

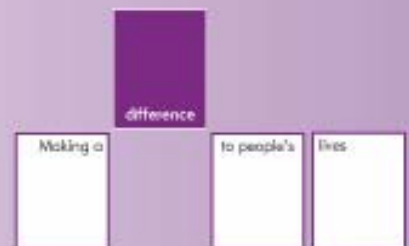


Nottinghamshire  
County Council

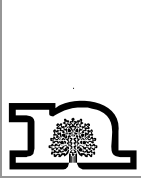
Adult Social Care & Health  
Commissioning Strategy  
Chapter Two  
2007 - 2009

# 2

## Prevention Strategy for Promoting Independence and Wellbeing for Adults in Nottinghamshire







Nottinghamshire  
County Council

## Chapter 2 - Prevention Strategy for Promoting Independence and wellbeing for adults in Nottinghamshire 2007–2009

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# 1 INTRODUCTION

Prevention is a theme running through all public services; prevention of ill health and disease, of accidents, and of poverty and neglect. The increasing emphasis in public services on prevention is part of a move to engage more people in preserving and improving their own health and wellbeing. The Government's White Paper, *"Our health, our care, our say: a new direction for community services"* (January 2006) puts emphasis on the need for health and social care services to work effectively together to improve the health and wellbeing of the general population. The brief guide to the White Paper states that the Government is,

*"promoting local projects that encourage people to exercise, eat healthily and combat mental and physical health problems"*. (Page 14)

The purpose of this strategy is to set out how Nottinghamshire's Adult Social Care and Health department is developing its preventative services and responding to the expectations of the White Paper. The strategy has been developed in partnership with Nottinghamshire County Teaching Primary Care Trust and Bassetlaw Primary Care Trust.

## 1.1 Definition of Prevention

The former Office of the Deputy Prime Minister (ODPM) used the following two elements to describe preventative services:

- Services that prevent/delay the need for more costly intensive services
- Services that promote quality of life and engagement with the community.

By prevention, we therefore mean action intended to prevent or delay loss of independence, to improve quality of life and to promote social inclusion. We also include action needed to support people caring for friends or family members. This approach to providing services fits in with the national guidance given in Fair Access to Care Services (FACS). In December 2005 the Adult Social Care and Health Department raised the threshold for eligibility for social care services. People are now eligible for most social care services if not getting these services would pose a critical or substantial risk to their independence. These means that the Department does not have a duty to provide services to people whose needs are assessed as posing a moderate or low risk to their independence. The development of preventative services is therefore both to ensure that people are helped before their situation deteriorates and to ensure that as wide a range of people as possible have access to services that are readily available through, for example, *"signposting"* schemes.

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

- **Level 1** – focuses on the general population who may be vulnerable to ill health or disability because of their circumstances or lifestyle. The aim is to reduce the likelihood of them developing problems. Programmes aimed at insulating homes, encouraging the take up of benefits, helping people to stop smoking, encouraging exercise might fit into this level.
- **Level 2** – focuses on people who have already had a problem, for example, a stroke, and aims to help them to recover optimum levels of ability. It also helps to prevent recurrence and may avoid the need for long term institutional care. Shopping, befriending, intermediate care, support from self help groups and hospital discharge schemes might fit into this level.
- **Level 3** – focuses on people who are already eligible for social care services, and aims to prevent further deterioration, for example by dealing with specific problems to reduce the need for hospital or other kinds of intensive care.

This strategy concentrates on levels 1 and 2 and deals mainly, although not wholly, with services for people aged 50 + whose needs pose a moderate or low risk to their independence. The development of services for people whose needs are assessed as posing a critical or substantial risk to their independence (level 3) are set out in our commissioning strategies for specific service user groups.

## 2 KEY DRIVERS

Central and local government has issued a number of documents to direct and guide the development of preventative services. The documents all stress the need to:

- encourage and support people to maintain their health and independence
- ensure that agencies work together to achieve their aims
- encourage people to remain economically active and engaged with their communities

The main ones are set out below.

