



Nottinghamshire
County Council

Adult Social Care & Health

Commissioning Strategy

Chapter One

2007 - 2009



Strategic Overview





1 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.

Over the coming financial year a strategic needs assessment as outlined in the Health and Social Care White Paper, “*Our Care, Our Health, Our Say*”. will be carried out jointly with the Director of Public Health and the Director of Children and Young People’s Services.

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 which is 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***
- ***They are easy to access and provide as much choice and control as possible***
- ***They represent good use of public money and are valued by those who receive them, local communities and elected representatives***

The purpose of such a vision is to guide the direction of services and the values that underpin their development. So what does this mean?

Services which put the people who use them at their heart...

Our commitment is to involve service users and carers in all our activities from strategic planning across the county, groups advising and assisting in the development of local services, to individual care planning and choice and promoting well-being and independence.

There is a new emphasis on the role of adult social care in leading and working with a range of partners in promoting well-being through strategies to improve health.

These are delivered by the Council and other providers, through partnerships and integrated services.

There are a variety of organisations providing health, social care and related services in Nottinghamshire in addition to the County and District Councils and the Health services. There are providers from the voluntary, community and private sectors.

The delivery of appropriate and successful services depends on a variety of partnership arrangements - from working closely together to fully integrated services. The appropriate form depends on the particular service.

They are easy to access and provide as much choice and control as possible.

The County Council is in the process of further development of a Contact Centre to improve ease of access to services. Other methods include ensuring there is high quality information available in a variety of forms, the development of self assessment processes where possible, and making sure that there are clear standards about what people can expect when they contact us.

Providing as much choice and control as possible has many aspects:

- ensuring that service users and carers help shape the service to meet needs
- the provision of Direct Payments
- ensuring that plans are person centred
- that service users experience personal care in a way that meets their preferences

They represent good use of public money and are valued by those who receive them, local communities and elected representatives.

We are committed to ensuring that money is spent wisely in meeting the increasing need. This involves being transparent about the priorities.

Health and social care services must command the confidence of those who receive them, the wider community and politicians who represent and serve those communities.

The Health and Social Care White Paper signalled a move towards judging services on the basis of outcomes for those who use the services rather than the quantity of service or numbers of people who receive them.

The purpose of the strategy is to identify the needs of the population, national and local policies, define current services and identify our commissioning intentions and priorities.

The strategy does not identify who will provide services. These are decisions made by the Council and partners on a combination of quality and cost informed by consultation and comparison. There is already a diverse range of types of organisations providing services in Nottinghamshire.

This Commissioning Strategy provides a platform for the development and improvement of services in Nottinghamshire.

David Pearson

David Pearson,
Strategic Director
Adult Social Care and Health

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3 INTRODUCTION

3.1 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

Commissioning for social care services is a complex process of understanding needs, forecasting demand, planning capacity and matching the available resources to achieve high quality outcomes for individuals and the community.

A commissioning strategy translates the vision of the department into plans to achieve this goal; it is the route map to steer the department toward its ambition of providing personalised services which are valued, cost effective and timely.

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 department has developed a suite of commissioning strategies to direct the activities of the department until March 2009, laying out information on services that we currently provide and services that we intend to commission over the next two years. It will explain the factors that influence our commissioning and then explain our plans for individual service areas.

The commissioning strategies that follow in the subsequent chapters cover;

- **Chapter 2 Prevention** – Promoting Independence and Wellbeing for Adults in Nottinghamshire
- **Chapter 3 Older People** - Adults over the age of 65 or who have early onset dementia
- **Chapter 4 Physical Disability** - Adults aged between 18 and 65 years, with physical impairments, sensory impairments or HIV or AIDS.
- **Chapter 5 Learning Disability** - Adults aged between 18 and 65 years with learning disabilities
- **Chapter 6 Aspergers** - Adults aged between 18 and 65 years with Aspergers Disorder
- **Chapter 7 Mental Health** - Adults aged between 18 and 65 years with mental health needs

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

These strategies set out the commissioning intentions for the specific service areas but how these intentions are to be delivered will be explained in more detail in the corresponding business and delivery plans.

Following a commitment by the former county PCT's the department has worked in partnership to deliver joint commissioning strategies wherever possible.

However, the significant organisational change process undertaken in the local health community has prevented the Bassetlaw and Nottinghamshire PCTs from being able to fully participate in the development of all the strategies. For this reason some of the strategy documents represent jointly agreed positions whilst others are produced in partnership or have been prepared in consultation with colleagues in Primary Care Trusts.

It is recognised that in order to prepare a comprehensive strategic commissioning document for Nottinghamshire more information, knowledge and awareness is required in the areas of public health needs analysis, demand forecasting, capacity planning, and the impact of practice based commissioning across the health and social care sector. For this reason these strategies will form the basis of a longer term strategy to be developed for the period 2009 onwards which is intended to be jointly produced with the Bassetlaw PCT and the Nottinghamshire County tPCT.

3.2 The Demography of the County

Nottinghamshire covers 805 square miles and has a population of 755,000. If the City of Nottingham is also included the population of the geographic county is over one million. The largest concentration of population is in the Greater Nottingham area, where almost 600,000 people live. The conurbation is centrally important in providing both economic growth and cultural and sporting facilities that add to the quality of life of the county. Outside Greater Nottingham, the main towns are Mansfield (50,000), Sutton in-Ashfield and Worksop (both 40,000), Newark and Kirkby-in-Ashfield (both 25,000) and Retford (20,000).

Each of the seven district and borough council areas in the county has a population of around 100,000. About a third of the county's population live in small towns and villages. The County and City Joint Structure Plan outlines the major issues facing the county area and the links between the county's urban, suburban and rural areas. Large areas of the county are rural and sparsely populated and this can cause problems with providing services and getting access to them.

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

Deprivation is concentrated in Nottingham City and in Ashfield and Mansfield, but pockets of need exist in many other parts of the county, alongside relative prosperity. The county's population is predominantly white with less than 3% from the black and minority ethnic population; the small numbers of the black and minority ethnic population in some parts of the county can lead to isolation. There are larger percentages in Broxtowe, Gedling and Rushcliffe, with almost 5% in Broxtowe. The largest group in the county's black and minority ethnic population is Indian.

There are 181,500 children and young people aged 0 to 19 in the county; it is expected that this will decrease by around 15% by 2020. In recent years the percentages of children and young people have been increasing fastest in Rushcliffe and Bassetlaw and decreasing fastest in Mansfield. 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. In some parts of the county levels are significantly higher than this.

There are almost 19,000 businesses in the county; and unemployment is now lower than the national and regional level at 1.8%. Some parts of the county record levels that are two or three times higher than this. In addition, levels of benefit claimants are also high, indicating poor health and disability or lower than average wages.

3.3 Social Need in the County

The study of social need was launched on 7th May 2004 and is the latest in a series of four, dating back to the early 1970's. For the purposes of the study Nottinghamshire is divided into 380 zones which aim to reflect locally identifiable communities with similar social and economic characteristics.

