



Nottinghamshire
County Council

Adult Social Care & Health
Commissioning Strategy
Chapter Five
2007 - 2009

5

Commissioning Strategy for People with Learning Disabilities



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1 INTRODUCTION:

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+.

This strategy has been developed in partnership with our key partners in the Primary Care Trusts and will develop into a joint health and social care commissioning strategy by Spring 2009.

All learning disability services are undergoing considerable changes and modernisation processes. This strategy will be subject to annual review and revision where necessary.

2 KEY DRIVERS

2.1 National Priorities

The underpinning values of this strategy are those contained in 'Valuing People', the promotion of services that deliver:

- choice and control
- inclusion
- rights
- independence.

'*Valuing People*' issued in March 2001 sets out specific priorities for learning disability services.

It is recognised that it is every body's right to enjoy a fulfilled life and receive an excellent quality of service. People should feel safe, be protected from harm and allowed to take informed risks. The strategy should support person centred approaches and reflect the needs of the entire community: respecting the diversity of needs and ethnicity.

Providing a fulfilled life is not the responsibility of any one agency. Learning disabled people will need to use universal, mainstream services that are open to the general population. Barriers that are faced will be addressed

Services for people with learning disabilities are provided by a diverse range of organisations, including public, voluntary, independent sector. This strategy is intended to promote a continuing dialogue with these partners.

Other National Service Frameworks that impact upon the lives of learning disabled people include:

- mental health
- older people
- long term conditions
- children's

The Protection of Vulnerable Adults, Fair Access to Care, the Disability Discrimination Act and the Mental Capacity Act are key policy areas.

The White Paper, *'Our health, our care, our say: a new direction for community services'* and the Green Paper, *'Improving the Life Chances of Disabled People'* set national priorities until 2012. These priorities are very similar to those contained in the above vision. The government wishes to encourage the development of:

- individual budgets and self-directed services
- closer working between Adult Social Care and Health and Health services, in particular PCTs
- health care services closer to where people live, providing services at times that suit people
- better information about how to prevent illness and promote healthier lifestyles
- joint inspection of health and social care services
- regular health checks for everyone and more choice and control about how you receive treatment
- alternatives for people living in NHS campuses. All NHS campus provision will be reprovided by the end of 2010

2.2 Local Drivers

The strategy builds upon previously agreed local learning disability plans:

- Positive Futures 1999-2004
- Changes for Life 2001-2004

The strategy has been informed by the local work plans, designed to implement 'Valuing People.' These work plans have been created with the involvement of service users and carers and agreed through the County Partnership Board. The Partnership Board is the key strategic group that was constituted following the publication of 'Valuing People'. It is chaired by the Cabinet member for Adult Social Care and Health and has representation from all major partners, especially service users and carers.

In April 2005 the Partnership Board identified the priority areas for the next 5 years.

2.2.1 Enabling people to have more choice and control. This means a greater emphasis on:

- **Self-directed services.** This would include increasing the take up of direct payments and introducing individual budgets.
- **Advocacy.** Promoting the use of advocacy services and developing further self-advocacy.
- **Person centred planning (PCP).** The design and delivery of services will be informed by PCPs. Person centred planning will be available to all learning disabled adults and those in transition. Families and self-advocates will help lead planning.
- **Respecting the role of carers.** 50% of learning disabled adults live with family carers. Taking a person centred approach should not diminish the carers continuing ability to care.
- **Provision of accessible information.** This will include all information provided by specialist learning disability services. Mainstream services, such as GPs and transport providers will be supported and encouraged to provide accessible information at every opportunity. This is a condition of the Disability Discrimination Act.

- Provision of services that meet the needs of **people from minority ethnic communities and diverse groups**.

2.2.2 Enabling people to have better lives. This means a greater emphasis on:

- **Housing.** Continuing to offer the choice of where and how to live, this will include supported living. No one should live as an in-patient in NHS facilities where they do not require on-going treatment. The provision of residential homes will be reviewed. People should not be sent to live away from their local community.
- **Employment and occupation.** Expanding opportunities for people to develop skills, undertake vocational training and obtain real jobs and recognised voluntary work. Accessing forms of work will be an opportunity for all people who express that wish regardless of their level of need.
- **Providing high quality occupational activities and education.** This means continuing to modernise daytime services and respond to what people require. A close dialogue will be maintained between Adult Social Care and Health, Health and Adult Education.
- **Supporting families.** This includes the provision of high quality, and flexible short break services. The needs of older carers will be a high priority.
- **Protecting people from harm.** This includes all forms of abuse, exploitation and hate crimes, including bullying. Highest quality adult protection services will continue to be provided and specific anti-bullying programmes will be supported. The means by which services are regulated and performance is monitored will be made as consistent as possible and will pay close attention to the quality of life outcomes for people.

2.2.3 Improving the transition of young people into adult services.

Person centred approaches will be used to make sure young people, and their carers, are well equipped to move out of children's services into adult services.

2.2.4 Improving health and well-being of people.

Preventable illness will be reduced and all learning disabled people will have comprehensive and regular health checks. Ensuring people with learning disabilities have fair and equal access to primary and secondary healthcare is a priority.

Particular care needs to be taken to ensure that services provided for older people, people with mental health needs and services for physically disabled people work closely with learning disability services

2.2.5 Providing affordable services that present 'Value for Money'. This means a greater emphasis on:

- contracting with providers that have a clear commitment to providing the best quality services at a reasonable and sustainable cost
- monitoring contracts to ensure providers are promoting peoples independence and not making them more dependent on services
- working in partnership with accredited providers to develop innovative services.
- working with self-advocates and carers when selecting providers for 'accredited' lists
- working with others to gain added value
- testing the market by making best use of tendering processes
- spending the money available from all agencies to the maximum effect

Successful delivery of high quality services to learning disabled persons is dependent on maintaining sound partnership arrangements access social care, health care, housing, education and employment services. These partnerships will be sustained at strategic and operational level. For example, the Supporting People Partnership generates a considerable amount of interagency collaboration identifying common objectives.

Within the context of Education considerable momentum is evident at the transitions with specific collaboration with Connexions and the Children's Department.

2.3 Specific Local Priorities for Service Development and Modernisation

Seven key service developments are being managed as projects, reporting to the Partnership Board. These programmes of work are:

2.3.1 Short-breaks

The Department will complete its residential and allied short break strategy when Wincroft in Worksop, closes by the end of 2007.