### 2.1 Relevant Legislation and Guidance

#### 2.1.1 The National Service Framework for Older People (March 2001)

This sets out a programme of action to address widely perceived problems, to establish national standards and to promote new ways of working. Standard 8 is concerned with *“The promotion of health and active life in old age”*.

### 2.1.2 Fair Access to Care Services (April 2003)

This guidance requires Local Authorities to consider preventative services and, in their published eligibility criteria, to “*state explicitly*” how they will approach preventative issues. The guidance says:

“Councils should develop methods of risk assessment to help them identify those individuals where risks to independence appear relatively low, but are likely to become more serious over time..... Councils should also consider the benefits of preventative action to support carers..... Councils may become involved with other agencies in wider community development, “*Supporting People*” or health promotion approaches, where there is widespread social disadvantage, or evidence that particular groups of people are socially excluded, or are geographically isolated. They should be prepared to act where it is difficult to estimate the likely benefit to a particular individual, but where there is evidence of the likely preventative benefits from non-intensive or other help to certain populations or groups”.

### 2.1.3 Choosing Health: Making Healthier Choices Easier (November 2004)

The delivery plan (published March 2005) for this public health White Paper explains “*how local government and the NHS will work together to deliver improved health outcomes and well-being at a local level*”.

It highlights action needed to achieve six key priorities:

- tackling health inequalities
- reducing the numbers of people who smoke
- tackling obesity
- improving sexual health
- improving mental health and well-being
- reducing harm and encouraging sensible drinking

In addition, action will be taken across Government on:

- helping children and young people to lead healthy lives
- promoting healthy and active life amongst older people

The need to specifically target older people is because:

- older people are the biggest users of NHS and social care services: they are the ‘*core customers*’
- 20% of people are currently aged 65 or over and, in the next decade, life expectancy will have increased by two years for both men and women.
- health promotion in the over 50s is highly cost-effective in reducing death and improving health in later life
- for people aged over 75, falls are the leading cause of injury and death, with over 400,000 older people attending A&E departments annually as a result.
- increasing exercise throughout life has major benefits in old age through promoting independence, health and well-being

### 2.1.4 Opportunity Age – Meeting the challenges of ageing in the 21st Century (March 2005)

This is the government's overarching strategy for older people across all service areas.

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

The first goal of this White Paper is for health and social care services to provide better preventative services with earlier intervention. It says, "GP practices and Primary Care Trusts will work much more closely with local government services to ensure that there is early support for prevention."

### 2.1.6 Local Government White Paper; Strong and Prosperous Communities (October 2006)

Section 28 of this White Paper says, "The focus of managing performance across areas, backed up by the duty to co-operate and to agree targets, will help to promote greater cross-agency working – including on preventative and early intervention activity, which can make the biggest difference to the outcomes for vulnerable people".

## **2.2 Local Drivers**

Public services in Nottinghamshire have produced a number of plans and strategies which include preventative measures. The following are central to the work outlined in this strategy:

### 2.2.1 Opportunity Age in Nottinghamshire

This strategy aims to maintain and improve the quality of life for older citizens, promoting a positive view of ageing and supporting independence and well-being.

### 2.2.2 Community Strategies

The County Council and the local district and borough councils have all published community strategies which include proposals to:

- reduce smoking and exposure to passive smoking
- improve energy efficiency and affordable warmth in people's homes
- improve local housing
- provide better public transport
- improve opportunities for physical activity
- provide better opportunities for sport and leisure to tackle the growing problem of obesity

### 2.2.3 NCC Strategic Plan “All Together Better” (2006-2010)

This strategic plan highlights the council’s intention to, “*provide preventative services to support frail older people and avoid accidents in the home*”.

