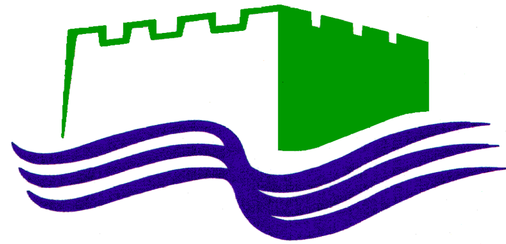

LONDON BOROUGH OF TOWER HAMLETS

ADULTS HEALTH AND WELLBEING COMMISSIONING PLAN 2012 – 2015

AUGUST 2013 EDITION

This version of the plan has been updated in August 2013 to include up to date population data and projections. The plan in its entirety will be reviewed and updated later in 2013 to ensure it remains consistent with national and local priorities and best practice.

Background and Context

Foreword by Mayor Lutfur Rahman

This is the first time that we have published our commissioning intentions for Adults Health and Wellbeing Services. These services cover adults' social care, and housing related support. These are services across all client groups and for the provision of support to the large number of unpaid and family Carers in the Borough. The plan covers the three years 2012 to 2015 and should be read alongside the Market Position Statement which is being published at the same time as this document.

There are a number of key themes that run through our commissioning intentions as well as the Market Position Statement to which I would draw the reader's attention.

- All services must be culturally sensitive
- We wish to limit use of block contracts, moving to more flexible contracting arrangements
- We will seek to work with our providers to achieve a balance of value for money and risk that is sustainable for the provider as well as the Council
- We will seek to use our purchasing power to stimulate the local economy and maximise employment opportunities for local people. It is the borough's highest priority to promote the employment of local residents and we will take that into consideration as permitted under the Public Services Social Value Act 2012.
- We intend to increase the range of services available, encouraging local, smaller providers
- We would always ask that unless there are good market reasons not to do so, all contractors should pay the London Living Wage. Unless an exception is made contracts will be let with this stipulation.
- We will fund independent support for providers in complex procurements
- We wish to promote the take up of cash budgets by service users.

We would welcome feedback on the usefulness of this document. Comments should be sent to Deborah Cohen, Service Head Commissioning and Strategy, AHWB by email Deborah.cohen@towerhamlets.gov.uk.

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EXECUTIVE SUMMARY

This Commissioning Plan, covering the three years, 2012 to 2015, fulfils a number of functions.

It is important firstly to note that the Commissioning Plan draws together a number of strands of existing work into a coherent whole. It does not, in and of itself, introduce new policy, priorities or objectives. Rather, it provides a framework for describing and communicating the commissioning and market facilitation activities that the Directorate will be engaged in over the coming three years and beyond.

The Plan sets the Directorate's commissioning priorities and objectives in the context of the national policy framework for Adult Social Care. It also sets these priorities and objectives in the context of the local response to this national policy framework, and in particular the development of a new 'customer journey' which places a greater degree of emphasis on early intervention and prevention as well as seeking to offer greater choice and control to individuals over how their care and support needs are assessed and met.

Throughout the plan there is a presumption that all commissioning and market facilitation activity will support the delivery of the Council's Medium Term Financial Plan, and the duty to achieve Best Value.

The relationship between the Commissioning Plan and a series of strategies and delivery plans developed by the Directorate, as well as those developed across the Council and by key partners is highlighted. The priority objectives identified in the Commissioning Plan are set in the context of these associated strategies and delivery plans. The priority objectives set out in the Commissioning Plan are all designed to supplement the commissioning actions and objectives contained in these associated strategies and delivery plans.

The increasing complexity of the Adult Social Care market is described, and the increasing importance of the Council engaging in the facilitation of market development, in addition to directly commissioning services, is highlighted and explained. The frameworks within which both commissioning and market facilitation activities take place are described and explained.

The Commissioning Plan is supplemented by a key Appendix which identifies all of the Directorates contracts for the delivery of care and support services and solutions, and identifies the key relationships between each of these contracts and the series of strategies and delivery plans referred to above.

1. INTRODUCTION

1.1 Welcome to the Adults Health and Wellbeing Commissioning Plan 2012 – 2015. This plan has been consulted on with groups representing service users, partner organisations, providers, and other key stakeholders between January and April 2012, and a final version presented to the Council's Cabinet for approval in June 2012.

1.2 Feedback from stakeholders has been broadly positive, with a particular welcome being given to the bringing together of the Council's approach to commissioning adult social care and Supporting People services in a single document. Other issues raised related primarily to a desire to see services to particular groups, such as those with sensory impairments, being given a higher priority. These issues will be addressed as we continue to develop specific strategies and plans over the coming three years rather than by making specific commitments in this document.

1.3 It should be noted that the key purpose of this Commissioning Plan is to draw together the priority objectives from a range of key strategies which require a commissioning approach to support their delivery, and to describe how this commissioning activity will be undertaken over the next three years. The Commissioning Plan is also consistent with, and incorporates relevant material from, a report that went to the Council's Cabinet in February 2011: "Transforming Adult Social Care and commissioning as market shaping and development". In and of itself, therefore, the Commissioning Plan does not introduce new strategic objectives or plans – rather, it provides an opportunity to set out the contribution commissioning and market facilitation will make to the delivery of a range of key strategic plans and objectives.

1.4 The Commissioning Plan is therefore based on two very straightforward premises:

- that all of the commissioning and market facilitation activity undertaken by Adults Health and Wellbeing over the coming three years will directly support the delivery of the key strategic objectives identified by the Directorate, as well as supporting the delivery of a broader range of strategies relevant to the Council, to NHS partners, and to the wider Tower Hamlets Partnership;

- that all of the commissioning and market facilitation activity undertaken by Adults Health and Wellbeing over the coming three years will also support the delivery of the Council's Medium Term Financial Plan, and the duty to achieve Best Value. There is a presumption in this plan that a critical factor in the decision about how to approach a particular commissioning activity will be how the preferred approach will achieve the optimum balance of economy, effectiveness and efficiency. This will be tested through the

Council's internal Tollgate process for higher value contracts, and through equivalent Directorate processes for lower value contracts.

1.5 The Commissioning Plan starts with a resume of the key background and context for Adult Social Care arising from national policy. It then provides a summary of the key demographic issues facing Adult Social Care over the next 10 to 15 years.

1.6 The Directorate's approach to commissioning, our Commissioning Framework, and to market facilitation is then described. Finally strategic drivers and the priority commissioning objectives arising from these are identified.

1.7 Appendices 1 and 2 provide additional demographic information, while Appendix 3 provides a detailed breakdown of the Directorate's current contracts and how these relate to the key strategic drivers referred to above.

1.8 Throughout this Commissioning Plan, reference is made to 'prevention' and 'preventative services'. The Council's Promoting Independence Strategy describes prevention in the following terms:

"The concept of prevention and early intervention is central to the Transformation of Adult Social Care agenda. A key aim of health and social care services is to help people with care and support needs to continue to live a chosen lifestyle and to have as good a life as possible. This might involve:

- Preventing the person from becoming ill or frail in the first place (primary prevention)
- Helping someone manage a condition as well as possible (secondary prevention)
- Preventing a deterioration in an existing condition(s) (tertiary prevention)
- Providing active support to help someone regain as much good health, autonomy and independence as possible (rehabilitation)"

Definition of Prevention	Examples of Service (Health, Social Care, Housing)
Primary - Preventing person from becoming ill / frail, or supporting a person who is developing frailties to remain independent	▪ Link Age + ▪ Telecare ▪ Handyperson's ▪ Physical Exercise
Secondary – Helping someone manage their own care and support as well as possible	▪ Reablement, ▪ Extra Care Housing, ▪ Intermediate Care (also tertiary)

Tertiary and Rehabilitation - Preventing a deterioration in an existing condition(s), and providing active support to help someone regain as much autonomy and independence as possible	▪ Longer Term Social Care Support working with people to promote independence through the support planning process ▪ Acute health services

1.9 The Directorate's Supporting People Commissioning Strategy is set out in a separate document covering the five year period 2011 to 2016. The Strategy was approved by the Council's Cabinet in April 2011. The provision of housing related support through these Supporting People services is a core component of the Directorate's overall approach to providing high quality care and support services to vulnerable people in the Borough, particularly with regard to the Promoting Independence strategy, and accommodation strategies. The detailed contract analysis in Appendix 3 to this Plan includes a breakdown of the Directorate's Supporting People contracts and how they relate to other key strategies and delivery plans.

