission from an existing service. This should only be considered under the following circumstances:

- when the service provider is not able to meet the needs of the individual(s) for whom they have been commissioned to provide a service;
- where the service provider has consistently failed to meet clear and agreed quality standards and has not been able to make the necessary improvements;
- where the cost of a service is demonstrably higher than a similar service provision with no corresponding benefit in terms of quality of service provided, and a more appropriate cost/quality balance has not been achieved through negotiation;
- where the individuals who use the service express a clear wish that they want the service to be provided by a different provider;
- where there is an unacceptable risk to the safety of people using the service, as demonstrated by Care Commission findings and/or Contract Monitoring reports;
- where the service provided no longer strategically fits with the commissioning priorities of the Council;
- where there has been a material breach of contract.

It should be noted that some externally commissioned services may only be for a fixed specified term. Where this applies a full review to the Housing and Community Care Purchased Services Board may be completed no later than 6 months before the contract expiry date and consideration given whether or not the service requires to be continued or decommissioned will take place at that stage. A decision to decommission may occur if any of the above is evident as a result of the review.

In all cases where decommissioning is recommended a Business Case must be presented for approval to the Housing and Community Care Purchased Services Board by the Service Manager responsible for commissioning the service. During this process due cognisance will be taken to ensure that the service provider involved and the service users and their carers or advocates are consulted at an appropriate stage.

There is also a responsibility for the service to ensure that directly provided services are treated consistently and evidence that they are provided to the same quality standards as that expected of externally commissioned services.

Cognisance will also be taken to ensure that the principles of Best Value are adhered to by balancing both quality and cost considerations to secure continuous improvement in performance amongst all services provided both internally and externally.

SECTION 2 – COMMISSIONING INFORMATION

2.1 Our Vision and Strategic Objectives

Housing and Community Care is committed to this Council's vision "of a confident and ambitious Perth and Kinross with a strong identity and clear outcomes that everyone works together to achieve. Our area will be vibrant and successful; a safe, secure and healthy environment; and a place where people and communities are nurtured and supported."

Our five main objectives which are detailed in our Business Management and Improvement Plan to help us do this are to:

- Provide more and better housing throughout Perth and Kinross
- Help people to keep living in their own homes and leading lives that are acceptable to them and the community around them
- Help communities to grow and individuals to develop so that people can live safely in strong, healthy communities
- Look after homeless people, and vulnerable adults and families, with proper housing, support and protection
- Spend our money wisely and provide the best service possible, in a way that involves everyone who either benefits or contributes

In order to meet these objectives plans will be developed and implemented across our service. These plans must ensure that they contribute to achieving the national outcomes identified by the Scottish Government: To help to meet these objectives and deliver towards these National Outcomes our service has set out the following priorities for the next 3 years.

- Make sure our services are as up-to-date as possible by listening to everyone who uses them
- Place the people who use our services at the centre of what we do
- Improve the support we provide for carers
- Improve the support we provide to help people live in their own homes
- Work with others to provide locally based services
- Work with communities to support regeneration
- Help our own people to develop their skills and put them to best use
- Improve our efficiency
- Develop good practice in relation to equalities and sustainability, including getting the best from the buildings we rent and own
- Deliver better services and improve outcomes for those using our services

Any services which are commissioned should be meeting these priorities.

2.2 Perth and Kinross Profile

Perth and Kinross is a largely rural area of 5,286 square kilometres, with a major population centre in Perth.ⁱ The General Registrar's Office estimates that the population numbers some 144,180, of whom almost a third live in Perth, where there are 2,600 persons per sq km, whereas the area as a whole has a population density of 26 per sq km.ⁱⁱ The older population of 28,001 people aged 65 or over is 19.4% of the total, is above the Scottish average of 16.6%. Many of these older citizens live in the rural areas to the north and west; in one town, Comrie, a third of the people are aged over 65. The number of older people is predicted to increase substantially in the coming years. By 2020 there is expected to be 38,014 older people (an increase of 35.7%), and by 2030 the expected number is 46,534 (an increase of 66% on the current population estimate). The overall population is expected to increase by over 20%.ⁱⁱⁱ

Alongside the rising numbers of older people, there is a corresponding rise in people with dementia. This is one of the specified care groups for community care services in the area. Other adult care groups include people with a learning disability, of whom there are over 440 known, and specialist facilities and workers are available for them and their carers. People with mental health problems are also looked after by specialist workers in partnership with the NHS, and there is a dedicated mental health facility at Murray Royal Hospital. A further specialist team works with people with substance abuse issues. More general social care is available to the many people with physical disabilities, including sight and hearing difficulties, many of whom are older people.

The other main population centres are Blairgowrie, Crieff, Pitlochry and Kinross. The latter has a much younger population than the rest of Perth and Kinross, and it is popular with commuters to Edinburgh. The whole area has good transport links with the rest of Scotland, making the area desirable to incomers who either move here for retirement or to travel to work, contributing hugely to the population increase. The educational facilities are well-regarded, and the Council operates 76 primary schools and ten secondary schools, as well as two schools for pupils with special needs. There are nine private educational establishments in the area.^{iv}

The Council area has twelve electoral wards, three of which include Perth itself. There are 110,223 registered voters in Perth and Kinross.

At the 2001 Census there were 58,323 households. By 2031 this is expected to rise to 83,950. Two-thirds of households are owner occupied, and local authority housing accounting for 15%. Privately rented accommodation was 11% at the census. The average house price in 2006 was just over £160,000, with the Highland area being the highest at over £200,000, and Perth the lowest at almost £132,000.^v

The area that supplies most employment to people working in Perth and Kinross is the area of distribution, hotels and catering. This area accounts for 29.3% of work (including part-time workers).^{vi}^{vii} Public administration, education and health supply jobs to almost a quarter of the people who work in the area. Banking, finance and insurance workers form 13.2% of the working population. The top five employers in terms of workforce are Perth and Kinross Council, Perth Royal Infirmary, Scottish and Southern Energy, Aviva (formerly Norwich Union) and Vion (previously Grampian Country Foods Ltd). The average gross weekly earnings in Perth and Kinross are a little below the Scottish average. However the unemployment rate is below the Scottish average.^{viii} Of the 15% most employment deprived data zones in Scotland, Perth and Kinross has 7 of the total of 976.^{ix}

2.3 Current and Future Need

We need to ensure that those people with the greatest need for Housing and Community Care Services are given priority when commissioning services. An assessment for eligibility will identify the level of dependency and risk to which a person may be exposed without the support of our Services.

The Eligibility Groupings have been divided into 4 Priority Bands:-

Priority Band 1

(i) People for whom living within the community is no longer possible and who require a Care Home placement.