### 2.2.4 Local Area Agreement

An explanation of the Local Area Agreement (LAA) is set out in chapter one. Part of the LAA (healthier communities and older people) concentrates on reducing health inequalities, which increase the risk of ill health, and reducing the “*prevalence and impact of avoidable injuries*”. It also gives priority to providing preventative services at home for older people and of halting the increasing levels of obesity in the general population in Nottinghamshire. The LAA also has a delivery plan to deal with smoking reduction.

### 2.2.5 NCC Delivery Plan to Tackle Obesity

A County-wide obesity strategy is in place. The delivery plan sets out a range of recommendations necessary to address obesity amongst adults and children.

These include:

- promoting physical activity amongst people with mental ill health
- raising awareness of the importance of obesity prevention for disabled people
- identifying ways of keeping older people engaged in physical activity and sport
- maintaining nutritional standards for the home meals service, resource centres and care homes

## **3 CURRENT SERVICE PROVISION**

Many preventative services are already in place or under development across Nottinghamshire based on work either by a single agency or as a result of partnerships between the County Council, the local councils, the local NHS and the voluntary and independent sectors. The age at which people can use some of these services varies, with some open to people of all ages and others open to people aged 50 and over.

The age at which people can claim their pension is being raised to 65 years and may rise in future to 68. This may have an impact on services and concessions which are currently provided at 60.

### **3.1 Physical Activity**

#### 3.1.1 Physical Activity Officers

There are 13 physical activity officers across the County based in district and borough council offices. The purpose of their jobs is to encourage people to

undertake physical activity who would not usually do it. They have been successful in their work with disabled and older people and with people with mental health problems. The posts are funded through the Lottery and this funding is due to come to an end in 2007.

### 3.1.2 “Activity Friends”

“*Activity Friends*” are volunteers who support other people to get involved in different types of activities. The aim of the schemes in Nottinghamshire is to increase levels of physical activity in people aged 50+ and to offer friendship, support and encouragement, particularly to the lonely and isolated, thereby promoting social and mental well being and quality of life.

Three schemes started in March 2006 covering:

- Ashfield and Mansfield
- Bassetlaw
- Rushcliffe

## **3.2 Improving Health**

### 3.2.1 Older people discharged from hospital

There are a number of “*home from hospital*” schemes across the County which support older people when they return home. The support includes feeding pets, shopping and collecting pensions. The schemes use volunteers and are time limited. Workers can refer on for a social care assessment if necessary. Different schemes cover the following hospitals,

- Nottingham University NHS Trust (QMC and City)
- Lings Bar Hospital
- Highbury Hospital
- Kings Mill Hospital
- Ashfield and Mansfield Community Hospitals
- Newark Hospital
- Bassetlaw Hospital

### 3.2.2 Expert Patient Programme (EPP)

The EPP is a self management programme for anyone living with long term health condition(s), delivered by trained volunteer tutors who also live with a long term condition.

The EPP course helps people to develop the skills and confidence needed to manage their condition better, making them less dependent on health and social care programmes. It is based on research from the US and UK over the last two decades, which shows that people living with chronic illnesses are often in the best position to know what they need to manage. When provided with the necessary ‘self- management’ skills, they can make a tangible impact on their

condition and quality of life generally. Internal monitoring of participant questionnaires showed that 6 months after completing the course:

- GP consultations decreased by 7%
- outpatient visits decreased by 10%
- Accident and Emergency Department attendances decreased by 16%
- pharmacy visits increased by 18%

The EPP has been developed to make it accessible, and currently includes:

- course material translated into many community languages with trained bi-lingual tutors.
- a course for carers – *“Looking After Me”*
- a course for parents with young children with long term conditions,
- a series of 3 self management workshops for young people
- courses for people in prisons
- courses for people with Aphasia

Also in development are:

- a web based course – the pilot is currently being evaluated
- courses for people with learning difficulties
- courses for people with mental health conditions (though the current course is successful for people with mild/ well stabilised mental health conditions)
- courses for people who have problems resulting from substance misuse

In 2005/06 approximately 12 courses were run across Nottinghamshire including prison courses and courses for carers.

