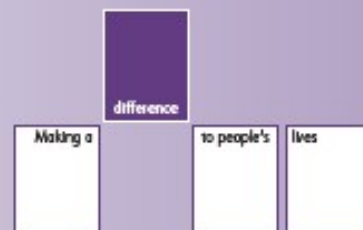


Executive Summary



FOREWORD



I am very pleased to introduce the two year commissioning strategy. The commissioning strategies are very important documents as they set out the identified needs over the next two years and the services that will need to be commissioned or provided to meet them.

The strategy has been the subject of joint work with Health colleagues from the former Primary Care Trusts in Nottinghamshire and latterly colleagues from Bassetlaw and the County PCT. The process of joining up is a continuing one. We have agreed with the new County PCT and Bassetlaw that we will do further work on joint strategies for 2009. This time frame will allow for proper inclusion of practice based commissioning clusters which are currently forming.

The new Adult Social Care and Health department was established in the County Council in October 2006. Since then we have been consulting on a vision for the future for services which:

- **put the people who use them at their heart and promote well-being and independence. These are delivered by the Council and other providers, through partnerships and integrated services.**
- **are easy to access and provide as much choice and control as possible**
- **represent good use of public money and are valued by those who receive them, local communities and elected representatives.**

David Pearson

David Pearson,
Strategic Director, Adult Social Care and Health

CHAPTER 1

Strategic Overview

What is Commissioning?

“Commissioning is the process of translating aspirations and need into timely and quality services for users which meet their needs, promote their independence, provide choice, are cost-effective, and support the whole community”.

CSCI Relentless Optimism 2006

In order to develop a comprehensive commissioning strategy, the department needs to consider:

- the legislative, policy and regulatory framework
- current need and demand
- the effectiveness of current service provision
- how markets will be able to manage demand in the future
- the “gaps” in the effectiveness of existing provision and the future vision
- contracting arrangements and the resources of the organisation in order to ensure effective future commissioning
- the involvement of partners, stakeholders, service users and carers in the process of identifying needs outcomes and service design

The commissioning strategy consists of a number of chapters, each of which can be read as stand alone documents or viewed together as a suite which forms a comprehensive strategy. The chapters cover:

- Strategic Overview
- prevention services - Promoting Independence and Wellbeing for People In Nottinghamshire
- adults over the age of 65 or who have early onset dementia
- adults aged between 18 and 65 years with physical impairments, sensory impairments or HIV or AIDS
- adults aged between 18 and 65 years with learning disabilities
- adults aged between 18 and 65 years with Aspergers Disorder
- adults aged between 18 and 65 years with mental health needs

The department’s carers’ strategy is also being reviewed and revised to reflect the commissioning intentions of the new department.

CONTEXT

Demography

The county has a slightly older population profile than the regional and English average, with fewer under-16s and more people aged 65 and over.

In the 2001 census almost 20% of Nottinghamshire people said they had limiting long term illness, and almost 6% said they were permanently sick or disabled.

There are over 83,000 unpaid carers in the county supporting at least as many elderly or disabled people.

Social Need - the districts with the most widespread problems are clearly Mansfield and Ashfield, each of which has multiple zones exhibiting serious and moderate social need. The most extensive area of highest social need is in Mansfield which has four zones with extreme need, whereas Bassetlaw and Newark and Sherwood each have one zone with extreme need.

This is reflected in the number of referrals to the social services department for both older people and for adults with disabilities.

Legislation and Policy

Since the publication of the 1948 National Assistance Act, over 20 pieces of separate legislation have been introduced giving powers and duties to local authorities to provide social care services to adults.

Over the course of the next two years the department expects at least two more statutes to be implemented, The Mental Capacity Act 2005 and The Mental Health Bill 2006.

In January 2006 the government published a White Paper entitled, "*Our Health, Our Care, Our Say: A New Direction for Community Services*", which sets out the future direction of health and social care. It focuses on the following areas:

On prevention as well as **for people with long-term conditions:**

On control and choice for users & **support for carers**

On improved commissioning & on developing the workforce

Local Area Agreement (LAA)

The purpose of the Nottinghamshire LAA is to ensure that partner agencies work collaboratively to deliver outcomes that improve the quality of life for people living in Nottinghamshire now and in the future.

CHAPTER 2

Prevention Services – Promoting Independence and Wellbeing for People in Nottinghamshire

The purpose of this strategy is to set out how the department is developing its preventative services and responding to the expectations of the White Paper.

By prevention, we mean action intended to:

- prevent or delay the need for more intensive services, including institutional care
- co-ordinate initiatives across the Authority to avoid repetition and inefficiency
- ensure access to a range of opportunities to enable people to contribute to and participate in their local communities and to enhance wellbeing
- promote quality of life and engagement with the community

To help to focus our activities we have adopted a model that identifies levels and types of prevention:

Level 1 – focuses on the general population who may be vulnerable to ill health or disability because of their circumstances or lifestyle. The aim is to reduce the likelihood of them developing problems. Programmes aimed at insulating homes, encouraging the take up of benefits, helping people to stop smoking, encouraging exercise might fit into this level.

Level 2 – focuses on people who have already had a problem, for example, a stroke, and aims to help them to recover optimum levels of ability. It also helps to prevent recurrence and may avoid the need for long term institutional care. Shopping, befriending, intermediate care, support from self help groups and hospital discharge schemes might fit into this level.

Level 3 – focuses on people who are already eligible for social care services, and aims to prevent further deterioration, for example by dealing with specific problems to reduce the need for hospital or other kinds of intensive care.

This strategy concentrates on levels 1 and 2 and is mainly concerned with services for people aged 50+. Preventative services for people who fall into level 3 are set out in our commissioning strategies for specific service user groups.

Key Drivers

National –

Choosing Health: making healthier choices easier (2004),

Our health, our care, our say: a new direction for community services (2006)

Local –

Opportunity Age in Nottinghamshire,

Community Strategies and the Local Area Agreement

Current Service Provision

The County Council provides and commissions a range of services including Physical Activity Officers and Activity Friends, Older people discharged from hospital schemes and the expert patient programme.

