

3

Commissioning Strategy for Older People





Chapter 3 - Commissioning Strategy for Older People 2007 - 2009

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1. INTRODUCTION

This strategy forms chapter 3 of the Adult Social Care and Health Department Commissioning strategy and sets out how Nottinghamshire County Council Adult Social Care and Health Department will commission services over the next three years for older people (i.e. service users over the age of 65 and people with working age dementia). This strategy has been produced in consultation with our commissioning partners in Nottinghamshire County Teaching PCT.

2. KEY DRIVERS

The main policies and legislation that will direct our commissioning plans over the next three years for all adults are set out in chapter one and contained in the appendix. In addition, there are a number of national and local policy initiatives which specifically relate to older people.

2.1 National Service Framework for older people

The National Service Framework, which was published in May 2001, set out an ambitious programme of action and reform to address the problems faced by older people and their families. In it the government promised to reform public service delivery to older people and set new national standards for health and social care services. It sought to achieve these objectives through further modernisation plans and by requiring health and social care services to work in a more collaborative way. The NSF is an important document as it has set the framework for service development since 2001 and underpins much of the way in which health and social care services are planned, provided, measured and evaluated.

The NSF sets eight standards for older people's services:

- **Standard One: Rooting out age discrimination**
Aim: To ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age.
- **Standard Two: Person-centred care**
Aim: To ensure that older people are treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries.
- **Standard Three: Intermediate care**
Aim: To provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.
- **Standard Four: General hospital care**
Aim: To ensure that older people receive the specialist help they need in hospital and that they receive the maximum benefit from having been in hospital.

- **Standard Five: Stroke**
Aim: To reduce the incidence of stroke in the population and ensure that those who have had stroke have prompt access to integrated stroke care services.
- **Standard Six: Falls**
Aim: To reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.
- **Standard Seven: Mental health in older people**
Aim: To promote good mental health in older people and to treat and support those older people with dementia and depression.
- **Standard Eight: The promotion of health and active life in older age**
Aim: To extend the healthy life expectancy of older people.

These eight standards are intended to eradicate age discrimination, ensure equity of access to services which are of a high quality and to generally ensure that older people are enabled to live long and comfortable lives whilst maintaining the maximum independence.

The Department of Health has produced further guidance for health and social care services to consider in their implementation plans. The main documents that affect social care are “A new ambition for old age” and “Everybody’s Business”. More detailed information about these can be found in section 10.

“A new ambition for old age”, published in April 2006, sets out the priorities for the second phase of the 10 year implementation of the NSF and joins these up with the themes of the White Paper “Our Health, Our Care, Our say”. It identifies ten programmes under three themes: Dignity in Care, Joined-Up Care and Healthy Ageing. These ten programmes are:

- dignity in care
- dignity at the end of life
- stroke services
- falls and bone health
- mental health in old age
- complex needs
- urgent care
- care records
- health ageing
- independence, well-being and choice

It reinforces the notions of prevention, rehabilitation, maximising independence, single assessment, joined up service planning and delivery, quality services, and provision of an appropriately trained and competent workforce.

Similarly in “Everybody’s Business” published in 2005, the main message was about producing co-ordinated services that focus on people’s mental health and physical needs, regardless of their age, and promote dignity and respect.

2.2 Opportunity Age and Opportunity Age in Nottinghamshire

The Department for Work and Pensions published the government's strategy on our ageing society in March 05: "Opportunity Age: Meeting the challenges of ageing in the 21st century". It aims to end the perception of older people as dependent; ensure that longer life is healthy and fulfilling; and that older people are full participants in society. The strategy focuses on three key areas:

- work and income - to maintain people in work by encouraging greater flexibility for those over 50 who may be managing health conditions and balancing family (and other) commitments.
- active ageing – ensuring older people play a full and active role in society.
- services – to maintain independence and control over their lives, even if they are affected by health problems of older age.

In response Nottinghamshire has developed its own strategy, "*Opportunity Age in Nottinghamshire*" 2006-9. This has been developed by older people and partner organisations across the public, private, voluntary and community sectors. It is intended to deliver a detailed delivery plan which will be reviewed and evaluated annually. This strategy concentrates particularly on preventative services.

2.3 Local Area Agreement


One of the areas in the Nottinghamshire LAA is "*Healthier Communities and Older People*". In this section there is an outcome which the County Council and our partners have signed up to achieving – 'Older people are helped to live at home with an increased quality of life'. There are two linked outcomes:

- To increase the number of older people helped to live at home
- To increase the overall quality of life for older people

Plans for how these targets can be achieved have been developed and agreed. These are contained in the delivery plan of the healthier communities and older persons' block of Nottinghamshire LAA.

2.4 The Structure of Local Government and the Department

A review of the Department has made the following recommendations:

- bringing together the commissioning and direct management responsibilities for home care into one Service Manager post in each of the three localities
- fieldwork /commissioning teams in every locality which are more clearly focused around the needs of older people, as well as teams which commission services for adults under the age of 65
- creation of a small 'Prevention' team, to work alongside the existing health inequalities team in the Council, to ensure that commissioning is informed by , and takes account of, the wider inequalities and prevention age  as for older people

- two lead Planning and Commissioning Managers at Service Head level to provide an oversight of the commissioning cycle and the capacity to manage the breadth of the older persons commissioning agenda (as well as other responsibilities)
- an integrated approach to planning , commissioning and service delivery for older people through the creation of two Service Director posts which, take overall responsibility for the activities of management of 'operational' commissioning teams as well as the two planning and commissioning lead posts, with other responsibilities

Taken together, the structural changes will mean that the strategic management of commissioning and provision are brought together at Service Director (2nd Tier) level, which signals a significant shift away from the previous model of a separate 'provider arm' for the organisation with its own management structure below Director level. As a consequence, the Department is now much more 'fit for purpose' to engage in commissioning than it has been in the past, albeit that there will always be 'capacity challenges' to overcome.

3. CURRENT SERVICE PROVISION

The Department commissions or provides a wide range of services to older people; some of the mainstream activity is demonstrated below.

Item	Number achieved in 2005/06
Assessments Completed by Assessment and Care Management Teams	11,273
Assessments completed by Occupational Therapy teams	6,292 (1/12/05 – 1/12/06)
Number of Weeks Nursing Places Supported	50,157
Number of Weeks Other Residential Places Supported	104,682
Equipment/aids supplied	20,240
Direct payments provided to older people	96
Home care Hours Provided (Survey Week)	37,964
Places in extra care schemes funded	119
Clients receiving regular meals at home	3,496

Additionally, the department funds a wide range of preventative schemes, through grant aid and service agreements, often with voluntary sector organisations. The Prevention Strategy for adults and older people provides more detailed information on prevention schemes.