2. NATIONAL POLICY BACKGROUND AND CONTEXT

Putting People First and Think Local Act Personal

2.1 Over the past four years, the development of Adult Social Care nationally and locally has been largely driven by *Putting People First*[1], which was published in 2007, and subsequent policy publications. Putting People First is about the transformation of adult social care so that services are delivered in a way that ensures that users of services "exercise maximum control over their own life…and participate as active and equal citizens, both economically and socially". This has an impact on assessment and care management services; on the commissioning of services; and on the facilitation and development of the social care market locally.

2.2 Putting People First was supplemented and extended by the publication of *Think Local: Act Personal*[2] in January 2011, which reaffirms the sector's commitment to delivering a transformed Adult Social Care experience, and continuing to extend choice and control through the extension of Personal Budgets, and in particular their provision as Direct Payments. Putting People First, Think Local: Act Personal, and the related policy frameworks around these key publications will continue to drive the development of Adult Social Care both nationally and locally for the next three years and beyond.

2.3 This means moving away from the traditional assessment and care management model of service delivery to a model whereby service users have sufficient information and support to assess their own needs and then to be in control of how those services are delivered. This may be through the medium of an individual/personal budget which enables the service user to make their own arrangements for the services they need.

2.4 This puts service users into the role of purchaser or "micro-commissioner" and to do this effectively there has to be a thriving market offering a diverse range of services locally from which the service user can purchase and access their own support. This changes the role of the local authority which has up to now commissioned blocks of services on behalf of service users and then directed service users into these blocks which might meet individuals' needs to a

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[1] *Putting people first: a shared vision and commitment to the transformation of adult social care (DH Dec 2007).* At the heart of the Putting People First initiative is the focus on the personalisation of adult social services. This basically means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first. This is not about creating more personalised versions of existing services, but about new, more adaptive solutions, that will require the support of the whole council to deliver.

[2] *Think Local: Act Personal A sector-wide approach to moving forward with personalisation and community based support* was published by a consortium of over 30 organisations, including the Department of Health and the Association of Directors of Adult Social Care, in January 2011.

greater or lesser extent.

2.5 This means that commissioning has to move into the role of market facilitation and development. As a local authority our role will be to better understand local needs and aspirations, as we will no longer control demand for specific services. In this context it becomes important to differentiate between need and demand for services.

2.6 This shift in role to develop a local social care market is challenging, requiring different skills from staff and gives rise to different organisational risk. This is discussed further later in this Commissioning Plan.

Putting People First Milestones

2.7 Following the publication of the original Putting People First policy statement, a self improvement framework was issued to help local authorities deliver the PPF Milestones with each authority expected to report progress against these milestones on a regular basis up to 31 March 2011. Milestone 5 was called "Local Commissioning". This says:

- Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers.
- Commissioning strategies based on the local JSNA, and in partnership with other local commissioners, providers and consumers of services should incentivise development of diverse and high quality services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs.
- User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers.

2.8 Milestone 3 is about Prevention Services and this says:

- This milestone looks at a whole system approach to prevention, intervention and cost effective services. This includes the support available that will help any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.
- Examples of intervention include reablement type services that help people regain independence to live in their own home. It also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish reablement services with either a reduced need for care, or no ongoing requirement at all.
- It is important that the council and the NHS are jointly investing in early intervention and prevention and monitoring the effectiveness of services together eg. Joint interventions at best include telecare, case finding/case co-ordination and joint teams for complex and end of life care. Being able to evidence these types of savings is crucial, and reablement type services should form an intrinsic part of any Putting People First operating model.

3. DEMOGRAPHIC CHANGE

3.1 Adults Health and Wellbeing works closely with colleagues in Public Health to track changes in the demographics of the local population and of need within the Borough. This work paints a picture of growing need which will not be met by a commensurate growth in resources. This means finding other ways to meet need through a strategy of increasing the range and availability of preventative services, as described in our Promoting Independence Strategy.

3.2 Over the last three years a huge bank of demographic information has been assembled, however only the key issues are presented here. The linkage between the growth in population and the Promoting Independence Strategy is described later in this Commissioning Plan.

Key Demographic Issues

1. The Tower Hamlets population is forecast to grow significantly over the coming years, and the demand for long-term social care services will rise accordingly if we continue to provide services in the same way.

2. The need for learning disability services will increase by a faster rate than the general population increase.

3. The need for services for those who are over 85 and / or have dementia will increase significantly.

4. **Demand** for, and take up of, long-term services is likely to remain comparatively high.

5. The increase in people with health and wellbeing needs is likely to lead to a substantial increase in the number of people providing unpaid care and in need of carer support services.

6. If current levels of **demand** for services continue, projected use of longer-term AHWB services will rise by about 20% over the next ten years.

3.3 There are estimated to be around 213,000 adults aged 18 years and over living in Tower Hamlets in 2013, predicted to rise to nearly 225,000 by 2015, over 250,000 by 2020, over 75,000 by 2025 and over 290,000 by 2030.

Age group	Current Figure 2013	Figures Expected 2015	Figures Expected 2020	Figures Expected 2025	Figures Expected 2030
18-64 years	196,800	208,400 6%	237,500 21%	257,100 31%	268,000 36%
65-84 years	14,000	14,100 1%	15,500 11%	17,700 26%	20,800 49%
85 years and over	2,000	2,100 5%	2,400 20%	2,800 40%	3,000 50%
Total Adult Population	212,700	224,600 6%	255,400 20%	277,600 31%	291,900 37%

3.4 ***The need for learning disability services will increase by a faster rate than the general population increase.***

- Currently, around 654 adults use social services in Tower Hamlets for learning disabilities[3].
- Prevalence of learning disabilities and complex needs is higher in the Bangladeshi population than others[4].
- As the younger population (of whom a larger proportion are Bangladeshi) ages, we can assume that the proportion of the adult Tower Hamlets population with a learning disability will increase substantially.
- This potential increase is in addition to the overall population.
- As the life expectancy of people with learning disabilities increases (especially for people with Down's syndrome) there will be an increase in the number of adults with a learning disability in Tower Hamlets, as well as the number of older people with a learning disability (therefore potential increased demand for services).
- This increase in older people with a learning disability is likely to result in an increase in the number of people in Tower Hamlets with early onset dementia and complex needs.

[3] LBTH Referrals, Assessments and Packages of Care (RAP) 2012-13.
[4] Emerson, E. et al. (1997) Is there an increased prevalence of severe learning disabilities among British Asians? Ethnicity and Health, 2, 317-321.

3.5 *The need for services for those who are aged over 85 and / or have dementia will increase significantly.*

- The population aged 85 and over will steadily increase over the next 15 years reaching 2,800 by 2025.
- Currently, 70% of the Tower Hamlets population aged 85 and over use services (over 1,400 people in 2012/13).
- Approximately 20% of people in this age group report at least one fall during the last 12 months.
- Between 6 and 13% of people in this age group require support with continence issues.
- Around 85% of people in this age group have moderate or severe hearing loss.
- Between 35 and 50% of people in this age group are unable to manage at least one mobility activity on their own.
- Around 16% of people in this group have dementia.
- Around 60% of people in this age group have a limiting long term illness and live alone.
- This is likely to contribute to an increase in the number of people using services for physical disability, sensory impairment and dementia, not least because of local and national strategies to improve the rate of diagnostic of dementia in primary care and other settings.

3.6 *Demand for, and take up of, long-term services is likely to remain comparatively high.*

3.6.1 A larger proportion of the older population (aged 65 and over) in Tower Hamlets used long-term social care services in 2009/10 (20%) than other similar boroughs such as Hackney (17% of older people); in Newham (16% of older people), Lambeth (19%) and than the Greater London average (15%)[5].