We also provide a number of Information and financial assistance services and help in the home through handyman services and First contact scheme.

Finance

Preventative services funded either wholly or in part by the County Council. The total expenditure in 2006/07 is £2.2M with an additional £1.7m in short term grants.

Commissioning Intentions

Developing and sustaining partnerships - Work with partner agencies and other departments of the County Council to develop an integrated approach to preventative services where possible. By developing services like the First Contact Checklist we aim to work with our partners to support people to live safely in the community. We also aim to co-ordinate initiatives across the Authority to avoid repetition and inefficiency.

Developing self directed care - Continue to promote services that encourage independence and help a greater number of people to live at home by giving people access to, for example, shopping and gardening and by preventing or delaying the need for more intensive services.

Encourage the development of new models of service through assistive technology by making use of the grants available from central Government to give people the confidence to live at home.

Promoting Health and Well-being – engaging the community - Ensure access to a range of opportunities to enable people to contribute to and participate in their local communities and to enhance wellbeing. This will involve ensuring that information about preventative services is available in a variety of formats.

From Exclusion to Inclusion - Continue to shift the balance of provision in Nottinghamshire away from care in hospitals and care homes towards community based services. A contribution to shifting this balance is made by the hospital discharge schemes across the County.

Carers services - Continue to support carers by the provision of Telecare equipment, specifically for the carers of older people, and by developing emergency services.

Advocacy and Involvement - Promote quality of life and engagement with the community by promoting self confidence amongst service users and carers through courses and programmes like the Expert Patient.

Managing the market - Ensure that effective preventative services continue after autumn 2008 by looking at sustainable funding for services developed using short term grants (e.g. Linkage Plus and Invest to Save) through avenues like the Local Area Agreement plan.

Diversity - Ensure people are treated with respect and dignity and are free from discrimination and harassment by ensuring that all groups are included in consultation.

Quality and Performance - Ensure plans are affordable and maintain a balanced budget by ensuring that all funding streams are used and monitored effectively.

CHAPTER 3

Adults over the age of 65 or who have early onset dementia

Key Drivers

National –

National Service Framework for older people,
Opportunity Age,

Local –

Local Area Agreement, Healthier communities and older people block

Current Service Provision

The Department commissions or provides a wide range of services to older people; in 2005/ 06 the department provided; **18,000** Completed Assessments, **50,000** weeks of nursing care, & **100,000** weeks of residential care, **20,000** items of equipment were supplied & **38,000** home care hours were provided

Key Achievements

Implementation of the National Service Framework Standards through the development of integrated assessment and equipment services, the provision of intermediate care and extra care housing, and the promotion of prevention services.

Performance and Activity

Since 1994 the population aged 65 and over as a proportion of the total population in Nottinghamshire has increased by just over 1%, It is likely that those in the current growing 80 to 84 age band will result in a 30% increase in the population aged 85+ by 2009, which is the age when demands on services tend to be at their highest.

CSCI reported in 2006 that “The Council has continued to make good progress in its strategy of developing a range of preventative services that help older people to maintain their independence and to live longer in their own homes.” It went on to recommend further expansion of intermediate care type services, particularly community based intermediate care, carers services and direct payments.

Finance

The council expends **£75M** on older people’s services, or £800 per head of population aged 65 and over, which is equal to 48% of the departmental budget.

Although costs of residential and nursing care are average, assessment and care management costs are above comparator authorities

Nottinghamshire’s expenditure on home care is close to the middle of our family of authorities; hourly costs are the second highest, whilst the numbers of contact hours are the second lowest.

Commissioning Intentions

Developing and sustaining partnerships - Work with partners and jointly commission services where appropriate to meet joint targets. Strengthen the networking/ integration of health and social care teams and develop joint workforce plans.

Developing self directed care - Continue to promote services that encourage independence and help a greater number of older people live at home. By increasing the number of intensive home care packages or direct payments, by working with Telecare providers, extra care schemes and 'Supporting People'.

Promoting Health and Well-being - engaging the community - Ensure preventative services and the use of the well-being agenda to promote social inclusion and improved quality of life. This will be achieved through implementation of the LAA and "Opportunity Age".

From Exclusion to Inclusion - Continue to shift the balance of provision in Nottinghamshire away from care in hospitals and care homes towards community based services.

Carer services - Continue to support carers by increasing the uptake of available funds to provide carers' breaks, direct payments and flexible services.

Advocacy and Involvement – Improve availability of advocacy services, by ensuring that services are available and accessible across the County.

Managing the market - Ensure there is sufficient volume and spread of quality providers across the whole of Nottinghamshire to meet the diverse needs of the older population.

Diversity - Ensure older people are treated with respect and dignity and are free from discrimination and harassment.

Quality and performance - Ensure plans are affordable and maintain a balanced budget. Commissioning plans need to realistically reflect the financial position which may require careful prioritising and closer working with health to align budgets and ensure maximum economy.

Workforce Implications

Staff currently employed in home care will be affected by; the de-commissioning of Direct Services and the increasing the role of Direct payments.

In commissioning teams there will be an emphasis on; greater integration, joint commissioning, increased partnership working with Health.

Assessment teams will need to develop knowledge of preventative services, and new ways of working to implement individual budgets and long term conditions work.

CHAPTER 4

Adults aged between 18 and 65 years, with physical impairments, sensory impairments or HIV or AIDS

This strategy covers people aged between 18 and 65 years, with a physical disability, those with a sensory disability and people living with HIV or AIDS.

The British Council of Disabled People defines disability as:-

“ .. the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers”.

Key Drivers

The Disability Discrimination Acts 1995 & 2005

National Service Framework for Long Term Neurological Conditions

Social Care for Deaf blind Children and Adults LAC (2000)8

Improving the Life Chances of Disabled People

Current Service Provision

The council is committed to implementing the **Long term Neurological Conditions** National Service Framework and will review its progress in November 2007

The department has succeeded in developing Physical Disability teams in each locality, as well as providing occupational therapy teams, a county deaf team and a team for visual Impairment. The council provides and commissions;

Supported Employment services provide support in obtaining employment for people with disabilities who have barriers to finding and keeping work.