(ii) People who require intensive support to remain within their own homes and require assistance with a number of the following activities of daily living.

Eating and drinking, toileting, management of frequent incontinence, getting up and going to bed, dressing, daily washing or bathing, maintaining an acceptable degree of warm in a living area, meal preparation.

In addition the following will be taken into consideration:

- The person requires regular and frequent or constant supervision and support
- The person requires services to enable safe discharge from hospital.
- Current care arrangements are in crisis (e.g. carer admitted to hospital).
- The person has an acute health crisis not requiring hospitalisation.

Priority Band 2

People who fall into this category may have severe disability but still have some capacity to undertake daily living tasks. However, they may require assistance with some of the activities of daily living listed above.

In addition, the following will be taken into consideration:

- The person requires moderate supervision and support.
- The person is socially isolated.
- The person has rehabilitation needs.

For Priority Bands 1 and 2 we would also take account the following additional factors, such as:-

- Person lives alone.
- Carer over 75 years old.
- Carer also has a disability.
- Young carers.
- Geographical remoteness.

We would also consider the following factors in certain circumstances:-

- Supporting enabling tasks for people with a learning disability
- Support throughout episodes of acute mental illness
- Help to change from a lifestyle which involves the use of drugs and/or alcohol

Priority Band 3

People who fall into this category may have some disability but are not at serious risk. They may require minimal support for personal care tasks such as weekly bathing or assistance with housework.

Priority Band 4

People who fall into this category are able to care for themselves. Intervention in these cases might be desirable to improve quality of life but not essential to promote independence.

Housing and Community Care will provide a service to those clients assessed as falling within Priority Bands 1 and 2. People may require these services either on a short or long term basis.

Housing and Community Care will **not** normally provide a service to those clients assessed as falling within Priority Bands 3 and 4. Although each of the care group strategies provide profiles of need based on population projections; prevalence or local conditions, predicting future need is difficult. In some areas it is more straightforward for example, to identify the number of young people due to leave school in the next few years with additional support needs; however, in other areas unforeseen factors can drastically affect predictions.

Factors such as the current economic downturn; the impacts of migration and perhaps even a Pandemic Type influenza are all examples of unpredictable factors which can affect how many people will need our services at any given point and how that need can best be met with the resources available. Each profile of need within individual care group strategies will therefore, be updated to reflect any changes and as these change, strategic priorities may also change which will require to be reflected within this Strategy.

Ways of meeting service user needs are also changing. An increased use of assistive technology enables people to remain in their own homes. The service is committed to maximising the potential which assistive technology offers and is in the process of developing a Telecare Strategy to outline our commitment to this area.

The service also has a Charging Statement in place which aims to ensure that clients in receipt of social care services are not placed in financial hardship as consequence of the way in which the services are charged for. The principles of this focus on ability to pay; equality and transparency and will apply to services covered by this Strategy.

The service is also aware of the increasing focus on personalisation. Personalisation enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. *“An increasing personalisation of services is both an unavoidable and desirable direction of travel for social work services” (Changing Lives, 2006)*, however, undoubtedly brings with it challenges in terms of commissioning. Personalisation promotes individual choice about what types of services are wanted, and from whom and over time this will require changes to ‘accepted’ commissioning practice so that the individual is truly able to make any choice in an informed way which may not be afforded to them at present in some areas of service delivery. The key features of commissioning for personalised services relate to people being enabled to access individual budgets and/or choose between options. Commissioning for personalisation has a broader role both ensuring that a full range of services is available with the required flexibility to support people’s life choices, as well as demonstrating high quality and value for money. Involving people in planning for their services is key to this as a starting point and our service is fully committed to this. The service has also recently reviewed its Direct Payments Scheme as means of individuals accessing self-directed support whilst an ‘In Control’ pilot has been undertaken within our learning disabilities services. As the journey to personalisation progresses this will need to be reflected in future updates of this strategy. It will be necessary to work closely with providers to develop the personalisation agenda and to enhance the community capacity that their services are able to offer. In the meantime this strategy will balance the needs of individuals and the integrity of personalisation with the need to maintain a healthy mix of providers delivering quality services to all client groups in Perth and Kinross and maximise the use of resources available.

2.4 Financial Framework

Housing and Community Care have two funding streams for our services. The General Fund Services within Housing and Community Care e.g. Older Peoples Services, Services for people with a Mental Illness or Learning Disability, Homeless Services is met from specific grants, income from charges and Council Tax. The Housing Revenue Account receives income from rents (houses, garages and other properties) which funds all relevant expenditure relating to providing Council housing.

There are a number of income streams received within the General Fund Services, these range from Resource Transfer Income from NHS Tayside, Care Home Fees, Non-Residential Care Income and Homeless Service Charges.

Any services reflected in this Commissioning Strategy will only come from the General Fund Services and the Revenue Budget for this for 2010/11 is shown below.

Table 2: Commissioning Strategy General Fund Services and the Revenue Budget (2010/11)

	Community Care (£000)	Housing General Fund (£000)	Strategy and Support (£000)	Criminal Justice (£000)	Total (£000)
Staff Costs	22,012	5,126	5,455	2,205	34,798
Property Costs	364	2,097	166	146	2,773
Supplies and Services	1,350	1,038	738	37	3,163
Transport Costs	1,091	48	99	54	1,292
Transfer Payments	5	27,840	1,427	0	29,272
Third Party Payments	37,733	1,800	6,892	0	46,425
Support Services	0	0	152	0	152
Capital Financing Costs	0	110	0	0	110
Gross Budget	62,555	38,059	14,929	2,442	117,985
Income	12,947	34,730	2,422	2,215	52,314
Net Budget	49,608	3,329	12,507	227	65,671

Of this overall net budget of £65.671 million, £51.332 million (78.17%) is delivered through the Commissioning Strategy with the key areas of spend detailed below.