The Department will directly provide residential short-breaks in new build and re-furnished homes. There will be 32 bed spaces on completion of the strategy. The homes continue to cater for the widest range of needs and have general and specialist Health input. The homes are equipped beyond 'guiding standards' in terms of physical specification and staffing. The service is based on a model which provides complete 24 hour care without recourse to day services.

The short-break strategy will continue to be implemented with a partnership approach. The current provision of residential short breaks in Health establishments will be integrated into social care settings. The need to purchase beds from the local independent sector will be minimised, but where they exist they will be established with 'special open contracts' which enable performance activity to be linked to price.

Alternative means of providing breaks will also be strengthened.

Adult placement, sitting-services, leisure breaks and outreach services will be co-ordinated and offered to the widest range of people as possible. Services will be responsive to local requirements and need.

Additional APS carers will be recruited and the payment rate for APS respite/short-break care will be reviewed.

It is a priority to commission non-residential short-break services in Ashfield and Mansfield districts.

2.3.2 Development of joint commissioning and integrated management of learning disability services

The Department, in conjunction with Health partners, will produce specific proposals concerning the development of joint commissioning by Adult Social Care and Health and PCTs. There is considerable investment by Adult Social Care and Health and Primary Care Trusts. It is a priority

to co-ordinate commissioning activity to ensure services are being procured ethically i.e. close to home and with respect to Best Value.

Account will be taken of new initiatives such as 'Practice Based Commissioning', 'Payment by Results' and 'Access, Booking and Choice'.

Integrating the management of statutory services, and in particular CLDTs, will provide improved care management and care co-ordination processes with better local commissioning decisions, less duplication, a single access point for service users and carers and improved communication across health and social care.

2.3.3 Re-development of assessment and treatment services.

A single site in-patient service is required in North Nottinghamshire to achieve an improved experience for users and staff. A community based outreach service is required and will be established by September 2006, this being lead by Nottinghamshire Healthcare NHS Trust in partnership with other stakeholders.

2.3.4 Modernisation of Day Services.

The initial phase of modernisation concludes April 2007. It is a key priority to continue this work. The vision is detailed in the plan, "No More Broccoli" and subsequent proposals, March 2006.

Modernisation has many elements. The Department will focus its resources on those with the greatest needs. A mixed economy of provision will continue to include a local authority directly provided service and/or independent sector provision in each of the Districts. The market will be tested in 2008 through a tendering process which will develop an "accredited" list of approved providers based on quality indicators.

The aim is to improve the experience and quality of day services and wherever possible ensure Promoting Health and Well-being - engaging the community and social inclusion.

Adult Social Care and Health will become the lead provider, with the integration of Health day service facilities commencing in October 2006.

Day service co-ordinators will be established in each District from April 2007 and their line of accountability will be with commissioning teams. This will allow them to develop brokerage models and more personalised day care packages.

Accessing employment, including paid employment, is a key priority. Specific grants have been secured to open up the world of work for the broad range of learning disabled people across the county. The Department will work with partners such as Job Centre +, Sheltered Employment Services, LSC, and the Voluntary sector to maximise the opportunities for employment. Opportunities to collaborate on bids for external funding will continue to be explored as will the development of a specific employment plan. This will allow learning disabled people to gain more independence and offer a higher prospect of self valorisation.

District Change Groups, involving CLDTs, will continue to help implement day service modernisation on a local level by linking in with mainstream providers, by identifying where new bases are required and by agreeing priorities for additional resources.

The Department will continue to support 3 small scale day service providers by the use of grant aid. Their contracts have been extended to March 2008.

2.3.5 Re-settlement of people living in NHS campus accommodation.

The White Paper states that campuses will be shut by the end of 2010. Re-settlement plans will need to be in place by the end of 2007. In Nottinghamshire this issue effects 40-50 people.

It is desirable to align the campus re-provisioning, wherever possible, with the re-tender for care, support and enablement contract in 2008. The local authority will work closely alongside the Nottinghamshire Healthcare NHS Trust and the Nottinghamshire County and Teaching PCT to deliver the closure programme, utilising regional initiatives.

2.3.6 Re-commissioning of 'Partnership homes'.

The care provision within 8 registered 'partnership' homes (96 bed spaces) across North Notts is delivered by the Nottinghamshire Healthcare NHS Trust. The Trust formally registered its notice of withdrawal from this arrangement by Oct 2006. Arrangements were made by the lead PCT and Adult Social Care and Health Department to find alternative care providers. This project was accomplished and new contracts commenced in November 2006.

Consideration will be taken about re-provisioning of 'partnership' homes in the south of the county, together with Nottingham City Social Care and Housing Department.

2.3.7 Health Care facilitation and health action planning

Work at strategic level on Health Facilitation and Health Action Planning in South Nottinghamshire lost momentum owing to the deletion of a key post in Nottingham City PCT.

12 new specific learning disability targets have been issued by the Department of Health in 2006. The list of 12 'metrics' identify the key areas of performance for PCTs.

As an example, steps are in progress to ensure the development of effective registers of people with a learning disability in primary care and to develop mechanisms to identify health facilitators for individuals, and health action plans, where appropriate, to person centred plans.

The following key documents also inform the development of this strategy:





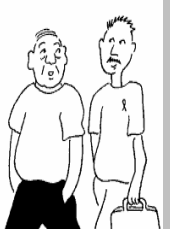









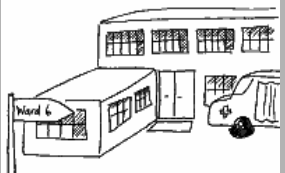

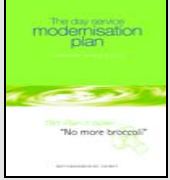
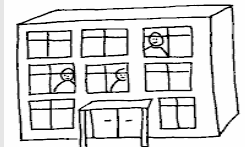

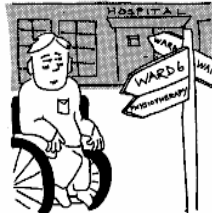
- the Annual Delivery Agreement produced by Nottinghamshire Healthcare NHS Trust and Business Plan 2006/7
- the Local Delivery Plans of both Gedling PCT and Newark and Sherwood PCT.
- Nottinghamshire Supporting People Strategy (2005-2010) and:
- the Commission for Social Care Inspection (CSCI) report: Learning disability services in Nottinghamshire (March 2006)
- the 'Better Metrics' Project (March 2006. Healthcare Commission)

The application of the Nottinghamshire Healthcare NHS Trust to acquire Foundation Status by April 2007 is a key driver underpinning service modernisation.