Direct Payments services. In December 2006, 293 physically disabled people were using direct payments.

Equipment, adaptations, and Communication equipment are provided to meet a range of needs.

Home care, day care and short breaks services are all available to meet the needs of people with physical disabilities and sensory impairments.

Performance and Activity

In 2005 the department helped **3072** physically disabled adults to live at home- Supporting a further **558 people** would see the department in the top performing authorities in the country.

There are likely to be 70,004 people of working age in the county with a life limiting long-term illness, that is, they have a long term illness; health problem or disability which limits daily activities.

Of these, 32,462 people aged 16-74 are economically inactive due to permanent sickness and /or disability.

Within Nottingham and the surrounding conurbation the numbers of people diagnosed with HIV continue to rise.

Finance

The budget in 2007 for physical disability and sensory impairment is **£15.8m**, equating to 10% of the department budget, with a further **£100K** for HIV/AIDS.

Commissioning Intentions

Developing and sustaining partnerships - Work with partners and jointly commission services where appropriate to meet joint targets. We need to build on work with partners to achieve better services and outcomes for disabled people. Further work is needed for people with long term conditions and to embed the Single Assessment Process.

Developing Self Directed Care - To continue to enable people to remain in their own homes with more flexible and responsive ways of meeting their needs. The expectation is that direct payments will become the preferred way of providing and arranging services. We need to work closely with Telecare providers and maximise support through Supporting People.

Promoting Health and Well-being - engaging the community - To develop ways to share information and improve how we communicate with service users and carers. A high priority will be placed on increasing employment opportunities. Ensure preventative services and the well-being agenda to promote Social Inclusion and Improved quality of life.

From Exclusion to Inclusion - To enable service users to live in the most appropriate accommodation with the levels of support to remain as independent as possible. We will review the service we provide in our Resources Centres to determine whether resources tied up in buildings could be used in different ways.

Carers Services - To involve carers in the development of our strategy and to increase the number of carers breaks and direct support provided to carers.

Advocacy and Involvement - To support and develop advocacy services to empower service users. We need to ensure services are available and accessible across the County.

Market Management - To develop a joint approach to commissioning social care with partners, service users, and carers to enhance quality, choice and control.

Diversity - We will continue to deliver services that meet the diverse needs of the communities that we serve. We need to ensure people with a disability are treated with respect and dignity and are free from discrimination and harassment.

Quality and Performance - To continue to improve the quality and performances of the services we provide. A high priority will be placed on reducing the waiting times for equipment and assessments.

Workforce Implications

Moving from traditional models of service delivery to increased user-controlled support through direct payments requires essential changes in the way we will commission services.

CHAPTER 5

Adults aged between 18 and 65 years with learning disabilities

This strategy sets out how Nottinghamshire County Adult Social Care and Health Department will commission services for the next two years for learning disabled adults aged 18 and over. The learning disability service also works closely with children and young people's services to ensure young people move smoothly through transitional services

KEY DRIVERS

National –

Valuing People 2001

Local –

The Nottinghamshire Partnership Board priority areas

Current Service Provision

There are **2,146 people aged 18-65** in receipt of social care with a further **167** people aged over65.

The department currently supports, **400** individual people in supported living, **72** people to receive direct payments, **1200** people to access day care and **547** people have residential placements

It is estimated that during the decade 2001 – 2011 there will be a:
6% increase in the number of adults with learning disabilities known to services and a 20% increase in the number of adults with learning disabilities aged 60+ who are known to services.

Performance and Activity

CSCI inspected Learning Disability services in July 2005 and published their report in March 2006. CSCI judged that overall ***some people were being served well and the capacity for improvement was promising.***

The department performs well in respect to the number of people helped to live at home, the number of people receiving direct payments, and the number of people receiving a break.

Improvement is required to the number of carers receiving assessment and review and the number of people accessing employment.

Finance

Since 2003/04 the Council has increased its gross investment in services for people with a learning disability from **£33m to £67m.**

Expenditure on learning disability services now accounts for **26%, or £47m** of the net department budget.

In 2006/07 and 2007/08, Learning Disabilities received the largest share of Council's development funding. The main area in which this additional investment of £8.1 million is spent is in Packages of support for people moving from children's services and support for people living with older family carers.

Commissioning Intentions

Developing and Sustaining Partnerships - The authority will sustain and develop the partnership with service users and carers, as represented by the Nottinghamshire Learning Disability Partnership Board. The authority will provide leadership to deliver integration of the management of statutory services.

Developing Self Directed Care - Promote the use of direct payments and the development of individual budgets so that learning disabled people can control the way they wish to receive services.

Promoting Health and Well-being - engaging the community - Commissioners will procure services that maximise the participation of learning disabled people in their communities.

From Exclusion to Inclusion - Reduce all forms of Institutional care as packages of support become more individualised. Services will be provided closer to where people live and will respond to people's PCPs. Wherever feasible, mainstream services will be accessed for social and health care needs.

Carers Services - Improvements will be made in the key areas of assessment, respite and short breaks.

Advocacy and Involvement - Utilising the experience of service users and carers in all aspects of service planning, delivery and quality control will continue to be the norm.

Managing the Market - The authority will collaborate with others to ensure best value is obtained. Constructive dialogue will continue between the authority and provider via forums. Commissioners will seek to purchase care locally.

Diversity - A diverse range of providers will provide services to all sectors of the community including those from black and ethnic minorities.

Quality and Performance - Service users and family carers will assist with monitoring quality and help improve the skill levels of staff. Price and fee levels for services will be aligned to quality and performance.

Workforce Implications

The learning disability service has re-issued a draft **Workforce Plan 2007 -2010** The drive towards more individualised services and greater involvement of service users and carers in planning are key drivers.

Specifically day service staff will complete a staffing re-structure during 2007.

CHAPTER 6

Adults aged between 18 and 65 years with Aspergers Disorder

Asperger's disorder is an autistic spectrum disorder. The core features of autism are "impairments in socialisation, communication and imagination.

