

# Early Intervention Commissioning Plan

FAMILIES AND WELLBEING: SERVICES FOR ADULTS



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## PREFACE

The challenge facing local authorities over the next five years is unprecedented in terms of the changes to services and budgets. The Council has a £100 million budget gap to address by 2016, against a backdrop of delivering better outcomes and meeting community expectations.

This will mean radical change and a change in behaviour and culture, not only as a council but equally in relation to partners, individual residents and wider communities, to harness our collective talent and modelling services differently to ensure that a focus on early intervention and prevention to drive council's resources.

We envisage that this Commissioning Plan will be an essential building block to reflect the new council ethos of teams working together, across departmental boundaries and embracing strategically for the good of the borough. This will be reflected within our delivery plan which illustrates an improvement journey embracing the whole Council and Key Partner Organisations.

To meet this challenge we will put in place, aligned to the Corporate Plan, an approach to Early Intervention and Prevention that –

- Ensures that strategic and service challenges are identified and addressed
- Systematically review services using agreed evidence base.
- Engages with local people and other stakeholders to establish priorities for the borough.
- Sets out how we will address our budget challenges, and develop a plan to deliver up a contribution from this Plan to the £100 million savings required by 2016 and to clearly identify areas of investment and dis-investments in line with the priorities identified in the Council's Corporate Plan.
- Investments and dis-investments will involve assessment of the impact of savings to ensure that we understand the implications. This will involve consultation with those individuals and organisations currently receiving and providing services.

The Early Intervention and Prevention Commissioning Plan is dynamic in nature, embracing efficiencies achieved, the basis for continued service improvements but equally a further challenge to drive further savings during 2014/15 and beyond. Early Intervention and Prevention represents an evidenced based shift in how services will be commissioned, through a complementary framework of plans and away from a narrow focus upon the Voluntary Community and Faith sectors. The plan will equally reflect the importance of enabling people to remain independent, to help themselves through readily available and accessible information and advice and other low level support services.

This Commissioning Plan will be the catalyst to change behaviours and culture, drive the best use of resources and the council's programme of efficiencies, remodel service positions and strive to assure positive outcomes for people to maintain their potential for continued independent living.

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## 1. INTRODUCTION

This Plan defines Early Intervention and Prevention and establishes a clear focus for the strategic development and commissioning of services relating to these areas. It is a direct result of, and builds upon, “*Shaping Tomorrow – Wirral Adult Social Care Services, Overarching Commissioning Strategy, 2012-2015*”. The framework for commissioning practice and the wider context and needs analysis is detailed within *Shaping Tomorrow* and this Plan has to be considered alongside that Strategy and two other inter-related Commissioning Plans - Targeted Support and Learning Disabilities.

The clear case for and commitment to Early Intervention and Prevention is detailed within *Shaping Tomorrow* and this Plan does not seek to duplicate information contained within that document.

The aim of this Commissioning Plan is to facilitate reform and redesign by providing:

- ✔ A definition of Early Intervention and Prevention.
- ✔ A vision and underlying principles relating to Early Intervention and Prevention.
- ✔ A clear set Early Intervention and Prevention strategic outcomes.
- ✔ A framework to reinvigorate and shift to prevention and early intervention and associated allocation of resources that is fair and sustainable.
- ✔ Information to guide the expectations of those in need of care and support and their families, plus current and potential providers of Early Intervention and Prevention Services.

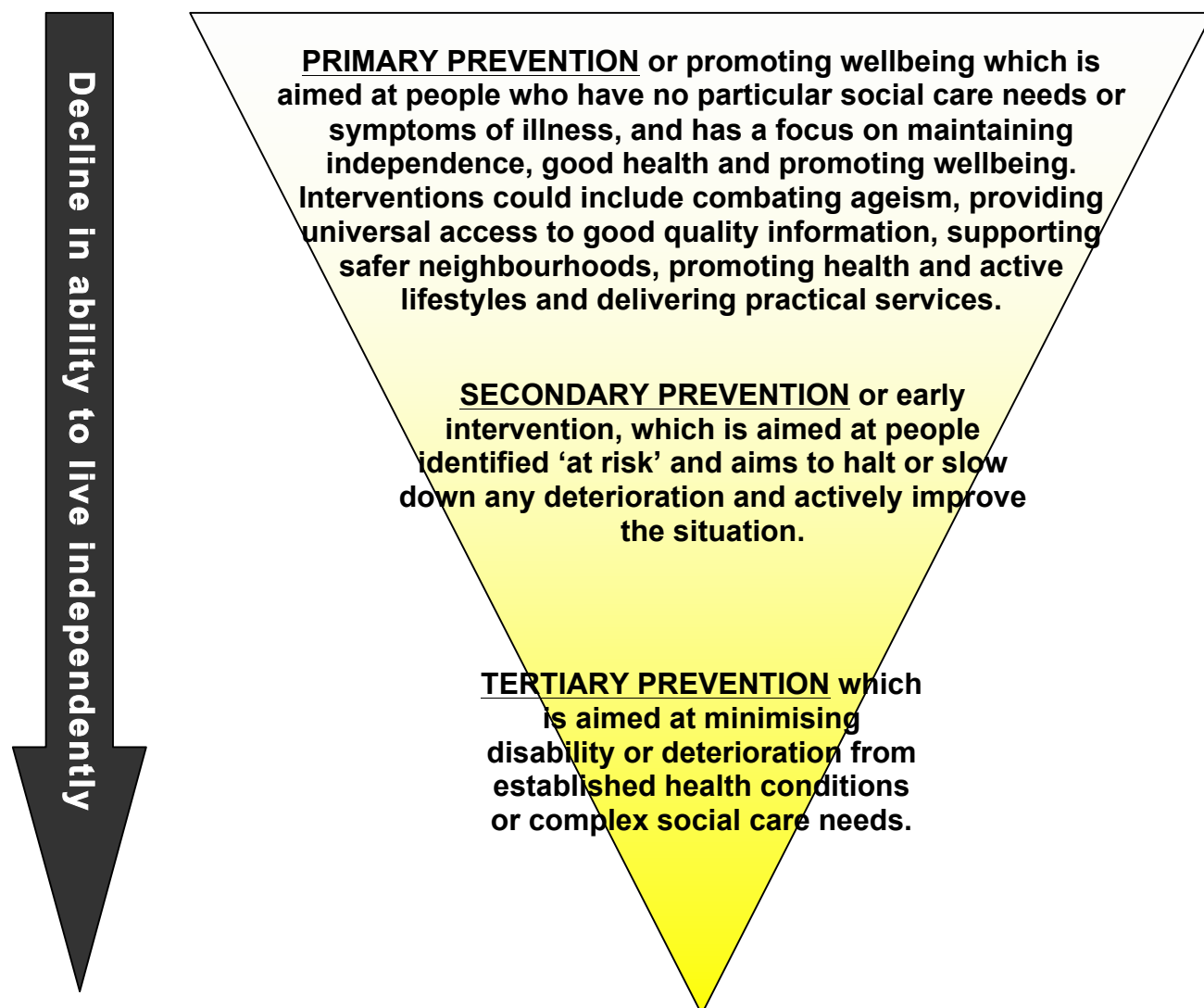
*Shaping Tomorrow* recognises the challenges and complexities confronting Adult Social Care and the context of constrained public services. This Plan provides clarity in relation to one element of a comprehensive commissioning approach based upon three complementary Commissioning Plans. By breaking down the challenges ahead into comprehensive, complementary and integrated Commissioning Plans we will strive to implement the vision for Wirral Adult Social Care in a realistic and manageable way.