Twenty two indicators have been selected to cover the main aspects of social need, identified as:

- low income
- poor housing
- poor health and disability
- family difficulties and crime
- educational difficulties
- lack of skills.

The study showed that:

Outside the City of Nottingham, the districts with the most widespread deprivation 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.

Ashfield has five zones with serious social need and 13 others with moderate, with a marked concentration of serious social need in Sutton-in-Ashfield. Although 18 zones in the district have high needs, 25 zones have below average need.

Bassetlaw has the zone with the highest social need in the county - Worksop Manton North. Three other zones in Worksop have serious social need and eight more moderate need. 30 Bassetlaw zones however, including three other Worksop zones, have below average social need.

New Eastwood in Broxtowe is the district's only zone with serious need whilst three other zones in Beeston, Stapleford and Eastwood record moderate social need.

A similar picture emerges from Gedling where only one zone – Arnold Killisick has serious need and four other zones, in Daybrook, Arnold, Carlton and Netherfield have moderate need.

Mansfield has the most marked need of all the county districts outside the City. Four zones in Mansfield Woodhouse have extreme need and five others, elsewhere in the district, serious need. Half of all Mansfield's 44 zones are classified as having above average social need.

The most marked cluster of zones with social need in the county area is that concentrated in central Newark, with four zones having extreme and severe need. Two other zones, in Ollerton and Boughton, figure in the six most in need in Newark and Sherwood district.

Although only one zone in Rushcliffe - Cotgrave Central (RU26) - has above average need, a group of West Bridgford zones are amongst the top half dozen in need zones in the district even though all these have below average need."

A further study, 'The Condition of Nottinghamshire', study showed the following areas of need:

Social Care and Health

| | Low Birthweight Babies | | Income Support | | Lone parent IS claimants | | Poverty | | Elderly in Need | |
|---------------------------------|------------------------|----------|----------------|----------|--------------------------|----------|-------------|----------|-----------------|----------|
| | Rate | Rank | Rate | Rank | Rate | Rank | Rate | Rank | Rate | Rank |
| Local Authority District | | | | | | | | | | |
| Ashfield | 7.1 | 4 | 6.9 | 6 | 22.4 | 7 | 16.6 | 6 | 11.2 | 7 |
| Bassetlaw | 8.0 | 6 | 6.8 | 5 | 18.7 | 3 | 16.4 | 5 | 11.0 | 5 |
| Broxtowe | 5.7 | 3 | 4.7 | 2 | 17.9 | 2 | 9.4 | 2 | 9.6 | 3 |
| Gedling | 5.4 | 2 | 4.7 | 2 | 19.9 | 4 | 10.4 | 3 | 9.0 | 1 |
| Mansfield | 8.1 | 7 | 7.9 | 7 | 22.0 | 6 | 19.5 | 7 | 11.1 | 6 |
| Newark & Sherwood | 7.7 | 5 | 5.7 | 4 | 21.1 | 5 | 14.9 | 4 | 10.0 | 4 |
| Rushcliffe | 4.8 | 1 | 3.3 | 1 | 15.3 | 1 | 5.7 | 1 | 9.3 | 2 |
| County (Notts less City) | 6.7 | | 5.7 | | 20.1 | | 13.4 | | 10.1 | |
| East Midlands | N/A | | 6.2 | | 20.2 | | N/A | | 13.9 | |
| Country | N/A | | 6.9 | | 21.6 | | N/A | | 13.2 | |

Low Birthweight Babies Average number of single live births weighing less than 2.5Kg as a % of all live births in 2002

Income Support No. of people receiving IS benefit in 2003 as % of total population

Lone parent IS claimants No. of people in receipt of lone parent premium as % of all IS claimants in 2002

Poverty No. of children receiving free school meals as % of children aged 5-15 in 2002

Elderly in Need No. of Social Services referrals aged 65 plus in 2003/04 as % of popn aged 65 plus

Social Care and Health

| | Disabled in Need | | Children in Need | | Child Protection | | Drug Treatment | | Mortality Rate | | Housing Stress | |
|---------------------------------|------------------|----------|------------------|----------|------------------|----------|----------------|----------|----------------|----------|----------------|----------|
| | Rate | Rank | Rate | Rank | Rate | Rank | Rate* | Rank | Rate | Rank | Rate | Rank |
| Local Authority District | | | | | | | | | | | | |
| Ashfield | 1.2 | 4 | 6.5 | 4 | 0.8 | 5 | 2.8 | 3 | 113 | 7 | 3.4 | 4 |
| Bassetlaw | 1.5 | 7 | 7.8 | 6 | 0.7 | 4 | 3.7 | 1 | 105 | 5 | 3.4 | 4 |
| Broxtowe | 1.0 | 3 | 4.6 | 3 | 0.3 | 2 | 2.1 | 4 | 98 | 3 | 1.6 | 2 |
| Gedling | 0.9 | 1 | 3.4 | 2 | 0.3 | 2 | 1.7 | 6 | 98 | 3 | 3.5 | 6 |
| Mansfield | 1.4 | 6 | 8.7 | 7 | 0.8 | 5 | 3.3 | 2 | 108 | 6 | 10.0 | 7 |
| Newark & Sherwood | 1.3 | 5 | 6.7 | 5 | 0.8 | 5 | 1.9 | 5 | 96 | 2 | 2.7 | 3 |
| Rushcliffe | 0.9 | 1 | 2.2 | 1 | 0.1 | 1 | 0.9 | 7 | 89 | 1 | 1.5 | 1 |
| County (Notts less City) | 1.2 | | 6.7 | | 0.6 | | 2.3 | | 101 | | 3.6 | |
| East Midlands | 1.3 | | N/A | | 0.5 | | N/A | | N/A | | 5.1 | |
| Country | 1.4 | | N/A | | 0.6 | | N/A | | 100 | | 4.7 | |

| | |
|-------------------------|---|
| Disabled in Need | No. of Social Services referrals aged 18-64 and disabled in 2003/04 as % of the population aged 18-74 |
| Children in Need | No. of Social Services referrals aged 0-17 in 2003/04 as % of the popn aged 0-17 |
| Child Protection | No. of Section 47 enquiries 2003/04 as % of the population aged 0-17 |
| Drug Treatment | No. of people receiving treatment for drug abuse in 2003/04 per 1000 population |
| Mortality Rate | Actual No. of Deaths as a proportion of estimated No. of Deaths, 2003 |
| Housing Stress | No. of people on District Councils' waiting lists at April 2004 as % of total population |

3.4 The County Council

In April 2006 the County Council approved a new structure for the whole Council, with four service departments and a Chief Executive's department. The service departments are:

- Adult Social Care and Health (ASCH)
- Children and Young People Services (CYPS)
- Communities
- Resources

The Adult Social Care and Health department has responsibility for planning, commissioning and providing adult care services. The department is led by a strategic director who undertakes the role of Director of Adult Social Services (DASS), and who is supported by four new service directorates:

- Older People and Strategic Partnerships
- Physical Disability and Promoting Independence
- Mental Health and Learning Disability
- Strategic Services

In October 2006 the Government published a White Paper aimed at local government, called "*Strong and Prosperous Communities*". This sets out the Government's intention to improve the way agencies work together so that public funds are used effectively and efficiently. This will include:

- encouraging early intervention to prevent higher costs at a later stage
- discouraging efficiency savings in one organisation which lead to increased costs in another
- developing information systems which encourage data sharing and support the integrated delivery of services

In addition the white paper required local government to consider ways in which two and three tier councils could become more efficient and effective.