Key Drivers

Valuing People Implementation Guidance

The Department of Health - Specialist Service National Definition Set

Current Service Provision

People with Asperger's and their families may be left to cope alone until a crisis occurs. The lack of a co-ordinated service response across both adults and children's services has been highlighted in a number of reports.

There area currently no dedicated residential, supported living or domiciliary services for people with Aspergers.

The commissioning of residential care services is currently encompassed by mental health and learning disability services. The number of placements is small, but often highly specialised, requiring placement outside of the Nottinghamshire County area.

Vulnerable adult workers based in locality care management teams provide for assessment, preventative and short term intervention to people who may not meet the eligibility criteria for specialist services.

Performance and Activity

Based on the national prevalence data, Nottinghamshire County may expect to see 2192 adults with Aspergers Syndrome.

The 2005 Commission for Social Care Inspection Report of Nottinghamshire County Council learning disability services made specific reference to the needs of people with Aspergers syndrome and gaps in services.

Finance

It is estimated that just short of £1m is currently expended on services to people with Aspergers through Mental Health Disability and care management services.

In 2007/08 the Council has provided £360,000 of development funding to support up to 25 people with Aspergers Disorder. Furthermore the Council's Medium Term Financial Strategy has signalled the intention to increase the pace of development over the period 2008/09 and 2009/10 to support an additional 65 people.

Commissioning Intentions

Developing and sustaining partnerships - The commissioning of a multi-agency team for assessment and case management, and short term interventions may provide for clearer access to care and treatment, better outcomes for individuals and families and reduce reliance on out of area provisions.

Developing Self Directed Care - Promote the use of direct payments so that an individual service can be provided for people who do not fit easily into current provision.

Promoting Health and Well-being - engaging the community - Address the social exclusion faced by many people with Aspergers Disorder.

From Exclusion to Inclusion - Develop appropriate housing solutions for people with Asperger's which allow for the required level of support and care to enable people to live independently in the community.

Carers services - Develop a carer support, information and consultation service to meet the needs of families and carers of people with Asperger's syndrome.

Advocacy and Involvement - Ensure that local advocacy services can meet the needs of families and individuals.

Managing the Market - Commissioners need to develop a greater understanding of the demand for services and the ability of current providers to meet individual need.

Diversity - Information should be available in appropriate languages and formats to ensure all sections of the community can access services.

Quality and Performance - Training to increase staff awareness of the problems faced by people with Asperger's Disorder.

Workforce Implications

The development of specific services for people with Aspergers Disorder will require a workforce able to demonstrate the skills, knowledge and capacity to deliver for the local population.

CHAPTER 7

Adults aged between 18 and 65 years with mental health needs

The strategy has been produced in partnership with partners in the Bassetlaw and Nottinghamshire Primary Care Trusts' and aims to:

- Put service users and carers at the centre of our planning and commissioning processes.
- Shift the focus of commissioning from specialist services to the whole care spectrum.
- Shift the balance away from the illness model to one of well being and social inclusion.
- Ensure a recovery focus, which gives choice, without delay and is close to home.
- Routinely consider the options for commissioning services, giving the statutory, independent and voluntary sector providers an equal opportunity.
- Ensure effective access to care, availability in time, crisis intervention, and emergency capacity

Key Drivers

The National Service Framework (NSF) – mental health DH 2000,
Mental Health and Social Exclusion – “Action on Mental Health” SEU 06/04

Current Service Provision

To ensure the integrated provision of health and social care, lead management responsibilities for professional support and care management have been delegated from the county council to the Nottinghamshire Healthcare NHS Trust.

The council commissions and directly provides a range of day and activity services, carer support services and accommodation based support.

The council works with the PCT to commission MH services and with the DAAT to commission substance misuse services.

Performance and Activity

8,188 Adults were open to Mental Health Services in 2005/ 06.

The department is in the top performance band for helping people to live at home although provides fewer services than comparator authorities.

The Joint Review 2003 considered mental health services were being delivered to a good standard; measures such as service user involvement, service quality and value for money were all aspects of the performance measures. The Joint Review commended the ASW service across the County.

In May 2006 the Health Care Commission for Social Care Inspection carried out a joint review of Community Mental Health Services. Nottinghamshire County Council were judged to be providing 'Good' services.

Finance

The department spends **£7M** on MH services, amounting to 5% of the departmental budget , In 2007/08 the council has made **£340,000** of development funding available.

The department spends more than comparators on professional support services and less on social support and has significantly fewer residential placements.

Commissioning Intentions

Developing and sustaining partnerships - Consider how the local strategic intentions across all the key agencies can be incorporated in commissioning strategies.

Developing Self Directed Care - To increase the choices available to service users and carers by providing better information, peer support, advocacy and service options.

Promoting Health and Well-being - engaging the community - To re-model Day services providing support to individuals, preventing admission to second tier services and re-integration of those in second tier services within the community.

From Exclusion to Inclusion - To support service users and carers to live in the most appropriate accommodation with the levels of support and care they need to maintain independence.

Carers services - To raise the profile of carers needs within the workforce.

Advocacy and Involvement - To support the development of new service user led services/partnerships.

Managing the Market - Developing a joint approach to commissioning health and social care with reference to practiced based commissioning in order to enhance choice.

Diversity - Develop appropriate and responsive services, ensuring accessibility and appropriateness to all communities.

Quality and Performance - Maintain the council's ability to fulfil its MHA responsibilities and ensure a workforce that is fit for purpose.

Workforce Implications

Within the new community teams there is now an emerging need to consider how far the current workforce meets the needs and service priorities emerging from the modernisation/social inclusion agenda. The social work service provides a key part of the multi-professional workforce, however, there are conflicting demands to deliver more diverse practical support services that promote choice, community engagement and recovery.