The department provides a range of services to support carers, including respite breaks as well as other sources of information and support. More information is provided in the Carers Strategy. (see appendix)


The Department also funds advocacy services for older people, which are particularly focussed on supporting older people at critical moments of change in their lives.

Older people are by far the largest number of people receiving Supporting People services. The County Council is the Administering Authority for Supporting People. The direction of travel for the Nottinghamshire Supporting People Partnership is set out in the 5 year Supporting People Strategy. In a context of reducing funding for the local Supporting People programme, this plans for the continued increase in supporting the independence of older people most in need of housing related support.

4. KEY ACHIEVEMENTS

Implementation of the National Service Framework Standards

Standard 1: Person Centred Care	
Development of Single Assessment Process.	Implementation of the single assessment process in partnership with 8 PCTs, 4 Acute Trusts, Nottingham City Social Services, and Nottinghamshire Healthcare Trust.
Establishing and developing integrated community equipment services.	Integrated community equipment services (ICES) developed in the north and south of the County with health partners.
Development of integrated assessment services.	Development of co-located services bringing District Nursing and Social Services staff together in Gedling and a range of integrated approaches to assessment and care management services in other areas of the County. These arrangements position the Department and the NHS well for further development of the long term conditions agenda.
Standard 3: Intermediate Care	
Development of Intermediate Care	Residential and non residential intermediate care services established across every district of the authority, providing 2000

	episodes of intermediate care in 2005/6.
Standard 6: Falls	
Establishment of joint teams and procedures to reduce and prevent falls.	Departmental staff linked to falls clinics and long term teams, specialist health O.T.s placed in social care O.T. teams, the use of common assessment guidance tool for professionals, multi professional falls prevention groups, common training for staff groups.
Standard 7: Mental Health	
Development of integrated assessment services.	In the north and south of the County a joint strategic framework identified a number of priorities for development. The Department has integrated arrangements with the Healthcare Trust in every District.
Specialist Home care Services	Within three districts specialist home care services have also been provided.
Integrated specialist day care	Day care has been integrated in two areas.
Standard 8: Health and active life in older age (much of this standard overlaps with the Prevention Strategy)	
Extra care schemes	Establishing schemes in all localities, supporting 119 placements in total across the County and continuing development of new schemes in partnership. 15 new extra care places in Rushcliffe District as part of a joint redevelopment with Rushcliffe Homes: on one site there is a small Departmental residential unit and day services, supported housing with 15 extra care places and a range of facilities for the residents.
	Safeguarding Adults - The Department has continued to lead the work of the Nottinghamshire Committee for the Protection of Vulnerable  lts. The numbers of older people where adult protection concerns are reported and investigated continues to increase year on year. This is seen as reflecting greater public confidence and staff awareness and indicates a strengthening framework of safeguarding across agencies.
Advocacy	We have extended advocacy services across the County. Services are now universally available.

5. PERFORMANCE AND ACTIVITY

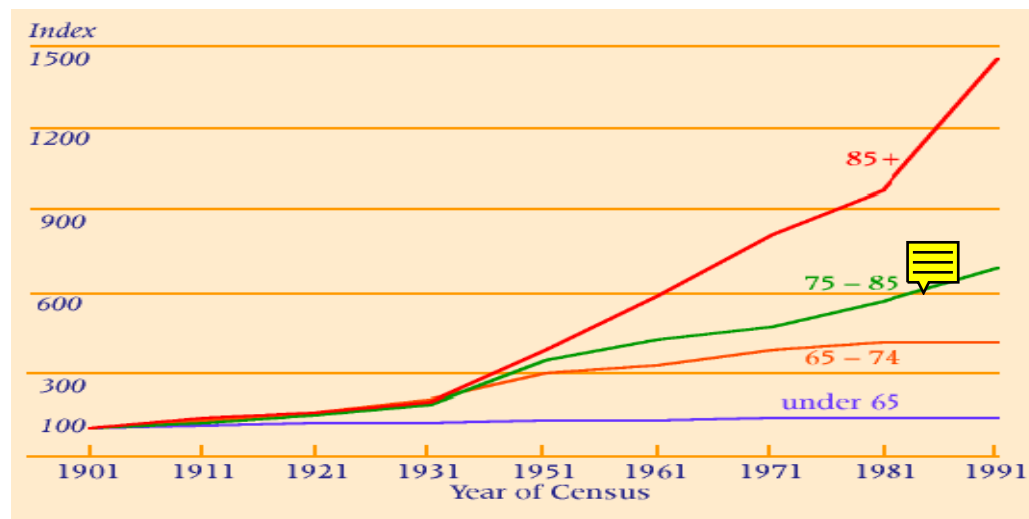
5.1 Demographic Information

5.1.1 National Trends

The population of the United Kingdom has been increasing since the turn of the last century and within that the number of older people has grown by 400%.

The following graphs show the actual population trends since 1901- 1991 and then the projected trends 1995-2051.

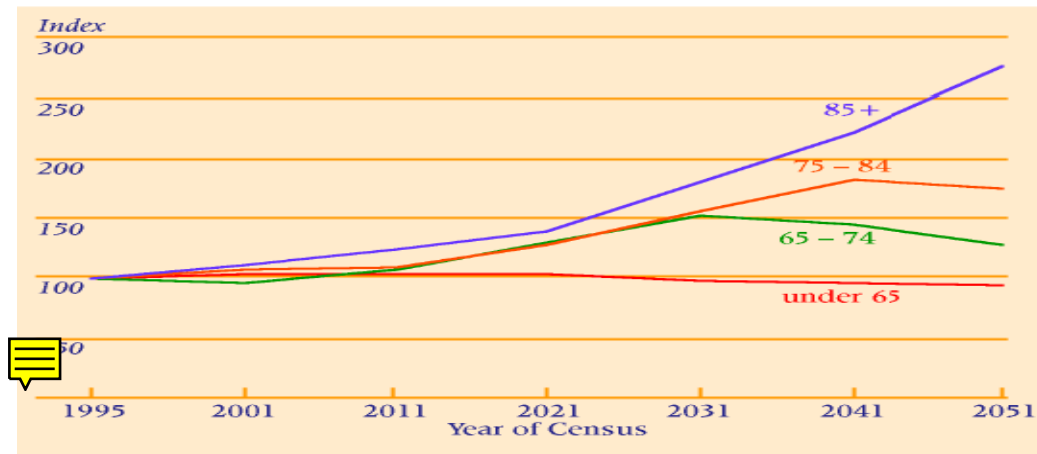
United Kingdom Population - Indexed on 1901 (100)



With Respect to Old Age: Long Term Care - Rights and Responsibilities,
The Royal Commission on Long Term Care, March 1999