Table 3: Commissioning Strategy General Fund Services and the Revenue Budget (2010/11) by Service Area

Service Provision	Gross Budget £000's	Income £000's	Net Budget £000's	% direct & external - Gross %	% direct & external - Net %
1) Older People/Physical Disabilities/Carers					
Care Homes					
- Direct Provision	3,701	1,043	2,658	16%	15%
- Externally Commissioned	19,718	4,751	14,967	84%	85%
	23,419	5,794	17,625		
Community Based					
- Direct Provision	9,177	933	8,244	67%	65%
- Externally Commissioned	4,509	66	4,443	33%	35%
	13,686	999	12,687		
Day Care Services					
- Direct Provision	1,338	106	1,232	77%	76%
- Externally Commissioned	396	13	383	23%	24%
	1,734	119	1,615		
Respite					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	267	68	199	100%	100%
	267	68	199		
Housing Support Services					
- Direct Provision	767	181	586	66%	73%
- Externally Commissioned	397	181	216	34%	27%
	1,164	362	802		
Service Level Agreements					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	1,330	160	1,170	100%	100%
	1,330	160	1,170		
Total Older People/Physical Disabilities					
- Direct Provision	14,983	2,263	12,720	36%	37%
- Externally Commissioned	26,617	5,239	21,378	64%	63%
	41,600	7,502	34,098		
2) Learning Disability Services					
Care Homes					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	4,638	1,814	2,824	100%	100%
	4,638	1,814	2,824		
Community Based					
- Direct Provision	1,786	490	1,296	37%	39%
- Externally Commissioned	3,054	1,004	2,050	63%	61%
	4,840	1,494	3,346		
Day Care Services					
- Direct Provision	1,732	86	1,646	80%	79%
- Externally Commissioned	441	0	441	20%	21%
	2,173	86	2,087		

Service Provision	Gross Budget £000's	Income £000's	Net Budget £000's	% direct & external - Gross %	% direct & external - Net %
Respite					
- Direct Provision	406	43	363	78%	81%
- Externally Commissioned	112	25	87	22%	19%
	518	68	450		
Housing Support Services					
- Direct Provision	313	0	313	16%	16%
- Externally Commissioned	1,672	0	1,672	84%	84%
	1,985	0	1,985		
Service Level Agreements					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	278	210	68	100%	100%
	278	210	68		
Total Learning Disability Services					
- Direct Provision	4,237	619	3,618	29%	34%
- Externally Commissioned	10,195	3,053	7,142	71%	66%
	14,432	3,672	10,760		
3) Mental Health Services					
Care Homes					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	727	578	149	100%	100%
	727	578	149		
Community Based					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	616	419	197	100%	100%
	616	419	197		
Day Care Services					
- Direct Provision	516	103	413	89%	88%
- Externally Commissioned	61	6	55	11%	12%
	577	109	468		
Respite					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	11	5	6	100%	100%
	11	5	6		
Housing Support Services					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	845	0	845	100%	100%
	845	0	845		
Service Level Agreements					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	1,074	570	504	100%	100%
	1,074	570	504		
Total Mental Health Services					
- Direct Provision	516	103	413	13%	19%
- Externally Commissioned	3,334	1,578	1,756	87%	81%
	3,850	1,681	2,169		
4) Substance Misuse					
- Direct Provision	524	41	483	92%	92%
- Externally Commissioned	47	3	44	8%	8%
	571	44	527		

Service Provision	Gross Budget £000's	Income £000's	Net Budget £000's	% direct & external - Gross %	% direct & external - Net %
5) Criminal Justice Service					
- Direct Provision	2,442	2,215	227	100%	100%
- Externally Commissioned	0	0	0	0%	0%
	2,442	2,215	227		
Housing Support Services					
- Direct Provision	27	0	27	100%	100%
- Externally Commissioned	0	0	0	0%	0%
	27	0	27		
Total Criminal Justice Services					
- Direct Provision	2,469	2,215	254	100%	100%
- Externally Commissioned	0	0	0	0%	0%
	2,469	2,215	254		
6) Homelessness Services					
Temporary Accommodation					
- Direct Provision	1,125	1,264	-139	40%	68%
- Externally Commissioned	1,718	1,784	-66	60%	32%
	2,843	3,048	-205		
Hostels					
- Direct Provision	1,197	1,357	-160	100%	100%
- Externally Commissioned	0	0	0	0%	0%
	1,197	1,357	-160		
Administration					
- Direct Provision	943	161	782	100%	100%
- Externally Commissioned	0	0	0	0%	0%
	943	161	782		
Housing Support Services					
- Direct Provision	495	0	495	27%	27%
- Externally Commissioned	1,369	0	1,369	73%	73%
	1,864	0	1,864		
Service Level Agreements					
- Direct Provision	0	0	0	0%	0%
- Externally Commissioned	453	0	453	100%	100%
	453	0	453		
Total Homelessness Services					
- Direct Provision	3,760	2,782	978	52%	36%
- Externally Commissioned	3,540	1,784	1,756	48%	64%
	7,300	4,566	2,734		
7) Community Regeneration Services					
- Direct Provision	326	28	298	40%	38%
- Externally Commissioned	492	0	492	60%	62%
	818	28	790		
8) All Services Total					
- Direct Provision	26,815	8,051	18,764	38%	37%
- Externally Commissioned	44,225	11,657	32,568	62%	63%
	71,040	19,708	51,332		

Of the overall H&CC net budget, 78.17% will be delivered through this Commissioning Strategy. The budgets that are not part of this figure are as follows:

- Services delivered through the Housing Revenue Account.
- Assessment and care management/fieldwork teams.
- Community wardens.
- Investigation/anti-social teams.
- Travellers Persons sites.
- Housing benefits.
- Local taxes.
- Customer service centre.
- Procurement team.
- Welfare rights services.
- Senior Management
- All Strategy & Support Teams

2.5 Consultation and Engagement

There are existing consultation and engagement mechanisms in place with providers locally which help inform our commissioning approach in key sectors such as Care at Home and Care Homes for example, through the respective providers' forum. These existing mechanisms will be expanded to other sectors to continue a positive engagement with the local market as part of the implementation of this strategy.

Housing and Community Care also have recently finalised an Engagement Strategy and the principles therein were followed during the consultation process.

The following people were consulted with during the process of developing this strategy:

- Client Group Strategic Planning Groups.
- All current externally commissioned providers in the private and voluntary sector.
- Provider representatives bodies (i.e. Scottish Care at Home; Scottish Care; Community Care Providers Scotland).
- Local elected members.
- Senior Management Team within Housing and Community Care.
- Service Managers within Housing and Community Care and their respective teams.
- Existing tenant participation groups or community care service user groups.
- Local NHS colleagues involved in joint planning groups.

A hard copy of this draft strategy was also shared with those groups and a specific consultation event for providers was held on 24 February 2010. A full report is available relating to the issues raised at this consultation event and a number of the specific issues raised have been incorporated into the final version of the strategy.

SECTION 3 – COMMISSIONING FOR OUR CLIENT GROUPS

3.1 Older People

There is a Joint Older People's Strategy for 2008-11 currently in place called 'Age Matters'. The key aims of this strategy are to:

- Promote healthy and active ageing and participation and involvement of older people
- Tackle inequalities to enhance preventative and anticipatory care models.
- Shift the balance of care to support more people at home, avoid hospital admissions and support locally enhanced services.
- Support people with high levels of health and care needs.
- Promote joint working across service partners in Perth and Kinross.