The Plan aims to embrace the Transforming Social Care Circular (DH, Jan 2008) to “create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting independence and improved well-being in line with the local population, reaching out to those at risk of poor outcomes”. Such a strategic shift to prevention has the potential to contribute significantly to the challenges facing Adult Social Care. Although aiming to achieve a more strategic shift there is an immediate need to ensure that current preventative services make best use of available resources and are refocused towards the development outlined within this Plan.

We recognise that Adult Social Care plays a crucial leadership role in not only delivering targeted services but also undertaking low level interventions, in partnership with others to help people to maximise their potential for continued independent living.

## 2. DEFINING EARLY INTERVENTION AND PREVENTION

Definitions of early intervention and prevention vary enormously, and these differences affect the scale and effectiveness of strategies employed by health and social care systems. The Department of Health's guide to making this shift to prevention describes three levels of prevention; these are included in the diagram below:



*Improving care and saving money* - learning the lessons on prevention and early intervention for older people (DH, Jan 2010) identified four important elements of prevention:

- Delay or reverse older people's deterioration (or, to put it more positively, promote their independence and wellbeing).
- Reduce the risk of crisis and the harm arising from them.
- Maximising people's functioning (i.e. re-ablement).
- Provide 'care closer to home' (i.e. arrange for the least institutional or intensive intervention that is able to appropriately meet people's needs).



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However as a direct consequence of the spectrum of needs for which adult social care services are designed, it is difficult to define prevention solely in social care terms. Social care services described as prevention range from intermediate care services to 'low-level' interventions and community services supporting social inclusion. Within health care the definition of prevention distinguishes between models of primary prevention which focuses on specific risks to prevent illness or injury; secondary prevention which focuses on identifying and treating illness at an early stage and tertiary prevention which are aimed at reducing disabilities through rehabilitation.

Acknowledging all of the above and for the purposes of this Plan, *Early Intervention and Prevention* are defined as:

***Early Intervention*** are interventions which are aimed at individuals, or a small group within the population, whose risk has been assessed as higher than average and which provides activities that reduce the likelihood that an event will occur or re-occur.

***Prevention*** is about providing interventions that improve the health, wellbeing and independence of people in the community – preventing high numbers of people from requiring specialist services and equipping universal services to better meet local need.

However, as stated this Plan is one of three inter-related plans and as such it is not possible or desirable to create inflexible boundaries that would not contribute to the best outcomes for people.

### 3. VISION FOR EARLY INTERVENTION AND PREVENTION

Wirral Adult Social Care fully embraces *A Vision for Adult Social Care: Capable Communities and Active Citizens* (DH, Nov 2010) and would set out as its vision for Early Intervention and Prevention as:

***Wirral aspires to be place with empowered people and strong communities that work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.***

Early Intervention and Preventative services need to be rooted within the community so they can appropriately support vulnerable adults with less complex needs that do not need the intervention of health or social care professionals. Vulnerable adults include people with learning disabilities, mental health needs, older people, people with physical impairments and their carers.

This Plan will support the provision of early intervention and prevention services that complement the role of health and social care statutory services with the aim of delaying or preventing vulnerable adults from needing more intensive or high level care, specifically those deemed to be at 'risk' of social isolation and social exclusion. The Plan will be equally relevant to people who fund their own services as it will be for those whose personal social care and support services are funded by the council.

The voluntary, community and faith sector (VCF) is a key provider of preventative services and we will work more closely with the sector as a partner in delivering early intervention and preventative services. We acknowledge that the VCF often:

- 👉 Have more established links with the wider community and better reach of all communities including the more disadvantaged and 'hard to reach'.
- 👉 Having specialist knowledge and experience that statutory services may not, as well as being better placed to fill gaps in provision.
- 👉 More freedom from institutional pressures so quicker to respond and more flexible in approach.
- 👉 Able to access additional resources for innovation.
- 👉 Able to be more responsive to local needs and respond quicker than statutory services.
- 👉 Able to provide economies of scale and fulfil niche markets which often provide the greatest challenges for public sector providers.

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## 4. STRATEGIC OUTCOMES

Obviously the Vision is at the centre of any process of defining outcomes, but to determine more meaningful Strategic Outcomes for this Plan the two key starting points are:

- 1) *Transparency in outcomes: a framework for quality in adult social care* – The 2012/2013 Adult Social Care Outcomes Framework (DH, March 2012)
- 2) *A Vision for Adult Social Care: Capable Communities and Active Citizens* (DH, Nov 2010)

The outcomes framework identifies a number of domains and associated measures that give an indication of the relevant strengths in delivering better outcomes for people. The Vision for Adult Social Care highlights seven key principles on which a modern social care system should be based, one of these is Prevention. In addition it also outlines a number of key aims linked to achieving the vision, some directly relating to early intervention and prevention.

Figure 1 illustrates the process of reflecting on the Vision whilst considering both the Adult Social Care Outcome Framework and the Vision for Adult Social Care to identify a number of Strategic Outcomes.

The Strategic Outcomes identified are:

Improve the range, quality and accessibility of information, advice and advocacy relating to early intervention and prevention available so that people can effectively manage their own independence, care needs and risks in the way that they wish.

