



Nottinghamshire
County Council

Adult Social Care & Health

Commissioning Strategy

Chapter Four

2007 - 2009

4

Commissioning Strategy for People with a Physical Disability, Sensory Disability or Living with HIV/AIDS



Contents

1	Introduction.....	3
1.1	Why We Need a Strategy	3
2	key Drivers.....	4
2.1	Relevant Legislation and Guidance	4
2.2	Local Drivers	6
3	current service provision.....	7
3.1	Employment	7
3.2	Direct Payments.....	7
3.3	Preventative Services	8
3.4	Information and Communication.....	8
3.5	Fieldwork Teams.....	9
3.6	Equipment and Adaptations.....	11
3.7	Home Care.....	11
3.8	Housing and Housing Related Support	11
3.9	Day Services and Short Breaks.....	12
3.10	Care Homes.....	13
3.11	Long Term Neurological Conditions	13
3.12	Transitions	14
3.13	Transport.....	14
4	Achievements 2002-2005	14
5	performance and activity	16
5.1	Numbers of People Provided with Services over the Past 4 Years.....	17
5.2	PAF Indicators	17
6	Finance.....	18
7	Commissioning Intentions.....	18
7.1	Developing and Sustaining Partnerships.....	18
7.2	Developing Self Directed Care	18
7.3	Promoting Health and Well-being – engaging the community	18
7.4	From Exclusion to Inclusion.....	19
7.5	Carers Services	19
7.6	Advocacy and Involvement.....	19
7.7	Managing the Market.....	19
7.8	Diversity	19
7.9	Quality and Performance	19
8	Commissioning plans	19
8.1	Developing and Sustaining Partnerships.....	20
8.2	Developing Self Directed Care	20
8.3	Promoting Health and Well-being – engaging the community	21
8.4	From Exclusion to Inclusion.....	23
8.5	Carers Services	23
8.6	Advocacy and Involvement.....	24
8.7	Managing the Market.....	25
8.8	Diversity	25
8.9	Quality and Performance	25
9	Workforce Implications	26

1 INTRODUCTION

This strategy forms chapter 4 of the Adult Social Care and Health Department's (ASCHD) commissioning strategy. It sets out what the Department will commission over the next two years for adults, aged between 18 and 65 years;

- with a physical disability
- with a sensory disability
- living with HIV or AIDS

It also covers the support offered to young people to assist them to make the transition from children's to adults' services.

The strategy has been developed after consultation with service users, carers and partners including Nottinghamshire County Teaching Primary Care Trust (PCT) and Bassetlaw PCT.

1.1 Why We Need a Strategy

Building upon our existing services and achievements, our overall vision is to be one of the, "top performing authorities for people who have a physical disability, sensory disability or are living with HIV or Aids in the country".

In order to achieve this we need to have a strategy that meets the needs of the communities that we serve and one that service users, carers, Members, staff and the public can be proud of. A strategy that:

- puts service users in control
- supports carers
- promotes well being
- provides value for money
- is delivered in partnership through a competent workforce
- and is forward thinking

The philosophy of our strategy is based on empowerment and independent living. *"Independent living is not a "service". It is a way of life. It means disabled people take responsibility for their lives and live them how they choose, irrespective of the type or complexity of their impairment or condition."* Independent Living and Service Changes – A Briefing, Collins, S., Scope (2005).

We want people to be able to remain in their own homes with more flexible and responsive ways of meeting their needs.

Similarly we want to be able to support carers and at the same time enable them to have their own lives.

2 KEY DRIVERS

2.1 Relevant Legislation and Guidance

2.1.1 The Disability Discrimination Acts 1995 & 2005

The 1995 Act gives disabled people the same rights as anyone else in key areas such as goods and service delivery, employment, housing, education and transport. It defines a disabled person as “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal every day activities.” For the purposes of the Act:

- substantial means neither minor nor trivial
- long term means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions.
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping.
- a normal day-to-day activity must affect one of the “capacities” listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory.

Provisions allow for people with a past disability to be covered by the scope of the Act. There are also additional provisions relating to people with progressive conditions.

The 2005 Act widens the definition of a disabled person to include people who have been diagnosed with cancer, multiple sclerosis or HIV. It introduces a disability equality duty for the public sector. This duty started in December 2006 and local authorities and other public bodies are now required to promote equality for disabled people.

2.1.2 New Directions for Independent Living

In 2000, the Social Services Inspectorate published its findings from the inspection of independent living arrangements for younger disabled people. It found that “most councils and their staff have fully to absorb and carry through the independent living philosophy.”

Independent living was described as,

“...the concept of empowering disabled people to control their own lives as far as possible and to have freedom to participate fully in the community. It is not the name of a particular service or provision but should be the objective of services and provision. Support for independent living includes personal assistance, information, housing, education, access to public goods and services, employment and training and access to the environment and the political arena.”

This definition of independent living guides the development of our services for people with physical and sensory impairments.