3 CURRENT SERVICE PROVISION

Nottinghamshire has a broad range of services which are illustrated by the following chart.

Summary of Services in Nottinghamshire April 2006

Preventative Services		Health & Community Care Services			Hospital Services		
		 					
 <p>Advocacy £160,000</p>	 <p>Person Centred Planning £95,000</p>	 <p>Respite £1.7 million</p>	 <p>Direct payments £1.08 million 72 people</p>	 <p>Supported Living £11m (SP+SSD) 400 tenants</p>	 <p>NHS Secure Services</p>		
 <p>Supported Employment £950,000</p>		  <p>Social & Health Needs Assessment & Care Management Services £3.4 million</p>		 <p>Adult Placement £325,000</p>		 <p>Continuing Care Services £4.5 million *shared packages</p>	
 <p>Carers Support £200,000</p>	<p>Day £11.7 million</p>	 <p>Support 1170 people</p>	 <p>Residential Care £16.4 million 547 placements</p>		<p>Nursing £1.6 million</p>	 <p>Care 71 placements</p>	 <p>NHS Campus 46 people</p>

4 ACHIEVEMENTS AND OUTCOMES OF COMMISSIONING STRATEGY 2002-5.

The table below shows the priority areas and outcomes of the previous learning disability commissioning strategy 2002-5.

[activities listed below, whether achieved fully or partially, remain a priority]

Proposed development	Achievement
To develop relationships with mainstream public services with the aim of advising and supporting them to maximise the ability of people with Learning Disabilities to access such services on an equal basis to the rest of the population	Each District has a change group established. The local authority is represented on the LSPs at which learning disability issues are raised. LAA targets within the Safer and Stronger Communities and Healthier Communities blocks have been identified
To improve planning and services for transition to adulthood so that all individuals turning 18 from 2003 have an agreed Person Centred Plan	Transitions co-ordinators have been appointed in each district area. A half-time Countywide co-ordinator ensures appropriate liaison with Children services. Specific work has been undertaken with Connexions and 'special schools' to incorporate Person Centred Planning into transition reviews.
To increase the use of PCP on a phased basis for other priority groups	By April 2006 over 275 plans have been completed or in progress across Nottinghamshire
To ensure that all people with Learning Disabilities who make regular and substantial use of services have a named co-ordinator by December 2002	Achieved
To ensure that all new staff in learning Disabilities services are registered for the Learning Disability Awards Framework from April 2002	Achieved within statutory services.
To further develop services which maximise the ability of people with learning disabilities to exercise choice and control over the services they receive through increasing use of Direct payments and through advocacy	Achieved. By April 2006 57 people use a Direct Payment. Re-current investment in independent advocacy has risen by £80,000 since 2005
To increase the availability of, and access to, employment and work related activities, through supported employment schemes in all parts of the county and, by 2004, clear pathways into employment	Partially achieved. Between April 2005 and April 2006, 492 people had been in all forms of employment. Need to increase the involvement of women in all work sectors, especially supported employment

<p>To reduce the use of residential care, particularly outside the County, and to shift the balance towards supported living schemes. This will be by both commissioning new services and by working with existing in-house and external residential care providers to change their model of provision. Particular emphasis will be given to developing change for residential care homes which are unlikely to meet the requirements of the National Care Standards Commission</p>	<p>Achieved. Dorket View, Sherwood Service, Brushwood and Wynhill Court all closed. Wincroft has a timetable for closure.</p> <p>Over 400 supported living tenancies created. Supported living co-ordinators appointed for each district.</p>
<p>To agree a plan for modernising Social Services and Health Day Services by Winter 2002, with full implementation by 2006, with particular emphasis on maximising access to employment, education and community support and on integrated Social Services and Health provision</p>	<p>Partially achieved. By April 2006 36 'satellite' bases were being used to complement district day centres. Traffic light monitoring framework used to evaluate degree of community inclusion.</p>
<p>To work with housing authorities, housing and support providers and others to ensure that all individuals who are assessed as being in need of accommodation are offered a choice between supported living, other small scale housing provision, and residential care. There will be a housing and support services strategy agreed between the Partnership Board and all District authorities by April 2003</p>	<p>Achieved.</p>
<p>To commission dedicated services for adults with autistic spectrum disorders within the county, with an emphasis upon specialist support to maximise the ability of such individuals to access the same models of modernised service as detailed above.</p>	<p>Partially achieved. Outreach service developed to provide short breaks. Dedicated day service commissioned. Separate Aspergers strategy being developed for 2007.</p>

5 PERFORMANCE AND ACTIVITY

5.1 Demographic Factors:

The changing demographic profile of adults with learning disabilities has been presented by Eric Emerson and Chris Hutton, University of Lancaster (2004). They have established that during the decade 2001 – 2011 there will be a:

- 6% increase in the number of adults with learning disabilities known to services

- 20% increase in the number of adults with learning disabilities aged 60+ who are known to services

Emerson and Hutton also report increased survival rates into adulthood of children with severe and complex disabilities. Many of these complex needs require specialist services, a large number of which will be at a very high cost. Adults with learning disabilities are living longer and surviving into older age.

A report for the Association of Directors of Social Services, 'Pressures on learning disability services: the case for review by Government of current funding' October 2005, uses the data from Emerson and Hutton and presents the case for addressing the underlying financial shortfall in funding for Social Care in learning disability.

The report emphasises the changing demographic profile across the country, suggesting that there will be a 1% rise per annum of learning disabled people in the population

The ADSS report highlights that expenditure by local authorities on learning disability has grown significantly.

Twelve recommendations are made including the need for the NHS and Social Services to jointly address the spending pressures. It is recommended that expenditure is not directed towards institutional forms of care but into more flexible and individualised support.

Further specific policy guidance, particularly with reference to healthcare provision, is anticipated by the summer of 2007. This will arise out of:

- the multi-agency investigation into the provision of specialist health services in Cornwall
- the Health Care Commission report into the care of learning disabled people in Merton and Sutton PCT
- the report from the Disability Rights Commission's enquiry into health in-equalities for learning disabled people

This is a summary of demographic baseline data for 2006/07.