Harness and promote services regardless of who provides it or how it is funded, particularly those using volunteers or user led, that significantly contribute to people managing their own independence, care needs and risks in the way that they wish.

Provide appropriate support to Carers in maintaining both their caring role and their own quality of life.

Improve the pathway between early intervention and prevention services and related targeted and specialist services and vice versa.



## VISION

***Wirral aspires to be place with empowered people and strong communities that work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.***

### **Adult Social Care Outcomes Framework**

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Carers can balance their caring roles and maintain their desired quality of life.
- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent upon intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have freedom to manage risks the way that they wish.

### **Vision for Adult Social Care**

- Developing community capacity and promoting active citizenship, working with community organisations and others across all council services, establishing the conditions in which the Big Society can flourish;
- Commissioning a full range of appropriate preventative and early intervention services such as re-ablement and telecare, working in partnership with the NHS, housing authorities and others.
- Focus on improving the range, quality and accessibility of information, advice and advocacy available for all in their communities – regardless of how their care is paid for – to support their social care choices.

## Strategic Outcomes

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Given that this Plan directly supports *Shaping Tomorrow*, these Strategic Outcomes to a large extent reflect those within that overarching strategy and therefore there is an obvious direct link between them. This is not only unsurprising, but also desirable.

These Strategic Outcomes will provide the focus and framework for service design and subsequent prioritisation and allocation of available resources.

## 5. IDENTIFYING COMMISSIONING PRIORITIES

A Vision and supporting Strategic Outcomes have now been identified and highlighted in the Plan. These, although fundamental in terms of identifying what in the broadest sense is required, still do not provide enough clarity over what the priorities are for the commissioning of actual service delivery if both the Vision and Strategic Outcomes are to be achieved.

*Shaping Tomorrow* provides a framework and process that aims to ensure that all Commissioning Plans for Wirral Adult Social Care are developed in a consistent way that incorporate good commissioning practices. Commissioning priorities for this Plan will be determined after completing the following:

- Analysis of need.
- Review current strategies, services and policies.
- Identify good practice and/or evidence based practice.
- Capture local knowledge, experience and aspirations.

These priorities will then be used to ensure that the available resources are allocated in a fair and sustainable way to have the biggest impact on achieving the Vision and Strategic Outcomes.

### 5.1 ANALYSIS OF NEED

Wirral's Joint Strategic Needs Assessment provides comprehensive information relating to the demographics and needs of the Wirral population (<http://info.wirral.nhs.uk/ourjsna/>). *Shaping Tomorrow* highlights key aspects relating Adult Social Care. Examples of key extracts of aspects of need taken from the JSNA are listed below:

- ① Wirral has a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.
- ① The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%.
- ① The number of older people is set to increase over the next two decades; by 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. This could also have a considerable impact on the number of family carers in Wirral
- ① Wirral has a higher rate of older people in nursing care compared to both the North West and England. Rates of older people in residential care are above those of England but below those in the North West.
- ① There are around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. This is projected to increase to 41,000 by 2030

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- ① Estimates suggest that the number of people in Wirral surviving a stroke and heart attack who are left with a longstanding health condition as a result will rise by a third by 2030, with significant implications for health and social care services.
  - ① There is a higher than national average number of carers per head of population in Wirral. There are 37,929 carers living in Wirral currently, which accounts for 12% of the population, compared with 10% nationally.
  - ① Personal Social Services Survey of Adult Social Services (2009/10) found that the percentage of Carer respondents spending more than 50 hrs a week caring was 58%, of which 43.4% spend more than 100hrs a week. This data could suggest that the physical and mental health of Carers is at risk
  - ① In Wirral it is estimated that there is a higher prevalence of severe mental illness compared with the North West and England average (QOF, 2010/11)
  - ① Dementia is a key priority for Wirral. In 2011, 4443 people aged 65 and over were estimated to be living with Dementia with the expectation that by 2020, this figure would rise to 5282 and further rise to 6892 by 2030. (www.poppi.org.uk)

## 5.2 REVIEW CURRENT STRATEGIES, SERVICES AND POLICIES

There is a plethora of national guidance and legislation that highlights the need and importance of early intervention and prevention in the commissioning of social care services. The most significant however are:

- ☞ Putting People First (DH 2007) which called for significant transformational change including extending choice and control, improving information and advice, promoting independence and the importance of universal services in the lives of all citizens.
- ☞ A vision for adult social care (DH 2010) which sets out Government policy for making services more personalized, more preventive and more focused on delivering outcomes.
- ☞ Transparency in Outcomes: A Framework for Transparency in Adult Social Care - The 2011/12 Adult Social Care Outcomes Framework (DH2011) which details a set of outcome measures for demonstrating the achievements of adult social care.
- ☞ The NHS Operating Framework.
- ☞ Fair Society, Healthy Lives (Marmot 2010) which describes how people who are socially isolated are more likely to die prematurely than those who have strong social ties.

From a local perspective early intervention and prevention is almost exclusively, and explicitly, contained within the Corporate Plan 2011-2013, Department of Adult Social Care Departmental Plan 2012-2013 and *Shaping Tomorrow*.

Both the national and local strategies and policies clearly state a commitment to “creating a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting

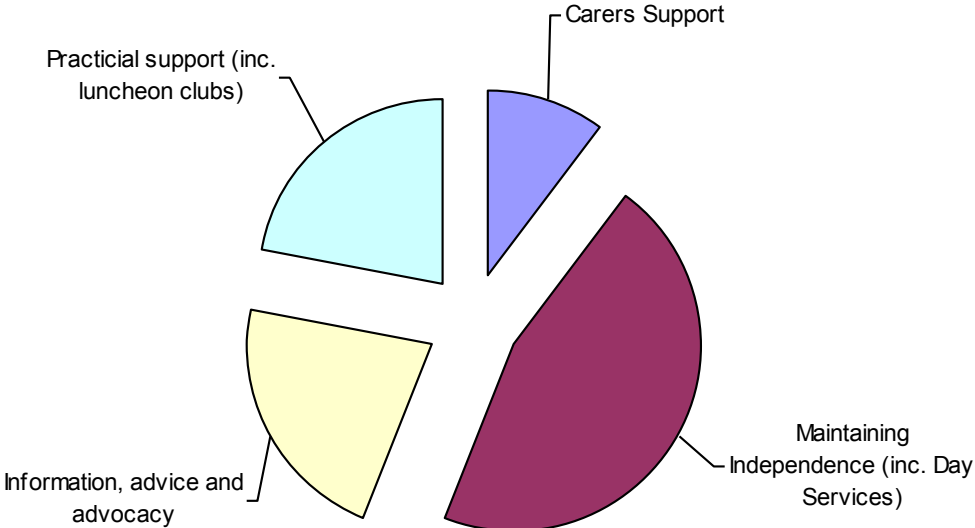
independence and improved well-being in line with the local population, reaching out to those at risk of poor outcomes” (Transforming Social Care Circular (DH, Jan 2008)). Currently Wirral Adult Social Care does not clearly commission a programme of early intervention and prevention services in a co-ordinated way. However, a number of services have evolved and been funded and provided over time that relate to early intervention and prevention as defined within this Plan. Although these services will provide support and undoubtedly valued by those who use them, they are not funded with any degree of consistency or adequately performance managed to achieve any strategically determined outcomes.