2.1.3 Social Care for Deafblind Children and Adults LAC (2000)8

In March 2001 the Department of Health issued guidance which gave new rights to Deafblind people. Under this guidance local authorities are expected to:

- identify people who have a dual sensory impairment within their area.
- keep a local register of Deafblind people

- ensure that specialist assessments are carried out by a specially trained person
- identify the need for services
- provide information in appropriate formats
- provide communicator guide support

2.1.4 Independence Matters

In 2003 the Government published “Independence Matters: an overview of the performance of social care services for physically and sensory disabled people”. It included 7 key findings which required improvement by local authorities. These are:

- home care is not sufficiently reliable or flexible and is not provided in a way that promotes independence
- although waiting times for equipment and minor adaptations have improved some people wait unacceptably long times for major adaptations using the Disabled Facilities Grant (DFG)
- services for those with brain injury are not well developed across the country.
- culturally sensitive services for disabled people are not well developed
- disabled parents are often not effectively supported
- day services need shaping to be more community based, inclusive and linked to increasing employment opportunities
- although the numbers receiving direct payments are increasing there is still a long way to go before they are part of mainstream provision

2.1.5 National Service Framework for Long Term Neurological Conditions

This NSF focuses on the needs of people with long term neurological conditions, but it is relevant to people with other long term conditions also. The NSF defines a long term neurological condition as a condition that results from disease of, injury or damage to the body’s nervous system, for example, the brain or spinal cord, which will affect the person and their family in one way or another for the rest of their life. The conditions include people with acquired brain injury, people with progressive conditions, like motor neurone disease and multiple sclerosis, and people with stable neurological conditions like cerebral palsy. The NSF sets out eleven requirements to ensure the provision of good quality services.

2.1.6 Improving the Life Chances of Disabled People

In 2005, the Prime Minister’s Strategy Unit published this report which sets out a strategy for promoting and protecting disabled people’s rights, improving choice and supporting disabled people in education, employment and other forms of participation.

The report recommends:

- individualised budgets which can be used to access support and services across a range of fragmented funding streams
- improving the availability of independent advocacy services
- improving the provision of accessible housing
- improving the availability of information
- increasing the number of disabled people in employment

2.1.7 The Needs of People Living with HIV in the UK

This report was published by the National AIDS Trust in 2004. It describes the diverse profile of people who are living with HIV/AIDS. Although the incidence of AIDS has been reduced by the

use of combination therapies, this report highlights the problems which are experienced by people living with HIV. These include isolation, poverty, poor housing conditions, mental health problems and weakened physical health. It concludes that many people are living without any unmet need, but that others are profoundly needy – facing multiple problems on a daily basis. It recommends that health and social care professionals should:

- take a holistic perspective, considering the broader context, including the values and goals that motivate people
- recognise the interdependence of health and social care needs, such as those arising from poverty or treatment side effects; and
- support formal and informal carers

The report concludes that community-based support, especially peer support, should remain a critical component of any HIV health and social care strategy.

2.1.8 Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England

This Green Paper published in March 2005 outlines an agenda for introducing “person-centred, proactive and seamless services”. It states that “the vision we have for social care is one where services help maintain the independence of the individual by giving them greater choice and control over the way in which their needs are met, and local authorities give high priority to the inclusion of all sections of the community...We want to move to a system where adults are able to take greater control of their lives...(and are) at the centre of assessing their own needs and how those needs can best be met”.

The recommendations from the Green Paper formed the basis of the Government’s White Paper, “Our Health, Our Care, Our Say”, published in January 2006. Details of this are set out in Chapter One.

2.2 Local Drivers

The Department undertakes regular reviews of its services and contributes to reviews undertaken by others. It also consults with service users to find out what they think of the services they receive. Recent reviews include:

- Review of HIV/AIDS services in 2005
- Best Value service review, young disabled adults in April 2005
- Review of services for people with a dual sensory impairment in March 2006

The findings of these reviews show areas of good practice in the County and also demonstrate the need for improvement in some of the areas identified in Government guidance.

3 CURRENT SERVICE PROVISION

3.1 Employment

3.1.1 Supported Employment

The supported employment programme via our Ready4Work team and supported businesses provide support in obtaining employment for people with a disability who have more complex barriers to finding and keeping work, but who, with the right support are able to make a valuable contribution in their job, and, where appropriate, develop and progress to open employment. The objectives are to:

- provide tailored support that enables disabled people to develop their full potential
- develop and improve job skills and employability, including the ability to work with others and sustain a job
- encourage personal development and promote independence for disabled people
- involve the employer in the development and support of the employee
- enable the employee to work effectively in a job, focusing on their and their employers requirements in a planned and structured way

Nottinghamshire County Council has been awarded a European Social Fund contract in partnership with Nottingham City Council and Northamptonshire, Leicestershire and Lincolnshire County Councils. This will mean that for two years from April 2006 Nottinghamshire will support 200 people who are on long term incapacity benefit to develop the skills to return to work. Each person will have a 26 week programme to assist them to return to work.