The main imperatives for 2007-2008 adult social care mental health training plans are

- maintain a competent and sufficient ASW workforce
- the Legislative Change agenda
- integration and joint planning with the Trust

Departmental Commissioning Priorities

Developing and Sustaining Partnerships

Working in partnership is vital to achieving our aims and aspirations. The department will seek opportunities to commission services jointly with partners in neighbouring authorities, with the Primary Care Trusts at both a strategic level and through developing relationships with practice based commissioners. Provider organisations, health trusts, residential and domiciliary care agencies and the voluntary and community sector will play an increasing role as partners in the delivery of services.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	<p>An Approved Traders Register is planned under the Link Age Plus project.</p> <p>Up to seven community outreach advisors are to be employed by the voluntary sector across the County by April 2007.</p>	<p>Funding from Link Age Plus grant = £70,900, with Trading Standards additional funding.</p> <p>Funding from grants = £139,156</p>	Increased choice and control	Prevention
A	<p>First Contact checklist – Extend the use of the checklist into districts of Nottinghamshire where it is not currently in use.</p>	Within existing resources	Increased choice and control	Prevention
C	<p>Physical activity - Support and extend communication and education about health messages to avert the risk of poor health. Support partners seeking to extend local physical activity programmes.</p>	Current funding ends on 31 st March 2007. The retention of an additional five posts would cost in the region of £140,000 a year.	Improving health & emotional wellbeing	Prevention
A	<p>Improve Mental Health Services: by ensuring integrated systems and networked team structures are in place.</p>	Specialist workers from within current staffing.	Improving health & emotional wellbeing	Older people
A	<p>Increase Intermediate Care: Review the balance of residential and community services to target resources most effectively, and invest in a pilot service for people with mental health problems in the South of the County.</p>	Reinvestment of funds released from savings in long term care placements.	Improving health & emotional wellbeing	Older People
A	<p>Long term neurological conditions : two working groups are overseeing the implementation of action plans across the County.</p>	Costs to the Department of implementation are still to be established.	Improving health & emotional wellbeing	Physical disability

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	HIV/AIDS: Implement findings of the review of services in Greater Nottingham and extend services to the north of the County.	AIDS Support Grant to be used.	Commissioning and use of resources	Physical disability
B	Adaptations: Improve the timescale for getting a DFG and for the completion of major adaptations.	Costs to the Department are still to be established.	Increased choice and control	Physical disability
A	Integrating the management of statutory services. In particular Community Learning Disability Teams (CLDTs)	£40k increased management capacity from current budgets	Commissioning and use of resources	Learning Disability
A	Completion of the residential short-break strategy. Creation of an integrated 10 bedded resource in Worksop	De-commission Wincroft. Capital in place and revenue of £350,000 agreed.	Improved quality of life	Learning Disability
A	Development of local day service in Newark	Require a sustainable partnership. £50,000 capital LDDF	Improved quality of life	Learning Disability
A	Multi-disciplinary team is established to provide specialist assessment, care management and short term interventions.	Local authority contribution circa £140K. Funding from existing budgets	Improving health & emotional	Aspergers
B	Promoting new partnership service models to ensure that Social Inclusion and Well-being services can be effectively delivered	These partnerships will be identifying funding from external sources.	Increased choice and control	Mental health

Departmental Commissioning Priorities

Developing Self Directed Care

A pilot self assessment project has been established within the county to assess the potential impact of self assessment, and the opportunities it may bring for individuals and the department.

The department will build upon its year on year increase in the number of people receiving a direct payment and will commission an enlarged support service for users. We also intend to plan for the delivery of individual budgets to service users as a means to offer maximum choice and promote independence.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	<p>A County-wide shopping service is under development.</p> <p>A gardening scheme is under development with funding from: Invest to Save and Link Age Plus.</p>	<p>Invest to Save and Link Age Plus grants and Supporting People. grants = £100,000</p> <p>Funding from Invest to Save and Link Age Plus grants = £55,000</p>	Increased choice and control	Prevention
A	<p>Increase direct payments over the next three years by at least 5% each year.</p> <p>Increase capacity in home care: whilst reducing in-house direct services.</p>	<p>The modernisation of the home care service, will save £5.4 million over a three year period, of which £1 million will be used to fund direct payments.</p> <p>In 2007/08 the Council has made a total of £1.8 million available to help develop services to enable older people to live at home.</p>	Increased choice and control	Older people
A	<p>Increase availability of assistive technology: to provide 1600 service users with assistive technology to help them stay at home or remain independent for example following hospital discharge.</p>	<p>Grant available of £418,000 in the first year and £700,000 in the second, which will cover the cost of the project manager and equipment.</p>	Maintaining personal dignity and respect.	Older people
B	<p>Further increases in extra care: the intention is to have extra care services in each District of the County and further developments of at least 80 places are planned. Steps will be taken to increase this amount with partners and through reconfiguring services.</p>	<p>This will be funded by reconfiguring services and reducing costs of residential care and with additional funding as available, through the D.o.H. extra care fund.</p>	Increased choice and control	Older people

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	<p>Direct payments: Increase the number of people getting a direct payment for equipment and minor adaptations.</p> <p>Increase the take up of direct payments by people living with HIV or AIDS.</p>	Additional funding of £730,000 is available to extend direct payments to more disabled people.	Increased choice and control	Physical Disability
A	<p>Direct Payments Support Service: ensure that all service users and carers receive practical support, advice and information to enable them to manage their own care.</p>	Tendering process underway for new contract for the Direct Payment Support Service. Cost of new service of around £350,000.	Commissioning and use of resources	Physical Disability
A	<p>Independent Living Fund: respond to the recommendations of the Government's review of the Independent Living Fund.</p>	If the ILF is assimilated into direct payments this would result in an increase in funding for the Local Authority.	Commissioning and use of resources	Physical Disability
A	<p>Maintaining community care commitments and developing individualised packages.</p>	£2m revenue identified 06-07 Increase numbers of Direct payments and reduce residential care expenditure.	Increased choice and control	Learning Disability
A	<p>Commission services using detailed needs analysis and PCPs Review care management process annually to ensure consistency with strategic direction.</p>	Comprehensive needs assessment form Public Health. Focus on linkages between commissioning and PCP.	Commissioning and use of resources	Learning Disability
A	<p>Increased delivery of direct payments to an additional 5 people per year for three years</p>	Potential authority cost of £50K per year. Additional council 2007 commitment.	Increased choice and control	Aspergers
A	<p>Development of individualised budgets pilot programme</p>	£15K Project work to be funded from slippage contained within 2007 additional council commitment.	Increased choice and control	Aspergers
B	<p>To provide Direct Payments to a minimum of 10 people in year 1 and a minimum of 35 people in year 2.</p>	Current funding to be reviewed in independent sector to assess how it meets priorities (excluding residential/nursing care).	Increased choice and control	Mental Health

Departmental Commissioning Priorities

Promoting Health and Well-being – engaging the community

We aim to commission services for health and well-being which involve local communities in providing services which help to keep people healthy, independent and gives them choice

The two new areas of the department, the welfare rights service and the health inequalities team, will play a crucial role in further developing an outward facing Adult Social Care and Health department and County Council.