In response Nottinghamshire County Council has recommended a greater degree of partnership working to be developed between itself and the Borough and District Councils within the county.

In response to the White paper the Council have established five programme areas, to be led by the Chief Executive or Strategic Director. These programmes are:

1. **Service improvement** – focussing on the policy documents, 'Every Child Matters', and 'Our Health Our care Our Say'.
2. **Communication** – focussing on media and public relations and the implementation of Notts Connect
3. **Value for Money** – focussing on the use of resources and improving performance.

4. **Governance** – focussing on the development of the local Area Agreement, Sustainable Communities Strategy and Local Strategic Planning.
5. **Elected Members** – focussing on the political leadership of the authority

4 THE COMMISSIONING CONTEXT

The design and commissioning of services by the department is set within a context of:

- the legislative framework
- guidance and regulation
- Nottinghamshire County Council's Corporate Strategy
- feedback from people who use services
- partnership working
- budget and resources

These factors affect the priorities of this commissioning strategy in the following ways:

4.1 Legislation – Statutory Framework

As laid out in the National Assistance Act 1948, councils may provide social care services to adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments, or from mental health difficulties. Who is helped, how they are helped and their right to help is set out in a range of legislation and guidance. Since the publication of the 1948 Act, over 20 pieces of separate legislation have been introduced giving powers and duties to local authorities to provide social care services to adults.

New legislation and guidance is introduced fairly regularly. New pieces which will become operational over the next three years and which will affect the way in which our services are planned, commissioned and delivered include:

4.1.1 The Mental Capacity Act 2005

The Mental Capacity Act will provide a statutory framework for assessing whether a person has the capacity to make decisions and defines the basis for how others can make decisions on behalf of those who lack capacity.

It affects decisions concerning both care and treatment and financial affairs.

The act comes into force in April and October 2007. The department will need to ensure:

- all staff have knowledge of the Act according to their level of decision making
- there are clear processes and procedures
- staff have adequate support in making complex decisions.

4.1.2 The Mental Health Bill 2006

This will amend a number of aspects of the Mental Health Act 1983 including:

- the introduction of supervised community treatment orders
- the creation of a new role of approved mental health professional for whom the council will have overall responsibility for training, approval and ensuring competence
- amendment of the Mental Capacity Act to set up safeguards for those people who lack capacity and are deprived of their liberty (the "*Bournemouth gap*")

4.2 National Government Guidance and Regulation

In addition to the statutory framework there are a range of policy initiatives and guidance produced by national government bodies, such as the Department of Health, and which local authorities are required to apply to the delivery of services.

In January 2006 the government published a White Paper entitled

4.2.1 “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 local services:

- giving the responsibility to Directors of Adult Social Services, Directors of Public Health and Directors of Children’s Services to assess strategic needs in order to plan services for the next 10-15 years
- development of a joint NHS and social care complaints system

On prevention:

- investing in prevention measures that can improve people’s well-being and prevent acute hospital admissions

On control and choice:

- developing self directed care and personalised social services through extending direct payments and piloting individual budgets to give people greater freedom to choose the support they want

For carers:

- establishing an information service/helpline for carers.
- establishing short-term, home-based respite support to carers in crisis or emergency in each area
- allocating resources to train carers
- encouraging councils and Primary Care Trusts (PCTs) to nominate leads for carers’ services

For people with long-term conditions:

- ensuring all people with long-term or complex needs have access to a case manager who can co-ordinate the services they need
- expecting all PCTs and local authorities to establish joint health and social care networks or teams to support people with long-term conditions and providing them with an integrated care plan by 2008

On commissioning:

- strengthening PCTs, through their current development and reconfiguration, to encourage greater focus on developing community based preventative services
- ensuring universal coverage of practice-based commissioning during 2006
- developing guidance on joint commissioning for health and well-being and also for those people with long-term needs (80 per cent of those using social care)

On the workforce:

- integrating NHS and local authority workforce planning by 2008
- building up skills in social care and taking action to address recruitment and retention problems

In essence it is requiring local authorities and health services to work more closely together, to avoid duplication and enable people to remain independent for as long as possible whilst retaining the maximum choice and dignity. Our commissioning strategies must reflect these aspirations and should be produced in consultation with health services such as local Primary Care Trusts (PCTs) and acute trusts.

Other guidance which directly affects the services that we provide are:

4.2.2 Fair Access to Care Services (FACS) guidance

Implemented in April 2003, this sets out a framework for determining who is eligible to receive a social care service based on an assessment of their needs. Currently in Nottinghamshire people are given priority for social care services if their needs are assessed as posing a critical or substantial risk to their independence.

4.2.3 Continuing Care - National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

The Department of Health has stated an intention to produce a national framework for NHS Continuing Healthcare and NHS-funded Nursing Care in England. This framework will set out a single policy on who should receive NHS funding, be that fully funded NHS Continuing Healthcare (where the NHS funds the whole care package) or NHS-funded Nursing Care (where the NHS is responsible for the nursing required from a registered nurse in a care home) and create a standard process for assessing eligibility for these services, including a national tool to help support decision-making.

This will impact on how the council provide services, to whom and how these services are funded.

4.2.4 National Service Frameworks

The government has also produced national service frameworks (NSFs) which are long term strategies for improving specific areas of care. Each national service framework:

- sets national standards and identifies key interventions for a defined service or care group
- puts in place strategies to support implementation
- establishes ways to ensure progress within an agreed time scale
- forms one of a range of measures to raise quality and decrease variations in service

There is a rolling programme of NSFs, launched in April 1998. Those that most affect social care services are: Mental Health, Older People and Long Term Conditions. These will be

discussed in more details in the specific commissioning strategies or can be found through the Department of Health website (<http://www.dh.gov.uk/PolicyAndGuidance/fs/en>).

In addition, the government will publish a National Housing Strategy for an ageing society in the course of 2007 and is expected to publish documents on Urgent Care Services, Neurological Conditions and Palliative Care.

4.2.5 Fairer Charging

This national framework for charging for non-residential community care services was implemented in 2003. It allows local authorities discretion on charging levels as long as this is in line with the framework. Charging levels vary widely nationally and remain a highly contentious area of policy and funding.