### **Expert Patient Programme Community Interest Company - EPP CIC**

*The White Paper, Our Health, Our Care, Our Say:* a new direction for community services, made a commitment to increase EPP capacity from 12000 places a year to over 100,000 by 2012.

The Department of Health set up an independent not-for-profit company, known as ‘Expert Patients Programme Community Interest Company’, to support this increase. The EPP CIC charges for its services. There is an agreement between EPP CIC and the Department of Health regarding the development and implementation of services to be provided over the first two years (2006-2008).

The EPP CIC will use a quality assurance process to establish its effectiveness in improving the quality of life for people living with long term conditions.

Expert patient courses can be commissioned by individual statutory or voluntary agencies, or in partnership. The number of programmes running locally will depend on the resources made available for this work.

### **3.3 Information**

#### **3.3.1 Resource Centres**

Four resource centres have been developed in the County covering Retford, Stapleford, Kirkby and Forest Town, using funding from the “Invest to Save” grant. These centres provide information and advice as well as the opportunity for older people to meet socially and buy a hot meal.

#### **3.3.2 Older people’s website**

The older people’s website, funded through the Invest to Save grant, will improve access to information about services.

### **3.4 Housing**

The “*Healthier Communities and Older People*” section of Nottinghamshire’s Local Area Agreement has the reduction of unnecessary admissions of older people to acute hospitals or residential/nursing homes as one of its outcomes. One of the ways of doing this is to increase the number of homes designed to Lifetime Homes standards. The East Midlands Housing Strategy has a target of increasing the percentage of Lifetime Homes in 2006-7.

#### **3.4.1 Handyperson Schemes and Home Improvement Agencies (HIA)**

There are a number of Handy Person Schemes across the County:

- South Notts - (Broxtowe, Gedling and Rushcliffe)
- Staying Put - (Newark & Sherwood)
- Ashfield – Handyperson Service and Prevention Adaptation Schemes
- Bassetlaw – “Do You Need a Hand?”(DYNAH)

There are three Home Improvement Agencies (HIAs) across the County:

- South Notts - (Broxtowe Gedling and Rushcliffe)
- Staying Put - (Newark & Sherwood)
- Central Notts - (Ashfield and Mansfield)

### **3.5 Support at Home**

#### **3.5.1 Shopping and Gardening**

- Grants will be made available under the Invest to Save project so that not-for-profit organisations across the County that provide garden maintenance services for older people can build their capacity and improve the service they are offering
- Under the Link Age Plus project and in partnership with the supported Employment Team, a County-wide garden maintenance service will be set up to fill gaps in service provision

- A shopping service, funded by Link Age Plus, is being developed as a pilot project in Ashfield and Mansfield by Age Concern

### **3.5.2 “First Contact” Checklist**

This checklist has been developed with funding from Nottinghamshire Fire and Rescue, the County Council’s Communities and Adult Social Care and Health Departments and the Department for Work and Pensions (Link Age Plus). It allows the first worker who visits a person in the community to undertake a check for things like benefit entitlement and smoke detectors. If it appears that the person might be eligible they are referred on to the appropriate agency. The checklist has been introduced in Rushcliffe, Newark & Sherwood and Gedling and will be introduced into other districts in 2007.

## **3.6 Assistance with Finance**

### **3.6.1 Nottinghamshire Welfare Rights Service (NWRS)**

NWRS provides specialist advice and advocacy for people who need, for example, representation at tribunals. The service also provides publications, training and organises take-up campaigns.

### **3.6.2 Joint Teams**

Joint teams have been developed between The Pension Service (TPS), Adult Care Financial Services (ACFS), the district and borough councils and Nottinghamshire Welfare Rights Service (NWRS). These teams ensure that an individual’s financial transactions with public authorities are all done by one person. This includes benefit advice and claims, the collection of financial information for means tested services and access on to welfare services through the use of the First Contact checklist.