The majority of the funding provided towards early intervention and prevention type services is directed towards the local VCF organisations. A much smaller number of services are directly provided by the Council. These services and can be broadly split into 4 categories:

- Information, Advice and Advocacy
- Maintaining Independence (Inc. Day Services)
- Practical Support (Inc. Luncheon Clubs)
- Carers support

It is not possible to provide an exact figure on the total investment in early intervention and prevention, nor an exact split between the different types of services. This is because some services, in particular Day Services have a large overlap with Targeted Services and can be considered to be supporting those higher levels of need for which they are eligible for Council support ('FACS eligible'). In addition some services cross between categories e.g. luncheon clubs which can be to varying degrees both practical support and maintaining independence. However it is estimated that the investment in these services during 2012-2013 was between £1.5-£2m, which does not include the significant investment made in Assistive Technology. Figure 2 below does attempt to illustrate how the current investment is split between these areas.

**Figure 2: Spread of Wirral Adult Social Care Investment in Early Intervention & Prevention**



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## 5.3 GOOD PRACTICE

More people across all age groups are being supported to live at home, but at the same time resources are increasingly targeted at those with the greatest need. This is despite the evidence from the Partnership for Older Peoples Projects (POPP) which indicated that earlier intervention and prevention, before people reach high levels of need, may be more cost effective for health and social care systems as well as providing better outcomes for individuals.

Following the POPP programme the Department of Health produced in October 2008 a document called *Resource Pack: Making a Strategic Shift to Prevention and Early Intervention. A guide*. It drew on the experiences and evaluation of the POPP programme and provided practical guidance to Councils, specifically a range of interventions that clearly contribute to making this strategic shift. Although focussed on older people there is an obvious transferability to other client groups.

There is a key recognition for the need to have a balanced portfolio and investment across a range of interventions.

Reviewing the Resource Pack in the context of the definitions, Vision and Strategic Outcomes outlined in the Plan it is possible to identify key interventions:

- *Wellbeing services*: that address social isolation and provide practical help.
- *High quality information and advice*: focussed on helping people have choice and control over maintaining independence and wellbeing.

There are a number of interventions and areas which although important are outside the direct scope of this Plan in terms of priorities for commissioning of services. They are very much areas where there should be a natural and meaningful overlap and/or considerations for wider organisational or commissioning development:

- 🌐 Extra Care Housing
- 🌐 Supporting People
- 🌐 Age proofing services
- 🌐 Case finding
- 🌐 Case navigating
- 🌐 Re-ablement
- 🌐 Joint care and support for people with long term conditions/complex needs
- 🌐 Crisis services

The Resource Pack highlights a number of other key areas for interventions that are not expanded upon further as they are subject to their own publications and reports e.g. Telecare and Carers.

Wirral has published “*Supportive, Responsive, Preventative: Assistive Technology Strategy 2012-2017*”, which provides much more detail on assistive technology (including telecare), highlighting the vital role it has in contributing to *Shaping Tomorrow* and this Plan. Fundamentally it establishes a commitment to grow the provision of telecare in a sustainable way so that as many people can benefit as possible.



Caring about carers: a national strategy for carers was published by the Department of Health in 1999. This was then reviewed in 2010 after consultation. The document *Recognised, valued and supported: next steps for the Carers Strategy* (DH, Nov 2010) sets out the Government's priorities for carers and identifies the actions we will take to ensure the best possible outcomes for carers and those they support, including:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life supporting carers to remain mentally and physically well.

The implementation of a national dementia strategy recognises the importance of people receiving an early diagnosis and being offered informed choices rather than waiting until a point of crisis.

Research undertaken by the Princess Royal Trust for Carers: Carers Health Survey (Jan 2004) showed that the negative health effects on carers as a result of their caring role can be prevented or resolved through practical support from assistive equipment to short breaks.

We also know from consultations undertaken elsewhere in respect of what people's expectations are likely to be from a prevention and early intervention plan:

- The provision of services to help people to live in their own homes for as long as possible.
- The provision of information, advocacy and support to enable people to remain healthy and independent.
- Ensure that services work together, built around the needs of individuals to promote self confidence, good health and independence.
- Enable people to seek their own solutions by more effectively signposting to rehabilitation and support services.
- Support informal carers in their caring role e.g. increasing carers' needs assessments.
- Expand the use of Telecare and assistive technology in both monitoring and maintaining safety and security of vulnerable adults.

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## 5.4 LOCAL KNOWLEDGE, EXPERIENCE AND ASPIRATIONS

The Plan and its development has been shared and discussed with the local voluntary, community and faith sector from a very early stage. It has featured in discussions about funding for the sector from DASS in 2013/2014 directly with those organisations affected. It has also been shared and discussed at the Wirral Compact Working Group and subject to a detailed discussion at the Chief Officers Group.

A specific workshop was carried out to discuss the Plan in more detail and to gain additional commentary and insight from the Sector. The organisations represented at that workshop were:

- Advocacy In Wirral
- Alzheimer's Wirral
- Beechwood Community Trust
- Crossroads Care
- Forum Housing
- Irish Community Care
- Wirral Multicultural Organisation
- Merseyside Society for Deaf People
- VCAW
- Wired
- Wirral Autistic Society
- Wirral CVS
- Wirral Mind

There was general agreement that for the purposes of this Plan that the Vision was fit for purpose.

The workshop was structured to generate and facilitate discussion looking at key aspects of the Plan and also the Sector's insight into early intervention and prevention locally. The discussion was constructive throughout, even critical when necessary.