3.2 Direct Payments

The Department recognises that direct payments enable people to have more control and choice about how their needs are met and it is committed to increasing the number of people receiving direct payments, in line with the Government's expectations. The expectation is that direct payments will become the preferred way of providing and arranging services for people who meet the Department's eligibility criteria. The following table shows the increase in the numbers of disabled people aged 18 – 64 years in receipt of direct payments from 31st March 2005 to 31st March 2007:

Locality	Numbers using direct payments March 2005	Numbers using direct payments March 2006	Numbers using direct payments March 2007
Ashfield & Mansfield	26	40	50
Broxtowe, Gedling & Rushcliffe	91	114	116
Bassetlaw & Newark	106	126	145
Total	223	280	311

In order to provide support for people who want to use direct payments the Department has a contract with the Direct Payments Support Service, which provides practical support, advice and information for people managing their own care. The current cost of this service is £221,000.

A pilot project is currently underway in Bassetlaw and Newark to look at the possibility of the Day & Community Support Service supporting and reviewing less complex cases. The outcome of the pilot project will determine whether or not this arrangement will be extended across the County.

Feedback from service users and carers who receive direct payments has been positive and we expect to see take up continue to grow. A further £730,000 has been identified for direct payments for disabled people for 2007/08.

3.3 Preventative Services

The ASCHD supports a range of voluntary and self help groups using funding from, for example, Grant Aid, the Prevention Grant and the Carers Grant.

A range of preventative services aimed at people with “low level” needs are also being developed in Nottinghamshire using funding from , for example, the Link Age Plus grant. The purpose of these services is to provide early intervention and support to stop deterioration that might lead to the need for more costly services. Preventative services are largely aimed at people aged 50 + because of the conditions attached to Government Grants.

See the commissioning strategy for preventative services, which forms chapter two of the ASCH’s commissioning strategy, for further information about the development of preventative services in the County.

3.4 Information and Communication

3.4.1 Public Information

A range of public information leaflets are currently produced by the Communications Unit. In addition, Nottinghamshire’s County Contact is a source of information for service users, and their carers and the development of NottsConnect call centre will offer a wide range of information to disabled people. Information and advice is also available from the Physical Disability Teams, the Sensory Impairment Teams and from the Day & Community Support Services.

The Best Value Review in 2005 recommended that the Portal Project for older people should be extended to provide information to disabled people.

3.4.2 Talking Books

The Department is working with the RNIB to improve access to the talking books service. It is hoped that there will be an additional 300 people accessioning the service by September 2007. Discussions with the RNIB and library services will also take place in September 2007 to explore the potential of utilising new technology to meet service users’ needs.

3.4.3 Communication Equipment

A Speech and Language Therapist is employed part time by the NHS in the south of the County to offer assessments and support to adults needing communication aids. She has a budget of £15,000 from the NHS to cover all aspects of her work. The County's Adult Social Care and Health Department contributed £15,000 (non-recurrent) towards her work in 2006 and gave an additional £5,000 to support communication aid users in the north of the County. The therapist is supported one day a week by a technical instructor. The majority of people using the service are physically disabled.

Young people with communication difficulties arising from, for example, head injuries, are also seen by speech and language therapists in hospital.

There is a speech and language therapy service in the north for people with learning disabilities, but this does not include a dedicated service for communication aids. There is no service for people physically disabled people.

An additional budget of around £17,000 of NHS funding is held by the speech and language therapy service at Kingsmill Hospital. This is mainly used for elderly people with acquired neurological illnesses, for example, Motor Neurone Disease. There is no other funding to purchase communication aids for adults in the north of the County.

The DoH report, "Getting Started, Communication Aids", suggested that communication equipment should be funded through the ICES budgets. Money needs to be allocated for this and more dedicated speech and language therapy time is needed to develop an equitable service across the County.

3.4.4 Independent Advocacy

DPANotts is commissioned by the County Adult Social Care and Health Department and the City Adult Services, Housing and Health Department to provide independent advocacy to disabled people in the south of the County. There is no independent advocacy service for disabled people in the north of the County. The amount invested in the service by the County is £23,000 and by the City £6,000. There is currently no funding from the local NHS for this service.

3.5 Fieldwork Teams

Changes to fieldwork teams are planned as part of the reorganisation of the Adult Social Care and Health Department and the Children and Young People's Department. These changes will be implemented in 2007 after a period of consultation and may involve staffing changes. The current teams for disabled people are as follows:

3.5.1 Physical Disability Teams

There are three multi-disciplinary teams working specifically with adults of working age who have permanent and substantial disabilities, including people living with HIV or AIDS.

The teams work in collaboration with NHS colleagues and the Independent Living Fund (ILF) to provide assistance to people whose needs pose a critical or substantial risk to their independence.

There is a service for people living with HIV or AIDS in the Greater Nottingham area. The Department is exploring the action necessary to meet the needs of people living with HIV or AIDS in other parts of the County. The aim will be to increase the use of direct payments.

3.5.2 The County Deaf Team

In response to the Government's White Paper, "Every Child Matters", the County wide generic Deaf Team has been split between the Adult Social Care and Health Department and the Children with Disabilities Team in the Children and Young People's Department. A project to look at future models for service delivery has been set up to make sure that the Adult Social Care and Health Department continues to meet the needs of Deaf adults in line with the expectations of service users. The aim is to complete the project with recommendations by the end of May 2007. The cost of the project is approximately £4,500.