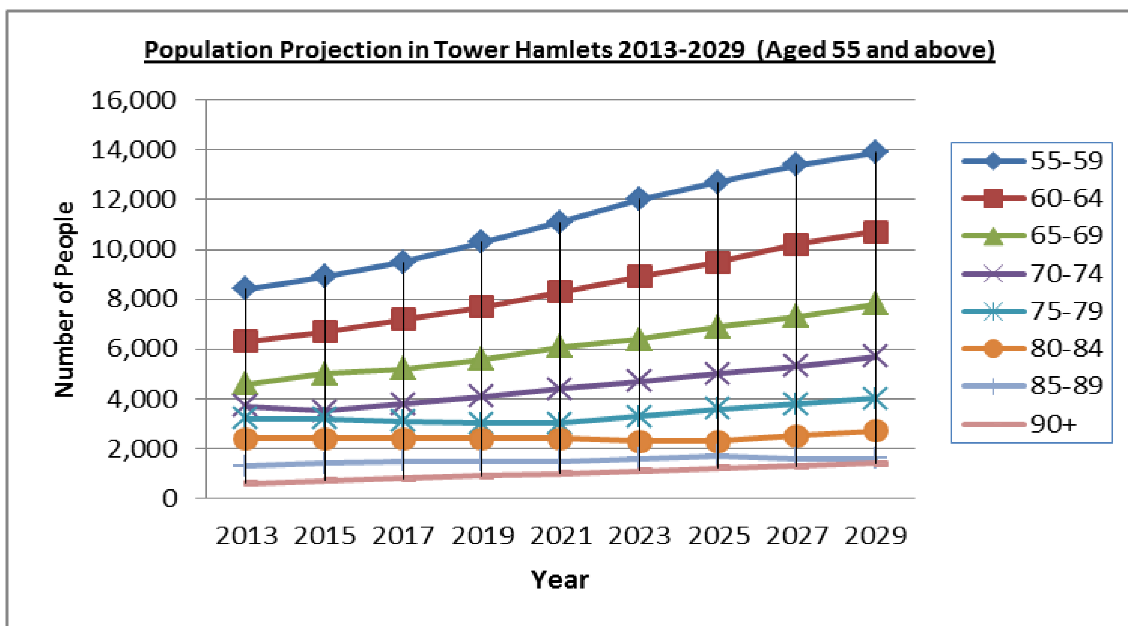
3.6.2 Comparisons with other boroughs with similar levels of deprivation, simply in terms of need, do not give any obvious explanation for this. According to Census data, the proportion of older people in the borough who live alone is 37% which is similar to Newham (36%), Lambeth (37%) and Hackney (36%)[6].

3.6.3 Since the older population is expected to grow substantially over the coming years, in line with general expected population increases[7], the need for pre-FACS / preventative services and interventions will become of paramount importance to mitigate an otherwise burgeoning demand for long-term social care services.

[5] NHS Information Centre, NASCIS 2009/10
[6] Census 2011
[7] Census 2011

Population projection for those aged 55 and over in Tower Hamlets, 2011 census

	2013	2015	2017	2019	2021	2023	2025	2027	2029
55-59	8,400	8,900	9,500	10,300	11,100	12,000	12,700	13,400	13,900
60-64	6,300	6,700	7,200	7,700	8,300	8,900	9,500	10,200	10,700
65-69	4,600	5,000	5,200	5,600	6,100	6,400	6,900	7,300	7,800
70-74	3,700	3,500	3,800	4,100	4,400	4,700	5,000	5,300	5,700
75-79	3,200	3,200	3,100	3,000	3,000	3,300	3,600	3,800	4,000
80-84	2,400	2,400	2,400	2,400	2,400	2,300	2,300	2,500	2,700
85-89	1,300	1,400	1,500	1,500	1,500	1,600	1,700	1,600	1,600
90+	600	700	800	900	1,000	1,100	1,200	1,300	1,400



3.7 ***The increase in people with health and wellbeing needs is likely to lead to a substantial increase in the number of people providing unpaid care and in need of carer support services.***

3.7.1 There are currently over 9,000 people providing 20 hours or more of unpaid care per week, of whom around 5,800 provide 50 hours or more per week[8]. Even taking into account the most crude population projections (and not potential increases in the proportion of the population caring), there will be almost 10,000 people providing 20 hours or more of unpaid care per week in 2015, increasing to over 11,500 by 2025

3.8 ***If current levels of demand for services continue, projected use of longer-term AHWB services will rise by about 20% over the next ten years:***

[8] 2001 Census data applied to GLA 2009 Round Population Projections

3.8.1 The following table applies population projections to our current service user data. A full breakdown is provided in Appendix 1.

Age Group	2013	2015	2020	2025	2030
18 – 64	1,982	2,101	2,398	2,596	2,696
65 – 84	1,417	1,431	1,573	1,785	2,111
85 Years & Over	1,291	1,356	1,549	1,807	1,937
Total Adult Service Users	4,690	4,888	5,520	6,188	6,744

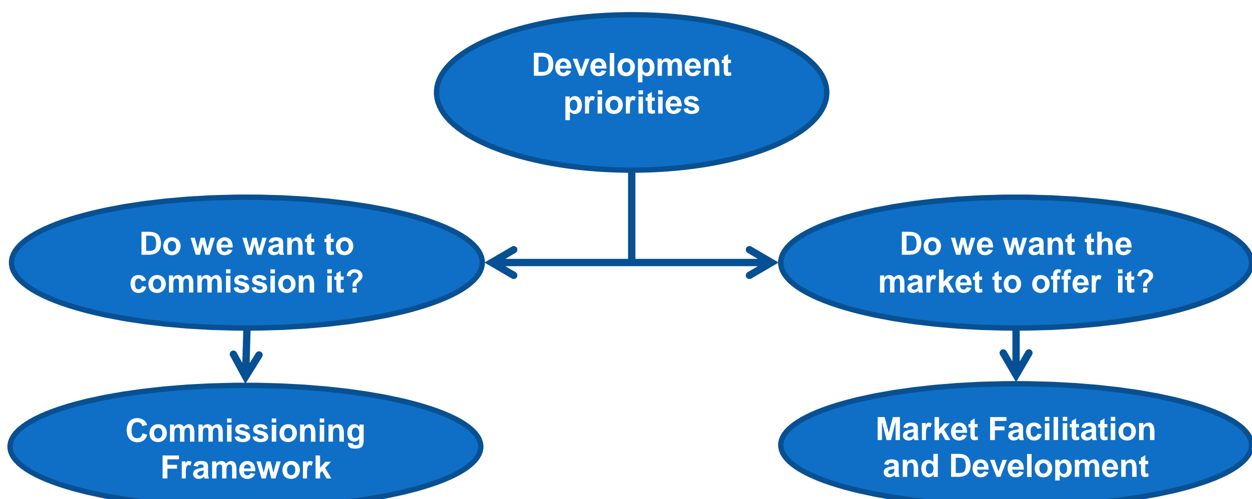
4. COMMISSIONING AND MARKET FACILITATION FRAMEWORK

4.1 This section of the Commissioning Plan provides an overview and explanation of the Directorate's approach to commissioning, and to market facilitation and development. In both cases, this approach is developed from open-source materials developed by the Institute of Public Care, based at Oxford Brookes University.

4.2 Following the introduction of the Community Care reforms in the late 1980's / early 1990's, Local Authorities were increasingly faced with a basic 'make or buy' decision when commissioning new services. Over time this has typically meant that Local Authorities have increasingly moved away from being direct providers of Adult Social Care services to being primarily commissioners of those services. While this incremental change has led to the development of an increasingly recognisable Adult Social Care market, it remains a market in which Local Authorities are the dominant purchaser.

4.3 As the impact of the Transformation agenda is increasingly felt in Adult Social Care, and individuals increasingly exercise the choice to take their personal budget as a direct payment and manage their own commissioning arrangements, the Directorate has to manage a more complex set of commissioning choices in responding to the needs and aspirations reflected in individuals' Support Plans: 'make, buy, or facilitate the development of'.

4.4 What this means is that increasingly the solution to developing services that respond to identified needs and aspirations, if they are not delivered directly by the Council, will lie with the market, rather than being created as a result of direct commissioning activity by the Directorate. This can be demonstrated diagrammatically as follows:



4.5 The remainder of this section of the Commissioning Plan describes our approach in Tower Hamlets to these respective activities of commissioning and market development and facilitation.