National prevalence	
Number of people with a learning disability in Notts	
Mild/moderate. National prevalence is 20 people per 1,000 (2%)	14,970
Severe/profound. National prevalence is approx 4 people per 1,000 (0.4%)	2,994
Number with epilepsy (Prevalence 20% sld/pmdl)	600
Nottinghamshire data	

Number of people with a learning disability in receipt of social care 18-65	2,146
Number of people with a learning disability in receipt of social care 65+	167
Number of women	995 (43%)
Number of men	1318 (57%)
Numbers in registered care	618
Number of people residing in supported living	400
Numbers/proportion of people placed outside Notts	90 (15.7%)
Number placed beyond an adjacent authority (in social care settings)	32 (5.6%)
Number in long stay NHS accommodation	Nil
Numbers in NHS accommodation	46 in 'campus' and 93 in 'partnership' homes
Numbers from BME communities and take up of services	49
Number of carers who had an assessment	96
Number of carers over 65	250
Number of young people 16-18 eligible for specialist LD services (as at April 07)	126
Number entering adult services 2006/7 for whom additional resources were required	35
Number of people receiving a residential short break (18-64)	228

It is recognised that the Nottinghamshire data on prevalence with respect to key information is limited. This includes:

- number of people with Downs Syndrome. This is important when planning services as there is a strong correlation with Downs Syndrome and early onset Alzheimer's disease
- number of people with Autistic Spectrum Disorder, especially when associated with learning disability and challenging behaviour

Work will be undertaken to establish better baseline data.

5.2 Inspections and Reviews

CSCI inspected Learning Disability services in July 2005 and published their report in March 2006.

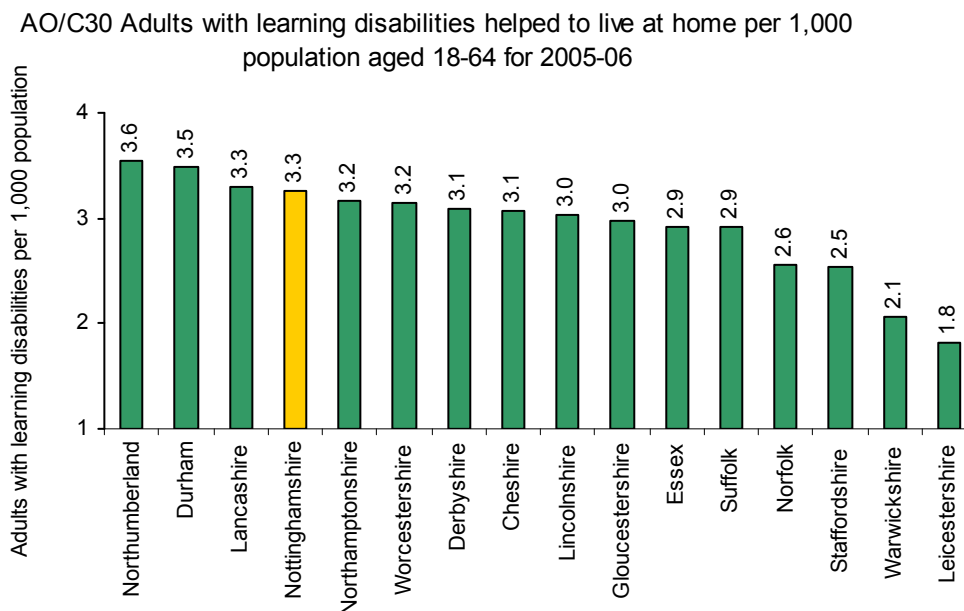
CSCI judged that overall ***some people were being served well and the capacity for improvement was promising.***

CSCI issued 18 recommendations. Critical to this strategy are:

- requirement for a detailed plan to deliver integrated services
- production of a joint commissioning strategy
- co-operative working across service boundaries and effective joint commissioning
- Improvements in the numbers of carers assessments and development of good quality information
- positive efforts to be taken to increase the take up of sheltered and paid employment for women
- linkage between PCP and service commissioning
- making Person Centred Planning available to all who require it
- development of County wide out-of-hours support for people who leave hospital
- development of a comprehensive joint workforce strategy to support integration

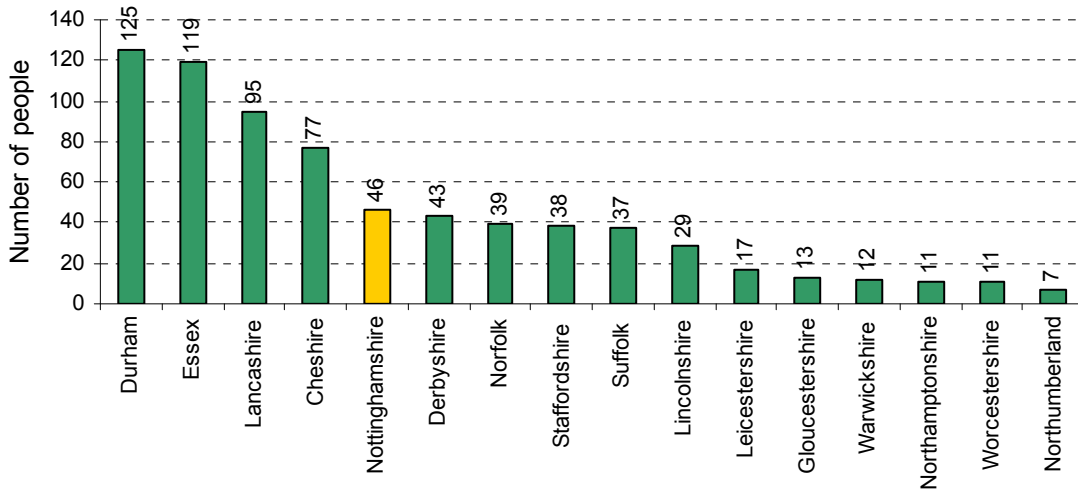
An action plan has been developed in conjunction with self advocates, carers and wider stakeholders. The implementation of the action plan is overseen by a project board chaired by the Strategic Director of the Adult Social Care and Health department.

The following charts illustrate the department's performance over period 2003/4 and 2004/5 and compares it to our comparator group of authorities.