Staff in the Deaf Team have identified a significant number of young Deaf people who would benefit from support in setting up their own home and managing successfully in the community.

3.5.3 Team for Visual Impairment (TVI)

The resources of the TVI have also been split between the Adult Social Care and Health Department and the Children with Disabilities Team. In future the TVI will provide a service for adults with a visual impairment or dual sensory impairment.

The team holds a register of 4612 blind/partially sighted people, and a register of 236 Deafblind people. The team also works with people who a visual impairment and are at the pre-registration stage. There are approximately 2000 who fit into this category.

A post has also been established at the Queen's Medical Centre Eye Clinic in partnership with Nottingham City Council. This post provides an early point of contact for people who have been diagnosed with significant levels of sight loss. Information is provided about relevant services and the person can be referred for a specialist assessment by TVI.

Dual Sensory Impairment - Nottinghamshire has the following services currently in place:

- a register of 236 Deafblind people
- communication guide support for 37 people
- a post for a dual sensory co-ordinator, who carries out specialist assessments
- three part- time paid communication guides and 14 volunteers

We recognise that staff need to be able to communicate with people who have a dual sensory impairment. As a result we will ensure that more social care staff are trained to use BSL, the Deafblind Manual and the Block Alphabet.

3.5.4 Occupational Therapy (OT) Teams

The Occupational Therapy Teams provide a service for adults only. OT services for children are now provided by the Children with Disabilities Team in the Children and Young People's Department. OT staff recommend ways in which disabled people can cope with their everyday activities at home and they can also provide adaptive equipment or recommend adaptations, such as ramps and stair-lifts. The needs of carers are also taken into account.

3.6 Equipment and Adaptations

3.6.1 Integrated Community Equipment Service (ICES)

The Department has contracted 2 ICES in partnership with the NHS. The ICES in the south of the county also serves Nottingham City Council who manage the contract. These services deliver, fit, collect and maintain all the equipment which is loaned out by the local NHS and social care services. ICES is also responsible for providing equipment for people discharged from hospital and for the minor adaptations service.

3.6.2 Disabled Facilities Grants (DFG) and adaptations

The local Nottinghamshire Adaptations Group is attended by managers of the occupational therapy service and grants officers from the district councils. Work has begun on a protocol for working with local registered social landlords (RSL). The group is also working on a countywide adaptations strategy to reduce delays in the process of getting a DFG and the completion of major adaptations.

The Department is considering its response to the Government's recent consultation paper, "Disabled Facilities Grant Programme: The Government's proposals to improve programme delivery", published by the Department for Communities and Local Government in January 2007.

3.6.3 Equipment for People with Sensory Impairments

The Department provides a range of equipment for Deaf people and people with other sensory impairments. An extension to the role of ICES is currently being considered so that the service can take responsibility for providing equipment of this kind. By June 2007 a process is to be set up to enable people to get a direct payment to purchase their own equipment.

3.7 Home Care

Home care is arranged to provide personal and practical support to older people and to people with a disability to enable them to live in their own homes for as long as possible. The majority of the budget of around £20 million a year is spent on home care services to people over the age of 75. The Department's own home care service provides support to people for the first eight weeks. If people require support beyond this time it is arranged either by an independent provider or with a direct payment. The Department's recent reconfiguration of its home care service means that £2.1 million will be saved over a three year period (2006 to 2009). £1 million will be available for use as direct payments and £1.1 million will assist in balancing the overall budget of the County Council.

3.8 Housing and Housing Related Support

3.8.1 Supporting People

The Supporting People services planned and provided in the County include:

Low level support – tenders have gone out for a low level floating support service for 'vulnerable adults, which will include deaf people, people with physical disabilities, people with visual impairment as well as people with mild learning disabilities or who have an autistic

spectrum disorder. Additional funding for low level floating support for a deaf specific service has also been requested.

There is also a specific supported housing project in Ashfield (Raglan Housing Association) which has people of all ages with low level support needs. Tenants are mainly from Portland College.

A number of older people's services offer alarm/warden services to people aged 45 and over with physical disabilities throughout the County.

High level support - The Eden service in Worksop provides ten units of supported living for people with physical disabilities and some level of cognitive impairment. These tend to be people with high needs and it is funded jointly by Supporting People and the ASCH.

HIV and AIDS - there are no specific services for people with a diagnosis of HIV or AIDS but there is a wide range of floating support services available in the County which could support someone with this diagnosis.

Deaf adults with additional needs/disabilities - There are currently three units of supported living in Mansfield, which are funded jointly by the Adult Social Care and Health Department (ASCHD) and Supporting People. A fourth unit has been unused since 2003 because of problems with additional funding from the ASCHD. Support staff need to have sufficient levels of British Sign Language to be able to communicate effectively.

A new government paper on physical disability and supported living is due in 2007 which may give increased priority to the needs of disabled people for housing related support.

3.9 Day Services and Short Breaks

3.9.1 Day and Community Support Services

The aim of Day and Community Support Services is to promote the social inclusion of disabled people, enabling them to participate fully in the community. The service is committed to finding ways to overcome the barriers to participation and social inclusion over which it has control..