At a strategic level the delivery of the Local Area Agreement is dependent on effective Promoting Health and Well-being - engaging the community, whilst at a micro level, individuals, carers, and families need high quality accessible information on which to make informed choices.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Information – Computers will be provided in venues used by older people and training will be provided to enable older people to learn to use the Internet.	The funding available for computers is £118,000 and for training, £40,000.	Increased choice and control	Prevention
C	Extend the Portal project for older people to other groups.	Estimated cost of £40,000.	Increased choice and control	Prevention
A	Increase range of preventative services: Appoint 4 outreach advocates. Expand volunteering and flexible transport services. Pilot 4 Link Age information and activity resource centres.	Funding from Department of Work & Pensions through Link Age Plus.	Improved quality of life	Older People
A	Information and Communication: We will assess the best ways to make information about services more easily accessible to older people and their carers.	Funding through Link Age Plus	Making a positive contribution	Older People
A	Information: develop additional ways to share information in accessible formats, including for people with sensory disabilities. Produce a newsletter for people with a visual disability, in a range of formats at least once a year.	There is a budget of £30,000 to pay for translation and interpreting services. £1,999 is available in the contracting budget and £500 may come from the Partnerships Budget.	Increased choice and control	Physical Disability
A	Talking Books: Extend talking book facility for people with a visual impairment in partnership with the RNIB.	£10,000	Ensure equality of services	Physical Disability

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Supported employment: Increase employment opportunities for disabled people. Review access arrangements into employment.	To be undertaken within current resources Project to be established at a cost of £10,000	Economic wellbeing	Physical Disability
B	Information: extend the portal project (older people) for one year to develop a similar Internet service for disabled people.	The cost of this has been estimated at £40,000. There is a possibility of a DoH grant or from under spends in other areas.	Increased choice and control	Physical Disability
C	Communication: improve the provision of communication equipment for people who can not speak, including: <ul style="list-style-type: none"> • a loan bank • equipment and warranties based on assessed need. • staff training 	£20,000 has been made to the provision of communication equipment. £10,000 has been given to improve the loan bank in the south of the County and £10,000 given to ICES to purchase equipment.	Increased choice and control	Physical Disability
A	Develop discrete integrated employment service	Day service reinvestment following remodelling of staffing structures and transfer of resources from Healthcare Trust.	Economic well being	Learning Disability
A	Information. Produce public information on the needs of people with Aspergers Disorder and the services available to meet their needs.	£ 5K Funding from slippage contained within additional council commitment in 2007.	Increased choice and control	Aspergers
A	Supported employment: Ensure people with Aspergers Disorder are included within the ready fro work teams business plan.	To be undertaken within current resources.	Economic wellbeing	Aspergers
B	The re-configuration of mental health day services from the traditional focus on social and recreational activities to provide education, vocational training, volunteering.	LAA funding to be considered via the partnership. Current funding to be reviewed in independent sector to assess how it meets priorities.	Improved quality of life	Mental Health

Departmental Commissioning Priorities

From Exclusion to Inclusion

The department has successfully reduced the numbers of people accessing and residing in residential care settings, and is committed to further reducing these numbers in the future whilst Traditional day care environments are being replaced with more inclusive services, and employment options. Work is ongoing to review the council's position with regard to in house residential care services. The existing pattern of day services will be reviewed in 2007, along with the provision of meals, transport and out of area placements.

The Nottinghamshire Telecare Strategy will provide preventative telecare equipment, Initially around 1600 vulnerable older people will receive preventative services with a further 300 older people with more complex social care needs benefiting from higher level telecare to maintain independence in their own home.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	More support for people discharged from hospital - Undertake work with the City council to map hospital discharge schemes.	Possible employment of a part time project manager for 6 months at a cost of £15,000. Consider the role of "Supporting People" in funding schemes.	Improved quality of life	Prevention
A	Reduce residential and nursing care admissions levels: The Department intends to reduce the numbers of people entering care by providing a range of community based services.	Funds released from placements will be reinvested into community services.	Increased choice and control	Older People
A	Increase the amount of intensive home care delivered: in 2005-6, 1069 service users received intensive home care which was equivalent to 9.4 per 1000 people. In 2006/7 and 2007/8 targets are 10 and 10.2 per 1000 respectively.	This will be achieved within the allocations for home care.	Increased choice and control	Older People
A	Delayed Transfers of Care from Hospital. The Department will continue its success in acute hospitals and also reduce the numbers who may be waiting in non acute beds.	This will be achieved through increases in intermediate care provision, direct payments and home care services.	Improved quality of life	Older People
A	Resource centres: commission a review of resource centres over the next 2 years.	Project worker to be employed for four months to undertake this work. Estimated cost - £15,000	Commissioning and use of resources	Physical Disability