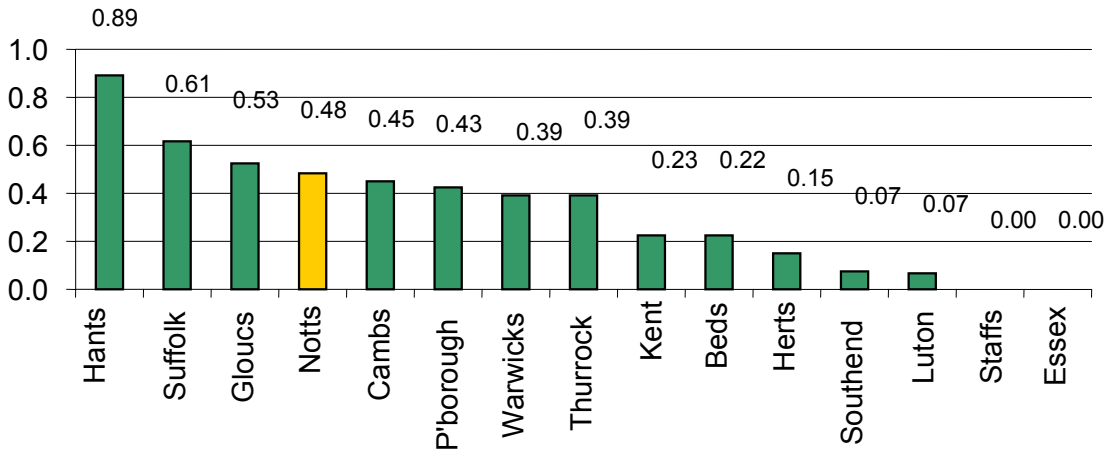
The following table shows the number of direct payment made by the county and comparator authorities.

Number of people with learning disabilities receiving Direct Payments at 31st March 2005

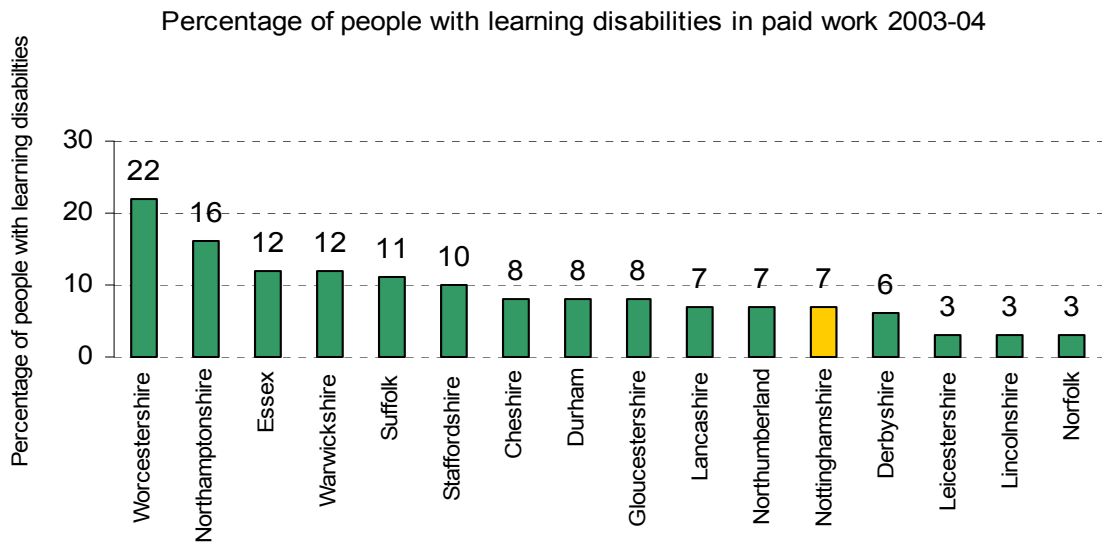


This chart shows the number of planned breaks provided by the county and our comparator authorities.

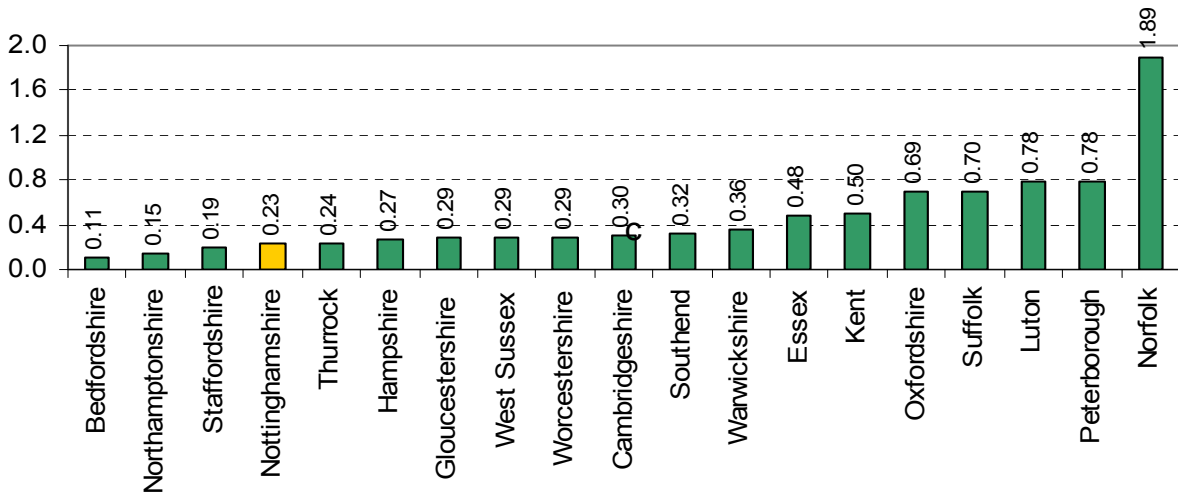
Total number of adults with Learning Disabilities who had planned short term breaks in their care plan per 1,000 of the population aged 18-64, 2005-06