The 'service review of day services 2000' recommended 3 key purposes for services in the future:

- promotion of independence
 - support for those with high dependency needs
 - information and advice
- (New Directions for Independent Living SSI 2000)

Since 2002 Day and Community Support Services have undergone a programme of change. They have:

- reviewed the needs of existing service users
- focussed the work of the service on the three key purposes

- identified and developed appropriate alternative facilities with a range of agencies, for example, Education, supported employment and training, Ready 4 Work, sports and leisure, the NHS and the voluntary sector.
- promoted the inclusion of disabled people in mainstream community services and activities.
- established baseline data to address the needs of Black and ethnic minority groups.
- established links with NHS colleagues to take forward the NSF for Long Term Deteriorating Conditions.

3.9.2 Short Breaks

Feedback from carers and service users confirms that the availability of short breaks is important in enabling disabled people to remain in their own homes. Direct payments are being introduced to enable service users to make their own arrangements. The Best Value Review in 2005 recommended that a review of short breaks for disabled people should take place, with the aim of increasing the range of social opportunities and recommending improvements to services. The Department also intends to explore options for providing short term emergency placements. Current services are as follows:

Care Homes/Holiday Homes – arrangements are in place for four specialist care homes to provide “short breaks” services..

“Care at Home” - a new County- wide service started in April 2006. This is provided by Crossroads , providing a service in people’s own homes. The amount of funding for this service will be reviewed as part of the Carers Strategy in partnership with service users and carers..

3.10 Care Homes

The Department is committed to enabling people to remain supported in their own homes or in supported accommodation in line with the expectations of service users. There are care homes in Nottinghamshire with specialist registration to meet the needs of people with physical disabilities or long term conditions.

3.11 Long Term Neurological Conditions

3.11.1 Implementing the NSF

Two partnership groups have been set up in the County to ensure the Department implements the eleven quality requirements of the NSF. The groups are overseeing the implementation of an action plan. A report on progress will be produced for service users by October 2007.

3.11.2 Head injury services

It is estimated that one million people in Britain attend hospital each year as a result of head injury. The death rate following traumatic head injury is around 9 per 1000. This leaves a large proportion of young survivors who have a more or less unimpaired life expectancy. The Department intends to review services to people with head injuries by March 2008 to ensure that their needs are being met. There is also a need to ensure a smooth transition for young survivors of traumatic brain injury from children’s to adult’s services.

The Department contributes a third of the funding towards the post of Care Manager in the Nottingham Traumatic Brain Injury Service at Nottingham City Hospital. The remaining two

thirds is provided by the City Adult Care Department. Funding from Grant Aid and the Carers Grant is given to Headway in Nottingham for providing day services and carer support from Headway House. A County based service developed in conjunction with Headway was launched in March 2006.

3.12 Transitions

In 2003 transition coordinator posts were created and managed within the learning disability (CLDT) and physical disability (PD) teams to ensure a smooth transition for service users from children's to adults services.

3.13 Transport

The County Council provides a range of accessible transport to meet the needs of people with disabilities. Further information can be found in chapter 2 – Prevention Strategy for Promoting Independence and Wellbeing in Nottinghamshire. The County Council has recently created an integrated transport service which will lead to further improvements over the next three years (2007 to 2010).

4 ACHIEVEMENTS 2002-2005

This strategy builds on work outlined in the previous commissioning strategy for 2002 – 2005. The outcome of this work is set out below:

Proposed development	Achievements
Establish a Physical Disability team in each of the 3 localities	Achieved
Establish 3 new Occupational Therapists	Two OTs have been appointed, one in Mansfield/Ashfield locality and one in Broxtowe/Rushcliffe/Gedling locality.
Contribute to the funding of 2 Project Managers – Integrating Community Equipment Services (ICES)	Achieved
Increase O.T. equipment budgets by £6,000 each	Achieved
Increase the capacity of the contracted equipment services	Achieved
Develop policy guidance on disabled parents	Achieved
Further develop services to meet the parenting needs of disabled people	Effectiveness of policy to be reviewed in October 2007.

Expand the Independent Living Support Service (ILSS) to the whole county and increase the capacity of the service. This will be undertaken within the context of the reorganisation of day services and will require an additional £65,500	This was achieved through the restructuring of physical disability services, but within existing costs. The ILSS was absorbed into the Day & Community Support Service (DCSS).
Commission Mansfield Council for Voluntary Service to continue to operate the North Nottinghamshire Information Project at a cost of £7,000 per year	This money was used to develop a database for use by people with physical disabilities. The funding was not available long term and the service has now ceased.
Commission the Multiple Sclerosis Society 24 Hour Respite Care at Home Service to cover the whole county with funding from the Carers Grant	The MS Society no longer provides a local service of this kind. A new service has been commissioned from the three Crossroads organisations in the County. This started in April 2006 and will be reviewed in May 2007.
Identify necessary and appropriate developments which will qualify for funding from Supporting People – e.g. housing improvement agencies, supported housing, ILSS	The action plan for Supporting People for 2006-2007 supports the development of floating support services for people with disabilities, deaf people and those with visual impairment.
Meet Government targets for integrating community equipment services with NHS by April 2004	Achieved
Jointly commission health and social care services for people with head injuries in north Nottinghamshire	A County based service developed by the Day & Community Support Service in conjunction with Headway was launched in March 2006. This currently covers Bassetlaw, Mansfield, Ashfield and Newark.