Since the early 1930s the number of people aged over 65 has more than doubled and today a fifth of the population is over 60. Between 1995 and 2025 the number of people over the age of 80 is set to increase by almost a half and the number of people over 90 will double. (National Service Framework for Older People - Executive Summary)

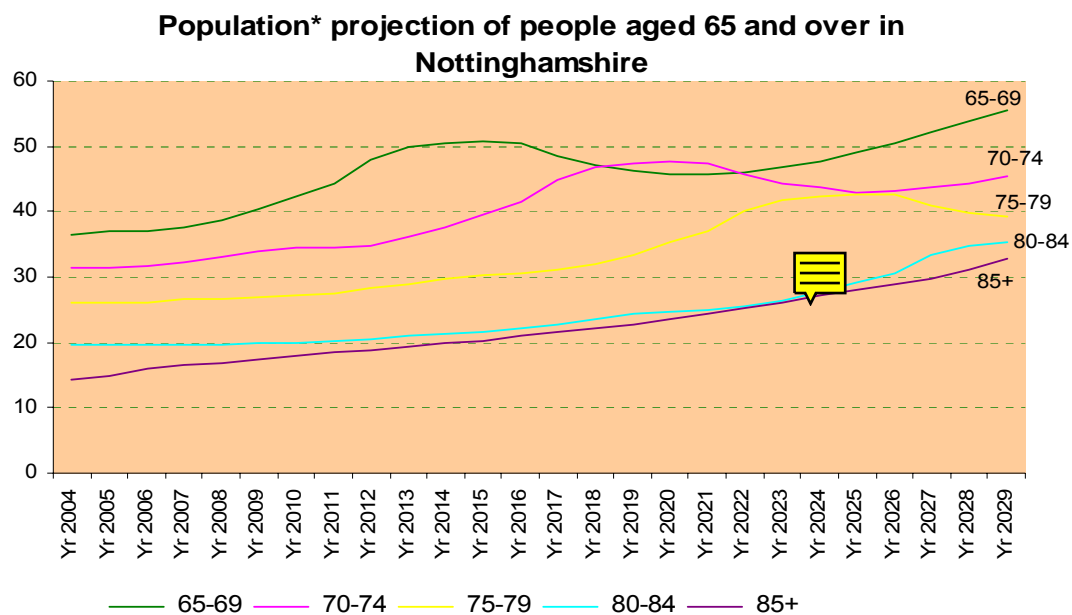
The overall trend is expected to continue to rise until 2030 when the population stabilises, which is due to falls in birth rates after the 1960s “baby-boom”; which will significantly affect the ratio of working people to retired people.

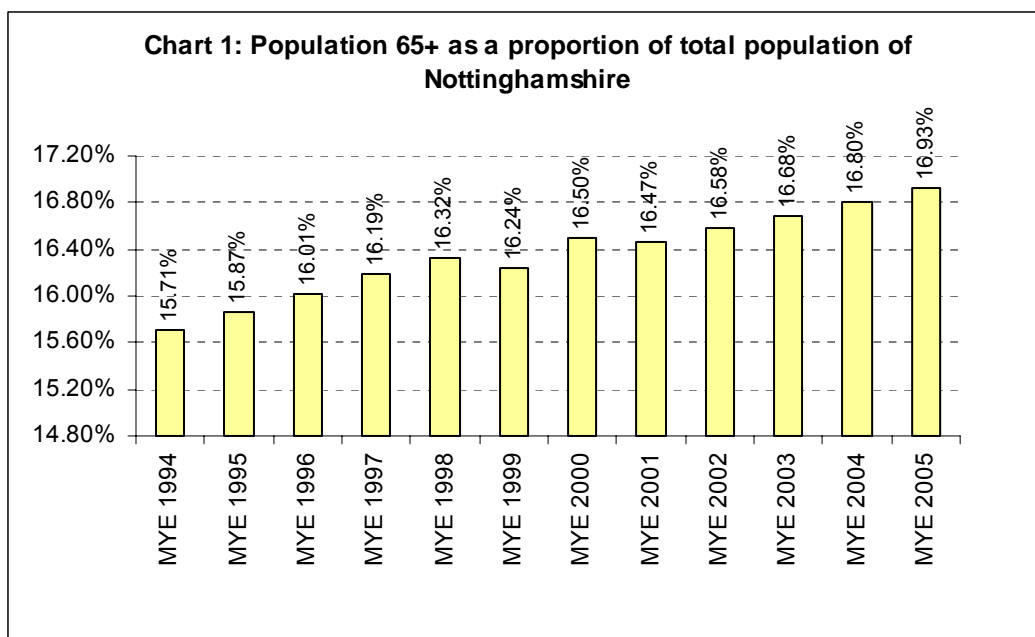


With Respect to Old Age: Long Term Care - Rights and Responsibilities,
The Royal Commission on Long Term Care, March 1999

5.1.2 Local Trends

The population of Nottinghamshire is similarly increasing. Since 1994 the population aged 65 and over as a proportion of the total population in Nottinghamshire has increased by just over 1% (chart 1).