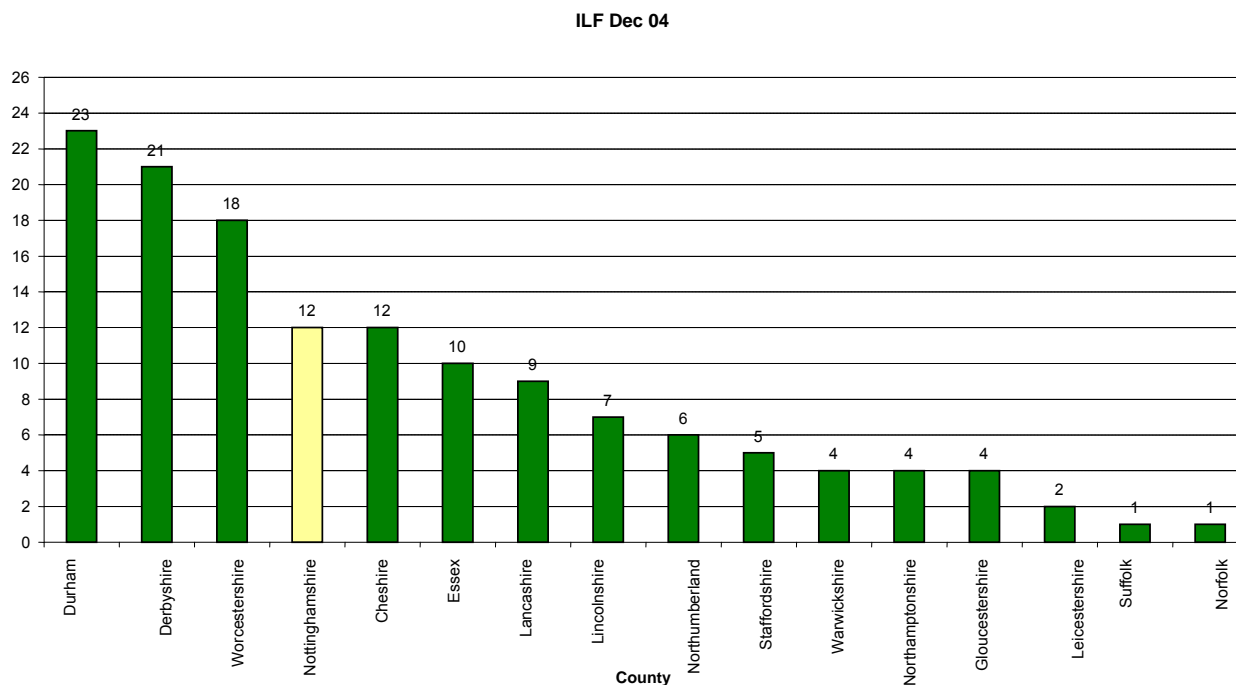
The following charts are the latest available, and show the percentage of learning disabled people in paid work.



Number of learning disabled people aged 18-64 in paid work per 1,000 population aged 18-64, 2003-04.



This chart, produced by the Independent Living Fund in 2004, shows the number of ILF awards compared to our comparator group.



The Local Authority Market Analyser 2005-6, issued by CSCI, identifies how well local authorities are performing in relation to their use of local care services. The LAMA shows Nottinghamshire has fewer residential care beds than the England average and comparator authorities. The Council also pays providers an average fee for placements.

The percentage of standards met by care homes for people aged 18 -64 is high across the county, with particular standards in respect of recruitment and training requiring more attention.

5.3 Projected Activity Levels

This section will summarise expected activity levels 2006-9 for:

Activity	2006/07	2007/08	2008/09
Day Services. Attendance*	1170	1170	1150
Direct payments	72	80	90
residential care residents	523	515	500
Supported living residents	400	420	440
nursing care residents	28	30	32

Residential short breaks	228	238	248
Secure/semi-secure south	1	1	1
Out of area placements south	1	1	1
Transitions into adult care#	35	40	10
Vulnerable care arrangements	32	85	TBD
Employment	492	TBD	TBD

* People attending 1 or more days pw across all forms of day service

People requiring additional resources beyond standard services

TBD – To be determined

6 FINANCE

Since 2003/04 the Council has increased its gross investment in services for people with a learning disability from £33m in 2003/04 to 67 million in 2007/08. In 2007/08, some £5.3 million of this investment will be funded by the Supporting People programme.

Expenditure on learning disability services now accounts for 26% of the gross 2007/08 budget for the Adult Social Care and Health Department, and the Council's Medium Term Financial Strategy envisages that further investment in services will be made between 2008/09 and 2010/11.

The main driver of the increased expenditure has been the implementation of the Valuing People policy which seeks to help people live in the Community.

The table below highlights the trends in the learning disability budget over the period 2005/06 to 2007/08.

	2005/06	2006/07	2007/08
	£000	£000	£000
Assessment and Care Management	3,739	3,823	4,544
Nursing Care	1,845	1,774	1,944
Other Residential Care	19,754	26,270	29,777
Day Care	10,827	11,739	12,772
Direct payments	570	1,011	1,094
Home Care	5,840	7,880	10,295
Supporting People	7,600	7,764	5,308
Sheltered Employment	970	958	914
Other	66	104	157
Gross Expenditure	51,211	61,323	66,805
Grants	-7,658	-8,043	-5,958
Other Income	-10,030	-9,439	-13,362
Net Cost to the Council	33,523	43,841	47,485

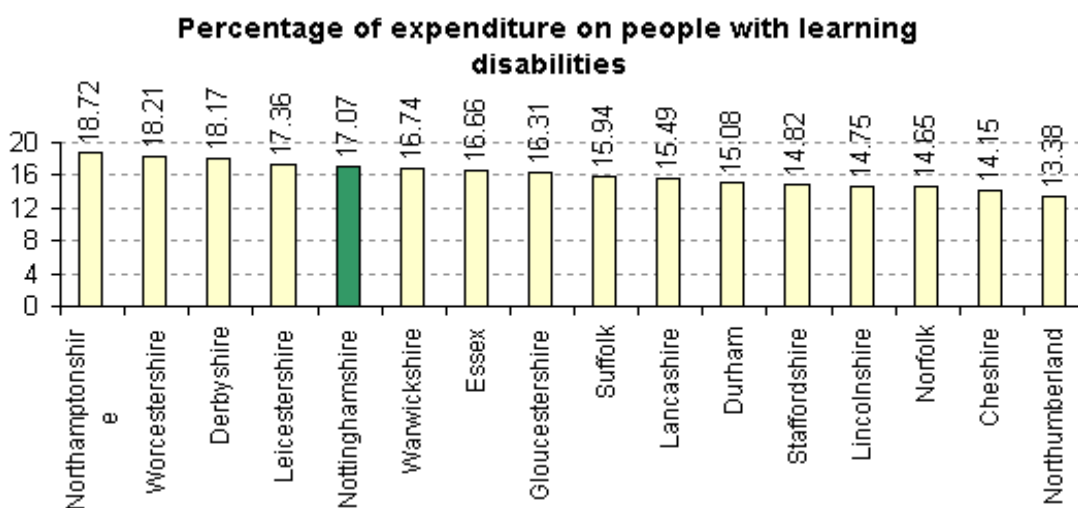
In 2006/07 and 2007/08, Learning Disabilities received the largest share of Council's development funding. The main areas in which this additional investment of £8.1 million over the two year period is shown below:

	Service	2006/07	2007/08
		£000	£000
1	Packages of support for people moving from children's to adults services	1,400	600
2	Packages of support for people living with older family carers or in vulnerable situations	1,700	900
3	Loss of income from Nottingham City Council for the Barncroft Day Centre	250	0
4	Costs no longer met by the Supporting People programme	320	0
5	Investment required to fund existing community care packages	2,000	900
	TOTAL	5,670	2,400

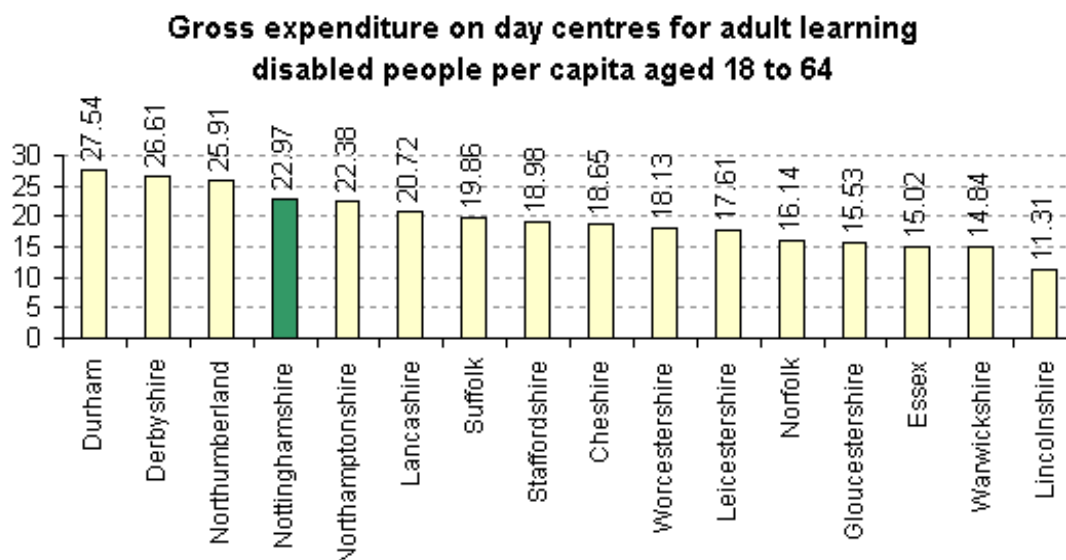
Compared to other similar Councils, Nottinghamshire has placed a relatively high priority on targeting its expenditure on people with learning disabilities.

Based on 2004/05 data, the charts below show that Nottinghamshire was in the top half of similar authorities in terms of the share of total social services expenditure (including Children's Services) accounted for by Learning Disabilities and in its investment in day centres for these service users.

For year 04/05 the % of all Social Services Expenditure spent on adults with learning disabilities



For year 04/05



6.1 Future Pressures on Expenditure.

In common with most local authorities Nottinghamshire faces numerous future pressures that include:

- the profile and needs of ageing carers
- the profile and needs of ageing service users including the growing prevalence of early on-set dementia
- bed blocking in emergency beds and Assessment and Treatment units
- re-commissioning of campus services, with a completion date of December 2010
- the numbers of people coming through transition and their complexity and aspirations
- job evaluation processes in social care and health care
- cost pressures in Primary Care Trusts and the impact of continuing care expenditure
- requirement to make efficiency gains in Local Authority and Health
- modernisation of Health and Adult Social Care and Health services e.g. Day services

6.2 Forecasting.

The local authority has been analysing high-level activity case for years 2 and 3 of the 3-year financial projections. Named individuals have been identified as requiring additional resources.

The department has robust baseline data from which capacity investments can be made. We know the entrants into our service. Each person has been allocated one of 3 funding bands. Further work is required to analyse leavers to services.

6.3 Resource Assumptions

The strategy is based on several assumptions:

- negative growth in existing level of Supporting People funding available for learning disability
- nil growth in Carers Grant
- £2.4 million of growth in the budget for Learning Disabilities in 2007/08, with similar levels of new investment being made available in 2008/09 to 2010/11.
- nil growth in Grant Aid
- inflation only growth of LDDF (revenue) £568,000 rising to £600,000 April 2008
- nil growth of LDDF (capital) £275,000 pa until April 2008.
- decreased income level from other authorities of £250,000
- expenditure and investment by PCTs will not be reduced above cost improvement.
- continuing Healthcare expenditure will continue to rise
- Preserved Rights re-imburement continues to present an annual risk to Adult Social Care and Health Department.
- applications to the ILF will rise, and awards increase

6.4 Charging

In 2006/07 a revision to the charging policy was introduced. This corrected a situation of in-equity whereby learning disabled people were not charged for similar services to those paid for by other groups:

- new charges were levied on supported living provision that is funded by Adult Social Care and Health
- charges for existing services such as day care and home care increased
- charges are expected to provide an income of £120k gross 2006/7 rising to £150k in 2007/08 and 200k in 2008/09

7 COMMISSIONING INTENTIONS

The specific commissioning intentions relating to learning disabled people are outlined below. They are categorised to reflect the departments overall commissioning intention as described in chapter one, the departmental strategic overview.

7.1 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. All key programmes that effect learning disabled adults and their carers will go to the Partnership Board. The Board will continue to scrutinise all providers of services to ensure that they are delivering 'Valuing People'.

Commissioners will develop specific partnerships to improve planning and delivery. The authority will provide leadership to deliver integration of the management of statutory services.