5 PERFORMANCE AND ACTIVITY

Under the NHS and Community Care Act 1990 the Local Authority has a duty to assess needs where it appears “that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services”.

In undertaking this duty, assessment staff in the Adult Social Care and Health Department (ASCH) complete a community care assessment. The purpose of assessment is to identify what a person needs and the risks to their independence if those needs are not met and to determine whether or not they are eligible for services.

Carers views are taken into consideration as part of the assessment and carers are also offered their own assessment.

Having assessed the needs, the duty under the NHS and Community Care Act is to decide whether the needs call for the provision of any services. Eligibility for adult social care services is decided using guidance from the Government called Fair Access to Care Services (FACS). Under FACS there are four levels of eligibility: critical, substantial, moderate and low. Local Authorities are allowed to set a threshold for eligibility that takes account of their resources and the decision to raise or lower the threshold is taken by the Council. Once the threshold has been set the Local Authority has a duty to make arrangements to meet the needs that fall above the threshold. The current threshold in Nottinghamshire is set at “substantial”. This means that needs that pose a “critical” or “substantial” risk to a person’s independence are eligible for a service response.

According to the estimates from the Office of National Statistics (ONS) and from the recording of people with limiting long term illnesses in the 2001 census, there are likely to be 70,004 people of working age (16-64) in the County with a limiting long-term illness, that is, they have a long term illness; health problem or disability which limits daily activities. These people may require services from the Adult Social Care and Health Department at some time.

According to the Census 2001, 32,462 people aged 16-74 are economically inactive due to permanent sickness/disability.

Out of people with a limiting long-term illness, 1496 people are from ethnic minority groups.

HIV and AIDS - Within Nottingham and the conurbation the numbers of people diagnosed with HIV continue to rise. The local profile mirrors the national picture in that more than 50% of the HIV population are from Black and ethnic minority groups. Numbers of children living with HIV also continue to rise.

The performance of the Department is regularly reviewed by Government using Performance Assessment Framework (PAF) Indicators.

5.1 Numbers of People Provided with Services over the Past 4 Years.

	Total of clients	Community-based services in own home	LA Residential care	Independent sector residential care	Nursing care
2001/02	2739	2663	5	62	81
2002/03	3087	2984	14	93	95
2003/04	3259	3024	6	138	94
2004/05	2964	2786	5	88	92
2005-06	3162	3072	2	86	80

DATA for 2005-06 from RAPMAN P2f page 1

The number of people receiving short break services are included in the figures for “community based service in own home” and not in the figures for residential and nursing care.

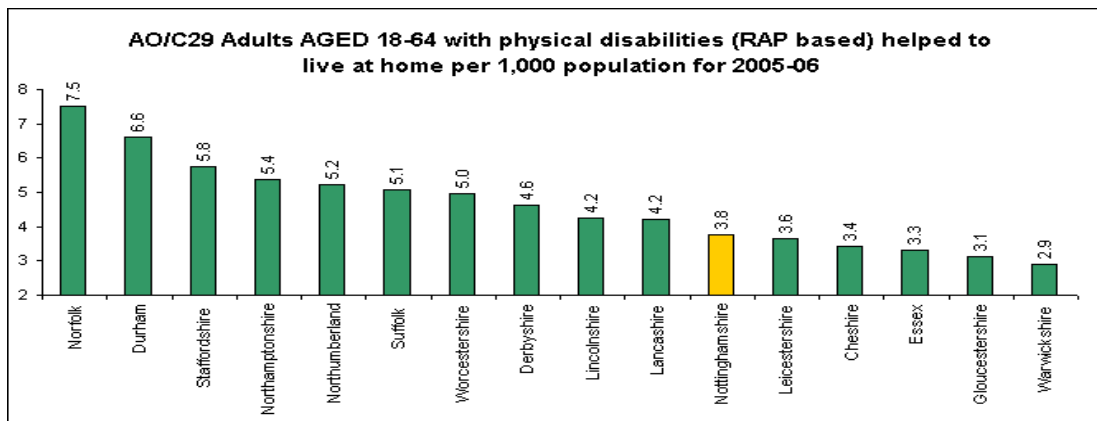
5.2 PAF Indicators

PAF C29 looks at the numbers of adults aged 18-64 years with a physical disability receiving care services at home. Care services include home care, meals, day services, respite care, direct payments, professional support, transport, equipment and adaptations.

The following chart shows how we compare to other similar authorities:

AO/C29 Adults with physical disabilities helped to live at home

Definition: Adults with physical disabilities helped to live at home per 1,000 population aged 18-64.



Nottinghamshire currently has a 3 blob rating for this indicator out of a possible 5 blobs. To meet the needs of people with a disability we recognise the need to provide community based services to more people.