Having reviewed the detailed notes and reflections from the event the most effective way to fairly illustrate the contributions is to look at "Strengths, Weaknesses, Opportunities and Threats (SWOT) specifically looking at Early Intervention & Prevention in Wirral". This is shown in Figure 3.

In addition Figure 4 captures a broad range of comments, feedback and observations made at the workshop that do not fit neatly in terms of a SWOT diagram but that have still be considered in finalising the plan but also in terms of subsequent action plans, projects or redesign.

**Figure 3: Strengths, Weaknesses, Opportunities and Threats specifically looking at Early Intervention & Prevention in Wirral**

**STRENGTHS** - *Things we can build on:*

- The skills and knowledge of the sector.
- Local innovation and flexibility.
- Local commitment to a shift towards early intervention and prevention.

**WEAKNESSES** - *Things we need to be better at:*

- Management of risk.
- Managing expectations.
- The timeliness of an intervention or support i.e. making sure we do things at the most effective time for the best outcome.
- Recognising none-funded preventative activity.
- Engagement and working with smaller organisations that may not access formal procurement mechanisms.
- Creating diagnoses in order to access services, specifically mental health.

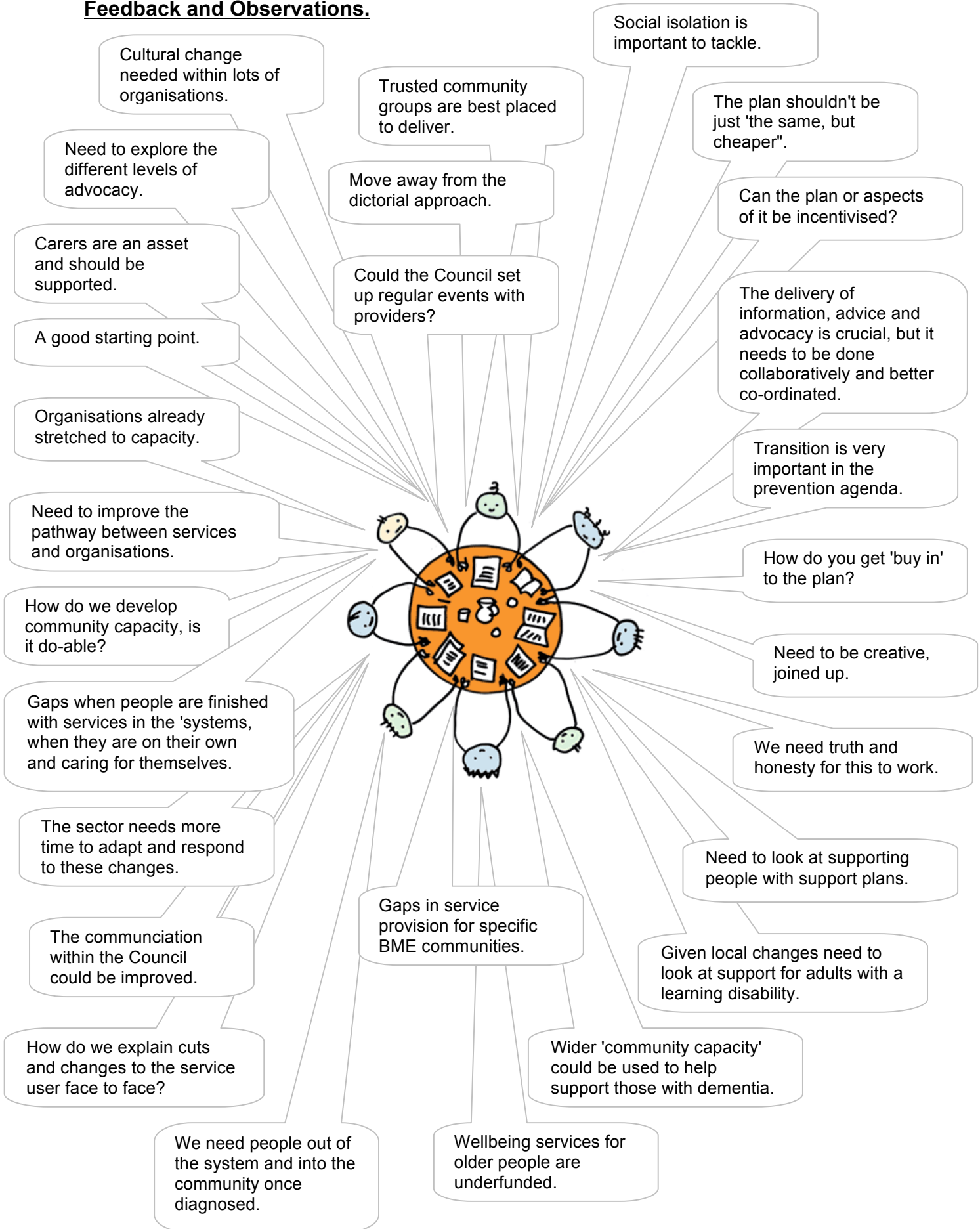
**OPPORTUNITIES** - *Things we could aim to do:*

- Sharing information.
- Being more flexible, especially when it comes to the interaction of preventative and targeted services.
- Making respite an attractive option for all involved.
- Capture better information to contribute to the JSNA.
- Focussed partnership working.
- Working with self help and smaller user led organisations.
- Developing high quality 'core' information resources.
- Further develop the use of volunteers, both formal and informal.
- Better support at the diagnostic stage.
- 'Opening' up generic health and wellbeing services to be able to more easily accessible and attractive to people with specific requirements e.g. dementia, autism, etc.

**THREATS** - *Things we should avoid:*

- Definitions, language and plans lead to certain client groups being overlooked.
- Definitions and language across partners becoming a barrier to effective commissioning.
- Priorities of the plan not resourced adequately to achieve the outcomes or vision of the plan.
- Not making services accessible in the widest sense.
- Not working clearly and effectively with the Personal Budget and choice agenda.
- Definitions, language and history lead to lack of clarity over what is meant by 'community capacity' and this becomes a barrier to effective partnership working and undermines delivery of the plan.
- Shrinking council resources at a time of increased need.

**Figure 4: Voluntary, Community and Faith Sector Workshop – Comments, Feedback and Observations.**



## 5.5 COMMISSIONING PRIORITY AREAS

Reflecting on the previous sections and considering them together rather than individually it is possible to identify a number of areas which should be the main focus of what services are designed and commissioned to deliver this Plan i.e. Commissioning Priority Areas:

**Information, advice and advocacy:** focussed on helping people have choice and control over maintaining their independence, wellbeing and care.