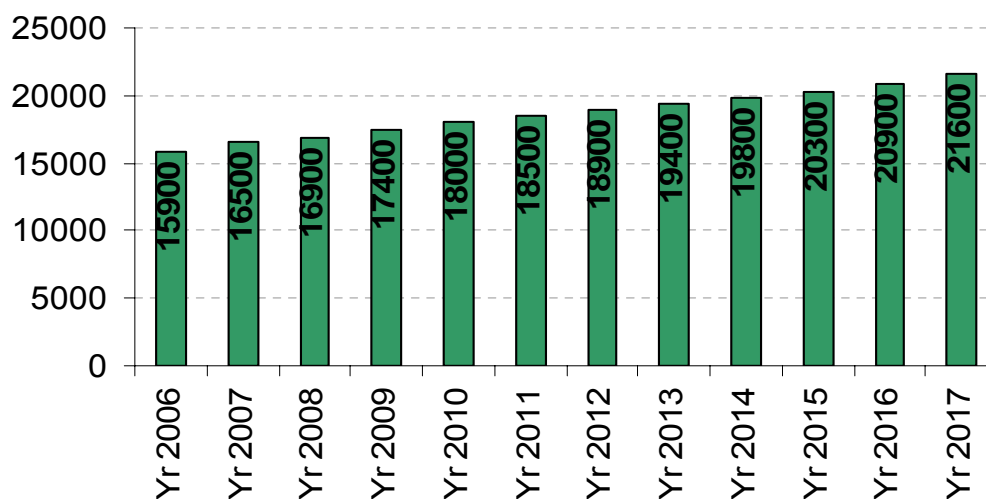




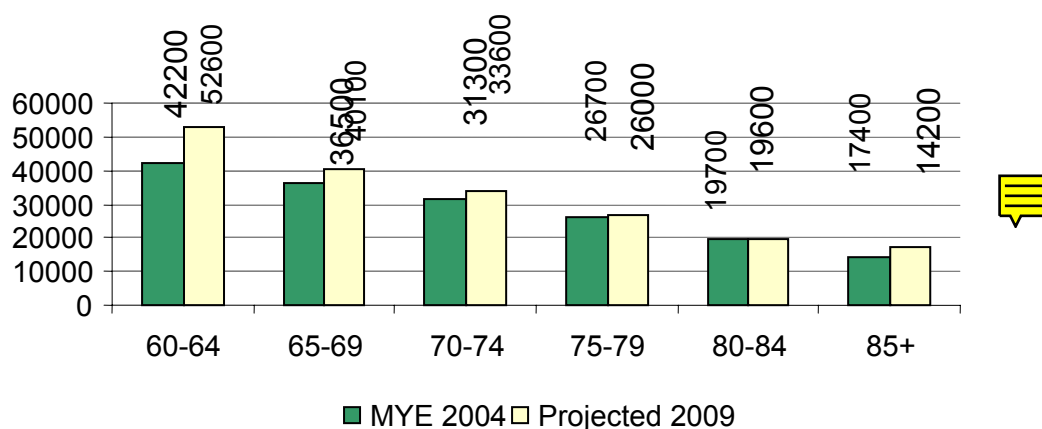
Source: ONS Population Statistics

This equates to an additional 10,758 older people since 1994. Population projections indicate that there will be a further increase of 9,900 older people aged 65 and over by 2009.

Projection of population aged 85 and over in Nottinghamshire from 2006 to 2017



Comparison between 2004 and projected 2009 population aged 65+



Source: ONS Population Statistics

Population growth within each age band demonstrates how the demand for services will be affected. In the year 2000 the number of people living in Nottinghamshire aged 80 to 84 was 16,100. By 2002, the numbers had grown to 18,300. Since the year 2002, there has been a year on year increase in the numbers of people aged over 60. This suggests that there may be more demand for services from the population aged 65+ during the next 5 years.

It is likely that those in the current growing 80 to 84 age band will result in a 30% increase in the population aged 85+ by 2009, which is the age when demands on services tend to be at their highest and therefore this is likely to lead to an overall increase in demand on key services.

It is important therefore that services we commission now are aimed at promoting well-being and health to ensure that older people stay as independent as possible. At the same time it is important to invest in services that are focused on crisis avoidance, re-enabling and support carers if we are to maintain people in their own homes.

5.2 Extent of Mental Illness Amongst Older People

It is predicted that the number of people over the age of 65 with mental health problems will rise by 10% in the next 10 years, with the greatest increase amongst those over 80. Depression is the most common mental health problem in old age, with women more likely to be depressed than men.

At any one time, around 10-16% of people aged 65 and over will have depression. More severe states of depression are less common, affecting about 3-5% of older people.

In addition, the prevalence and incidence of dementia increases with age. Approximately 5% of all people over 65 have dementia, rising to 20% of the

population aged 80 and over. This equates to around 6400 people aged 65 and over in Nottinghamshire, and around 2900 people aged 80 and over. For Black and Minority Ethnic groups, the incidence of dementia could affect around 50 people aged 65 and over and 24 people aged 80 and over.

Informal carers play a vital role in caring for older people with mental health problems. Many of the carers of older people are old themselves. Up to 60% of the carers of older people with dementia are spouses. A study in 1996 estimated that one-third of those with severe dementia lived in community settings, supported mainly by their spouses or children. Carers of people with dementia generally experience greater stress than carers of people with other conditions.

Increasing numbers of older people and older people with mental health needs will present major challenges in terms of helping people to live at home, support to carers, and provision of specialist day and residential care.

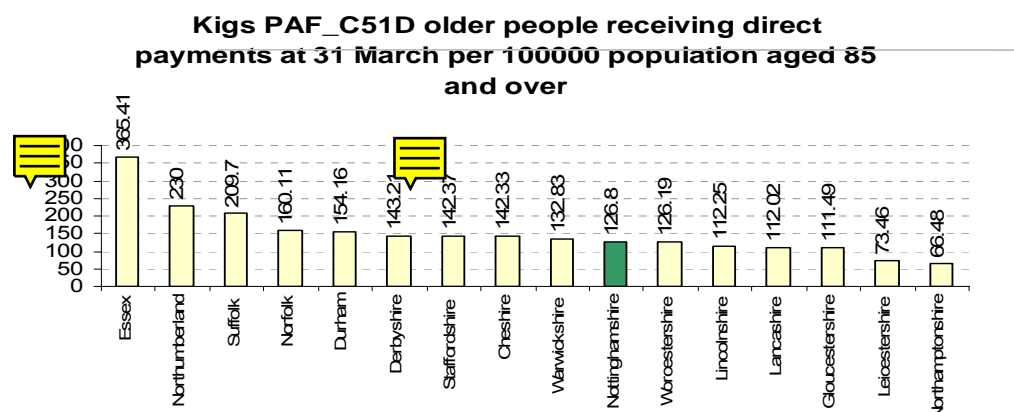
5.3 Inspections and Performance

The Commission for Social Care Inspection (CSCI) reported in 2006 that Nottinghamshire County Council was serving most adults well with promising capacity to improve. In relation to older persons services it commented that *"The Council has continued to make good progress in its strategy of developing a range of preventative services that help older people to maintain their independence and to live longer in their own homes."* It went on to recommend further expansion of intermediate care type services, particularly community based intermediate care, carer services and direct payments.

The following information demonstrates the Department's performance against other local authorities and highlights areas that require further development.