An extra 186 people = 4 blobs

An extra 558 people = 5 blobs

6 FINANCE

The table below shows the planned budget for services to people with physical disabilities and sensory impairments in 2006/2007.

Revised Budget 2006/07 £000		Employees £000	Running Expenses £000	Capital Charges £000	Gross Expenditure £000	Grant Income £000	Other Income £000	Annual Budget 2007/08 £000
PEOPLE WITH PHYSICAL OR SENSORY DISABILITIES								
1,670	Assess & Care Management	1,358	408	6	1,772	(39)	(11)	1,722
1,730	Nursing Care	37	2,616	-	2,653	-	(1,277)	1,376
2,249	Other Residential	65	2,767	-	2,832	-	(397)	2,435
2,901	Day Care	2,093	1,209	317	3,619	-	(637)	2,982
3,587	Direct Payments	107	4,611	-	4,718	-	(6)	4,712
859	Home Care	25	917	-	942	-	(1)	941
-	Supporting People	-	597	-	597	(597)	-	-
1,418	Sheltered Employment	2,511	2,316	143	4,970	(797)	(2,692)	1,481
180	Occupational Therapy	234	10	-	244	-	(63)	181
33	Other	-	15	-	15	-	-	15
14,627		6,430	15,466	466	22,362	(1,433)	(5,084)	15,845

In addition, there is an annual budget for services to people with HIV/AIDS. The amount for 2006/07 is £101,832, £59,000 of which is the AIDS Support budget from the Department of Health. This is £11,000 more than last year after three years of reductions in our allocation.

7 COMMISSIONING INTENTIONS

The specific commissioning intentions relating to people with a physical disability, sensory disability or living with HIV/AIDS 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

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

7.2 Developing Self Directed Care

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

7.3 Promoting Health and Well-being – engaging the community

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

7.4 From Exclusion to Inclusion

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

7.5 Carers Services

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

7.6 Advocacy and Involvement

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

7.7 Managing the Market

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

7.8 Diversity

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

7.9 Quality and Performance

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

8 COMMISSIONING PLANS

The commissioning plans for services for people with physical disabilities, sensory disabilities or those people living with HIV or AIDS 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 intentions	Resource implications	Link to CSCI outcome
A	Long term neurological conditions : two working groups are overseeing the implementation of actions plans across the County.	Costs to the Department of implementation are still to be established.	Health and wellbeing
A	HIV/AIDS : work with the local NHS to implement findings of the review of services in Greater Nottingham for people living with HIV or AIDS and extend services to the north of the County.	AIDS Support Grant to be used.	Commissioning and use of resources
B	Adaptations : Improve the timescale for getting a DFG and for the completion of major adaptations..	Costs to the Department are still to be established.	Choice and control

8.2 Developing Self Directed Care

	Commissioning intentions	Resource implications	Link to CSCI outcome
A	<p>Direct Payments: Increase the number of people getting a direct payment for equipment and minor adaptations - Small pieces of equipment are to be provided by giving people a direct payment which will save assessment, administration and ICES costs. Over the next 2 years to increase direct payments by 5%.</p> <p>Increase the take up of direct payments by people living with HIV or AIDS - A worker is currently making contact with</p>	Additional funding of £730,000 is available to for direct payments.	Choice and control

	groups supporting people with HIV and AIDS to find out why there is no take up of direct payments and to assess the level of need for funding.		
A	Direct Payments Support Service: ensure that all service users and carers receive practical support, advice and information to enable them to manage their own care.	Tendering process underway for new contract for the Direct Payment Support Service. Cost of new service to the Department of around £350,000.	Choice and control
A	Independent Living Fund: respond to the recommendations of the Government's review of the Independent Living Fund, which may result in the abolition of the ILF and the absorption of the funds into direct payments.	If the ILF is assimilated into direct payments this would result in an increase in funding for the Local Authority to cover the direct payments and the cost of administration.	Commissioning and use of resources

8.3 Promoting Health and Well-being – engaging the community

	Commissioning intention	Resource implications	Link to CSCI outcome
A	<p>Information: develop additional ways to share information in accessible formats, including for people with sensory disabilities.</p> <p>Produce a newsletter for people with a visual disability, in a range of formats at least once a year. This will provide information about new services, service changes and up to date contact details.</p>	<p>There is a budget of £30,000 to pay for translation and interpreting services, which could be used in other ways.</p> <p>Staff in field work teams, the Service Information Team and the voluntary sector have offered time to produce and circulate the newsletter. £1,999 is available in the VI contracting budget and £500 may come from the Partnerships Budget.</p>	Choice and control