## **3.7 Self Help Groups**

A self help group brings together people who have experience of a particular health issue or life situation. This may be their own experience or as a family member, friend or carer. Most groups are run by their members but some are run or facilitated by health or social care professionals. Research studies have repeatedly shown that being part of a self help group leads to feelings of increased self esteem and an ability to be more self reliant and to cope more positively with challenges presented in daily life. Group members have lower levels of hospitalisation and clinical intervention and make less use of health and social care agencies.

Nottinghamshire has a vibrant network of more than 300 self help groups providing information, advice and support to service users, carers and the general public who have a range of disabilities and health problems. Specialist

infrastructure for these groups is provided by Self Help Nottingham, Ashfield Links Forum, Mansfield CVS and Retford Action Centre, with support from the Adult Social Care and Health Department.

The Gedling Network has also been established to support any group or service working with older people in the borough and more recently an Asian Elders Network has been established.

## **3.8 Catering Services**

### **3.8.1 The Meals at Home Service**

The Meals at Home Service is provided by the Adult Social Care and Health Department. Its main purpose is to provide a delivery of meals to older or vulnerable people in their own homes. The kind of delivery required is explored with a service user or their carer so the best solution can be found which maximises independence and encourages the service user to make use of and build on existing skills. Those receiving a daily delivery of hot or chilled meals also have a means of keeping in touch and alerting people in an emergency.

As part of the need to make financial savings a project has been established to review this service. The project will consider the following options:

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

### **3.8.2 Implementing the Obesity Strategy**

The obesity strategy is concerned with reducing obesity and the costs that will be associated with treating the results of obesity. The Department's concerns for better nutrition to prevent falls, improve the quality of life and activity levels have been included in it. The emphasis for social care services is on adequate nutrition rather than weight reduction.

The Action Plan includes the development of a food policy, continuing to develop training packages to promote healthy food choices and the development of a nutrition based audit tool. This work is mainly with adult service users, but includes work in children's centres.

## **3.9 Transport**

### **3.9.1 Local Transport Plans and Accessibility Strategies**

Nottinghamshire County Council produces two local transport plans. The plans set out the aims, objectives and strategies for achieving more sustainable and integrated transport throughout Nottinghamshire including helping older and disabled people to access key services and maintain quality of life through

improved accessibility and independence. The current local transport plans are the second to be produced and cover the period 1 April 2006 to 31 March 2011. The North Nottinghamshire local transport plan covers the districts of Ashfield (excluding Hucknall), Bassetlaw, Mansfield and Newark & Sherwood. The Greater Nottingham local transport plan is developed in partnership with Nottingham City Council, and covers the Broxtowe, Gedling and Rushcliffe districts, as well as Hucknall and the City of Nottingham.

A number of documents support the local transport plans, including the Accessibility Strategy and Bus Strategy.

### 3.9.2 Community Transport

Link Age Plus and Invest to Save funding is being used to contribute towards the cost of a pilot scheme in Bassetlaw District that aims to create a single telephone number for people to access information on various travel schemes within the district and a taxi voucher scheme.

### 3.9.3 Transport Accessible To All (TATA)

The TATA guide has been produced to provide information for those people who for a number of reasons need to use accessible transport to reach the services considered as essential to leading an independent and fulfilling lifestyle.

TATA gives access to information such as contact telephone numbers and addresses for a wide range of accessible transport services. The information is presented in an easy to read style in pdf files which can also be read in large print or audio formats.