**Wellbeing:** addressing social isolation and providing practical help to those at higher risk of a decline in independence and wellbeing.

**Carer support:** supporting people with caring responsibilities to manage their own wellbeing and their caring role.

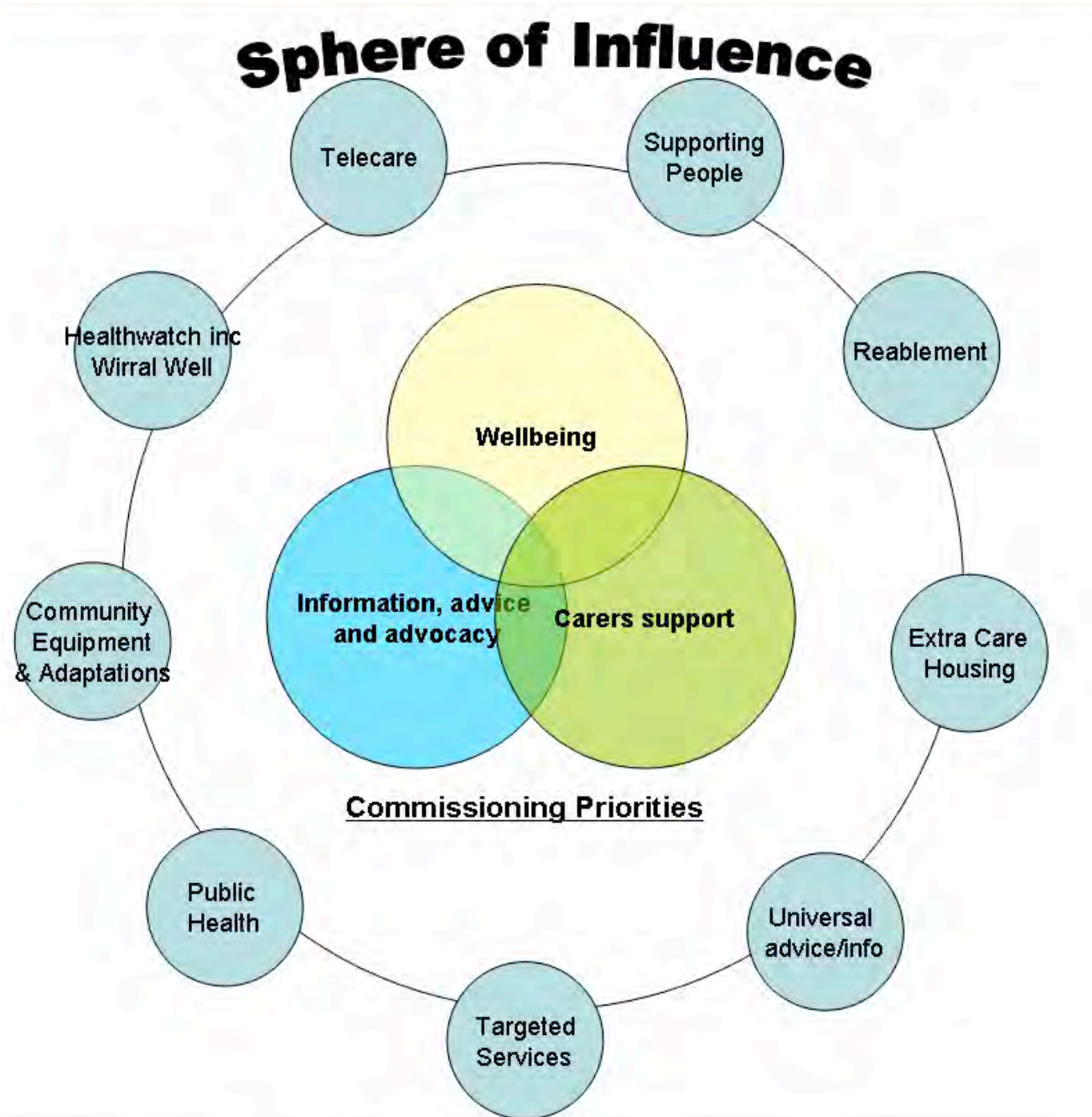
The commissioning priority areas are not standalone and they do have very clear overlap especially in terms of service delivery and planning e.g. providing information and advice to Carers.

These priority areas are not significantly different to the broad categories into which current investment is split (see section 5.2 and Figure 2). The main difference is that 'Practical Support' and 'Maintaining Independence' have been replaced by the priority area 'Wellbeing'. Again, although it is not possible to provide exact figures for direct investment under these heading it is clear however that current invest is very much focussed on 'Wellbeing' with much lower levels of investment in 'Information, Advice and Advocacy' and 'Carers Support' respectively.

Although these priority areas will become the focus of development and investment it should be reiterated that this Plan and the related commissioning does not and should not be considered in isolation. There are many other areas and services which have a direct and tangible relationship with early intervention and prevention. A two way relationship needs to exist between these areas to ensure the best use of resources and better outcomes for people. These other areas can be considered to be within the 'sphere of influence' of this Plan.

Figure 5 illustrates the natural overlap between the priority areas and the relationship with other areas via the sphere of influence:

Figure 5: Commissioning Priorities and Sphere of Influence





## 5.6 INDICATIVE SERVICE AREAS

The Commissioning Priority areas have been established during the development of this plan and there is agreement that they are indeed the most suitable ones for taking forward the Vision and delivering the Strategic Outcomes of the Plan.

Ideally the Plan aims to identify a clear and explicit list/range of services under each of the Priority Areas which it is believed would represent a core suite of services necessary to deliver the Plan. However, the Department is committed to 'co-producing' the Plan primarily with the local voluntary, community and faith sector. Given the importance of having an agreed and published Plan as a starting point to facilitating reform and redesign no specific Indicative Service Areas will be stated in the first version of this Plan. Rather part of the first batch of key milestones will be the establishment of Priority Area specific Task & Finish Groups that will explore those areas in more detail so that a list of Indicative Service Areas can be produced and included in later versions.

When the lists are produced they will then be used as the basis of further commissioning development i.e. developing service models, market testing and procurement.