Commissioning Framework - principles

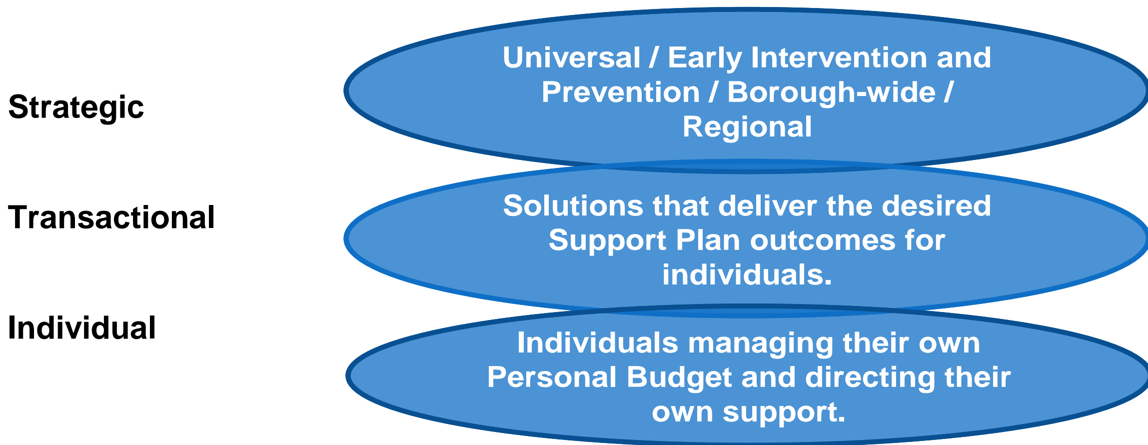
4.6 The Directorate's commissioning activity is based on the following principles, which we will seek to apply on a continuous basis:

We will:

- empower people to direct their own support;
- enable people to identify what matters to them; and how they can obtain the support they require from within their available resources and networks;
- enable meaningful participation for individuals and their carers in the commissioning process through active co-design, co-production and co-delivery;
- seek to increasingly personalise universal services to reduce barriers for people with support needs who wish to access them;
- work in partnership with other commissioning organisations, provider organisations and the voluntary and community sector to ensure that services are flexible and responsive;
- ensure that all commissioning activity is consistent with the Best Value duty and that the preferred approach to individual commissioning activities is designed to achieve the optimum balance of economy, efficiency and effectiveness;
- maintain a diverse view of the market and support equity of opportunity for the voluntary and community sector and social enterprise;
- facilitate the development of a diverse range of support planning and brokerage options that utilise the resources of the whole community;
- work with colleagues in Children's Services to ensure better transitions from children's to adults' services, and a whole family focus for relevant commissioned services;
- pay equal attention to enabling self-funders to better meet their care and support needs as to people who rely wholly or partly on funding from the Council.

Commissioning Framework - approach

4.7 The Directorate's approach to commissioning can best be described as 'multi-tiered'. This is explained diagrammatically below:



4.8 Over time, it is anticipated that the balance between these three tiers of commissioning activity will shift, and that the pace of this change will be driven by, among other things, the rate of take up of personal budgets as direct payments.

4.9 Our direct commissioning activity will, therefore, need to be kept under ongoing review to ensure that the Directorate continues to offer the optimum range and quality of services that offer Best Value and the optimum balance of economy, effectiveness and efficiency. Additionally, our market facilitation and development activity (described below) will need to keep pace with changing customer expectations and requirements.

4.10 Strategic commissioning, in this context, has the following characteristics. It is about:

- understanding need and demand for care and support services at a Borough level now and in the future;
- identifying sustainable and cost effective (Best Value) solutions for meeting this need and demand;
- supporting and enabling the wider social care market in the Borough to deliver these solutions;
- reshaping existing models of provision (particularly accommodation) to deliver improved outcomes at lower cost;
- working with universal services to enable people with support needs to access them appropriately.

4.11 Transactional commissioning, in this context, has the following characteristics. It is about:

- working with individuals to turn their support plans into support arrangements which achieve the desired outcomes in the most cost-effective way possible;
- monitoring the delivery of care and support by commissioned providers to ensure quality and value are being maintained;
- ensuring effective working relationships with commissioned providers through timely payment of invoices and the efficient management of other interactions.

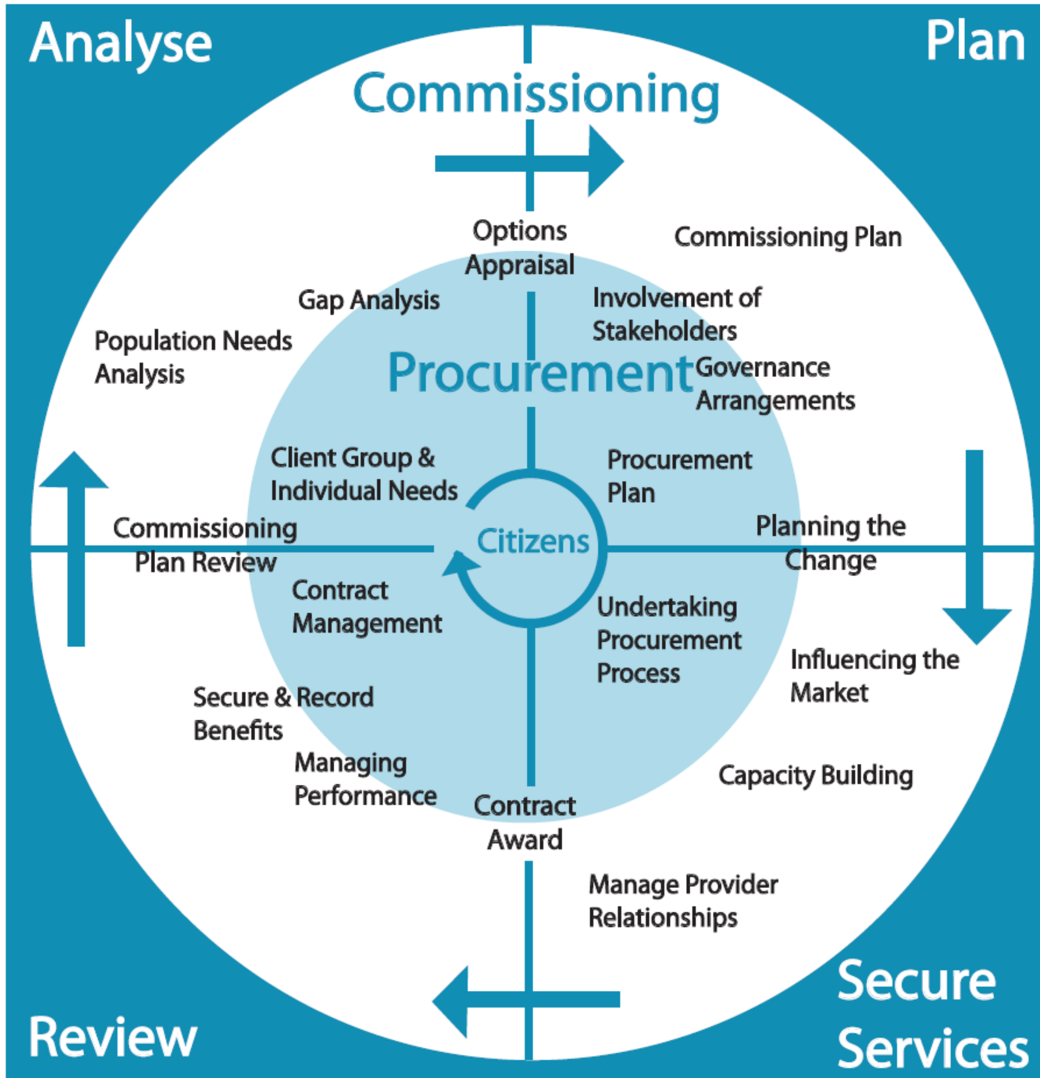
4.12 Individual commissioning, in this context, has the following characteristics. It is about:

- individuals managing their own Personal Budgets and making their own care and support arrangements;
- having access to good information about the range of services and solutions available in the Borough and beyond, and advice about how these can be accessed;
- having a circle of support, and advocacy, that enables the individual to positively manage the risks they choose to take in achieving their desired outcomes.

4.13 The Directorate has reorganised its Commissioning function over the last year to provide a sharper focus on each of these tiers of commissioning activity. Whereas previously, the Commissioning function was organised on a ‘client-group’ basis, there is now a clear structural distinction between the Strategic Commissioning function and the Transactional Commissioning function, with each of these functions covering the whole Adult Social Care population (with the exception of strategic commissioning for adults with mental health problems, where Lead Commissioning responsibilities lie with the NHS locally).

Commissioning Framework – commissioning cycle

4.14 The Directorate's approach to commissioning is also underpinned by a standard 'commissioning cycle', which again can be explained diagrammatically as follows[9]:



4.15 At a local level, the following activities are considered key to each of the four elements of this commissioning cycle.

4.16 Analyse:

- All commissioning decisions supported by evidence from:
  - Joint Strategic Needs Analysis;
  - Support Planning outcomes;
  - Equalities Impact Assessments;
  - PANSI / POPPI and other national / local evidence sources;

[9] Institute of Public Care, 2010, *Commissioning Framework and Good Practice*

  - User and carer intelligence;
  - Provider intelligence
- Option appraisal marks the transition from Analyse to Plan.