4.2.6 Safeguarding Children

The Adult Social Care Department retains a number of responsibilities in respect to the safeguarding children agenda. The department recognises its corporate parent role within the local authority and is represented on the Safeguarding Children Board.

The department will continue to exercise its function having due regard to its responsibilities under section 11 of the Children Act 2004 and with specific reference to issues of transition from childhood to adulthood and in support of disabled parents of children in need

4.2.7 Safeguarding Adults

In October 2005 the Association of Directors of Social Services (ADSS) published a national framework document entitled “**Safeguarding Adults, A National Framework of Standards for good practice and outcomes in adult protection work**”. This builds upon the statutory guidance in ‘No Secrets’ published in 2000. It suggests that there should be a move away from the phraseology “protection of vulnerable adults” to “safeguarding” and sets out 11 standards of good practice that local authorities and their partner agencies should work towards. It states “implementation in every local area will lead to the development of consistent, high quality adult protection work across the country.”

As a lead agency in safeguarding adults we are moving towards implementation of safeguarding principles and work alongside Nottinghamshire Adult Protection Unit to achieve this.

For more information about safeguarding see (www.nottsadultprotection.org).

4.2.8 The Dignity Challenge

The Social Care Institute for Excellence published “**Dignity in care**” in November 2006 on behalf of the Department of Health. It supports the government’s recently launched ‘**Dignity Challenge**’ initiative which sets out a clear statement about what people can expect from a service that respects dignity. It focuses on the ten most important aspects of care, as defined by consumers themselves, and is reinforced by a series of ‘dignity tests’ that can be used by providers, commissioners and people who use services to see how their local services are performing.

Our commissioning plans should reflect these ten core principles and we should ensure that services we are procuring or providing can meet the dignity challenge.

4.3 Nottinghamshire County Council's Strategic Plan

The Adult Social Care & Health Department (ASCH) is one of the four new service departments of Nottinghamshire County Council, which together are responsible for delivering the strategic intention of the council set out in *"All Together Better, Nottinghamshire County Council's Strategic Plan 2006 – 2010"*. This document sets three priorities for the council:

- putting our customers at the heart of everything that we do
- delivering excellent, but affordable public services being a civic leader
- helping to develop strong communities across the county.

The corporate strategy identifies five main objectives which it seeks to achieve for the community through working in partnership from 2006-2010.

These are:

- **safer and stronger** - a safer place to live with a strong sense of community
- **healthier** – improved health and wellbeing for people
- **learning and earning** – help for everyone to reach their potential
- **cleaner and greener** – protection and improvement of the environment
- **travel and access** – help for people to travel more easily and safely and be able to access all the services they need.

It also explains that these priorities are set within a national framework for local government that includes:

- the need to make significant efficiency savings and minimise council tax rises whilst coping with increased demand
- the re-shaping of children and adults services higher performance standards
- an expectation that public services will be more accessible, responsive and able to offer greater choice
- an ability for local government to respond to and empower local communities whilst establishing priorities at a strategic level

These are the priorities that national government expects local governments to achieve; the county council is required to explain what it will do to meet these and how.

Within this context the Adult Social Care and Health department will:

- strengthen community care to help more vulnerable, elderly or infirm people to live independently at home
- encourage the involvement of all age groups in community activity and promote community cohesion
- help adults with mental health issues or learning disabilities to be more independent and to enrich their lives
- promote greater choice and independence through community care services
- increase participation of all age groups, particularly older people, in sport, leisure, culture and physical activity
- reduce health inequalities and improve life expectancy
- help people into work and increase the proportion of people in employment
- help more older people to take up financial assistance or services they are entitled to

4.4 Consultation - Feedback from people who use services

The department carries out regular consultation to find out what people think of the services they use. It has consulted with different groups of people including carers, physically disabled people, older people, people with HIV/AIDS, people with sensory impairment, learning disabilities, mental health difficulties and people from black and ethnic minority groups. Some examples are:

4.4.1 Countywide Older People's Strategic Partnership

A Countywide Older People's Strategic Partnership has been developed between older people, the public, private and voluntary sectors. The aim of the partnership is to enhance public services for older people, strengthen the voice of older people in Nottinghamshire as active citizens and major users of public services, and create a coherent approach to the needs of older people within the county area. The partnership has implemented a comprehensive consultation and involvement strategy and considered action for the promotion of independence for older people in Nottinghamshire. The partnership is informed by the Older Person's Advisory Group, which draws from local older persons forums and is also active regionally and nationally.

The partnership has developed a Countywide Strategy for Successful Ageing. This approach has been the subject of an Audit Commission study and a successful Beacon Application for Services for Older People on behalf of Nottinghamshire County Council. The Authority was awarded Beacon status for services to older people for 2005 – 2006.

4.4.2 Learning Disability Partnership Board

The Countywide Partnership Board is an inclusive forum with member representation from service users; carers; statutory, voluntary and independent sector providers; commissioners and county council elected members.

The board is chaired by the portfolio holder (Cabinet member) for Adult Social Care and Health and has a service user as vice chair. The Partnership Board has identified the priority areas for the next 5 years and established a number of work streams and projects to oversee service development. The board acts as a planning and commissioning forum and controls the expenditure of the Learning Disability Development Fund.

4.4.3 Mental Health Local Implementation Team

The Local Implementation Team (LIT) is a multi-stakeholder partnership group intended to oversee the implementation of the NSF for mental health and provide a steer to the modernisation, commissioning and development of services that has followed the NSF. The PCTs are responsible for the establishment and management of LITs across the pre-existing health authority boundaries in the north and south of the county. The Bassetlaw PCT and Nottinghamshire County PCT have signalled that they wish to replace current LIT arrangements. Future consultation and involvement forums for mental health will need to be developed.

Some general themes are common to all groups of people and need to be considered in our future commissioning strategies including:

- **Information**

Information should be more accessible and provided through a variety of different methods. It should be consistent and many people want a single point of access

- **Transport**
Involvement in education and training is made more difficult by poor access to transport and buildings
- **Housing**
Housing should be better designed to meet people's needs. Extra Care schemes need to be further developed and advice or access to lists of reputable and reliable trades people is required
- **Services to people from black and ethnic minority groups**
Services need to be more welcoming, available and responsive
- **Parenting**
There is a need to improve support to disabled parents
- **Employment**
Only 7% of disabled respondents were undertaking some form of employment; discrimination and lack of flexibility by employers were cited as the reason for this
- **Promoting independence**
Adaptations to the home, help with domestic tasks and personal care are key to helping people to remain independent

4.5 Partnerships - Working with other Organisations

4.5.1 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.

Health inequalities is a recurring theme throughout the work plans of the LAA and therefore links very closely to the Local Delivery Plans (LDPs) of the PCTs. It is anticipated that that the two systems (LAA and LDP) will become further aligned as joint health and social care targets will be set by central government and some local work is in place to strengthen their connections in practice.