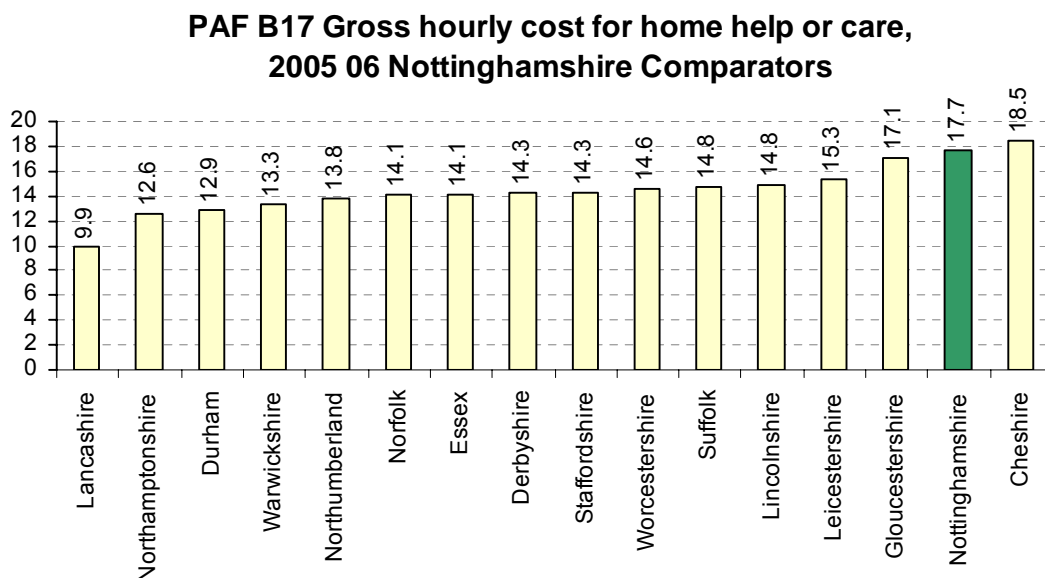
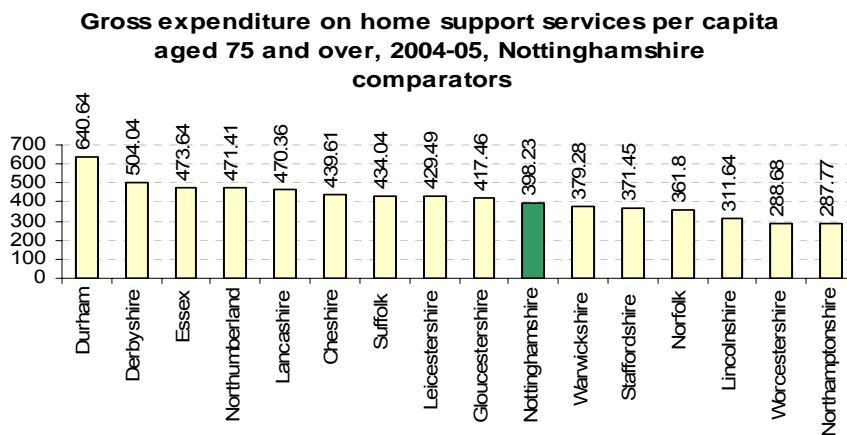
5.4 Direct Payments

Nottinghamshire is in the middle range of numbers receiving direct payments within this age category.



5.5 Home Care

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



6. FINANCE

The priorities for future commissioning of older persons services are being set within a highly challenging financial climate.

Charts below set out the Department's performance in key areas using comparator information with other authorities. Comparisons with other local authorities can help identify priority areas for investigation and future commissioning. The tables below clearly highlight issues for consideration in overall expenditure, Assessment and Care Management arrangements and residential and nursing care.

6.1 Overall Budget and Expenditure

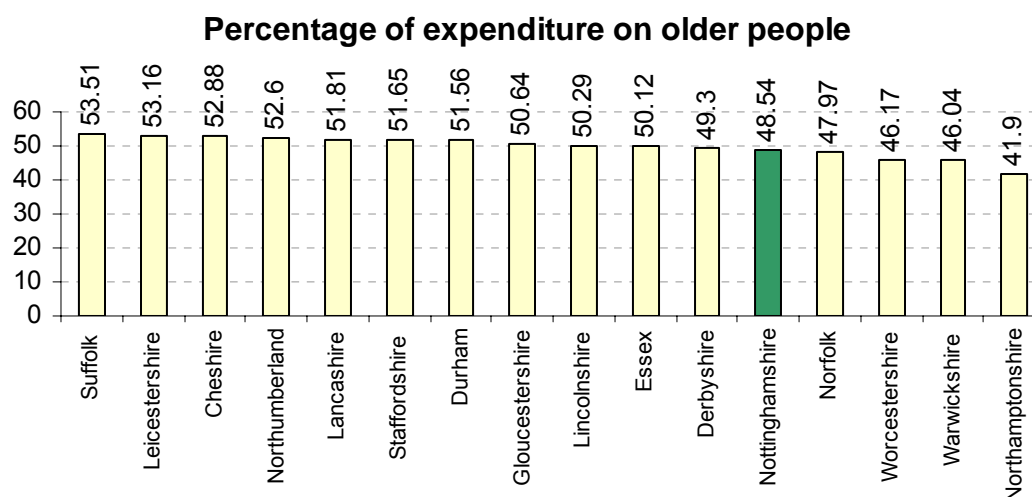
Revenue Budget

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
	ELDERLY PEOPLE							
12,380	Assess & Care Management	9,560	3,775	36	13,371	(656)	(296)	12,419
7,447	Nursing Care	224	15,239	-	15,463	(54)	(7,992)	7,417
30,889	Other Residential	12,909	36,165	2,094	51,168	(3,907)	(15,486)	31,775
3,348	Day Care	2,144	1,468	63	3,675	(25)	(235)	3,415
92	Equipment & Adaptations	3	113	-	116	-	-	116
906	Direct Payments	76	1,750	-	1,826	-	(4)	1,822
11,792	Home Care	8,048	20,153	72	28,273	(11,003)	(4,860)	12,410
-	Supporting People	-	4,654	-	4,654	(4,578)	(76)	-
916	Meals	920	1,443	21	2,384	-	(1,546)	838
5,085	Occupational Therapy	3,152	2,614	-	5,766	(52)	(685)	5,029
-	Other	-	-	-	-	-	-	-
72,855		37,036	87,374	2,286	126,696	(20,275)	(31,180)	75,241

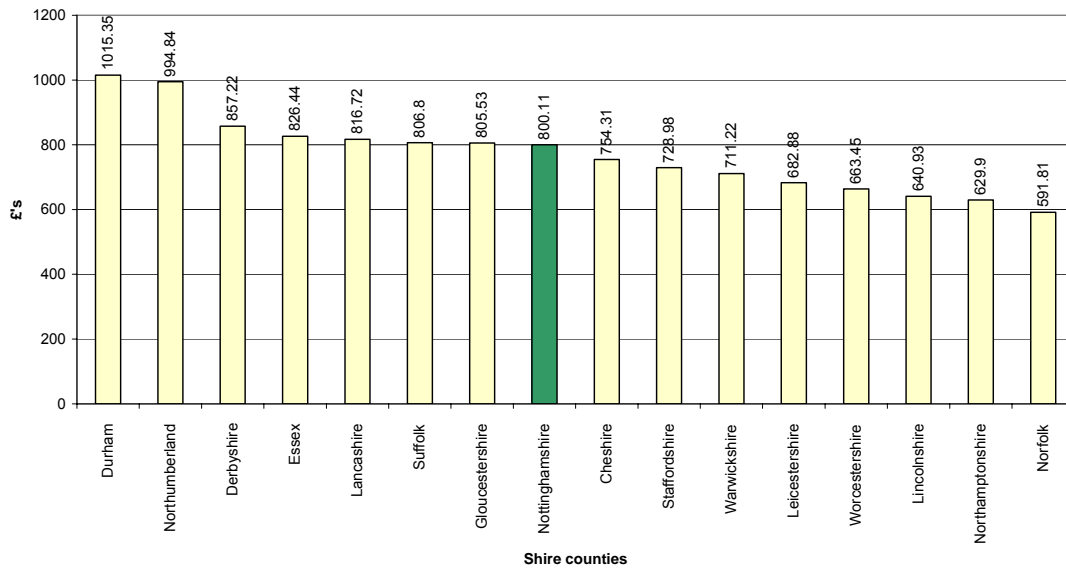
The above table shows the planned expenditure by the Council on services for older people in 2007/08, including that funded by Supporting People Grant.