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## 6. MEASURING OUTCOMES

Outcomes feature heavily in this document are fundamental in what the Plan aims to achieve. The Plan very much works to the model of *Outcome Based Commissioning*. This approach requires a shift in practice from commissioning from volume and price to commissioning for quality and outcomes. The focus needs to move away from activities and processes to results. This change in thinking needs to be from 'how a service operates (what it does) to the good it accomplishes (what it achieves). The risk is that contracts become preoccupied with activity (how many customers, hours, waiting times, complaints etc), rather than "is anyone better off?"

Outcomes are notoriously difficult to measure, which even more the case with early intervention and prevention. This leads to a tendency to tighten up contract monitoring arrangements of inputs and processes in an attempt to reassure Commissioners that the service is performing. However this can divert valuable resource (time and effort) which would be better applied to the service itself. This is particularly the case for small enterprises and the voluntary, community and faith sectors. For whom the traditional contracting approaches place an unnecessary administrative burden which can only dilute the benefit from the investment.

Outcome Based Commissioning should liberate providers to do what they do best in their local communities. This requires a level of maturity and the trust on both sides with a common understanding of what an outcome is. For the purposes of this Plan:

*Outcomes* are the tangible and meaningful changes, benefits, learning or other effects that happen as a direct result of the activity/support provided e.g.

- improved levels of independence
- improved access to services
- reduced isolation.

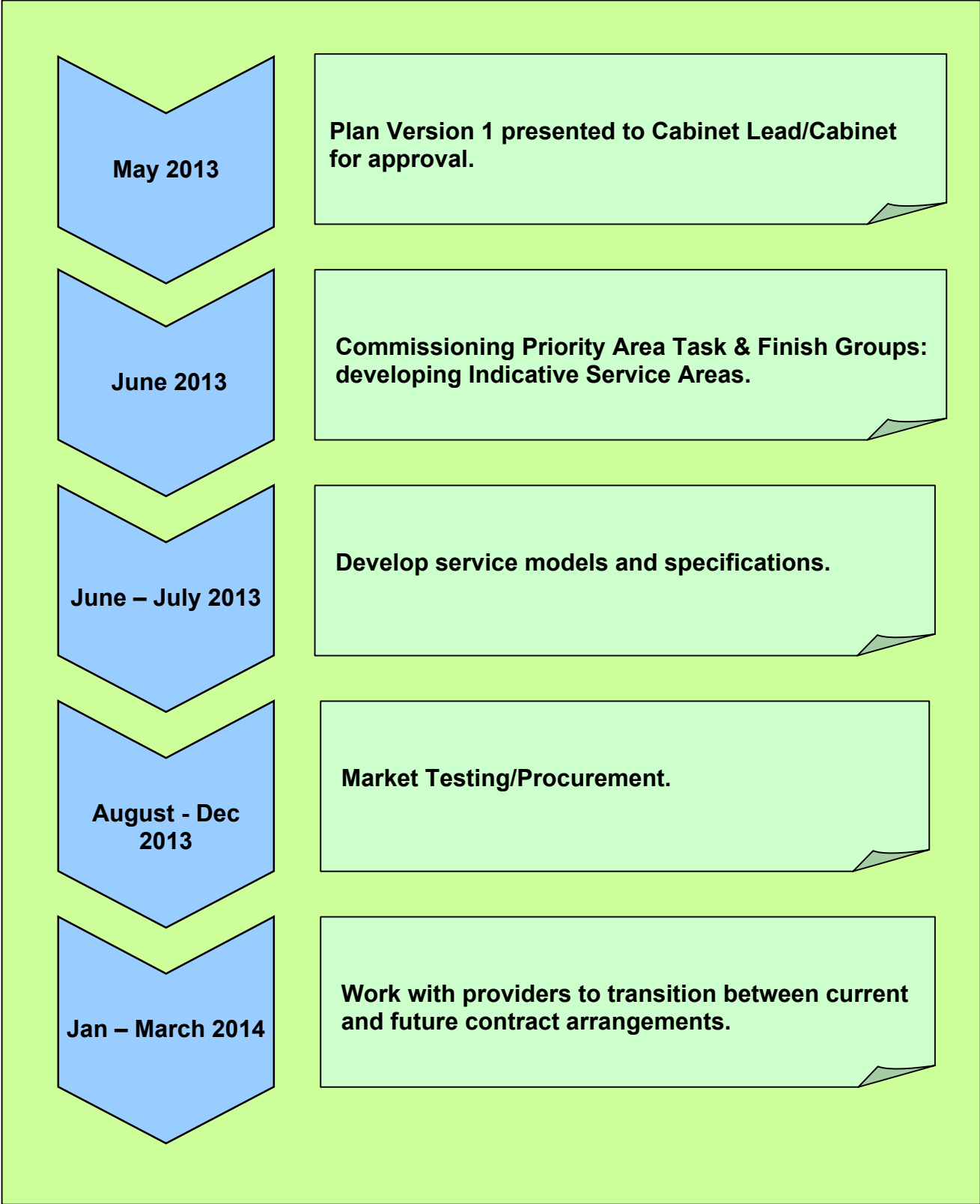
An *output* is the desired level of service from the provider. This is usually expressed as service availability, speed, delivery, quality, for example, the number of sessions held, the number of hours of home care, or weeks of respite care provided. An output does not measure how effective a service was in meeting someone's needs or aspirations.

An *input* is the resource invested into the product or service in order to deliver the required outputs e.g. staff, premises, equipment, etc.

For the priority areas and any subsequently commissioned services a range of outcomes will be developed and specified in any contract agreements. These outcomes will be routinely monitored and evaluated to performance manage individual services but also to feature as part of future service reviews and ongoing commissioning plans.

## 7. MILESTONES

Figure 6: Key Milestones



## 8. PLAN ON A PAGE

### VISION

***Wirral aspires to be place with empowered people and strong communities that work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.***

### STRATEGIC OUTCOMES

Improve the range, quality and accessibility of information, advice and advocacy relating to early intervention and prevention available so that people can effectively manage their own independence, care needs and risks in the way that they wish.

Harness and promote services regardless of who provides it or how it is funded, particularly those using volunteers or user led, that significantly contribute to people managing their own independence, care needs and risks in the way that they wish.

Provide appropriate support to Carers in maintaining both their caring role and their own quality of life.

Improve the pathway between early intervention and prevention services and related targeted and specialist services and vice versa.

### COMMISSIONING PRIORITY AREAS

**Information, advice and advocacy:** focussed on helping people have choice and control over maintaining their independence, wellbeing and care.

**Wellbeing:** addressing social isolation and providing practical help to those at higher risk of a decline in independence and wellbeing.