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	<p>Short breaks: review short breaks for disabled young people in order to offer a more age appropriate service to young people aged between 16 and 25.</p> <p>Increase the number of short breaks available.</p>	£50,000 is currently spent from the Carers Grant across the County for short breaks across all client groups. Further funding is to be identified.	Increased choice and control	Physical Disability
C	<p>Supported housing: review the provision of supported housing for profoundly Deaf adults with additional needs, for example learning disabilities.</p> <p>Improve support to young Deaf people in setting up home and managing in the community.</p>	<p>To be assessed</p> <p>To be assessed.</p>	Increased choice and control	Physical Disability
A	Day service modernisation: Gedling District	Re-commission existing service at Beck Meadow. £2.2m Capital identified.	Improved quality of life	Learning Disability
B	Re-provision of day services in Bassetlaw District	Requirement to agree re-use of capital. Need for additional transitional capital £50K £0.25M capital Revenue to be costed		
C	Development of local day service in North Broxtowe			
C	Day service bases in Mansfield Town and north Mansfield			
B	Re-provision of NHS Campus beds	Revenue and capital to be identified in conjunction with PCTs	Improved quality of life	Learning Disability
C	Return to Nottinghamshire of 50% of all Out of Area placements (beyond neighbouring authority) agreements on a 3 yearly cycle.	To be identified	Commissioning and use of resources	Learning Disability
A	Develop range of housing and support solutions to provide for the needs of people with Aspergers syndrome.	Funding applications required to the supporting people team. Potential tender process required to test market	Improved quality of life	Aspergers
A	Provision of community care services to an additional 20 people per year for the next three years.	Local authority budget commitment of £ 200K	Improving health & emotional wellbeing	Aspergers

	Commissioning intentions	Resource implications	Link to outcome	Client group
C	Reassessment of residential/nursing provision with a view to people being offered alternative packages of care.	Project work to be funded circa £15K. Will require development of locally economically viable alternatives	Improved quality of life	Aspergers
A	Re-model the assessment process where accommodation and support needs are considered. This would include re-organising continuing health care and residential care processes and panels, with our partners.	Reduction in overall residential /nursing care spends by up to 20% over 3 years to support re-investment into alternatives by all commissioner and provider agencies.	Increased choice and control	Mental Health
C	Explore benefits of establishing crisis accommodation or an alternative to in-patient care.	Need to secure both housing capital and SP funding, re-configuring NHCT residential provision is also an option identified by the Accommodation Strategy.	Increased choice and control	Mental Health

Departmental Commissioning Priorities

Carers Services

In order to meet carers' needs a revised carer strategy is being developed to take forward carer services across the county.

We want to increase the numbers of carers receiving an assessment and increase the opportunities for carers to have a break.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Telecare –, equipment such as emergency alarms will be given to older people where this will also benefit anyone caring for them.	£50,000 allocated in 2006/07 from the Community Care Support Budget held by the Carers Unit.	Increased choice and control	Prevention
A	Enhance support to older carers: particularly focusing on carers supporting older people with dementia and mental health problems. Increase uptake of carers breaks and direct payments.	Within available resources, including carer specific funds. Appoint a number of additional workers to increase the number of carers assessments completed	Improving health & emotional wellbeing	Older People
A	Carers services: increase take up of service by carers and explore the need for an emergency service.	Funding potentially available from the Carers Grant. Additional funding of £330,000 due in October 2007 for the development of emergency services.	Increased choice and control	Physical Disability
A	Involving carers in the development and implementation of this strategy over the next two years	Costs of involvement expenses	Freedom from discrimination or harassment	Physical Disability
B	Implementation of the disabled parents' policy and commission training for staff.	An estimated £7,280 is required to run this training over 2 years.	Freedom from discrimination or harassment	Physical Disability
A	Develop carer support services in Mansfield and Ashfield	£20,000 Carers Grant allocated	Improved quality of life	Learning Disability
A	Widen short break options and provide more choice and capacity	Recruit an additional 4 APS short-break carers	Improved quality of life	Learning Disability
C	Short break service in Newark	To be determined.	Improving health and emotional wellbeing	Learning Disability

	Commissioning intentions	Resource implications	Link to outcome	Client group
B	Develop Carers information and support service	Potential bid for carers grant funding £35K	Improving health & emotional wellbeing	Asperger
A	To increase the number of full carers assessments undertaken by 25% in years 1 and 2.	To continue to support cross-agency funding and development of staff/carer training plans. CPA Audit and changes to recording will support delivery.	Increased choice and control	Mental Health
B	Extending the range of carer's services to include further expansion of carer support workers or additional funding for carers breaks and a better access to mainstream community services.	The funding for additional services needs to reflect the emerging priorities in the multi-agency Carers Strategy and Local Action Plans.	Increased choice and control	Mental Health

Departmental Commissioning Priorities

Advocacy and Involvement

The department intends to further consult and involve people at local level, working with elected members to ensure services are commissioned to meet local need as well as to ensure equity and fairness across the county.

The department currently resources independent and self advocacy services for learning disabled people, people with mental health needs and older people. Further services are required to ensure all vulnerable groups and individuals can access appropriate support and representation.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Expert Patient - “Looking After Me” courses are being commissioned for carers	£20,000 from the Carers Grant	Increased choice and control	Prevention
A	Older People as Volunteers: Develop and encourage older people as volunteers.	Funding through Link Age Plus.	Making a positive contribution	Older People
	Older People as Researchers: Older people as mystery shoppers and surveyors to monitor the success of Link Age Plus.	Funding through Link Age Plus.	Making a positive contribution	Older People
A	Involving service users: involve service users in the development and implementation of this strategy	Costs of involvement expenses	Freedom from discrimination or harassment	Physical Disability
B	Independent advocacy: extend advocacy services to make them available in central and north Notts	It has been estimated that a further £116,604 would be needed to provide a full countywide service.	Freedom from discrimination or harassment	Physical Disability
A	Audit the outcomes from the additional investment in self advocacy in day services	Officer time to be identified	Increased choice and control	Learning Disability
A	Involve service users and carers in key work streams, and in particular the tenders for care, support and enablement (supported living)	£10,000 available to support work commissioned by the Learning Disability Partnership Board	Making a positive contribution	Learning Disability
B	Ensure advocacy services are contracted to include people with Aspergers	Approximately £10K	Freedom from discrimination or harassment	Aspergers
A	Increase service user involvement, choice and control at all levels of activity.	Reinvestment of current expenditure.	Increased choice and control	Mental Health