The Adult Social Care and Health department is involved with various elements of the LAA, and takes a lead role in the Healthier Communities and Older People's block.

4.5.2 Healthier Communities and Older People (HCOP) Block

Improving health, promoting well-being and tackling health inequalities is a strategic aim of the Nottinghamshire Community Strategy and partnership. Improving health where it is at its poorest underpins the way in which all partner agencies with an interest in health across Nottinghamshire intend to maximise the LAA to deliver a major step change in action to reduce health inequalities for all age groups.

The LAA focuses on the importance of addressing the determinants of poor health and looking at effective ways to prevent the cycle of health inequalities is where the LAA will focus. The overarching outcomes to delivering on this vision are:

- to improve the health of the Nottinghamshire population by reducing the number of early deaths, increasing life expectancy and tackling health inequalities
- to reduce health inequalities and tackle the underlying determinants of poor health
- to reduce the prevalence and impact of avoidable injuries with particular regard to those suffering disadvantage, by reducing avoidable injuries in the home and in the community

4.5.3 Working with Health partners.

In October 2006, in response to “**Commissioning a Patient led NHS**” (DoH) 3 Primary Care Trusts were established across Nottinghamshire:

- Bassetlaw PCT
- Nottingham City PCT
- Nottinghamshire County PCT

Local authorities are required to work in collaboration with the NHS in the commissioning and provision of services. Guidance sets out common themes and objectives which we are all required to work within.

Government has established a number of national priorities for the NHS which are given local definition through the Local Delivery Plan and monitored through a set of performance metrics. A copy of the detailed list of metrics is contained in the appendix.

Those priority areas which impact most closely with the Adult Social Care and Health department are:

- urgent care
- public health & health inequalities
- long term neurological conditions
- learning disabilities
- mental health
- older people
- primary care

Further explanation of how these relate to our commissioning strategies is detailed in the following chapters.

4.5.4 Delivery Oversight Group (DOG)

The Delivery Oversight Group has been formed to provide leadership and strategic vision to the development of integrated services with the Nottinghamshire Healthcare Trust. The Trust is the major provider of mental health and learning disabilities health services. The group meets quarterly to oversee governance processes, resources, strategy, and confirm partner arrangements.

Membership of the group consists of:

- the strategic director, Nottinghamshire County Council, Adult Social Care and Health department
- the strategic director, Nottingham City Council, Adult Social Care and Housing department
- the chief executive, Nottinghamshire Healthcare NHS Trust

The Delivery Oversight Group has agreed leadership and partner arrangements for the following integrated services:

- **adult mental health** - lead- Nottinghamshire Healthcare NHS Trust
- **learning disability** – lead – Adult Social Care and Health Department

- **Older peoples mental health** – lead – to be agreed community forensic services – lead – Nottinghamshire Healthcare NHS Trust

4.5.5 Supporting People

- In Nottinghamshire, the Supporting People programme currently funds around £25 million of housing related support services – with around 300 services providing support to some 19,000 people. It is overseen by the Supporting People Commissioning Body, chaired by the cabinet member for Adult Social Care and Health, with representation of all district councillors, the PCTs and Probation. The County Council, through the Adult Social Care and Health department is the administering authority.
- Supporting People funds a variety of different services, delivered by support providers, in a range of settings such as:
 - wardens or scheme managers in sheltered housing
 - ‘Lifelines’ or community alarm services
 - visiting support workers (floating support)
 - supported housing for people with mental health needs and learning disabilities
 - hostels and women’s refuges

4.6 Budget and Resources

The department has successfully delivered its £7.4 million savings programme for 2006/07 through the modernisation of services and the reprioritisation of existing resources. This, combined with the additional funding allocated in the 2006/07 budget, has enabled the department to make a substantial investment in additional direct payments and meeting the needs of service users with learning disabilities.

Over the three year period 2005/06 to 2007/08 ASCH will have made some £13.1 millions of efficiency savings, equating to 9% of the net budget. In addition to these cash releasing savings, the department has also secured increased productivity. Based on the Department of Health’s methodology, ASCH made an 8% productivity improvement in 2005/06 – which meant services that would have cost £12million in 2004/05 were secured at no extra cost to the council.

It is anticipated that the department will under spend by £2.128 million as a result of a reduction of the number of service users in residential care and temporary vacancy savings. It is planned to carry forward this under spend to assist the department in meeting the challenges it faces in 2007/08.

Impact of the 2007/08 Budget

In 2007/08 there will be a range of increased pressures on the Adult Social Care budget as a result of:

- the continuing implementation of the Valuing People Strategy which provides opportunities for service users with learning disabilities to live in the community.
- demographic changes which mean that increasing numbers of older people and people with disabilities are living longer and require higher levels of care and support. In particular, there is an increase in the number of older people with dementia requiring specialist services. This combines with an increasing expectation that many people will have their needs met at home rather than in a hospital or residential care setting

- promoting choice and quality by offering direct payments for those who are eligible for services and ensuring a wider range of services meet national standards for care and training
- the need to review fee levels for providers of residential care in the independent sector, with a particular emphasis on enhancing rates for older people with dementia and securing improvements in service quality in response to CSCI's requirements

Overall, £6.4 million is required in 2007/08 to fund these pressures, which will be used as follows:

- £2.4 million will be used to support the Valuing People Programme to allow vulnerable service users with learning disabilities to live in the community
- £0.7 million will be used to fund an additional 13 residential/nursing placements for service users with mental health problems and to develop services for up to 20 people with Aspergers Syndrome
- £0.75 million will be made available to service users with physical disabilities to manage their own care needs through direct payments
- £1.6 million will be targeted to develop services to enable older people to continue to live in their own homes
- £0.75 million will be targeted at increasing fee rates to independent sector providers of residential care for people with dementia and to meet the CSCI quality agenda
- £0.2 million will be used to make up for lost income from the NHS for services that had previously been jointly funded with the county

The department plans to save £2.1 million on the base budget to meet some of the pressures outlined above.

4.7 Performance Management and Auditing

4.7.1 Performance

The County Council's performance is assessed every year by the Audit Commission through the Comprehensive Performance Assessment (CPA). This evaluates the services the Council provides, its ability as an organisation to lead its community and its efficiency and effectiveness.

The department has been successful in maintaining its 2 star performance rating as judged by the Commission for Social Care Inspection (CSCI). The Department was recognised as serving **most** people well with **promising** capacity for improvement which is to be acknowledged as a significant achievement in the current climate of increasing demand on services and challenging modernisation and efficiency changes. Staff are to be commended on their commitment, skills and dedication in delivering quality services and achieving this level of performance at a time of change and development.

The CSCI judgement contributed significantly to maintaining the overall national rating of Nottinghamshire County Council as a 4 star authority, with a 'direction of travel' assessment of 'improving well', following a recent Comprehensive Performance Assessment (CPA) by the Audit Commission.