4.17 Plan:

- All commissioning decisions consistent with Council policy and supported by an agreed strategy;
- Business Cases developed to demonstrate that commissioning decisions represent Best Value and support strategic intentions;
- Equalities impacts identified and mitigated appropriately;
- Strategic Commissioners hold responsibility for planning and delivering procurement exercises;
- Service specifications based on outcomes not outputs;
- Initiation of procurement process, or market facilitation activity, marks the transition from Plan to Secure Services.

4.18 Secure Services:

- Procurement processes that result in the selection of suppliers who can deliver the right outcomes at the right price;
- We, and providers understand where more capacity in the market place is needed, and how it can be delivered;
- The market has the evidence it needs to be able to develop new services to respond to changing patterns of demand.
- Contract management / strategy review marks the transition from Secure Services to Review.

4.19 Review:

- Contract management focuses on whether required outcomes are being achieved;
- Delivered benefits are identified and recorded;
- Changes in demand are identified and recorded.
- The original strategy is reviewed in light of learning from implementation / delivery;
- Evidence gathered from contract management and strategy review provides a transition from Review to Analyse.

Involving service users, carers and other stakeholders in commissioning

4.20 The Directorate recognises that the appropriate and timely involvement of service users, carers and other stakeholders in all stages of the commissioning process will lead to outcomes which better reflect user requirements. The ways in which the Directorate can, and does, involve users, carers and other stakeholders in the commissioning process include:

- Analyse: Collecting experiences and views;
  Analysis of compliments, complaints and other recorded data about relevant services;
  Analysis of relevant User Experience Surveys.

- Plan: Consultation with user forums;
  Consultation with representative groups such as THINk;
  Input into design of procurement process and key documents such as the Service Specification

- Secure services: Involvement in tender evaluation

- Review: Engagement in formal contract reviews;
  Interviewing service users as part of ongoing monitoring of services;
  Involvement of representative bodies such as THINk

The role of Public Health in commissioning

4.21 Responsibility for the delivery of a range of Public Health functions will transfer to the Council in April 2013, and work is underway to plan and manage this transfer. The Directorate has for a number of years had a strong and close working relationship with local Public Health colleagues, and this relationship is critical to our approach to commissioning and market facilitation. Much of the analysis phase of the commissioning model set out above is dependent on work undertaken jointly with, or by, Public Health. Public Health can also play an important role in the development of service specifications, and in providing supporting data and analysis that inform reviews of the effectiveness of commissioning decisions.

4.22 The upcoming transfer of responsibility for delivery of a range of Public Health functions will strengthen this joint working on commissioning and market facilitation, and will provide new opportunities to consider how we can better synchronise and align respective commissioning

activities to deliver better overall outcomes for service users as well as delivering better value.

Commissioning Framework – commissioning timetable

4.23 The Directorate does not generally operate to a specific commissioning timetable. Decisions about the commissioning timetable for individual strands of work are influenced by a number of factors, including:

- Whether or not the development requires funding determined as part of the Council's budget setting process (with the budget approved in February each year);
- Whether or not a competitive procurement exercise is required, which usually means the process needs to be started at least nine months before the service is required to allow for internal approval processes, and the requirements of EU / UK Competition Law;
- What opportunities exist to work collaboratively with other commissioners to deliver better overall outcomes through joint-commissioning. In these situations, there is usually a requirement to align respective process and approval timescales.

4.24 As a guide, however, the following timetable, based on the four stage cycle described above, would deliver a new service at or around the start of a new financial year (subject to funding approval having been secured):

Analyse	April to June;
Plan	June to August;
Secure Services	August to March;
Review (for next cycle)	January to April

Market facilitation and development framework

4.25 As already noted, social Care development over the next 3 to 5 years has to address:

- the continuing implementation of *Putting People First*, *Think Local: Act Personal* and associated national policy frameworks;
- the consequences of demographic change (section 3 above); and
- extreme pressures on public sector finances.

4.26 This translates into the following drivers of change:

- The imperative for greater choice and control for people who use services and their carers, and a consequent requirement for more diverse markets of support options (PPF and TLAP);
- A stronger emphasis on evidence-based prevention, and consideration of the needs of the ***whole*** population (including people purchasing their own care), not just the minority already eligible for publicly funded care as a

means of limiting the pressures on budgets from demographic change (section 3 above);

- Increasing the role of mainstream / universal Council services in health and social care;
- A greater emphasis on the role and value of community and social capital, including social enterprises and user led organisations;
- The need to identify and deliver significant efficiency savings, and to achieve Best Value in all of our spending decisions.

4.27 As noted above, Local authorities have already largely moved away from being primarily providers of care to commissioners and purchasers of care. This is the case in Tower Hamlets where approximately 70% of spend is through commissioning rather than direct service provision. The way forward described in this Commissioning Plan is to make the shift to facilitating and developing a market of care and support options without continuing to rely on our existing direct purchasing power, as individual service users increasingly act as (micro-) commissioners through the use of personal budgets. As a local authority our role will be to understand local needs and aspirations, and to facilitate the development of solutions that respond to these needs and aspirations as our direct commissioning role reduces in response to increasing take up of personal budgets as direct payments.

4.28 This shift in role to facilitating the development of a local social care market will be a challenging one given that social care services are subject to market forces which in themselves may not produce the desired range of services across all levels of service user need. If local people are to have access to a broad and high quality range of support options, then this will require the right balance of relationships, responsibility and risk between local authority, providers and service users.

4.29 To empower individuals to make choices and to direct their own care, will be essential. This will include the systematic collection and updating of market information for service users and carers, and for professional staff, including brokerage staff and advocacy staff. An example of such information might be the CQC ratings of care providers, and this will be supported through technical enablers, using website and information portals located across the borough.

4.30 During 2013, the Directorate will procure an e-Marketplace solution, which will build significantly on our existing Community Catalogue. The Community Catalogue gives providers an opportunity to advertise the services they offer, including pricing and availability, and individuals with a personal budget (or others who are self-funding) the opportunity to browse these provider offerings and identify suitable options for meeting the care and support needs identified in their Support Plans. The Community catalogue also provides a valuable source of information on broader preventative services.

Market facilitation and development – definitions

4.31 The definition of market facilitation and development used in the Directorate is as follows:

"Based on a good understanding of need and demand, market facilitation is the process by which commissioners ensure there is sufficient appropriate provision available at the right price to meet needs and deliver effective outcomes both now and in the future"[10]

4.32 The Institute for Public Care describes market development as a three stage model or process[11]:

- **Market intelligence** – the development of a common and shared perspective of supply and demand, leading to a published market position statement. This will also be an iterative process where the information on people's preferences, choices and purchasing decisions is systematically incorporated into on-going market development.
- **Market structuring** – putting in place the right framework to give the market available to Tower Hamlets residents the right kind of shape. This might include: an approach to sharing financial risk with service providers in the context of a reduced number and value of block contracts; development opportunities for new providers such as user led organisations; targeted improvement for specific sectors; outcome based contracts; training and development; quality assurance frameworks; business and management support; community catalogue and purchasing infrastructure.
- **Market intervention** – specific commissioning intentions and activity both in areas which are 'pre-FACS' such as preventative services and in areas where we will such a better deal for people who use services by buying blocks of services ourselves.

Market facilitation and development - approach

4.33 The following table sets out the features of an 'ideal market' [taken from the national market development forum (2010) – future social care market discussion paper 1] and explains how we are, and propose to, address these features at a local level.