6.2 General Expenditure on Older People

Trends show that Nottingham's expenditure per capita on people aged 75 and over has been middle-range for the past few years, but last year had increased. It still shows a relatively low proportion of Social Care spend on older peoples services.



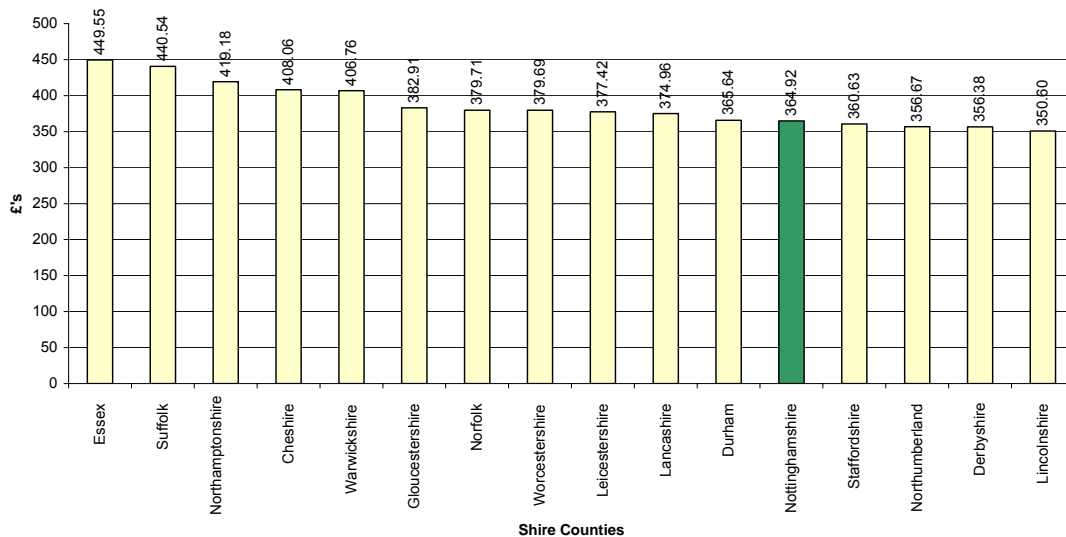
Older people £'s per head 65+ - 2005/06



6.3 Residential and Nursing Care costs

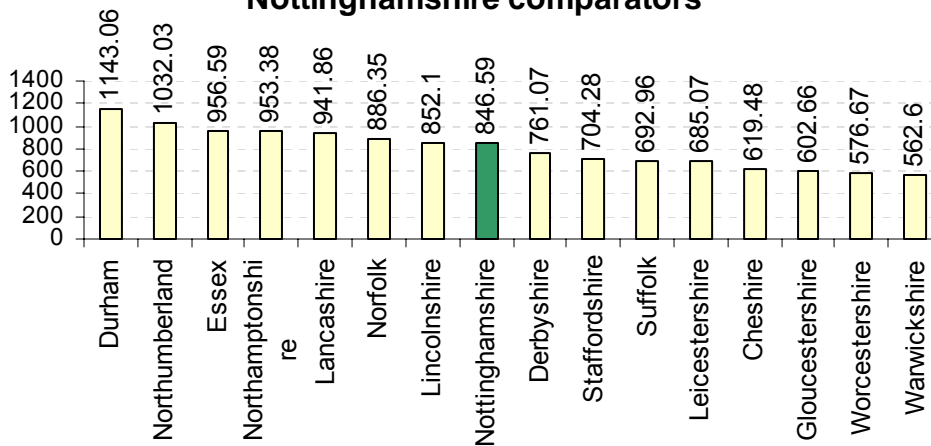
This chart shows that gross weekly expenditure for adults in residential and nursing care is in the middle range. Nottinghamshire continues to be successful in keeping costs and overall expenditure on care in care homes within a reasonable range, despite growing demands.

PAF B13 Average gross weekly cost of residents supported in residential/nursing care - 2005/06

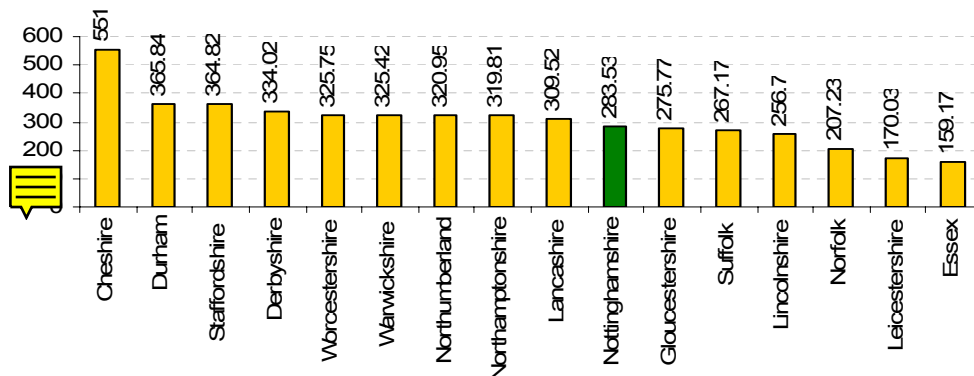


This chart shows that Nottinghamshire's expenditure on residential care is also near average when compared with similar authorities.