The Commission for Social Care Inspection (CSCI) recently produced a consultation document "*New Outcomes Assessment for Performance Assessment of Adult Social Care (2006-07)*". It sets out a framework for assessing the performance of adult social care services based on the seven social care outcomes outlined in "Our Health, Our Care, Our Say".

It is seen as a step on the way to having “an aligned social and healthcare outcome framework by 2009”. The seven outcomes are:

- improved health and emotional well-being
- improved quality of life
- making a positive contribution
- exercise of choice and control
- freedom from discrimination or harassment
- economic well-being
- personal dignity and respect
- In addition to these seven CSCI has added a further two outcomes:
 - leadership
 - commissioning and use of resources

Future evaluation of the department’s services will be based on assessing how far we are helping to achieve the above nine principles in improving people’s lives. This document will reflect these outcomes in determining commissioning intentions and in the development of service commissioning plans.

4.8 Performance Assessment Framework

The first table shows last year’s performance against a selection of key performance targets. These indicators represent key threshold targets and targets which impact directly on the department’s commitments within the community strategy. The table shows the latest results available. The year end results for 2006/07 for some indicators are not available until the end of May 2007.

PAF INDICATORS FOR ADULTS: Results for 2006/07

| KEY | ● Investigate urgently ●● Ask questions about performance ●●● Acceptable ●●●● Good ●●●●● Very good | | | | | |
|----------|---|---------|-------|---------|--------|-------|
| PAF ref. | Indicator | 2005/06 | | 2006/07 | | |
| | | Result | Band | Target | Result | Band |
| AO/C28 | Number of households receiving intensive home care per 1000 population aged 65+ (Key Threshold See C72) | 9.4 | ●●● | 9.8 | 10.6 | ●●● |
| AO/C29 | People aged 18-64 years with physical disabilities helped to live at home on 31st March 2007 per 1000 population aged 18-64 years High is good | 3.78 | ●●● | 4 | 4.4 | ●●●● |
| AO/C30 | People aged 18-64 years with learning disabilities helped to live at home on 31st March 2007 per 1000 population aged 18-64 years High is good | 3.27 | ●●●●● | 3.2 | 3.11 | ●●●●● |
| AO/C31 | People aged 18-64 years with mental health problems helped to live at home on 31st March 2007 per 1000 population aged 18-64 years | 2.4 | ●●●●● | 3 | 4.2 | ●●●●● |
| AO/C32 | People aged 65 years and over helped to live at home on 31st March 2007 per 1000 population aged 65+ High is good | 67.5 | ●● | 71 | 70 | ●● |
| AO/D39 | The percentage of adults and older people who received a service during the 12 months ended 31st March 2007 who had been given a statement of their needs and how they will be met (i.e. who had a care plan) High is good | 93.83 | ●●● | 96 | 96 | ●●●● |
| AO/D41 | The average number per week of delayed transfers of care from an acute hospital bed per 100,000 population aged 65 or over | 15 | ●●●●● | 15 | 18 | ●●●●● |
| AO/C51 | Adults aged 18-64, and older people aged 65 and over, receiving Direct Payments on 31st March 2007 per 100,000 population aged 18 and over (age standardised) (Key Threshold <15 limits to 'GOOD') High is go | 69 | ●●● | 71 | 93 | ●●●● |
| AO/D54 | The percentage of items of equipment and minor adaptations satisfactorily delivered within 7 working days of the decision to supply them (Key Threshold <45% limits to 'ADEQUATE' <55% limits to 'GOOD') | 78.9 | ●●●● | 80 | 83 | ●●●● |
| AO/D55 | Acceptable waiting times for assessments - the average of (a) the percentage of assessments started within 48 hours of first contact and (b) the percentage of assessments completed within 4 weeks of the first contact. This applies only to assessments of n | 80.7 | ●●●● | 82.5 | 82.5 | ●●● |
| AO/C62 | Carers assessments or reviews that resulted in the provision of a carers-specific service as a percentage of all service users who received a service during the year | 9.13 | ●●●● | 10 | 10.04 | ●●●● |
| AO/C72 | Supported admissions of older people to permanent residential and nursing care per 10,000 population aged 65 or over (Key Threshold >140 limits to 'most' if C28 is <8) | 98.51 | ●●● | 94 | 89 | ●●●●● |

In line with the white paper outcomes the local authority is committed to developing joint health and social care outcome measures.

To achieve this vision the local authority and health partners will provide clear leadership through the Delivery Oversight Group and joint commissioning forums to ensure that the benefits of partnership working and engagement with self-advocates and carers are realised.

A means of assessing how well social care and health targets are being met will be developed in 2007. This will be accomplished by creating a combined 'balanced scorecard' that illustrates progress against each target. Initial scorecards will be developed for adult mental health and learning disability followed by older people and people with physical disabilities.

5 DEPARTMENTAL COMMISSIONING PRIORITIES

The ASCH currently commissions, procures and delivers a wide range of services. Further details about some of these services are contained in the individual commissioning strategies that follow or can be sought through our general publications and at <http://www.nottinghamshire.gov.uk/>.

Within the time span of this commissioning strategy the following cross cutting priority areas will inform our commissioning intentions:

5.1 Developing and Sustaining Partnerships

Working in partnership is vital to achieving our aims and aspirations. The complexity of social care commissioning and provision, its inextricable links to health care and the wide ranging nature of the well-being agenda all suggest that the department will need to operate with an ever increasing array of public, private and third sector partnerships.

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. The development of joint commissioning arrangements should deliver greater efficiency, less bureaucracy and more co-ordinated planning resulting in timelier, outcome focussed services for individuals and families.

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.

Where outcomes for service users can be enhanced, the department is committed to developing integrated services. Within 2007 the council will become the integrated lead for the provision of learning disability services, the integration of mental health services will be strengthened through formal partnership agreement, and the older peoples mental health services will be reviewed.

5.2 Developing Self Directed Care

In line with the objectives of the White Paper and to ensure individuals can have increased choice and control, the department will be undertaking a range of activities over the next two years to develop more self directed care options for individual service users, these include, self assessment processes, direct payment options, and individual budget development.

A pilot self assessment project is to be 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 has maintained a year on year increase in the number of people receiving a direct payment. Recent policy decisions to decommission in house home care services and to enable growth of direct payments and purchasing as required in the independent sector will provide for an additional £1million to be spent on the provision of direct payments over the next two years.

The county currently invests £111,000 in Direct Payments Support Services. A larger amount is likely to be needed in April 2007 following a tender to supply a county-wide service. This will be resourced through funding made available for growth in direct payments from the re-provision of home care services and other efficiencies.

We intend to commence work to scope and plan for the delivery of individual budgets to service users as a means to offer maximum choice and promote independence. Building on the expertise of the In Control programme and taking account of the learning from the individual budget pilot site authorities, we will consider the impact of providing individual budgets on our service user populations, provider partners and resource systems.