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[10] Institute of Public Care (2009) Transforming the Market for Social Care vol. 2, p4

[11] Institute of Public Care (2009) Transforming the Market for Social Care vol. 2, p5. Market development was also a key part NHS World Class Commissioning framework, where effective commissioning: [from WCC competencies DH 2007]

- Translates strategy into short-, medium- and long-term investment requirements, allowing providers to align their own investment and planning processes with specified requirements
- Is aware of market trends and behaviours, and shows knowledge of and acts on current gaps in the market to provide patients with a choice of local providers
- Creates incentives where necessary for market entry, including understanding the requirements of full cost recovery
- Stimulates provider development matched to the requirements and experiences accrued from user and community feedback"

	Features of the ideal market	Actions to achieve this
1	Local authority has a wider view of the care market than just what it commissions directly, and will have the capacity to conduct market research and run initiatives to stimulate the market. Market intelligence is the basis for a constructive relationship with providers and people who use services	• On-going JSNA process, including market research • Provider forums for discussion and feedback • Membership of pan-London forums for information exchange and possible join work • Providing independent support where appropriate to potential suppliers when issuing tenders (as per SITRA and the Supporting People Framework Agreement)
2	Mechanisms will be in place to the ensure that the individual choices people make can feed back into the market development process	• The e-Marketplace will provide systematic data about the choices people are making with regards to using their Personal Budget • Access to Resources Team will have a systematic methodology, using frameworki, for capturing ‘unmet need’ data
3	All services will be person centred, offering choice and control.	• Commissioning Framework and strategic objectives • Roll-out of personal budgets • Development of Independent Support Planning and Brokerage service will widen choice • Review of day opportunities in each service user group to deliver improved focus on person centred offer
4	Local authority will publish a ‘market position statement’ which describes predictions of future demand, a quantitative and qualitative picture of the current state of supply, the areas where services need to develop, identified models of practice and information regarding pricing.	• Market position statement to be published by Spring 2011 • To be updated annually to reflect changes in the market / changes in demand
5	Service users and carers will have good unbiased access to quantitative and qualitative information about the kinds of support available to them, at what price, which they can in turn	• Community Catalogue and e-Marketplace • Information and Advice strategy (incorporated into Promoting Independence Strategy) • Role of user-led organisations

	comment upon. They should also have information that illustrates the kinds of choices that other people have made and the outcomes they experienced.	
6	There will be less use of 'traditional' residential care	• Mental health and learning disability accommodation and resettlement strategies will focus on supported living arrangements as a positive alternative to residential care • Expansion of availability of Extra Care Housing • Supporting People Framework Agreement for managing housing related support contracts
7	There will be an expansion in the number of people using personal assistants	• Training and accreditation programme • Domiciliary Care Service Specification will enable delivery of Personal Assistant type services • Community Catalogue will provide access to local PAs, plus links to other London networks
8	Both the way that services are commissioned and delivered will take account of people's social capital and will seek to build these reserves where they are not available.	• Self Directed Assessment and Support Planning / Brokerage services will take full account of individual's circle of support / social capital • E-marketplace / Community Catalogue solution will have future ability to allow peer to peer exchange and sharing of services / skills / resources • Time-banking schemes will be explored during 2012 as a means of building social capital
9	There will be a programme to drive up quality across the sector	• Improvements to contract and supplier management • Quality Assurance for Commissioning • Provider training and accreditation programmes run by LBTH
10	There will be a greater focus on payment for care by the outcomes it delivers rather than by cost and volume.	• All new contracts (including Domiciliary Care) will focus as far as possible on outcomes as well as inputs/outputs, and this approach will

		continue to be developed in partnership with providers.
11	There will be fewer block contracts for most services – while Adults Health and Wellbeing will maintain aggregate investments in some types of provision, the increasing numbers of people with control over their own budgets alongside self-funders, and an increase in individual purchasing will see new models of contracting develop.	• Re-tendering rounds e.g. Domiciliary Care • Advice and assistance provided to local 3rd sector organisations to enable them to develop sustainable business plans for the medium term.
12	There will be a greater emphasis on combined preventative health and social care with more holistic care provision delivered by multi-disciplined organisations	• Early engagement with the Clinical Commissioning Group and Health and Wellbeing board – joint commissioning opportunities. • Proactive and enabling approach to be taken to the changes to the NHS set out in the White Paper (Community Health Services / Public Health)

5. KEY STRATEGIC PLANS AND DRIVERS

5.1 The Directorate's strategic vision for Adult Social Care is: "To shift from a service based approach in the kinds of support people use now towards support that is personalised and community based, so that everybody will be given the opportunity to meet their needs in a way that is personalised and effective for them."

5.2 To deliver this vision the Directorate has engaged in a major Transformation Programme which is seeking to deliver:

- A transformed customer journey and business processes that deliver Self-Directed Support;
- A transformed market place that enables customers to exercise real choice;
- A transformed (internal and external) workforce that has the skills and knowledge required to deliver Self-Directed Support and the new customer journey;
- A resource allocation process and financial processes that ensure a financially sustainable directorate;
- Users involved in a way that ensures that the TASC implementation meets their needs;
- Technology that supports the workforce and customers in operating the Self-Directed Support process.

We are seeking to deliver this by focusing on the following actions:

a) providing universal services from a range of organisations including: the Local Authority, Primary Care and other public, voluntary and private agencies;
b) focusing on early intervention and prevention to increase independence - such as reablement services;
c) increasing choice and control by enabling and supporting our eligible customers to participate fully in their own assessment and support planning as well as to identify outcomes which are important to their physical and mental well-being;
d) encouraging social capital by supporting and stimulating social networks and community-based support groups

5.3 ***A transformed customer journey:*** The Directorate's work has focussed on developing a new operating system for social care whereby people are increasingly able to control their own assessment and self-manage their care and support, within the context of personalised and person centred service responses. We have designed this new customer journey, and reorganised our operational services into a structure that reflects the new approach. This new organizational structure came into effect in September 2011, and is described in more detail below.

5.4 ***The New Customer Journey*** sees the current older peoples, physical disabilities and vulnerable adults teams along with the occupational therapy service come together to form a new single adults service. This new adults service is staffed by Social workers, Occupational Therapists and other social care "officers". The three different services which have been developed to reflect the new customer journey are :

- **First Response** which aims to resolve 80% of people's concerns at first contact through information/advice giving and speedy provision of simple levels of support. People who need additional support will be passed on to the Reablement service.

- **Reablement** and other short term interventions involve services provided by the Council and partner organisations that can help people regain their independence and prevent people from needing ongoing support. This service typically delivers a six-week programme that seeks to help people maximise their independence. For people that remain in need of ongoing support an assessment of need, and determination of eligibility, will be undertaken prior to referral to the Longer Term Support service (or to the Independent Living Support Service).

- **Longer term Support** works with people to explore choices available to them for how their eligible needs can be supported. This service works with the person to produce a Support Plan that describes the outcomes that are important to the person, and how they can stay in control of the support they receive. People if they choose to, will be able to receive their personal budget as a direct payment to pay for their support directly.

In addition to the work we are doing in adults services we are also working with both **learning disabilities** and **mental health services**, (which are both services integrated with health) to ensure that the customer journey in these services also supports increased choice and control.

5.5 This pathway is radically different from the way Adult Social Care services have been delivered previously. While local authorities retain their statutory obligations to assess need under the NHS and Community Care Act 1990, and provide/commission services for those who meet eligibility criteria under FACS[12], local authorities are expected to offer (commission) services to others who not only do not meet FACS criteria but may not have even been assessed. In this Commissioning Plan all services open to people without FACS criteria being applied are referred to as "prevention services".

5.6 This means that the way we use our resources has to change and this underpins our strategy to shift resources over a period of time from long term services to prevention, early intervention, and support for independence. While some of the changes above are being delivered through the re-organisation of in-house teams, the implications for commissioning include:

[12] FACS = Fair Access to Care Services

- Understanding the market for these services and commissioning services that historically have not been commissioned but have been funded opportunistically out of specially designated pots of money. Many of these services are not just funded from Adult Social Care. For example Mainstream Grants funds a range of advice services.
- Developing specific strategic plans for commissioning preventative services, information and advice, and advocacy, as well as longer-term options, within the overall context of the shift of resources mentioned above.
- Aligning commissioning to support the new customer journey and away from traditional care groups.

5.7 There is also the overarching requirement to deliver significant efficiency savings and these changes provide the opportunity to review all current contracts and spot purchasing arrangements. It will take a number of years for these changes to roll out. For example individuals are not initially able to use a personal budget to purchase residential and nursing home care which means there will continue to be block contracts for many of these services. Similarly as a market facilitator we can help improve value for money for individual service users by putting in place framework agreements that individuals can access.

5.8 Integrated commissioning with the NHS will continue to be a priority locally and nothing in this Commissioning Plan proposes any changes to the arrangements currently in place and under development.

5.9 Alongside the changes to the operational structure and business processes of the Directorate, we are also engaged in developing and delivering a range of key strategies and delivery plans, which, taken together, cover the Directorate's key priorities for the next three to five years. Delivering the commissioning requirements of this range of strategies and delivery plans is at the core of this Commissioning Plan for the period 2012 to 2015, and beyond.