## **4 FINANCE**

Preventative services funded either wholly or in part by the County Council are paid for through a variety of sources including Grant Aid, the Carers Grant and the Prevention Grant. The total expenditure from these sources, in 2006/07 is set out below:

<b>Funding source</b>	<b>Service</b>	<b>Total cost</b>
Grant Aid	Older person's groups/lunch clubs	£214,460
	Counselling	£108,005
	Learning disability	£31,600

	Physical disability	£85,975
	Mental health	£22,909
<b>Total</b>		<b>£462,949</b>
Prevention Grant	Home visiting/support/social network	£138,934
	Support for carers	£3,456
	Support for carers(mental health)	£5,761
	Learning disabilities	£39,522
	Training/peer support	£71,664
	Home safety	£11,522
	Engagement and involvement of older people	£91,130
	Scheme training	£2,177
<b>Total</b>		<b>£364,166</b>
Carers Grant	All schemes	<b>£1,420,649</b>
<b>Total for all grants</b>		<b>£2,247,764</b>

The use of all the grants is currently being reviewed. In addition the Department has money from the Government in the form of short term grants. These are set out below.

Invest to Save	£588,174
Link Age Plus	£1,152,168

Both grants come to an end in Summer/Autumn 2008. Alternative funding needs to be considered.

## 5 COMMISSIONING INTENTIONS

The specific commissioning intentions relating to preventative services are outlined below.. They are categorised to reflect the Department's overall commissioning intentions as described in chapter one, the Departmental strategic overview.

### 5.1 Developing and Sustaining Partnerships

**Work with partner agencies and other departments of the County Council to develop an integrated approach to preventative services where possible.**

By developing services like the First Contact Checklist we aim to work with our partners to support people to live safely in the community. We also aim to co-ordinate initiatives across the Authority to avoid repetition and inefficiency.

### 5.2 Developing Self Directed Care

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

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

### 5.3 Promoting Health and Well-being - engaging the community

**Ensure access to a range of opportunities to enable people to contribute to and participate in their local communities and to enhance wellbeing.** This will involve ensuring that information about preventative services is available in a variety of formats.

### 5.4 From Exclusion to Inclusion

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

### 5.5 Carers Services

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

### 5.6 Advocacy and Involvement

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

## 5.7 Managing the Market

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

## 5.8 Diversity

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

## 5.9 Quality and Performance

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

# 6 COMMISSIONING PLANS

The development of prevention services across the County in the next two years will be dependent on available resources. Some of our recommendations are based on the result of consultation with local voluntary organisations and social care staff, which was carried out in 2006. In recognition of the changing performance management framework the service delivery plans have been laid out to reflect the nine priority performance outcomes as defined by CSCI and referred to in chapter 1. 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

## 6.1 Developing and Sustaining Partnerships

	Commissioning intentions	Resource implications	Link to CSCI outcome
A	<b>Information -</b> An Approved Traders Register is planned under the Link Age Plus project and in partnership with NCC Trading	Funding from Link Age Plus grant = £70,900, with additional funding from Trading	Choice and control

	<p>Standards, Nottingham City Trading Standards and hopefully Age Concern, This will be in place by Autumn 2007 and will be accessible by telephone and email. All trades will be represented and thoroughly checked by Trading Standards prior to inclusion on the register.</p> <p>Up to seven community outreach advisors are to be employed by the voluntary sector across the County using funding from the Link Age Plus and Invest to Save grants and from Supporting People.</p>	<p>Standards</p> <p>Funding from grants = £139,156</p>	
<b>A</b>	<p><b>First Contact checklist –</b> Extend the use of the checklist into districts of Nottinghamshire where it is not currently in use.</p>	<p>Estimated annual cost of maintaining the checklist across the County = £62,286</p>	<p>Choice and control</p>
<b>C</b>	<p><b>Physical activity -</b> Support and extend communication and education about health messages (alcohol, smoking, obesity, osteoporosis, physical activity and healthy eating) to avert the risk of poor health. Support partners seeking to extend local physical activity programmes</p>	<p>The funding for the Physical Activity Officers posts comes to an end on 31<sup>st</sup> March 2007. Three of the posts have been funded beyond this date by local councils. The success of the project suggests that the retention of an additional five posts would benefit the local population. This would cost in the region of £140,000 a year.</p>	<p>Improving health and emotional wellbeing</p>