Gross expenditure on residential care for older people per capita aged 75 and over, 2004-05, Nottinghamshire comparators

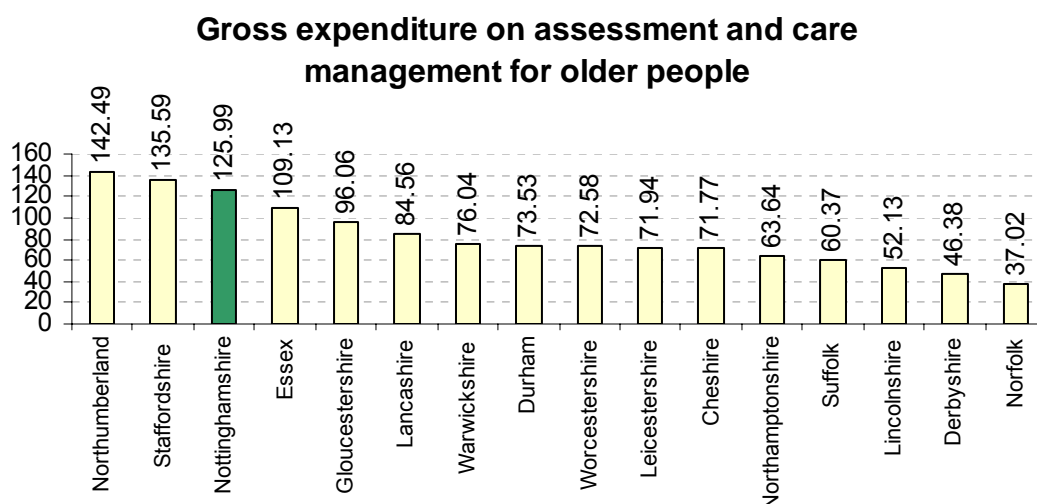


Gross expenditure on nursing placements (net of NHS payments for free nursing care) for older people in independent homes per capita aged 75 & over, 2004-05, Nottinghamshire comparitors



6.4 Assessment and Care Management Costs

Expenditure on assessment and care management is also higher than most authorities in our family group. Work is currently being undertaken to investigate these findings further. This work will also review our existing structure and processes and then make recommendations about how we can deliver our assessment services in a more efficient way.



7. COMMISSIONING INTENTIONS

The specific commissioning intentions relating to older people are outlined below. They are categorised to reflect the Department's 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 are already working with commissioning partners but we need to build on this to achieve better services and outcomes for older people, particularly those with long term conditions and mental health problems. Further work is needed to embed the Single Assessment Process across health and social care which may require additional joint staff training events.

Strengthen the networking/integration of health and social care teams and develop joint workforce plans. Some integrated teams have already been established, for instance Intermediate Care. There needs to be further development of network teams for people with long term conditions and mental health problems and co-location where consistent with our joint vision, feasible and financially viable. We also need to learn from other teams where co-location has been in operation such as the Gedling Action team (GAT).

7.2 Developing Self Directed Care

Continue to promote services that encourage independence and help a greater number of older people live at home. By increasing the number of intensive home care packages or direct payments that we provide. Also by

working closely with Telecare providers, extra care schemes and 'Supporting People'.

Encourage the wider use of direct payments and explore potential for individual budgets. There needs to be continued improvement in the take up of direct payments by older people and particular attention must be paid to the needs of older carers.

Encouraging the development of new models of service through assistive technology. By working closely with housing providers and Supporting People to maximise the potential benefit of Telecare. We will be able to assist older people to remain as independent, healthy and active for as long as possible.

7.3 Promoting Health and Well-being - engaging the community

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

7.4 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. By improving and expanding community based services. Furthermore by working with health to commission services that expedites a timely discharge from hospital and provides rehabilitation or crisis avoidance services at home.

Achieve a mixture of services and strike a balance between prevention and services for high levels of dependency. To reflect the Government agenda on maintaining independence and encouraging active ageing whilst also targeting resources at those most in need. This will be achieved through rigorous application of the Fair Access to Care Services criteria, and by staff awareness of prevention services in addition to mainstream services. This requires all staff to be appropriately trained and kept up to date on the increasing range of preventative services.

7.5 Carer Services

Continue to support carers by increasing the uptake of available funds to provide carers' breaks, direct payments and flexible services. We will invest in additional carers workers to increase the accessibility and availability of carers assessments and service.

7.6 Advocacy and Involvement

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

7.7 Managing the Market

Ensure there is sufficient volume and spread of quality providers across the whole of Nottinghamshire to meet the diverse needs of the older population. Through better analysis of demand and improved market management, paying particular attention to the increasing numbers of older people with mental health problems and the increasing emphasis on people with long term conditions.

7.8 Diversity

Ensure older people are treated with respect and dignity and are free from discrimination and harassment. This will be achieved by applying the principles of the “*dignity challenge*”; through ensuring all staff are aware of their duties under the Mental Capacity Act and ‘Safeguarding Adults’ procedures. Also we will ensure the provision of appropriate services to black and ethnic minority older people and their carers.

7.9 Quality and Performance

Ensure plans are affordable and maintain a balanced budget.

Commissioning plans need to realistically reflect the financial position which may require careful prioritising and closer working with health to align budgets and ensure maximum economy.

Facilitate access to assessment services. Through ensuring efficient systems are in place, which where possible, join up with health care systems. We will also continue to review and amend our electronic record system to maximise efficiency and ensure that proportionate assessments are being undertaken.

8. COMMISSIONING PLANS

The commissioning intentions for older peoples’ services over the next two years are laid 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 – developments we will do and can fund
- B – developments we must do but where funding is not identified
- C – developments we hope to develop over a 3-5 year period

8.1 Developing and Sustaining Partnerships


	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	Improve Mental Health Services: by ensuring integrated systems and	By identifying nominated specialist workers	Health & well-being



	<p>networked team structures are in place.</p> <p>ASCH will have identified specialist workers who will link with the local CMHT for older people and where possible will be co-located. These network teams will operate under joint referral procedures, and joint protocols for sharing assessments, care planning and cross-commissioning.</p>	from within current staffing.	
A	<p>Increase Intermediate Care: We will review the balance of residential and community based services to target resources most effectively, and we will invest in a pilot community service for people with mental health services/ crisis avoidance service in the South of the County.</p>	Reinventions of funds released from savings in long term care placements.	Health & well-being

8.2 Developing Self-Directed Care

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	<p>Increase direct payments: Over the next three years Direct payments to increase by at least 5% each year</p>	The modernisation of the home care service, which began in 2005/06, will see the Council's direct service providing care for the first 6 to 8 weeks, with the remainder delivered by the independent sector. This will save £5.4 million over a three year period, of which £1 million will be used to fund new direct payments and £2.1 million will	Choice and control
A	<p>Increase home care: Reducing in-house direct services home care over 3 years will release finance for the equivalent volume of direct payments or home care and release £1 million for new direct payments or increased levels of home care.</p>		

		<p>meet corporate savings targets.</p> <p>In 2007/08 the Council has made a total of £1.8 million available from existing resources and new funds to help develop services to enable older people to live at home.</p>	
A	Increase availability of assistive technology: to provide 1600 service users with assistive technology to help them stay at home or remain independent for example following hospital discharge. Funding required for project manager, infrastructure (developing response services) equipment and training.	Grant available from central Government of £418,000 in the first year and £700,000 in the second, which will cover the cost of the project manager and equipment.	Personal dignity and respect.
B	Further increases in extra care: the intention is to have extra care services in each District of the County and further developments of at least 80 places are planned. Steps will be taken to increase this amount with partners and through reconfiguring services	This will be funded by reconfiguring services and reducing costs of residential care and through additional funding as available, particularly through the Department of Health extra care fund.	Choice and control 


8.3 Promoting Health and Well-being - engaging the community

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	Increase range of preventative services: Appoint 4 outreach advocates.	Funding from Department of Work & Pensions through	Improved quality of life.