A	<p>Talking Books: Extend talking book facility for people with a visual impairment in partnership with the RNIB.</p>	£10,000	Ensure equality of service provision and to embrace diversity
A	<p>Supported Employment: Increase employment opportunities for disabled people</p> <p>Review access arrangements into employment</p>	<p>To be undertaken within current resources</p> <p>Project to be established by June 2007 at a cost of £10,000</p>	Economic wellbeing
B	<p>Information: extend the Portal Project (older people) for one year to develop a similar Internet service for disabled people.</p>	<p>The cost of this has been estimated at £40,000. There is a possibility of a DoH grant or from under-spending in other areas.</p>	Choice and control
C	<p>Communication: improve the provision of communication equipment for people who can not speak by developing an inter-agency agreement with the local NHS. In order to provide an adequate service across the County and City additional dedicated NHS staff time will be needed plus a contribution from the Department towards:</p> <ul style="list-style-type: none"> ▪ a loan bank ▪ equipment and warranties based on assessed need. ▪ staff training 	<p>A one off contribution of £20,000 has been made to the provision of communication equipment across the County. £10,000 has been given to improve the loan bank in the south of the County. In 2007/08 an additional £10,000 will be split between the 2 ICES to purchase communication equipment for individuals. Recurrent funding will be the subject of further discussion with the local Primary Care Trusts.</p>	Choice and control

8.4 From Exclusion to Inclusion

	Commissioning intention	Resource implications	Link to CSCI outcome
A	Resource centres: commission a review of resource centres over the next 2 years to see whether funds tied up in buildings could be used in different ways to meet need. This will include looking at levels of need for services for people from Black and ethnic minority groups.	Project worker to be employed for four months to undertake this work. Estimated cost - £15,000	Commissioning and use of resources
A	Short Breaks: review short breaks for disabled young people in order to offer a more age appropriate service to young people aged between 16 and 25.	£50,000 is currently spent from the Carers Grant across the County for short breaks across all client groups. Further funding to increase breaks to be identified.	Choice and control
A	Increase the number of short breaks.		Commissioning and use of resources
B	To review extending the financial limit.	To be assessed	
C	Supported Housing: review the provision of supported housing for people with a disability.	To be assessed	Choice and control
	Improve support to young Deaf people in setting up home and managing in the community.	To be assessed.	

8.5 Carers Services

	Commissioning intentions	Resource implications	Link to CSCI outcome
A	Carers: increase take up of service by carers and explore the need for an emergency service.	Funding potentially available from the Carers Grant. Additional funding of	Choice and control

		£330,000 due in October 2007 for the development of emergency services.	
A	Involving Carers: Involve carers in the development and implementation of this strategy over the next two years and in preparation for the ten year strategy expected in 2009.	Costs of involvement expenses	Freedom from discrimination or harassment
B	Disabled Parents: ensure implementation of the disabled parents' policy and commission training for staff. Review findings of the audit of parent support services undertaken in 2006.	An estimated £7,280 is required to run this training over 2 years.	Freedom from discrimination or harassment

8.6 Advocacy and Involvement

	Commissioning intentions	Resource implications	Link to CSCI outcome
A	Involving Service Users: involve service users in the development and implementation of this strategy over the next two years and in preparation for the ten year strategy expected in 2009.	Costs of involvement expenses	Freedom from discrimination or harassment
B	Independent Advocacy: extend advocacy services to make them available in central and north Notts.	Additional investment will be sought from NHS and Nottingham City Council. It has been estimated that a further £116,604 would be needed to provide a full countywide service.	Freedom from discrimination or harassment

8.7 Managing the Market

	Commissioning intentions	Resource implications	Link to CSCI outcome
A	<p>Self directed support: explore the opportunities for self directed support using:</p> <ul style="list-style-type: none"> ▪ Individual budgets ▪ Self assessment 	<p>A self assessment pilot project is underway using a grant of £60,000 being paid in 5 instalments between August 2006 and July 2007.</p> <p>The possibility of introducing individual budgets is to be explored and may involve employing a project manager at an estimated cost of £15,000.</p>	Choice and control

8.8 Diversity

	Commissioning intentions	Resource implications	Link to CSCI outcome
A	An information campaign is underway to increase take up of direct payments amongst people from Black and ethnic minority groups	The cost of posters and leaflets is £5,000.	Ensure equality of service provision and to embrace diversity

8.9 Quality and Performance

	Commissioning Intentions	Resource implications	Link to CSCI outcome
A	<p>Waiting Times for Equipment: Increase the numbers of OTs to ensure that 93% of equipment is delivered within seven working days. (ICES South)</p> <p>Maintain current performance in the north of the County.</p>	<p>£85,000</p> <p>Cost to be established.</p>	Commissioning and use of resources
A	Improve fabric of Day and Community Support Services buildings	£60,000 has been made available in 2006/07 for improvements.	

A	To increase future work opportunities for an additional 40 disabled people.	Within existing resources	
A	To increase the percentage of assessments completed with 14 days to 70%.	To be assessed	

9 WORKFORCE IMPLICATIONS

Our staff are the most valuable resource and will deliver our vision and make the aspirations a reality.

Everyone who is working in social care has an important role to play in improving the quality of people's lives and enabling people to take more control.

To do this we need a competent workforce with strong leadership.

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

"In many ways the introduction of direct payments can be seen as heralding the most fundamental reform of social care for many years". Direct payments and social care commissioning: the challenges for local authorities, Janet Leece, DoH 2006.

Workforce planning for these changes is crucial and we will need to work with service users, carers, the independent and voluntary sector and partner organisations to ensure we can meet people's needs.