5.3 Promoting Health and Well-being – engaging the community

The role of the Director of Adult Social Services, alongside the Director of Children's and Young People's Services and the Director of Public Health, requires local leadership on health and well-being. This provides the department with an important opportunity to strengthen our support to the wider county council and work in partnership with Nottinghamshire County Teaching PCT, Bassetlaw PCT and other partners to tackle health inequalities and deliver improved services.

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 within the County Council.

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. Our focus will be on supporting robust partnerships which promote healthier communities and addresses public health issues such as obesity, smoking, alcohol misuse and health inequalities.

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

Underpinning the delivery of Local Area Agreement priorities agreed across partner agencies we intend to commission services which deliver the best possible health and well-being outcomes for individuals and communities. Our focus will be on the promotion of good health and on prevention which empowers people to do things for themselves and gives them the chance to live healthy lives.

We will maximise intelligence from the shared joint needs assessment across health, social care and local government to inform our decisions on where resources are best invested to

have the greatest impact on current and future health and well-being needs of our population. These will focus on using our local authority duty of well-being to improve health and opportunities for individuals and communities and aim to ensure that our local plans, including the Local Area Agreement, impact positively by making better choices for health and well-being easier to access for all

The department will continue to contribute to work across the Council to develop the internet site. This includes working in partnership to develop a web site which provides information of all services for people who are 50+ irrespective of whether the service is provided by the voluntary sector, local authorities or self help groups. As part of the digital challenge we have started work to make this web site accessible through digital television.

5.4 From Exclusion to Inclusion

Exclusion can occur in all care settings, from NHS hospital provisions to residential environments, day care centres and domiciliary provision. Reducing exclusion is a cultural challenge as much as it is about service redesign.

In many areas of service 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, through the delivery of alternative services and the focus on early intervention and prevention.

Traditional day care environments are being replaced with more inclusive services, and employment options are being delivered.

The shift from service led provision to personalised care requires a new workforce strategy, a different capital asset base and a more outcome focussed flexible commissioning process.

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 Integrated Transport Centre is under development. It will provide co-ordinated transport provision via a range of providers through a co-ordinated booking system. This will replace the existing social services transport section (see appendix for further information).

The Nottinghamshire Telecare Strategy will provide preventative telecare equipment, enabling a range of potential home hazards, such as fire, carbon monoxide and bogus callers, to be alerted to a 24 hour monitoring centre. The strategy is being financed through a £1.1 million grant provided to Nottinghamshire County Council by the Department of Health. 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

5.5 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.

The development of a comprehensive strategic needs assessment with colleagues in the Primary Care Trusts will contribute greatly to the authority's ability to forecast demand and plan for capacity requirements over the medium to longer term.

The department has a growing knowledge base in respect to the availability of care provision within Nottinghamshire and the standard of care provided.

Managing the care market will require a more detailed analysis of the capacity of the independent sector workforce to meet the demands of an increasingly personalised model of care delivery, together with an ability to influence the direction of provider organisations, the balance of accommodation and domiciliary services and the cost of care delivery.

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.

Currently we provide a meals service to approximately 2000 service users. The meals service offers a frozen, chilled or hot meal appropriate to people's needs with different eligibility criteria for each. In addition the meals service provides meals to 71 lunch clubs and 8 departmental day centres.

As part of the need to make financial efficiencies we have established a project to review the meals service. The project will consider the following options:

- disestablishment of the meals service
- outsourcing elements of provision
- retained service becoming cost neutral in three years

5.6 Carer Services

There are 6 million carers in the country and the department recognises the important role carers play in caring for vulnerable people and in assisting the department to improve service provision and procure new services.

The department is committed to providing support to carers, recognising the risk that without support many carers' own health and well-being may suffer.

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 particularly in learning disability services. Documents and processes are being reviewed and a pilot is underway to trial a new assessment document, which has been developed to promote carer self assessment and to reduce waiting times for services. If successful this will be rolled out across all client groups.

The opportunities for carers to have a break, particularly for carers of older people, are to be increased.

5.7 Advocacy and Involvement

The department is committed to ensuring that services meet the needs of vulnerable people throughout the county. Both local tax payers and people who directly utilise services should

be able to comment, influence and assist in the planning, coordination and delivery of social care services. The county council recently consulted widely on the priority areas of council business, resulting in a large public show of support to the delivery of social care services. 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.

An Independent Mental Capacity Advocate (IMCA) service has been commissioned jointly with the City Council to cover all Nottinghamshire for all client groups. The advocates have legal powers and there is a duty to refer to the IMCA service when the person lacks capacity, has no carer, friend or relative who could be consulted and a serious medical treatment or a defined time limit change to a person's accommodation is proposed. The exact remit has to be finalised by parliament but any changes are covered in the service specification. The IMCA service in Nottinghamshire will be provided by Speaking Up. Implementation commences in January 2007 with service commencement by April 2007.

5.8 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.

The numbers of people from backgrounds other than white British are low, but increasing, therefore the department needs to ensure services can meet their cultural, religious and racial needs in timely and sensitive manner. 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. The department will commission services which proactively promote equality of access, equality of opportunity and equality of provision. Service providers will need to demonstrate an awareness of minority ethnic needs, and an ability to meet those needs through the use of appropriate communication, information and culturally sensitive services.

Many people are vulnerable due to age, infirmity or disability. However service commissioners and providers also need to recognise the needs and strengths of people with different abilities and experience in the provision of services and in the promotion of well-being across the county.

The Department needs to continue to achieve a balance in its workforce of staff of different ages, staff from black and minority ethnic background and disabled staff. This is particularly the case in management and senior management positions. In response the department is developing a workforce strategy to promote recruitment and retention and to support people in their employment. It is the intention for 2007/08 to produce a revised workforce plan covering the whole social care sector.

Through the use of commissioning, procurement and workforce development processes the department will aim to support the independent sector to similarly meet its workforce requirements.

5.9 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.

During 2006/07 Adult Social Care and Health built on the foundations laid in 2005/06 and continued to improve services and performance within a balanced budget.

The latest annual review by the Commission for Social Care Inspection (CSCI) showed progress across all six of the assessment standards used to judge the department, which was recognised as serving **most** people well with **promising** capacity for improvement. This was despite the fact that the national inspectors had set more difficult criteria this year.

CSCI highlighted the department's clear vision and strategic direction, positive partnership working and increased preventative services to support older people. The department was also congratulated on recovering from two years of overspending and paying off debts from previous years.

Overall, the department maintained its two star status.

The department will continue to build upon its improved performance rating, through delivering services that users and carers' value, developing a greater emphasis on outcomes, enhancing our ability to measure outcomes and enhancing our management information systems.

In 2006, the department established a Performance Board to ensure service planning, monitoring and evaluation were consistent with improving outcomes. The department is reviewing its information processes to highlight reporting shortfalls and to manage areas of potential risk.

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.