## 6.2 Developing Self Directed Care

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<p><b>Shopping, gardening and home improvement schemes –</b> A shopping service is being developed as a pilot project in Mansfield and Ashfield by Age Concern with funding from Invest to Save and Link Age Plus grants and Supporting People.</p> <p>A gardening scheme is under development with funding from Invest to Save and Link Age Plus grants</p> <p>This is a way of contributing to the LAA target of increasing the recruitment and use of volunteers.</p>	<p>Funding from grants = £100,000</p> <p>Funding from grants = £55,000</p>	Choice and control
A	<p><b>New and assistive technology</b> - continue piloting, promotion and good practice in new technologies and assistive technology to preserve independence and enable people to lead active lives.</p>	<p>The Assistive Technology Grant is for two years - 06/07 = £417,000 07/08 = £700,000 It ends on 31st March 2008. Priority is being given to spending the money on “one off” items so that the Department does not have to pick up costs when the grant ends.</p>	Choice and control

### 6.3 Promoting Health and Well-being - engaging the community

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<b>Information</b> – Computers will be provided in venues used by older people and training will be provided to enable older people to learn to use the Internet, using funding from the Link Age Plus grant.	The funding available for computers is £118,000 and funding available for training people to use them is £40,000.	Choice and control
C	<b>Portal project</b> - extend the Portal project for older people to other groups so that the Contact Centre and County Contact can direct people to information about preventative services amongst other things.	Estimated cost of £40,000.	Choice and control

### 6.4 From Exclusion to Inclusion

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<p><b>More support for people discharged from hospital</b> - Undertake work with the City SSD to map hospital discharge schemes, look at gaps and at the quality and breadth of provision. Consider the role of “Supporting People” in funding schemes. Consider public health as a source of help with this evaluation.</p> <p>The development of these schemes is a way of contributing to the LAA target of increasing the recruitment and use of volunteers</p>	Possible employment of a part time project manager for 6 months at a cost of £15,000.	Improved quality of life

## 6.5 Carers Services

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<b>Telecare</b> – as part of the Telecare Strategy, equipment such as emergency alarms will be given to older people where this will also benefit anyone caring for them.	£50,000 allocated in 2006/07 from the Community Care Support Budget held by the Carers Unit.	Choice and control
A	<b>Emergency services</b> - develop emergency services for carers.	Grant of £330,000 due from central Government in October 2007.	Choice and control

## 6.6 Advocacy and Involvement

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<b>Expert Patient</b> - “Looking After Me” courses will be commissioned for carers in 2007/08.	£20,000 from the Carers Grant.	Choice and control

## 6.7 Managing the Market

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<b>Grants</b> - Expenditure will be reviewed in the course of 2007/08 in line with this strategy.	Within existing resources	Commissioning and use of resources
A	<b>Eligibility threshold</b> – Review the impact that raising the eligibility threshold for social care services in December 2005 has had on service users.	Within existing resources	Commissioning and use of resources

## 6.8 Diversity

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<b>Consultation</b> -Consult with seldom heard older people. A report of the consultation with older people with dementia in rural areas was published in March 2007. Further work with people from Black and minority ethnic groups and older people in care homes is planned in 2007/08 and 2008/09.	Within existing resources	Freedom from discrimination or harassment

## 6.9 Quality and Performance

	Commissioning intentions	Resource implications	Link to CSCI outcomes
A	<b>Performance monitoring</b> - review and, where possible, align the performance monitoring requirements for different sources of funding for preventive services.	Within existing resources	Commissioning and use of resources

## 7 WORKFORCE IMPLICATIONS

- The review of grant aid and the prevention grant may lead to some changes and the implications for the workforce are not known at this stage.
- Training is needed for social care staff to ensure that they make good use of the preventative services that are available.