This Strategy sets out the following key proposals for improving services for older people and any commissioning arrangements must be undertaken with a view to delivering on these key proposals:

- Promote healthy and active ageing with participation and involvement of older people in the planning and development of services, through engagement of the community and the development of locality networks.
- Recognise and support the development of inter-generational partnerships.
- Work with partners to develop new transport solutions for older people.
- Work with partners to develop new housing with care solutions for older people.
- Provide better local information and support
- Continue to develop opportunities for older people to participate in physical, social and mental health activities.
- Continue to develop targeted prevention services to reduce the number of older people who are admitted to hospital due to falls and accidents at home.
- Effectively use the single shared assessment process with all appropriate older people and evaluate its impact on service users and carers.
- Develop more integrated and comprehensive intermediate care and provide more intensive support and rapid response at home.
- Increase access to community support workers in order to help people stay independent and safe.

- Ensure that rehabilitation services and intermediate care meets the levels set to address the needs of older people using their services who have mental health problems.
- Improve the pathway to specialist services, for example, drugs and alcohol services.
- Continue to develop effective systems for medicines management and support.
- Support older people in the management of long-term conditions by providing a range of services to enable them to remain in their own communities.
- Provide the appropriate level of care and support for all older people through adequate care and case management provision.
- Continue to support carers to enable them to care for their loved ones for as long as they so wish.

3.2 Older People Living with Dementia and their families

There is a Joint Strategy in place for 2007-10 for Older People living with dementia and their families. This strategy has proposals relating to pre-diagnosis; diagnosis; post diagnosis; community services and continuing care.

The aims of pre-diagnosis are:

- To understand that dementia is an illness
- To recognise the possible significance of symptoms
- To recognise that mild cognitive impairment does not necessarily lead to dementia

For pre-diagnosis the proposals are:

- To develop information and awareness programme targeted at the wider population across Perth and Kinross to raise awareness of the incidence of Dementia within the community and to dispel some of the myths and stigmas that surround the disease.
- To develop a programme of Dementia friendly communities, which will target local groups and businesses providing detailed information in relation to the disease and how people living with the disease and their families can be supported within the community.
- To develop Dementia skills award for statutory and voluntary agencies involved in commissioning or delivering service within the community example GP surgeries, Care Homes, bus companies, post offices, etc.

- To promote the fact that people with Dementia can still contribute to community life and can be supported at home and in their own communities for longer periods. To increase early detection of the disease and improve access to services, information and support.

The aims of diagnosis are:

- For the person with possible dementia to know if symptoms are caused by a form of dementia, and to seek appropriate medical response.
- To identify the type of dementia.
- Comprehensive advice to service users and carers on dementia and the organisation of local services and support.

For diagnosis the proposals are to:

- Improve the accuracy of diagnosis through increased use of comprehensive diagnostic criteria supported by modern neuro-imaging and detailed neuropsychological assessment for appropriate cases.
- Improve rate of diagnosis in care homes and general hospitals.
- Improve links between diagnostic services, post-diagnostic services and long-term community services.
- Develop interface liaison service to improve recognition and management of dementia in people under 65.
- Improve recognition of physical complications of advancing dementia to assist in the development of palliative care interventions.

The aims of post-diagnosis are:

- To plan for the future, including initial advice and information about the Adults with Incapacity Act (Scotland) 2000.
- To receive the support, advice and information that are required to live with the illness until community services are required.
- To help maintain independence.

For post-diagnosis the proposals are:

- To develop a post-diagnostic service focused on early intervention and support, addressing particularly functional, social and emotional issues that result in receiving such a devastating diagnosis. This service would include people with dementia and their families, to enable them to maintain their independence and a high level of supported self-care

- To develop an education programme for people with dementia and their families that will adequately inform them of such areas as financial and welfare implications, legal aspects, wellbeing, the disease progression, safe driving etc.. This will help people to continue their life as normal as possible.
- To develop a peer support system that would encourage people with a new diagnosis to meet and be supported by others who have dementia, designed along similar lines to the Scottish Dementia Working Group in Glasgow and the Positive Dementia Group in Aberdeen.

The aim of community services is:

- To enable people living with dementia to remain in their own home for as long as they wish and is possible

For community services the proposals are:

- To provide integrated community services for people with dementia and their families encouraging independence, maintenance of skills and relationships enabling people to live at home for as long as possible. These services should be co-ordinated and tailored to the individuals care needs. All specialist services should be ideally based within the re-modelled and redesigned Older Peoples Mental Health Teams (OPMHT).
- To develop current housing provision using current and future technologies and outreach support from OPMHT aligned home carers.
- To develop day services opportunities. This would include exploration of a local area co-ordinator model, support worker role and development of alternative models for delivering Day Care and Day Hospital care.
- To increase existing models of respite and development of alternative models such as a 'home from home' model.
- To develop specialist integrated intermediate care services. People want to be treated effectively, as close to their homes as possible. If hospital admission is required, they want to return home as soon as is appropriate, with their family carers supported.
- Co-ordinated development of joint integrated training for statutory and voluntary staff in relation to dementia.

The aims of continuing care are:

- To care for people who can no longer be cared for in their own homes
- To provide for the end stages of dementia or dying of other causes

For continuing care the proposals are:

- To provide continuity of care for the person living with dementia moving to a continuing care environment
- To improve care home education and training and build on the emerging Care Home Education Forum
- Review current model and NHS continuing care
- Improve the Multi disciplinary approach to full ongoing assessment.
- Develop intensive therapeutic care skills to meet complex needs
- Develop end of life care for people with dementia ensuring that they have access to palliative care services.
- Ensure all dementia wards in Perth and Kinross have a room specifically designated for end of life care which is fit for purpose.
- Ensure all staff to have an opportunity to access bereavement support.
- Develop the challenging behaviour service for people with dementia in Perth and Kinross in-patients and care home populations.

Any commissioning arrangements must be undertaken with a view to delivering on these proposals.

3.3 Adults with Physical Disabilities including Acquired Brain Injury and Sensory Impairments

There is a Joint Physical Disability Strategy for 2010-12 and highlights the following key service development priorities.

- Improve services for individuals with long term conditions.
- Improve access to, and supply of suitable housing.
- Improving the range of services through the commissioning of care, support, advice and information from independent sector organisations.
- Promoting better accessibility of the built environment.
- Improving access to public transport and transport infrastructure.
- Enable employment opportunities.
- Improve assessment and case management services.
- Enable social, leisure, educational and respite opportunities.

Each of these has service development objectives and any commissioning arrangements must be undertaken with a view to delivering on them:

Improve Services for Individuals with Long Term Conditions

- Develop and deliver a range of initiatives to support individuals, carers and professionals to better understand and manage long term conditions from the point of diagnosis
- Develop support which help individuals and their carers to manage their condition with confidence, make lifestyle choices and have easier access to relevant sources of support
- Progress case management approaches to ensure patients with complex care and at higher risk of acute hospitalisation are proactively managed.
- Work in partnership with colleagues from acute areas, local authority and voluntary organisations to ensure that care for individuals with long term conditions is delivered in the right place and by the most appropriate service or professional.