7.2 Developing Self Directed Care

Promote the use of direct payments so that learning disabled people can control the way they wish to receive services. The development of individual budgets should be considered as a flexible way to meet the diverse needs of learning disabled people and their families.

7.3 Promoting Health and Well-being - engaging the community

Commissioners will procure services that maximise the participation of learning disabled people in their communities. Services, such as day care provision, will continue to be assessed using the traffic light model (cited in 'No More Broccoli'). More services will be 'green'.

7.4 From Exclusion to Inclusion

Reduction in all forms of Institutional care:

This means that packages of support will become more individualised. The use of large day services will reduce by a combination of modernisation and providing alternatives. Employment opportunities will increase. Supported living will be promoted and there will be a gradual decline in the use of residential care.

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.

7.5 Carers Services

Improvements will be made in the key areas of short breaks, day services and community support. Emergency admissions will reduce and more family carers will receive short breaks. People with high support needs will be given the highest priority. Assessments of carers needs will be undertaken by a wide range of staff.

7.6 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. In order to maximise this opportunity, investment in time and money will be made to build up the leadership and self advocacy skills of people who use services and their carers. Initiatives such as developing PCPs, the Quality Tree, Health Action Planning, District Change Groups will be led by service users.

7.7 Market Management

Supported living provides nearly 50% of all community care placements. The commissioning processes around this sector are robust. Commissioners will devote more time to managing the market in residential, short break and day service sectors. The authority will collaborate with other authorities in the East Midlands to ensure best value is obtained for high level activity cases. Constructive dialogue will continue between the authority and provider via forums. Commissioners will seek to purchase care locally.

7.8 Diversity

A diverse range of providers will provide services to all sectors of the community including those from black and ethnic minorities. Services will reflect the local population and distribution of services across the county will be fair and equitable.

7.9 Quality and Performance

All services will be judged in terms of quality and performance. Access to advocacy will be increased. 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.

8 COMMISSIONING PLANS

The commissioning plans for services for learning disabled are set out below. The layout reflects the strategic commissioning intentions of the Department set out in chapter one and the nine priority performance outcomes as defined by the Commission for Social Care Inspection (CSCI), which are also referred to in chapter one. They are also classified into three groups:

- A - intentions that have been funded with the Council's medium term financial strategy
- B – are those plans which the department will look to fund through efficiency savings, modernisation plans and within the existing departmental budget envelope
- C - are those plans which the department will wish to take forward with our partners in the longer term and may go beyond the life of this strategy

8.1 Developing and Sustaining Partnerships

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Integrating the management of statutory services. In particular Community Learning Disability Teams (CLDTs)	£40k increased management capacity from learning disability reserve	Commissioning and use of resources
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 in place.	Improved quality of life
A	Development of local day service in Newark	Require a sustainable partnership. £50,000 capital LDDF	Improved Quality of Life

8.2 Developing Self Directed Care

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Maintaining existing community care commitments and developing individualised packages	£2m revenue identified 06-07 Increase numbers of Direct payments and reduce residential care expenditure	Choice and control
A	Commission services using detailed needs analysis and PCPs Review care management process annually to ensure consistency with strategic direction.	Formal request for a comprehensive needs assessment form Public Health. Focus on linkages between commissioning and PCP. Existing PCP development workers in place	Commissioning

8.3 Promoting Health and Well-being - engaging the community

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Develop discrete integrated employment service	Day service reinvestment following remodelling of staffing structures and transfer of resources from Healthcare Trust	Economic well being.

8.4 From Exclusion to Inclusion

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Day service modernisation: Gedling District	Re-commission existing service at Beck Meadow. Capital - £2.2m identified. Revenue – zero net cost	Improved Quality of life
B	Day service Modernisation: Re-provision of day services in Bassetlaw District	Requirement to agree re-use of capital from sale of existing site (Greenacre). Need for additional transitional capital £50K	Improved Quality of life
B	Re-provision of NHS Campus beds	Revenue and capital to be identified in conjunction with PCTs	Improved quality of life
C	Day Service Modernisation: Development of local day service in North Broxtowe	£0.25M capital Revenue to be costed.	Improved quality of life
C	Day Service Modernisation: Day service bases in Mansfield Town and north Mansfield	To be determined	Improved quality of life
C	Return to Nottinghamshire of 50% of all Out of Area Treatment placements (beyond neighbouring authority) agreements on a 3 year cycle	To be identified	Commissioning

8.5 Carers Services

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Develop carer support services in Mansfield and Ashfield	£20,000 Carers Grant allocated	Improved quality of life.
A	Widen short break options	Recruit an additional 4 APS short-break carers	Improved quality of life
C	Short break service in Newark	To be determined.	Improved health and emotional wellbeing

8.6 Advocacy and Involvement

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Audit the outcomes from the	Officer time to be identified	Improved choice

	additional investment in self advocacy in day services		and control
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

8.7 Managing the Market

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Creation of an accredited day service list as a means of managing the market in 2008	Officer time to be identified	Commissioning
A	Providing sufficient resources for those identified coming through transition	£1.4 m identified	Commissioning
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
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

8.8 Diversity

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Improve services for people from black and ethnic minority communities	£10,000 revenue identified	Freedom from Harassment and discrimination

8.9 Quality and Performance

	Commissioning Intention	Resource implication	Link to CSCI outcome
A	Ensure quality measures are part of all newly issued contracts	None	Improved health and wellbeing
C	Complete implementation of 'Quality Tree' in all services and monitor delivery	Officer time to be identified. £5,000 to train existing workforce	Personal dignity and respect

9 WORKFORCE IMPLICATIONS

The Social Services Department has a comprehensive Workforce Plan which identifies trends in adult care and outlines proposals to ensure the staff are recruited, retained and trained to meet their needs.

The learning disability service has re-issued a draft Workforce Plan 2007 -2010. Service users, carers and service providers have helped write it. Account will also be taken of workforce plans by key partner agencies and developments in the private and voluntary sectors.

Of particular emphasis will be the proposed further integration of commissioning and provider arms of adult social care and health care.

The drive towards more individualised services and greater involvement of service users and carers in planning are other key drivers in the updating of the workforce training and development plan. This will entail recognising new roles and responsibilities for staff as part of a modernisation of services ensuring responsiveness to need coupled with Best Value. Specifically day service staff will complete a re-structuring by April 2007.