	Expand volunteering and flexible transport services. Pilot 4 Link Age information and activity resource centres.	Link Age Plus.	
A	Information and Communication: We will assess the best ways to make information about services more easily accessible to older people and their carers. We will do this by piloting different types of communication and information.	Funding through Link Age Plus	Making a positive contribution

8.4 From Exclusion to Inclusion

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	Reduce residential and nursing care admissions levels: The Department intends to reduce the numbers of people entering care by providing a range of community based services.	Funds released from placements will be reinvested into community services.	Choice and control
A	Review of in-house residential care: We will undertake a review of our existing residential provision during 2007/08.	These will be actioned through current funding.	Improved quality of life
A	Increase the amount of intensive home care delivered: in 2005-6, 1069 service users received intensive home care which was equivalent to 9.4 per 1000 people. In 2006 this rose to 1113 (equivalent to 9.8 per 1000). In 2006/7 and 2007/8 targets are 10 and 10.2 per 1000 respectively.	This will be achieved within the allocations for home care.	Choice and control
A	Delayed Transfers of Care from Hospital. Through 2005-6 the Department has been very successful in reducing the notified DTOCs in hospitals to zero. The intention is to continue with this and also to reduce the numbers who may	This will be achieved through increases in intermediate care provision, direct payments and home care services.	Improved quality of life

	be waiting in non acute beds		
A	<p>Improve community support services to people with mental health problems:</p> <p>These will include a review of existing specialist home care services. Proposals have also been drawn up jointly with Nottinghamshire County PCT for a community crisis avoidance/intermediate care service and a specialist outreach support team for care homes.</p>	<p>In the South of Nottinghamshire joint investment plans have been drawn up with the PCT. Funds have been released from the reconfiguration of inpatient services and are being re-invested in community based resources. ASCH have committed £50,000 to pilot a crisis avoidance service in Rushcliffe</p>	<p>Improved quality of life</p> 

8.5 Carer Services

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	<p>Enhance support to older carers: particularly focusing on carers supporting older people with dementia and mental health problems. Increase uptake of carers breaks and direct payments. Appoint a number of additional workers to increase the no of carers assessments completed.</p>	<p>Within available resources, including carer specific funds.</p>	<p>Health & well-being</p>

8.6 Advocacy and Involvement

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	<p>Older People as Volunteers:</p> <p>Volunteering in Notts is funded through Link Age Plus to develop and encourage older people as volunteers.</p>	<p>Funding through Link Age Plus.</p>	<p>Making a positive contribution</p>
A	<p>Older People as Researchers:</p> <p>Link Age Plus will fund the training and support of older</p>	<p>Funding through Link Age Plus.</p>	<p>Making a positive contribution</p>

	people as mystery shoppers and surveyors to monitor the success of Link Age Plus.		
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8.7 Managing the Market

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	Care Home Places for people with dementia: The levels of places are low in the middle and south of the County. Enhanced payments will be available to all registered placements.	In 2007/08 the Council has made an extra £750,000 available to increase the fees paid to independent sector residential care homes by £10 per week for service users with dementia.	Improved quality of life.

8.8 Diversity

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
B	BME services. Within each locality business plan is the target to develop a new service for black minority ethnic users.	Funding not yet identified, but may be achieved through reconfiguring services	Freedom from discrimination or harassment

8.9 Quality and Performance

	Commissioning Intentions	Resource Implications	Link to CSCI outcome
A	Quality payments to care homes: To improve standard of all Independent Sector care homes.	In 2007/08 the Department of Health has allocated the Council a £1.2 million capital grant to improve the physical environment of care homes. In addition, the Council plans to find a further	Improved quality of life

		£200,000 in 2007/08 to improve service quality.	
	Improve assessment services to older people: Restructuring of existing assessment teams into Older Peoples Teams and Physical Disability & Vulnerable Adults Teams,	Through reconfiguration of existing Assessment & Care Management Teams and Physical Disability Teams.	Commissioning & use of resources
B	Review day care: the Department has a wide range of service provision purchased from independent and voluntary sector as well as in house suppliers. These arrangements need review and new models of service require development particularly to meet needs of growing numbers of Service Users with mental health problems.	There may be additional costs as a result of the plans which result from this work, but as far as possible they will be achieved within current funding allocations through reconfiguration.	Improved quality of life

9. WORKFORCE IMPLICATIONS

By 2008, the White Paper: 'Our health, our care, our say: a new direction for community services' requires the integration of NHS and Local Authority workforce planning.

This poses a number of current and potential implications for commissioning, as highlighted below:

Staff currently employed in home care will be affected by:

- the de-commissioning of Direct Services Home care will lead to a re-shaping of the service. In future, Direct Services Home care will provide the initial response service for all new requests and provide part of the assessment function
- increasing the role of Direct payments and the independent sector to supply all long term home care
- joint commissioning of a generic worker to work across Health and Social Care potentially

In commissioning teams there will be an emphasis on:

- greater integration with Health
- increasing joint commissioning
- increased partnership working

This may pose challenges for commissioners who may find that performance management, targets, budgets and reporting systems are not aligned and therefore making joined up planning difficult to achieve.

For staff in assessment teams the next few years will involve:

- reconfiguration of Assessment & Care Management Teams and Physical Disability Teams into adult care teams for people under 65 and older peoples teams for those over 65
- continued emphasis on promoting independence
- increased knowledge of preventative services required
- role of 'navigator' to be developed alongside development of individualised budgets and increased promotion of direct payments
- staff identified to support Long Term Conditions to take part in joint training with Health staff
- increasingly staff required to work in multi-disciplinary settings
- training in procedures and developments for "*Safeguarding Adults*"

This means staff will need to increase their knowledge on preventative services through appropriate training and improve their awareness of health related issues.

In older people's mental health services the key issues will be:

- training across all sectors if aims identified in 'Everybody's Business' are to be achieved
- Mental Capacity Act training and preparation for its implementation
- ensuring sufficient numbers of Approved Social Workers (ASWs) to provide an effective service with localities

The key themes across all these areas are training, knowledge, skills, flexibility and joint working. If we are to deliver on the commissioning priorities then we need to commit the appropriate resources in terms of training for staff the assist them in the transition to the government's view of a modern workforce.