Improve Access to, and Supply of, Suitable Housing

- Promote provision of, adaptation to existing stock and new housing supply appropriate to the range of needs of individuals to better match stock to needs.

Improve the Range of Services Through the Commissioning of Care, Support, Advice and information from Independent Sector Organisations

- Provide additional funding to independent sector organisations providing statutory services.
- Ensure commissioning procedures oblige providers to comply with equalities legislation.

Promote Better Accessibility of the Built Environment

- Undertake audits of built environment including local authority buildings and progress ongoing rolling programme to ensure disability compliance of same.

Improve Access to Public Transport and Transport Infrastructure

- Ensure that Council minibuses, public transport services and amenities are increasingly compliant with disability access requirements.

Enable Employment Opportunities

- Introduce equalities agenda into our staff induction programmes and monitor staff profile for disability.

Improve Assessment and Case Management Services

- Provide items of aids and/or equipment for those assessed as requiring them.
- Develop a policies and procedures for children/young adults moving children's to adult services and local pathways to enable people with a physical disability to obtain the services/support they require.

Enable Social, Leisure, Educational and Respite Opportunities

- Develop range of respite options for people with a physical disability.

3.4 Carers

There is a Joint Carers Strategy for 2008-11 in place. This has the following service development priorities:

- Improve respite options.
- Improve carers' access to advocacy.
- Improve support services for individual carers.
- Improve carers support process.
- Improve training for carers.
- Improve carers' health.
- Improve information and advice.
- Promoting employment opportunities.
- Promoting equalities.

A number of service development objectives have also been agreed and any commissioning arrangements must be undertaken with a view to delivering on them:

Improve Respite Service Options

- Increase the numbers of respite hours, nights and carers supported for those who care for people with a learning disability.
- Increase the numbers of flexible night respite care and carers supported through care home provision.
- Increase numbers of respite episodes.
- Increase numbers of carers receiving care at home services.

Improve Carers Access to Advocacy

- Increase the numbers of carers gaining access to advocacy.

Improve Support Services for Individual Carers

- Increase numbers of carers receiving alternative therapies.
- Increase numbers of carers receiving social respite.
- Increase numbers of carers receiving support from community support workers.
- Increase numbers of day care opportunities for those cared for by a carer.

Improve Carers Support Process

- Increase numbers of carers receiving a support needs assessment.

Table 4 – Key Areas of Gross Expenditure Older People, Dementia, Physical Disabilities and Carers (2010/11)

	Older People's et al. Services		
	Internal	External	TOTAL
	£000's	£000's	£000's
Care Homes	3,701	19,718	23,419
Community Based Services	9,177	4,509	13,686
Day Care Services	1,338	396	1,734
Respite	0	267	267
Housing Support	767	397	1,164
Service Level Agreements	0	1,330	1,130
TOTAL	14,983	26,617	41,600
As a %	36%	64%	100%

NB Figures include Older People, Dementia, Physical Disabilities and Carers

3.5 Adults with Learning Disabilities and/or Autistic Spectrum Conditions

There is a Partnership in Practice Agreement for 2008-10 for adults with learning disabilities and/or autistic spectrum conditions which has 3 key strategic partnership themes:

- Services Fitting People.
- Citizen Leadership.
- Partnership working in local communities.

Each of these key themes has particular objectives and any commissioning arrangements must be undertaken with a view to delivering on them:

3.5.1 Supported Living Services

To transform the lives of service users through increasing the number of individual supported living arrangements for people:

- Living in residential care who would benefit from individual tenancy support.
- Living in appropriate housing and support arrangements in the community.
- Living in inappropriate accommodation subject to agreed discharge programmes.
- Identified in transitions planning who wish to live independently including those living with older carers
- Who have expressed a desire to investigate independent living options

3.5.2 Providing Local Opportunities for Those Currently In Out of Area Placements

To develop dedicated local services that support the needs of service users with severely challenging behaviour which enables service users to move to accommodation with support appropriately designed for individuals with complex needs, nearer to their families and carers within the Perth and Kinross area.

3.5.3 Improving Transitions

To transform the transition experiences of young people with learning disabilities as they move from schooling to adulthood by:

- Completing and reviewing the Self Directed Support/Individual Budgets pilot project offered to 5 service users and their carers in September 2009
- Propose the roll-out of further Self Directed Support to more service users and their carers in 2010.
- Complete Multi Agency Transition Protocol by September 2009

3.5.4 Respite and Short Break Services

To improve the experience of users through personalised short breaks and enable carers to have additional respite by:

- Offering the Respite Bureau to all new carers seeking respite or service users who currently use in-house council residential respite services by October 2009.
- Expanding the Respite Bureau to be the single point of contact for service users requiring short breaks by 1st April 2010.

3.5.5 Develop Local Area Co-ordination

To create partnerships with individuals and families as they build and pursue their goals and dreams for a good life. The Local Area Coordinators will also work with local communities to strengthen their capacity to include people with a learning disability as valued citizens.

3.5.6 Developing Inclusion in the Community/Employment

To transform life opportunities for service users through employment and voluntary work options by:

- Increasing paid employment opportunities within Perth and Kinross Council.
- Developing voluntary work projects opportunities.

3.5.7 Individuals with Complex Needs

To enhance the life experience for users with complex needs and their carers by:

- Increased use of person centred planning tools and the development of personal plans
- Investing in a special care unit for adults with profound and multiple learning disabilities by developing a 'Service of Excellence' from the existing Gleneagles Adult Resource Centre Building. Contractors to be identified in January 2010 and work completed by end of 2010.
- The development and expansion of Communication Surgeries will strengthen relationships with parents and carers. The introduction of a newsletter by service users will help inform parents and carers of positive news around the future developments that will be taking place.
- Coping with Change Workshops will be delivered for service users
- Introduction of Employment staff Champion will enable service users to access both voluntary and paid employment.
- The continual expansion of existing and future Locality Groups will further increase opportunities for both service users and carers.

3.5.8 Developing Day Opportunities

To transform life opportunities for people attending Adult Resource Centres by providing more choice through more localised services by:

- Developing localised services in areas such as Crieff, Auchterarder, Kinross, Scone and Perth City
- Optimising the use of Community Campuses and Community School to offer a wider variety of activities to service users.
- Development of individual opportunities through Person Centred Planning.
- Involvement of service users in daily programme planning to encompass needs, choices and wishes.
- Expansion of the Comrie Croft Resource.