Departmental Commissioning Priorities

Managing the Market

Ensuring there are sufficient and adequate independent sector providers willing and able to provide person centred services is a priority for the department. Continued focus on contracting and procurement activity to provide best value and enhance service standards will be essential to provide for the cultural and structural changes required in the care sector.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Grants - Expenditure to be reviewed in the course of 07/08 in line with this strategy	Within existing resources	Commissioning and use of resources	Prevention
A	Eligibility threshold , review the effect of raising the eligibility threshold for social care services in Dec 05	Within existing resources	Commissioning and use of resources	Prevention
A	Care Home Places for people with dementia: The levels of places are low in the middle and south of the County. Enhanced payments will be available to all registered placements.	In 2007/08 the Council has made an extra £750,000 available to increase the fees paid to independent sector residential care homes	Improved quality of life	Older People
A	Self directed support: explore the opportunities for self directed support using: <ul style="list-style-type: none"> • Individual budgets • Self assessment 	May involve employing a project manager at an estimated cost of £15,000.	Increased choice and control	Physical & Sensory Impairment
A	Comprehensive Needs assessment is required to determine the level of need and demand	Within existing PCT and LA budgets	Commissioning and use of resources	Aspergers
A	Creation of an accredited day service list as a means of managing the market in 2008	Officer time to be identified	Commissioning and use of resources	Learning Disability
A	Providing sufficient resources for those identified coming through transition	£1.4 m identified	Commissioning and use of resources	Learning Disability
A	Review of high cost packages of care to ensure Best Value. Participate in E. Midlands regional procurement for 100 high needs placements 2007-10	Service Manager commitment linked to EMCOE project	Commissioning and use of resources	Learning Disability

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Manage the care, support and enablement market	Re-tender for care, support and enablement in 2007, in partnership with Supporting People and Nottingham City	Commissioning and use of resources	Learning Disability
A	To undertake a cost activity analysis across all county placements in residential and nursing care.	Within the proposed changes to managing placement requests and continuing care resources.	Commissioning and use of resources	Mental Health
B	Market analysis of providers of services funded either by the LA or Supporting People	A full-time Contracts Officer post is to be identified	Commissioning and use of resources	Mental Health

Departmental Commissioning Priorities

Diversity

The Adult Social Care and Health department is committed to supporting the needs of under-represented and minority groups in the population, and to combating oppression in all its forms. Engaging with local communities, being understanding of people's aspirations and ensuring a workforce which reflects the community will be essential if the county council is to accommodate people's needs.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Consultation – Consult with seldom heard older people. Further work with people from Black and minority ethnic groups and older people in care homes is planned in 2007/08 and 2008/09	Within existing resources	Freedom from discrimination or harassment	Prevention
B	BME services. develop a new service for black minority ethnic users in each locality	Funding not yet identified, but may be achieved through reconfiguring services	Freedom from discrimination or harassment	Older People
A	An information campaign is underway to increase take up of direct payments amongst people from Black and ethnic minority groups	The cost of posters and leaflets is £5,000.	Ensure equality of service provision and embrace diversity	Physical Disability
A	Improve services and representation for people from black and ethnic minority communities	£10,000 revenue identified	Freedom from discrimination or harassment	Learning Disability
A	Information. Provide information about needs and services in accessible formats and languages	£3K from slippage contained within additional council commitment in 2007 for translation and production	Making a positive contribution	Aspergers
B	Implement the recommendations from the survey of black and minority ethnic service users	Day services and Direct Payments should support the delivery of a diverse range of services.	Freedom from discrimination or harassment	Mental Health

Departmental Commissioning Priorities

Quality and Performance

Along with balancing the budget and delivering the strategic vision, improving quality and performance is one of the three cornerstones of the department's ambition for social care services in Nottinghamshire. A new quality and performance strategy has been published which details the department's commitment to increasing quality through enhanced performance, emphasising the message that quality and performance is everybody's business.

	Commissioning intentions	Resource implications	Link to outcome	Client group
A	Performance monitoring – review and, where possible align the performance monitoring requirements for different sources of funding for preventative services	Within existing resources	Commissioning and use of resources	Prevention
A	Quality payments to care homes: To improve standard of all care homes.	In 2007/08 the D o H has allocated the Council a £1.2 million grant to improve the physical environment of care homes. In addition, the Council plans to find a further £200,000 in 2007/08 to improve service quality.	Improved quality of life	Older People
	Improve assessment services to older people: Restructuring of existing assessment teams into Older Peoples Teams and Physical Disability & Vulnerable Adults Teams.	Through reconfiguration of existing Assessment & Care Management Teams and Physical Disability Teams.	Commissioning and use of resources	Older People
B	Review day care: New models of service require development particularly to meet needs of growing numbers of Service Users with mental health problems.	To be considered within the residential and extra care strategy	Improved quality of life	Older People
A	Waiting times for equipment: Ensure that 93% of equipment is delivered within seven working days. Improve fabric of Day and Community Support Services buildings	£85,000 £60,000 has been made available in 2006/07 for improvements within existing budgets	Commissioning and use of resources	Physical Disability

	Commissioning intentions	Resource implications	Link to outcome	Client group
	Increase future work opportunities for an additional 40 people			
A	Ensure quality measures are part of all newly issued contracts	None	Improved health and emotional wellbeing	Learning Disability
C	Complete implementation of 'Quality Tree' in all services and monitor delivery	Officer time to be identified. £5,000 to train existing workforce	Maintaining personal dignity and respect.	Learning Disability
A	Service overlaps and service interfaces Protocols be established to identify and provide guidance	Dedicated commissioning officer resources.	Leadership	Asperger
C	Introduction of assessment tools including T& D costs. Introduction of assessment tools including T& D costs	£ 30K joint training commitment	Making a positive contribution	Asperger
A	Maintain a social care policy and practice that delivers agreed activities, e.g. safeguarding and care management	The resources currently available will continue to fund this activity.	Leadership	Mental Health
B	The continued incompatibility of IT systems requires further investment and project planning.	To explore options for funding staff or using dedicated staff support from both agencies IT services.	Leadership	Mental Health