5.10 Each of these key strategies and delivery plans incorporate a range of actions for which responsibility for delivery sits with the Commissioning function in the Directorate. These individual actions are not reproduced in detail here but it is important to note that this Commissioning Plan therefore needs to be read in conjunction with the strategies and delivery plans identified below.

5.11 In addition to the Directorate's key strategies and delivery plans, there are also a range of strategies and delivery plans which are the responsibility of other Council Directorates or partner organisations which the Directorate's commissioning activity contributes to.

5.12 To ensure that all of the Directorate's commissioning activity is properly linked to, and supports, the delivery of these key strategies we have undertaken an exercise to ensure that all of our currently contracted services relate to both a primary and a secondary strategy or delivery plan. This range of primary and secondary strategies and delivery plans is set out below. Appendix 3 to this

Commissioning Plan provides a detailed breakdown of the full range of the Directorate's current contracts and which primary and secondary strategies / delivery plans they relate to. The distinction between primary and secondary strategies simply reflects the overlap between different strategies and plans, and the extent to which commissioned services support the delivery of more than one of these strategies or plans. Incorporating information about both primary and secondary plans helps to identify the critical timescales within which individual services will need to be re-commissioned either in their current form, or in a way that better reflects the requirements of the relevant strategies or plans.

5.13 Primary strategies and delivery plans:

- Carers Plan 2012 – 2015
- Domiciliary Care Retender
- Learning Disability Accommodation Options
- Learning Disability Day Opportunities
- Mental Health Accommodation Options
- Mental Health Community Options
- Older Persons' Accommodation Options
- Older Persons' Community Options
- Promoting Independence Strategy
- Supporting People Commissioning Strategy and Framework Agreement

5.14 Secondary strategies and delivery plans:

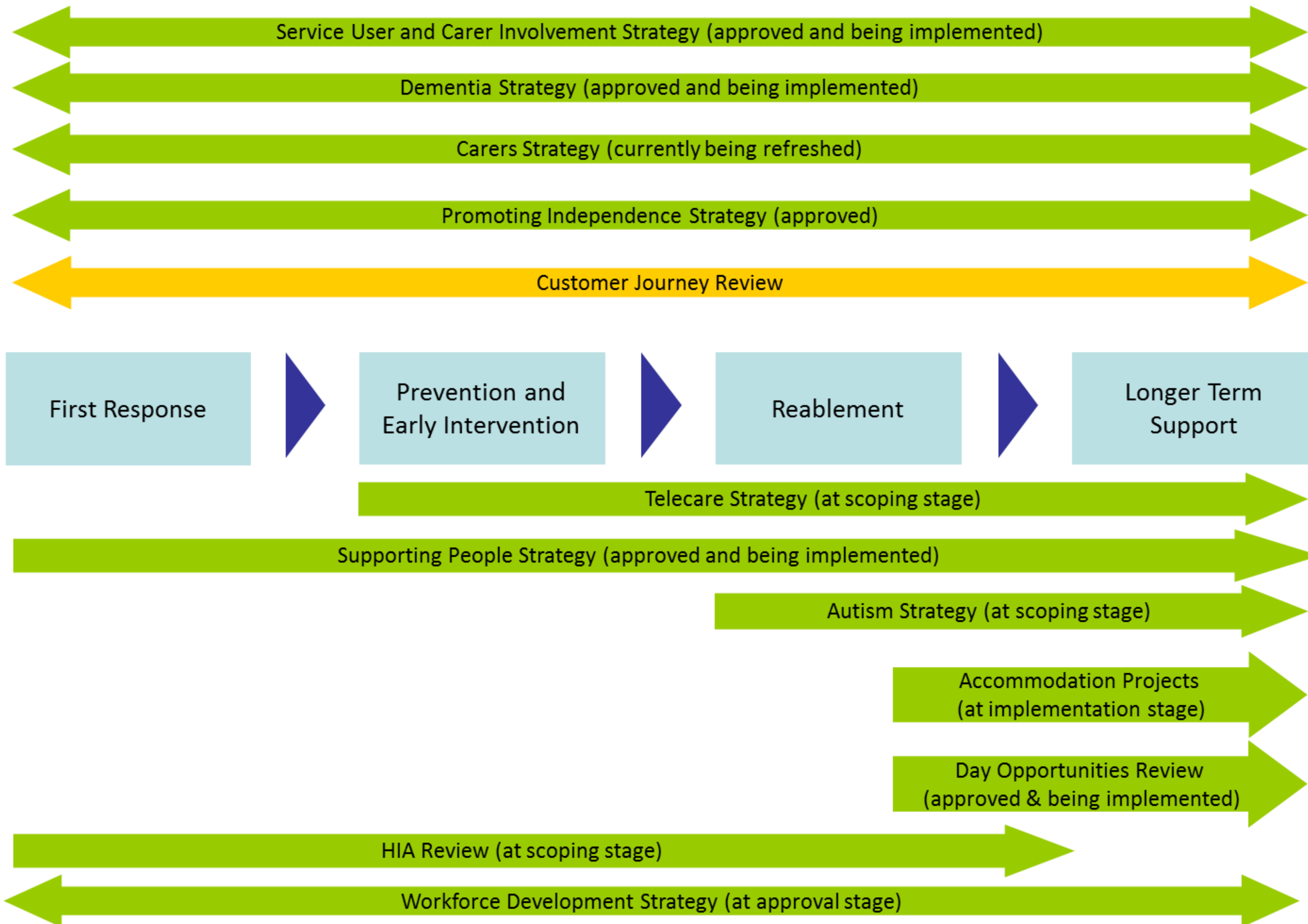
- Children & Young People's Plan
- Customer Journey
- Dementia Strategy
- Domestic Violence Strategy
- Home Improvement Agency Review
- Homelessness Strategy
- Information, Advice and Advocacy Strategy
- LD Accommodation Options
- LD Day Opportunities
- Lunch Clubs
- Mental Health Accommodation Options
- Mental Health Community Options
- Older Persons' Accommodation Options
- Older Persons' Community Options
- Promoting Independence Strategy
- Respite Options
- Substance Misuse Strategy
- Supporting People Commissioning Strategy and Framework Agreement

5.15 The Council has also, in collaboration with local social care providers, developed a Workforce Development Strategy designed to ensure that the necessary skills, knowledge and abilities required to effectively deliver

personalised services exist within the wider social care workforce across the Borough.

5.16 The relationship between a range of the primary and secondary strategies and delivery plans set out in 5.13 and 5.15 above and the new customer journey also described above can be described diagrammatically as overleaf.

AHWB Strategies and Projects and links to the Customer Journey



6. PRIORITY OBJECTIVES 2012 – 2015

6.1 The Directorate's priority commissioning objectives for the period 2012 to 2015 are set out below. As outlined in earlier sections of this Commissioning Plan, these objectives are all designed to support either the new customer journey, or one of the key strategies and delivery plans set out in the section above. These priority objectives will be kept under review to ensure that they remain relevant to the overall progress of the Directorate in delivering our strategic objectives.

6.2 It is important to restate here, that this set of priority objectives supplements the commissioning priorities and actions identified in the Directorate's key strategies and delivery plans, and that these actions are not reproduced in detail here. This document therefore needs to be read in conjunction with those associated strategies and delivery plans. The final version of this Commissioning Plan will include an additional appendix which lists those associated objectives and actions and cross-references them to their host strategies / delivery plans.

6.3 In addition to the priority commissioning objectives set out below, this section also identifies a number of areas where further research and / or policy development is required prior to determining commissioning priorities for those areas.

6.4 For the purposes of this Commissioning Plan responsibility for each of the objectives has been assigned to either the Strategic Commissioning or Access to Resources functions. In a number of cases this is a holding responsibility, with the actual work being undertaken in other parts of the Directorate, such as the Strategy, Policy and Performance function, but the identified responsible team act as the first point of contact for any enquiries about the work associated with the relevant objective.