3.5.9 Improving Assessment and Care Management Services

To transform the outcomes for users and carers accessing the specialist Learning Disability Social Work Team by:

- Carrying out specific review exercises around Scotland, with the purpose of offering opportunities for individuals to move back to Perthshire
- Target services for older carers and service users, and make links to appropriate services
- Introduce eligibility criteria, with specific service guidance and relevant information leaflets
- Work jointly with the housing department to identify specific tenancies and jointly operate a housing database
- Focusing the team on the criteria provided by 21st Century Review of Social Work and to market this to service users and carers
- Developing a locality link for each social worker

3.5.10 Adopting the 'In Control' Model (Self Directed Support)

Modernise services through approaches which promote the rights of people with a learning disability, by implementing the 'In Control' model of individual budget allocations. In line with Scottish Government policy to promote personalisation and self directed support we will build on our In Control demonstration project. This will result in an increased number of people receiving a personal budget that they control to meet their own care needs, rather than relying on the current service led approach

3.5.11 Improving Consultation and Involvement Arrangements

Establish, maintain and develop the Citizen Leadership and Partnership Forum. Membership could include:

- Service users, their carers and parents.
- Health care agencies.
- Independent sector service providers.
- Colleges.
- Employability services.
- Perth and Kinross Council Housing and Community Care Services and Education and Children's Services

Table 5 –Key Areas of Gross Expenditure Learning Disabilities (2010/11)

	Learning Disabilities		
	Internal	External	TOTAL
	£000's	£000's	£000's
Care Homes	0	4,638	4,638
Community Based Services	1,786	3,054	4,840
Day Care Services	1,732	441	2,173
Respite	406	112	518
Housing Support	313	1672	1985
Service Level Agreements	0	278	278
TOTAL	4,237	10,195	14,432
As a %	29%	71%	100%

Any commissioning arrangements must reflect the aims and priority development areas set out in this strategy.

3.5.12 Developing Integrated Service Models

Further develop existing partnership approaches which widen the scope of services by adopting a joined up locality based provision to meet the particular needs of both rural and city communities.

3.6 Adults with Mental Health Problems

There is a Joint Mental Health Strategy for adults aged 16-64 years including mentally disordered offenders. The Aims of this strategy are to:

- Make sure that the right balance of services for our population is in place, between hospital and community services, between services for those with severe and/or enduring illnesses and those with mild to moderate mental health problems, those for the general population and those for socially excluded.
- Ensure mental health improvement is a core part of helping people who have or are at risk of significant health problems to help them manage their own health and well being.
- Make sure that service investment delivers best possible outcomes for service users, their families and carers.

The strategy also identified the following future service development priority areas:

- Improving mental health and well-being, including community supports for people with mental health problems.
- Improving the response to people suffering from depression, anxiety and stress.
- Developing community services for mentally disordered offenders.
- Improving the safety, effectiveness and responsiveness of services through the development of integrated care pathways for major mental illnesses.
- Improving services for people with an eating disorder.
- Improving patient experience of mental health services.
- Mental health services for older people.

- Responding to people with a co-occurring mental health and substance misuse problem.
- Services for people with acquired brain disorders or injuries.
- Responding to people with Obsessive Compulsive Disorder.
- Reducing antidepressant prescribing.
- Reducing the incidence of suicide.
- Reducing the number of hospital readmissions.
- Increasing the availability of evidence based psychological therapies for all age groups in a range of settings.
- Improving the physical health of those with severe and enduring mental illness.
- Ensuring that people are managed and cared for more effectively in the community and avoid inappropriate admissions by ensuring that crisis standards are achieved.

Supported Living Services

- To transform the lives of service users through increasing the number of individual supported living arrangements for individuals:
 - Living in residential care that would benefit from individual tenancy support
 - Living in appropriate housing and support arrangements in the community
 - Living in inappropriate accommodation subject to agreed discharge programmes

Respite and Short Break Services

- To improve the experience of users through personalised short breaks and enable carers to have additional respite by:
 - Modernising respite facilities to increase user choice, control and community involvement

Developing Inclusion in the Community/Employment

- Increasing paid employment opportunities within Perth and Kinross Council and developing voluntary work opportunities

Improving Assessment and Care Management Services

- Improve the outcomes for users and carers accessing the in-patient and Community Mental Health Teams
- Improving Consultation and Involvement Arrangements
- Establish, maintain and develop improved arrangements with service users and their carers. Independent sector service providers, colleges, employability services and Perth and Kinross Council Education and Children's Services

Develop More Integrated Service Models

- Further develop existing partnership approaches which widen the scope of services by adopting a joined up locality based provision to meet the particular needs of both rural and city communities

Any commissioning arrangements must reflect the aims and priority development areas set out in this strategy.

Table 6 – Key Areas of Gross Expenditure Mental Health (2010/11)

	Mental Health Services		
	Internal	External	TOTAL
	£000's	£000's	£000's
Care Homes	0	727	727
Community Based Services	0	616	616
Day Care Services	516	61	577
Respite	0	11	11
Housing Support	0	845	845
Service Level Agreements	0	1,074	1,074
TOTAL	516	3,334	3,850
As a %	13%	87%	100%

3.7 Adults with Substance Misuse Problems

There is a Substance Misuse Integrated Services Strategy for 2008-11 which is being drafted. The final working draft outlines the following strategic priorities:

- Joint service delivery and planning partners who listen and respond to what people say about services.
- Enhanced partnership working that improves efficiency, capacity and adaptability to better meet the needs of individuals, families and communities.
- Joint service delivery and planning partners who apply a resolute joint approach to promote innovation, best practice and continuous improvement.

- Improved substance misuse services that reduce alcohol and drug related harm to the health of individuals and enhance the wellbeing and security of the local community.

Each of these strategic priorities has a number of key objectives and any commissioning arrangements must be undertaken with a view to delivering on them:

3.7.1 Joint service delivery and planning partners who listen and respond to what people say about services

- Form and maintain a Service User Reference Group.
- Engage with and include traditionally 'hard to reach groups'.
- Establish a Carers Reference Group.
- Formally convene the Voluntary Sector Reference Group.
- Rejuvenate and strengthen the multi-agency Drug and Alcohol Forum.
- Improve and sustain effective two-way communication to the DAAT Partnership.

3.7.2 Enhanced partnership working that improves efficiency, capacity and adaptability to better meet the needs of individuals, families and communities

'Stage1'

- Devise and implement a Shared Philosophy and Ethos of Care.
- Establish a range of joint working protocols.
- Integrate administration services and operational management.
- Agree common core competencies and induction programmes.
- Establish a Practitioner's Forum and revive multi-agency business meetings.

'Stage 2' Wider Partnerships

- Develop greater capacity in the community services infrastructure by extending integrated working practices and joint protocols.