**Carer support:** supporting people with caring responsibilities to manage their own wellbeing and their caring role.

### KEY MILESTONES

<u>April 2013:</u>	<b>Plan Version 1 presented to Cabinet for approval.</b>
<u>May - June 2013:</u>	<b>Commissioning Priority Area Task &amp; Finish Groups: developing Indicative Service Areas.</b>
<u>June – July 2013:</u>	<b>Develop service models and specifications.</b>
<u>Aug – Dec 2013:</u>	<b>Market Testing/Procurement.</b>
<u>Jan – Mar 2014:</u>	<b>Work with providers to transition between current and future contract arrangements.</b>

### Early Intervention and Prevention Delivery Plan

Goals	Actions	Outcomes
<p>Immediate / Short term</p> <p>VCF Sector to contribute to overall Council budget planning and financial stability – 2013/14 and 14/15 efficiency target for DASS: £500k</p>	<p>Engagement with VCF Sector leads and provider organisations</p> <p>Early Intervention and Prevention Plan development</p> <p>Savings and rationale implemented</p>	<p>Savings of £385k</p> <p>Implemented 2013 / 14</p> <p>Contracts varied</p> <p>Commissioning Plan – consultation and development</p>
<p>VCF Substance Misuse Grant funding to cease as part of Council's budget planning and financial stability – 2013/14 efficiency target for DASS: £327k</p>	<p>Provider engagement</p> <p>Engagement with Substance Misuse Commissioners</p> <p>Agreement reached to end grant funding</p>	<p>Grant funding ceased</p> <p>Saving of £327k achieved</p> <p>Substance Misuse Commissioners to set reduction within the overall Pooled Treatment Budget context</p>
<p>To realign balance of VCF funding to evolving Commissioning Plans recognising the range of services currently underpinned by this funding. This will move funding to reflect commissioning intentions rather than focus upon specific sectors.</p>	<p>Develop Financial Workbook to illustrate realignment of existing VCF funding to specific Commissioning Plans.</p>	<p>Identify available investments aligned to specific Commissioning Plans</p> <p>Profile further efficiency savings of £115k for 2014/15</p>

<p>To continue engagement with VCAW and Chief Officers Group to determine Early Intervention and Prevention priorities for commissioning, reflecting available resources.</p>	<p>Identify options appraisals</p> <p>To progress initial themed priority areas to enable development of services specifications.</p>	<p>Clear and robust service specifications, needs and evidenced based.</p>
<p>Develop procurement schedule based upon service specifications, balancing needs and available resources with efficiency for 2014/15 built in.</p>	<p>Liaison with Corporate Procurement and DASS Contracts Section to profile this work programme to enable effective and robust timetabling to ensure transitional planning and re-letting of contracts effective from 1<sup>st</sup> April 2014.</p> <p>Continued engagement with VCAW and Sector Leads to provide forum for on-going communications.</p>	<p>Contracts set and value for money assured.</p> <p>Clear transitional plan to enable market changes to be managed.</p> <p>Fit with Commissioning Plan intentions.</p>
<p>Themed services to be commissioned will include – Information and Advice, Advocacy, Carers Related Services, Befriending and Direct Payments Advice and Support Service</p>	<p>Following further consultation with the VCF to determine mechanisms for detailing scope and span of services to enable contributions towards service specifications.</p> <p>Cross reference to the refresh of the Carers Strategy.</p> <p>To identify the potential for further efficiencies over and above the £115k already for targeted actions.</p>	<p>Procurement schedule to redesign services allied to the Early Intervention and Prevention Commissioning Plan.</p>



<p>Complete options appraisal in relation to Luncheon Club provision, Sensory Impaired Service provisions and Ethnically focused services.</p>	<p>Options appraisals completed to inform the direction to be taken.</p>	<p>To implement the outcome of completed options appraisals. Outcomes as with other changed positions will be underpinned by EIA's</p>
<p>To further review the role and function of DASS POPIN service within the context of the Early Intervention and Prevention Commissioning Plan.</p>	<p>To scope the cost and functionality of this service to ensure proposals to redesign current VCF services to build the focus on early intervention and prevention are making best use of available resources.</p> <p>To reflect a whole systems approach to market development allied to this Plan.</p>	<p>To develop a coherent market in relation to the Early Intervention and Prevention Commissioning Plan.</p>
<p>To support VCAW to progress Big Lottery bid in relation to isolated Older People.</p>	<p>If initial bid application is successful, to identify Lead provider organisation and to collate intelligence to progress bid at second stage.</p>	<p>To progress through various stages to a successful conclusion.</p>
<p>Medium Term</p> <p>Wider Council engagement to build upon initial communications allied to the budget consultation process. This had sought to assure coordination in relation to total Council VCF spend. This would be the catalyst for a council wide approach to support Early Intervention and Prevention.</p>	<p>Engagement and collaboration with council wide colleagues to develop a targeted approach to both the VCF Sector and Early Intervention and Prevention.</p> <p>Identify key corporate Lead to promote and harness this approach.</p>	<p>Council wide approach to both VCF and Early Intervention and Prevention.</p>

<p>Cross reference to Health and Well-being Strategy and the expertise and focus that Public Health will bring to the Council. Public Health has been involved in the work to develop the Early Intervention and Prevention Commissioning Plan.</p>	<p>To engage with Public Health colleagues to scope work in train and potential synergies to achieve best use of existing resources.</p> <p>To agree common areas to enable priority setting to inform future commissioning intentions.</p>	<p>A shared agenda in relation to Early Intervention and Prevention and best use of available resources.</p> <p>Improved outcomes for people and services that are accessible, timely and appropriate and promote self-help and continued independence.</p>
<p>Long Term</p> <p>To explore the benefits of enhanced market developments in relation to Intermediate Care, Re-ablement and Enablement to act as a lever to switch investments into Early Intervention and Prevention and demonstrate more effective management of demand for FACS eligible services.</p>	<p>To profile spending and service user profiles to determine the impact of increased capacities allied to Early Intervention type services and whether these have impacted upon demand.</p> <p>To evidence service user stories to benchmark the value relating to early interventions and positive outcomes.</p> <p>To develop an invest to save strategy that will aid the transfer of funds from targeted services into Early Intervention and Prevention.</p> <p>To receive feedback from services that will have been procured as part of the Commissioning Plan.</p>	<p>To report the evidence to inform future resource allocations.</p>