Ref	Priority	Responsible team	By when
SC1	Managing and developing the interface with the NHS (Including the developing Mental Health Commissioning and Clinical Commissioning Group arrangements).	Strategic Commissioning	Ongoing
SC2	Overseeing the delivery plan for utilising additional Department of Health funding to PCTs for supporting adult social care.	Strategic Commissioning	Ongoing
SC3	Capacity and capability building in the local community and voluntary sectors (including funding advice).	Strategic Commissioning	Ongoing
SC4	Ensuring that we appropriately influence commissioning decisions made elsewhere (Corporate, NHS and other partners) to ensure that mainstream services are specified in a way that support our customers.	Strategic Commissioning	Ongoing
SC5	Developing outcome based specifications for each service type (including residential care) and ensuring contracts comply with current legal and policy requirements.	Strategic Commissioning	Ongoing
SC6	Renewing the Carers Strategy and Carers Customer Journey	Strategic Commissioning	May 2012
SC7	Developing new commissioning arrangements for a range of 'specialist' functions, including the following: • Adults with Acquired Brain Injury; • Autism; • Forensic Learning Disability Services; • Adults with complex care needs.	Strategic Commissioning	Ongoing
SC8	Overseeing the development and delivery of a Workforce Development Strategy for the Borough's Adult Social Care workforce (including private and voluntary sector workforces).	Strategic Commissioning	April 2012 / April 2015
SC9	Developing a set of standards for customer and supplier engagement / co-production in commissioning decisions.	Strategic Commissioning	2012
SC10	Overseeing the finalisation of the Accommodation and resettlement strategies	Strategic	2013

Ref	Priority	Responsible team	By when
	for younger adults with disabilities.	Commissioning	
SC11	Delivering the Promoting Independence Strategy, including the Advice, Information and Advocacy Strategy	Strategic Commissioning	April 2014
SC12	Commissioning new contractual arrangements for Domiciliary Care services	Strategic Commissioning	April 2012
SC13	Commissioning new contractual arrangements for Day Opportunities services	Strategic Commissioning	June 2012
SC14	Commissioning new steady state contractual arrangements for the Independent Living Support Service.	Strategic Commissioning	April 2013
SC15	Delivering our preferred option for the development of an e-Marketplace	Strategic Commissioning	September 2012
AR1	Renegotiating the SLAs with the Community Transport and Meals Services and developing credible alternative solutions that respond to individual choice.	Access to Resources	2012
AR2	Renegotiating contracts to introduce outcome based specifications	Access to Resources	Ongoing
AR3	Mobilising and managing the new Domiciliary Care contracts	Access to Resources	June 2012
AR4	Mobilising and managing the new Day Opportunities contracts	Access to Resources	September 2012
AR5	Mobilising and managing the new Independent Living Support Service contract	Access to Resources	April 2013
AR6	Embedding new Standard Operating Procedures	Access to Resources	Ongoing
AR7	Defining effective and efficient interfaces with Strategic Commissioning, NHS Commissioners and the Directorate's new operational team structure	Access to Resources	Ongoing
AR8	Agreeing and delivering a set of activities that build the capacity of the social care market in the Borough to deliver innovative support solutions that reflect the support planning aspirations of our customers.	Access to Resources	Ongoing

Ref	Areas requiring further strategic or policy review work prior to commissioning plans being developed	Responsible Team	By when
PS1	Optimising the reach and impact of Supported Employment Services (including making better use of mainstream services and volunteering as a means of offering experience of work as well as considering opportunities for supporting older people into employment)	Strategic Commissioning	2013
PS2	Pump-priming new opportunities to Promote Independence and/or Support Plan options (for example: cookery courses; ICT training delivered at home) and consideration of how we might achieve this using a participative budgeting approach	Strategic Commissioning	2013
PS3	Developing a Tower Hamlets approach to time-banking / slivers of time / small sparks	Strategic Commissioning	2013
PS4	Enabling access to Personal Assistants – how do we develop the market locally?	Strategic Commissioning	2012
PS5	Enabling access to Independent Support Brokering	Strategic Commissioning	2013
PS6	Enabling suppliers to offer an accredited Individual Service Fund service	Access to Resources	2012
PS7	Policy on providing access to free (funded) services as part of a Support Plan	Strategic Commissioning	2012
PS8	Review our approach to the future commissioning of lunch-clubs in conjunction with the Council's Third Sector Team	Strategic Commissioning	2012
PS9	Consider options for maximising the effectiveness of any interface with FE / Adult Education provision	Strategic Commissioning	2013
PS10	Developing a strategy for supporting and promoting social enterprise	Strategic Commissioning	2012
PS11	Developing a strategy for engaging with 'younger older people' with a view to reducing long term dependence	Strategic Commissioning	2013

Ref	Areas requiring further strategic or policy review work prior to commissioning plans being developed	Responsible Team	By when
PS12	Developing a shared position with the NHS locally on the delivery of invasive health interventions such as PEG feeding as part of a care and support package that properly promotes choice, control and independence	Strategic Commissioning	2012

7. APPENDIX 1: POPULATION PROJECTIONS APPLIED TO CURRENT SERVICE USAGE DATA[13]

Age Group	2013	2015	2020	2025	2030
18 – 64	1,982	2,101	2,398	2,596	2,696
65 – 84	1,148	1,159	1,274	1,446	1,711
85 Years & Over	1,560	1,638	1,872	2,148	2,340
Total Adult Service Users	4,690	4,898	5,544	6,190	6,747

This is crudely broken down in the following way:

Numbers of people using AHWB services for learning disabilities

Age Group	2013	2015	2020	2025	2030
18 – 64	598	634	724	783	813
65 – 84	50	51	56	63	75
85 Years & Over	6	6	7	8	9
Total Adult Service Users	654	691	787	854	897

Numbers of people using AHWB services for mental health conditions (including dementia)

Age Group	2013	2015	2020	2025	2030
18 – 64	682	723	825	893	928
65 – 84	175	177	194	221	261
85 Years & Over	77	81	92	108	116
Total Adult Service Users	934	981	1,111	1,222	1,355

Numbers of people using AHWB services for other vulnerable adults

Age Group	2013	2015	2020	2025	2030
18 – 64	15	16	18	20	21
65 – 84	23	23	26	29	34
85 Years & Over	51	54	61	71	77
Total Adult Service Users	89	93	105	120	132

[13] Referrals, Assessments and Packages of Care (RAP) 2012-13

Numbers of people using AHWB services for physical disability and sensory impairment (including frailty)

Age Group	2013	2015	2020	2025	2030
18 – 64	682	723	825	893	928
65 – 84	1,124	1,135	1,248	1,416	1,675
85 Years & Over	1,200	1,260	1,440	1,680	1,800
Total Adult Service Users	3,006	3,118	3,513	3,983	4,403

Numbers of people using AHWB services for substance misuse

Age Group	2013	2015	2020	2025	2030
18 – 64	5	5	6	7	7
65 – 84	3	3	3	4	5
85 Years & Over	0	0	0	0	0
Total Adult Service Users	8	8	9	11	12

8. APPENDIX 2: PROJECTED NUMBER OF ADULTS IN TOWER HAMLETS WITH DISABILITIES OR LONG TERM CONDITIONS

Expected numbers of adults (aged 18-64) with disabilities based on national estimates (www.pansi.org.uk)

Type of Disability	Current Figure 2013	Figures Expected 2015	Figures Expected 2020
Moderate Physical Disability	11,653	12,388	13,950
Severe Physical Disability	2,792	2,993	3,470
Serious Visual Impairment	128	135	148
Moderate or Severe Hearing Impairment	4,034	4,320	5,114
Profound Hearing Impairment	27	29	34
Learning Disability	4,890	5,158	5,659
Moderate or Severe Learning Disability	1,080	1,149	1,290
Complex or Severe Learning Disability	301	319	354
Down's Syndrome	123	130	143
Autistic Spectrum Disorder	2,040	2,149	2,372
Common Mental Disorder	31,381	33,073	36,376
Borderline Personality Disorder	873	920	1,011
Antisocial Personality Disorder	711	750	827
Psychotic Disorder	779	821	903
Early Onset Dementia	39	42	49
Alcohol Dependence	12,054	12,701	14,001
Drug Dependence	6,792	7,157	7,887

Expected numbers of older people (aged 65 and over) with disabilities based on national estimates (www.poppi.org.uk)

Type of Disability	Current Figure 2013	Figures Expected 2015	Figures Expected 2020
Limiting Long Term Illness	8,690	8,818	9,219
Moderate or Severe Visual Impairment	1,389	1,414	1,445
Moderate or Severe Hearing Impairment	6,738	6,671	6,888
Profound Hearing Impairment	169	169	186
Learning Disability	325	329	347
Moderate or Severe Leaning Disability	44	44	47
Depression	1,352	1,356	1,420
Severe Depression	430	439	456
Dementia	1,095	1,086	1,160

9. APPENDIX 3: CURRENT CONTRACTS AND HOW THEY RELATE TO KEY STRATEGIC PLANS