3.7.3 Joint service delivery and planning partners who apply a resolute joint approach to promote innovation, best practice and continuous improvement

- Conduct a comprehensive skills audit based on National Standards for Drug and Alcohol Services.
- Establish an inter-agency agreement and a joint policy for core competencies.
- Devise and implement a Joint Workforce Development Plan.
- Design and implement a Shared Performance Framework.
- Customise training programmes for service user and carer reference group members.

- Form a Joint Equalities Working Group; promoting best practice and culturally competent services.

3.7.4 Improved substance misuse services that reduce alcohol and drug related harm to the health of individuals and enhance the wellbeing and security of the local community

- Sustaining recovery; empowering people through facilitating the development of peer support groups/self/help models
- Provide additional services to address increased prevalence of alcohol use – local alcohol liaison service to general hospitals and primary care and widen availability of ‘Brief Interventions’
- Provide alternative services and more options for people requiring residentially based community detox programmes
- Tackle associated poverty and social exclusion through access to employability services, welfare rights services, housing etc

Table 7 – Key Areas of Gross Expenditure Adults with Substance Misuse Problems (2010/11)

	Substance Misuse		
	Internal	External	TOTAL
	£000's	£000's	£000's
Care Homes	0	0	0
Community Based Services	524	47	571
Day Care Services	0	0	0
Respite	0	0	0
TOTAL	524	47	571
As a %	92%	8%	100%

3.8 Criminal Justice Services

There is a strategy for developing criminal justice and substance misuse social work services in place for 2009 -10 called ‘Promoting Recovery and Making Communities Safer’. This details a number of external and internal strategic factors which must be borne in mind when linking with this Commissioning Strategy.

3.8.1 External Strategic Factors

Chief among the most influential Government publications and legislation (pending and current) are the following:

‘Reforming and Revitalising’ – a Government paper intended to greatly tighten up the immediacy of and timescale within which Community Service Orders are completed, while increasing the visibility of this form of ‘Community Payback’.

'Protecting Scotland's Communities' in which Government embraced the recommendations within 'Scotland's Choice' (a review of Scotland's prisons led by Henry McLeish) and indicated their intention of reducing the numbers in prison by restricting the powers of the Judiciary to impose sentences of less than six months.

The Custodial Sentences and Weapons (Scotland) Act (introduced in 1985 but yet to be implemented) which proposed the introduction of custody/community orders for persons serving shorter sentences of imprisonment.

- The Criminal Justice and Licensing (Scotland) Bill introduced to Parliament in March 2009 which wraps up key recommendations from 'Reforming and Revitalising' and 'Protecting Scotland's Children' – thereby setting out very clear challenges for Criminal Justice Social Work. We will now be required to supervise a significantly greater number of offenders in the community as an alternative to short sentences of imprisonment **with the additional prospect** of supervising the 'community' element of 'custody/community orders' when these are introduced over the next two to five years.
- New national standards and objectives in relation to Criminal Justice Social Work practice.
- A planned thematic inspection of prisons and prison social work functions in the winter of 2009-10.
- The 'Framework for Action' published last year in which Government set out the new Youth Justice priorities – changing from an emphasis upon 'persistent young offenders' to one of 'serious young offenders' and setting out an agenda which clearly overlaps with Child Protection as the focus changes from young people over 12 years of age to one which embraces early years, formative years, adolescence and young adulthood – reflecting the journeys and past experiences of many habituated young criminals.
- 'The Road to Recovery' – setting out Government's proposal that service users of Drug and Alcohol Services should be helped to develop a pathway which promotes the concept of recovery at a level consistent with their assessed needs and capacities.
- 'Challenging Scotland's Attitudes Towards Alcohol' – the equivalent Government paper in relation to increasing concern about the abuse of alcohol at all ages and its impact upon health, community safety and the economy.
- The continuing expectation from 'Reducing Reoffending' of further reduction's in the rate of adult reoffending.

3.8.2 Internal Strategic Factors

In addition to these external factors, we have seen the emergence of data streams and new ways of working between central and local Government which, cumulatively, have a direct bearing upon the prioritisation and improvement of key services, extending to:

- A single outcome agreement for Perth and Kinross and its emphasis, in particular, upon alcohol related crime, antisocial behaviour and its cumulative impact upon communities.
- The identification, through continuous performance monitoring, of strengths and weaknesses in Criminal Justice performance – clarifying the need for improvement in:
 - Analysis of and focus upon offending behaviour, following through into effective risk management processes.
 - Improved collection of information from other agencies at pre-Court stage to inform analysis of offending behaviour.
 - Improved usage and quality of chronological histories in relation to high risk offenders.
 - Improving the average number of hours per week worked by offenders on Community Service Orders (soon to be Community Payback Orders).
 - Improving links to communities and improving community visibility.
 - Improving integrated working with other agencies in relation to 'parental substance misuse', 'adults at risk of harm' and 'domestic violence'. In particular, improved focus upon the interests of victims and potential victims within the risk management process.
- The start of a journey towards an integrated approach in relation to the Training/Employability of Criminal Justice and Substance Misuse Service Users which seeks to enhance their "Employability", but also opens and creates opportunities for employment. The range of private and public openings must be increased, and a more ambitious approach taken towards creative employment. Our current commissioning arrangements will be revisited to ensure best value and the nature of future employability partnership working will be re-assessed.
- The development of Performance Monitoring arrangements in our Prisons and Substance Misuse Services which must deliver a standard of Management Information similar to that now delivered by our Community-based CJS and Youth Justice Teams.

Table 8 – Key Areas of Gross Expenditure Criminal Justice (2010/11)

	Criminal Justice Services		
	Internal	External	TOTAL
	£000's	£000's	£000's
Care Homes	0	0	0
Community Based Services	2,442	0	2,442
Day Care Services	0	0	0
Respite	0	0	0
Housing Support	27	0	27
TOTAL	2,469	0	2,469
As a %	100%	0%	100%

3.9 People who are Homeless or at Risk of Homelessness

The Homelessness Strategy for 2009-12 outlines the investment priorities to prevent, tackle and alleviate homelessness are outlined below.

The overarching main aims are to

- Enable the full participation of service users and other stakeholders in shaping policy and procedures.
- Ensure that the prevention of homelessness is given sufficient priority by all relevant agencies.
- Ensure access to good quality information and advice for people who are homeless or threatened with homelessness.
- Ensure the provision of appropriate temporary, settled and permanent accommodation for people who are homeless, which meets their needs.
- Deliver support services that are pro-active, responsive and customer focused.
- Ensure the provision of a range of health and related services for households who are homeless, which links them to mainstream health provision and helps to reconnect them to the community.
- Ensure that a range of educational and employment opportunities are available for people who become homeless.
- Ensure the provision of high quality Housing Benefits Services to assist in preventing homelessness.