6 RISKS AND CHALLENGES TO OUR COMMISSIONING INTENTIONS

6.1 Budgets

The principal risks faced by Adult Social Care and Health in 2007/08 arise from the actions taken by partners in the NHS to address their on-going budgetary problems. Ward/bed closures, together with a drive to reduce the length of hospital stays will increase the demands on the department for services to be provided in the community.

Despite the challenges of the budget, the department spent over £250million in the financial year 2006-7, with a 2% increase in the budget. With increasing demands, service development during the life of this strategy can only take place within the following budgetary frame-work:

- increasing efficiency through the re-provision of some services at reduced cost
- modernising some services to meet new requirements

- creating savings where there is evidence of higher levels of spend compared with other similar authorities
- prioritising to maintain the quality and the overall performance of services.
- diverting, where possible, older people to use preventative services without the need for more costly interventions
- maximising the benefits and potential economies of partnerships, through the Local Area Agreement and other arrangements

6.2 Charging Policy (Equity & Income):

Policy and levels for charging for care homes are set nationally. Councils have discretion to set charges for other care services in the community, within the framework of 'Fairer Charging'. The County Council has decided in February 2007 to increase charges above the rate of inflation for those people assessed as able to pay for home care and direct payments. This does bring additional income to the council, but has a financial impact on charge payers. Any future decisions on charging could impact on funding and some service users.

6.3 Sustaining Preventative Services

The Council funds services which help sustain adults in the community through services provided by the Council and through a range of funding, particularly with the voluntary and community sector. Much of this is through grants which are in the year on year council budgets. The department has been given funding by Government (Treasury '*Invest to Save*' and DWP '*Link Age Plus*') which have been used to further develop and trial services for older people. These initiatives are subject to evaluation and the funding ends in 2008. It will be for the Council and partners to review their effectiveness and value for further funding.

6.4 Integrated Working

The department is developing integrated approaches to the commissioning and provision of services where this can be seen to meet the council's strategic objectives of providing best value and improving outcomes for service users and the community.

Integrated approaches to social care services demands a commitment to adopt new working practices, to move outside of established organisational policies, procedures and governance arrangements and to develop new ways of thinking.

Establishing integrated working creates dependencies on and towards partner organisations in the delivery of services, human and financial resource management and information processing.

Due to the complex nature of integrated commissioning and service delivery, these services require a high level of commitment, enthusiasm and time to develop and maintain.

6.5 Workforce

6.5.1 Reconfiguration, recruitment, retention and ageing workforce.

The department is currently reviewing and revising its Workforce Plan to ensure that we have a well trained and well qualified workforce across all sectors. Key objectives of the plan are to address an ageing workforce by attracting younger people to work for us as well as recruiting and retaining staff for longer.

We will ensure that staff have the right skills and knowledge to do their jobs and also encourage continuous professional development. Jobs will also be reconfigured, where appropriate, and the department will work with health and the independent sector to develop new types of worker role where appropriate.

6.5.2 National Job Evaluation

The Council has announced the outcome from the national job evaluation exercise in 2007. Work is taking place to develop an appropriate pay strategy.

Any change in the cost of provision of in house services may require the department to consider the continued viability of directly provided services. Increased costs in the public sector may be replicated in the private and independent sectors, causing a pressure on existing budget provision.

Alternatively if council costs decrease, the independent and private sector providers may become less competitive, thus altering the balance in the market.

6.6 Changing Partnerships

The complexity of services required to meet the Adult Social Care and Health agenda requires all organisations to work together in partnership.

Traditional partnerships with the NHS are being reinvented as new organisations are established and the department restructures. New Foundation Trusts, Primary Care Trusts and revised NHS commissioning arrangements at local and county levels will provide new opportunities and present new challenges to the department.

The independent, voluntary, community and private sectors are providing an increasingly important role in a developing market place led by the drive towards choice, self determination and personalised care services. This 'Third Sector' provides new opportunities for commissioners, but also brings new challenges to traditional commissioning and contracting arrangements. The authority will need to develop local solutions and innovative models of care whilst recognising the need to provide stability and sound market management.

Whether partnerships are built with traditional partners or new organisations, the department will need to develop new levels of trust and confidence in the partner organisations, in their processes and procedures and with the individuals who operate them.

6.7 Increasing Expectations and Demands

Social care, like many public services, is being radically challenged by the rise in consumer expectations. National emphasis on citizenship and consumerism has resulted in an increased awareness of individual rights and a more informed public. Social care has struggled to move from being resource led to providing needs led services. The challenge now is to shift again to deliver personalised services promoting individual choice and control.

At the same time, the demand on services is increasing with growing numbers of disabled people and vulnerable people requiring adult social care. An ageing population in the county and growing numbers of younger disabled people with more complex needs requiring care

and support will require commissioners to consider new and different ways to resource demand.

Alongside this, the ongoing expectation of efficiency savings in the public sector require the department to constantly challenge itself to show value for money and to gain added value whenever possible. In the commissioning of services we need to recognise the need to make both cash releasing savings and to develop process efficiencies. The prioritisation of social care delivery will become more important as traditional and existing services are decommissioned in order to develop new and different services to meet the challenges ahead.

6.8 IT E-Government and Integrated Health/Social Care Records

6.8.1 Departmental Applications

The department continues to build upon the award winning departmental systems of Framework and the TCO/ InfoCare systems. As the department develops a more outcome focussed commissioning process, we will need to ensure these systems develop accordingly.

Planning is underway to implement the Finance module for Adults within Framework. This will match activity information to finance information, improving both budget and performance management information.

6.8.2 Sharing Information,- Integrated Health and Social Care records

The department is working with health partners to determine ways in which information and records can be shared across the networks and different systems. The sharing of personal information is key to developing safe services and developing the partnership agenda.

6.8.3 Notts Connect

The council is committed to the development of a single access point for all services. The first opportunity for adult social care services to be accessed through Notts Connect will be piloted shortly. The challenge for the department will be to ensure that Notts Connect can manage the complex nature of adult social care and multiple provider interfaces.

6.8.4 Practice Based Commissioning (PBC)

From April 2005, GP practices have been able to redesign services to better meet the needs of their patients through practice based commissioning (PBC). It is expected that most practices will want to be involved.

The Department of Health is producing further guidance on joint commissioning and the opportunities that PBC offers.

In preparation we are working with the PCTs and GP practices in PBC to explore the benefits and improve care pathways across social care and health. For the local authority this will give us the opportunity to work with colleagues to plan services together to meet the needs of local people

The advent of practice based commissioning will require the authority to consider the way we commission services on a local basis. Ensuring fair and equal access to services across the county will need to be considered alongside working in partnership with GP commissioners to develop local services at local level.

It is not yet clear how local health services will differ in their aspirations and models of practice, nor how local services will be held to account at a local level. The department may need to consider its own systems for accountability and the balance between locally devolved decision making and partnering arrangements together with our countywide responsibilities.