The aims are translated the objectives shown below. These objectives are key to measuring our success and the impact that this strategy has in changing services for the better and delivering real improvements, in service delivery, for homeless and potentially homeless households.

Delivery on these objectives will be our success factors. We will monitor our impact via our objectives through our outcome monitoring framework in as shown in section 13. Our objectives, as per our main themes, are to:

- **Prevention of homelessness including the availability of information and advice services**

1. Minimise numbers of homelessness presentations by 2012.
2. Minimise numbers of homelessness presentations as percentage of total households by 2012.
3. Minimise numbers of homelessness re-assessed as homeless or potentially homeless within 12 months of previous case completed by 2012.

- **Access to accommodation, including temporary, resettled and permanent**

4. Improve access, year on year, to a range of tenures so that the existing stock better meets local housing needs.
5. Increase, year, on year, the proportion of homeless households who access settled accommodation.
6. Improve the range and number of temporary accommodation options for homeless household, by 2012.
7. Reduce the average time spent in temporary accommodation by homeless households by 2012.
8. Increase, year, on year, the proportion of unintentionally homeless households assessed as in priority need to help meet the 2012 target.
9. Minimise, year on year, the number of breaches of the unsuitable accommodation order.
10. Reduce the average time taken, year on year, for the Council's completion of duty.
11. Help address the shortfall of affordable housing by enabling the development of 180 affordable housing units on average per year.
12. Help address the mismatch in supply and demand for social rented housing by delivering 26 local authority new build units in priority areas by 2011.
13. Improve management standards in the private rented sector by increasing the number of registered private landlords and of those, the number that are accredited, year on year.

- **Availability of support and care services, before, during and after the homelessness episode**

14. Enable and sustain people to live in their own home by improving the quality of housing support services year on year.

15. Increase the proportion, year on year, of Council resettlement staff with appropriate qualifications.

Table 9 – Key Areas of Gross Expenditure Homelessness (2010/11)

	Homelessness		
	Internal	External	TOTAL
	£000's	£000's	£000's
Temporary Accommodation	1,125	1,718	2,843
Hostels	1,197	0	1,197
Administration	943	0	943
Housing Support	495	1,369	1,864
Service Level Agreements	0	453	453
TOTAL	3,760	3,540	7,300
As a %	52%	48%	100%

3.10 Community Regeneration and Community Safety

These areas of work are Council-wide but the lead responsibility for the lies within our service and therefore, must be consistent with our commissioning strategy.

In conjunction with the Scottish Government, the Council, and other housing providers, has been successful in regenerating a number of areas across Perth and Kinross involving a combination of demolition, refurbishment, new build and tenure diversification. The involvement of local communities has been key to the success of these initiatives. A range of activities will be pursued in these areas through the Council's social inclusion strategy that seeks to complement and support, through the Community Planning Partnership, the three national strands of social policy such as 'Achieving our Potential', 'Early Years Framework' and 'Equally Well'. This will also seek to deal with smaller pockets of rural deprivation and disadvantage.

The Community Safety Strategy for Perth and Kinross for 2007-12 has two priority aims:

- Our communities will be safe places to live, work and visit
- Our residents and visitors will feel safe and be confident contributors to the community

To achieve these aims three outcomes have been identified for people and communities that will be the focus of sustained partnership working and are:

- Vulnerable people will be protected.
- Crime and Anti-Social Behaviour in the Community will be reduced.
- Serious Accidents in the Community will be reduced.

Each of these areas of the service will be required to commission services at different times and it will be necessary to have a process in place to ensure some consistency regardless of which element of the Team is undertaking the commissioning.

The Team will receive funds from different sources in order to commission services, some of which may be recurring and others which will be non-recurring. The commissioning process will require to be consistent with existing policies and procedures within Housing and Community Care but will also require to recognise the unique nature of the Community Regeneration Team and its specific elements.

Table 10 – Key Areas of Gross Expenditure Community Regeneration (2010/11)

	Community Regeneration		
	Internal	External	TOTAL
	£000's	£000's	£000's
Direct Provision	326	0	326
Externally Commissioned	0	492	492
TOTAL	326	492	818
As a %	40%	60%	100%

Annex of Key Documents Referenced throughout the preparation of the Strategy

Perth and Kinross Strategic Documents

'Age Matters' – Perth and Kinross Older People's Strategy and Implementation Plan

Community Safety Strategy for Perth and Kinross 2007-12

Perth and Kinross Council Housing and Community Care Engagement Strategy 2009 -12 (November 2009)

Perth and Kinross Council Housing and Community Care Services Charging Statement (December 2008)

Perth and Kinross Draft Joint Physical Disability Strategy 20010 -12 (April 2010)

Perth and Kinross Draft Homelessness Strategy 2009 -12 (November 2009)

Perth and Kinross Housing and Community Care Business Management and Improvement Plan (BMIP) 2009 -12

Perth and Kinross Joint Carers Strategy 2008 -11 (April 2009)

Perth and Kinross Joint Mental Health Strategy for adults aged 16-64 years including mentally disordered offenders (August 2009)

Perth and Kinross Joint Plan for Palliative Care (draft report to Joint Commissioning Group October 2008)

Perth and Kinross Joint Strategy for Older People Living with Dementia and their families 2007 – 10 (September 2008)

Perth and Kinross Partnership in Practice Agreement Learning Disability and Autistic Spectrum Conditions 2008 -10 (April 2009)

Perth and Kinross Substance Misuse Integrated Services Strategy 2008 -11 (Working Draft)

'Promoting Recovery and Making Communities Safer' – A Strategy for Developing Criminal Justice and Substance Misuse Social Work Services 2009-10

Single Outcome Agreement for Perth and Kinross 2009 -11 (April 2009)

Other Documents

Changing Lives Service Development Group: 'Personalisation: A Shared Understanding – Commissioning for Personalisation' (March 2009)

Department of Health: 'Commissioning and Contracting for Outcomes' (revised April 2009)

Social Work Inspection Agency: Supported Self-Evaluation: Commissioning: Draft Guide

'Taking a Closer Look at Strategic Commissioning in Social Work Services' (June 2009)

ⁱ GROS 2001 Population Report, 2002.

ⁱⁱ GROS 2008 MYE; GROS 2001 Population Report.

ⁱⁱⁱ GROS 2006 based population projections.

^{iv} Perth and Kinross Council and Scottish Council of Independent Schools, 2007.

^v Communities Scotland Land Value Information, 2006.

^{vi} Annual Business Inquiry, 2007.

^{vii} STEAM Report, 2007.

^{viii} NOMIS.

^{ix} SIMD General Report, 2006.