

meeting HEALTH AND WELLBEING BOARD

date 4<sup>th</sup> May 2011

agenda item number 9

## **REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **JOINT COMMISSIONING IN NOTTINGHAMSHIRE**

#### **PURPOSE OF THE REPORT**

1. To outline current joint commissioning processes and outcomes across health and social care in Nottinghamshire and current activity and consider opportunities for the future.

#### **INFORMATION AND ADVICE**

##### **Nottinghamshire's history of joint working**

2. The health and social care communities in Nottinghamshire have a long history of joint working. Much positive work has been undertaken to ensure that health and social care services work together in ways that benefit the people who rely on them. This has been done in the recent past in many ways including through the creation of integrated health and social care teams. For example, Community Mental Health Teams and Community Learning Disability Teams, who can assess and provide service to people.
3. In recent years, there has been an increased focus on strategic commissioning activity being undertaken jointly across health and social care. This has involved:
  - a) The joint assessment of the health and wellbeing needs of the local community - through the Joint Strategic Needs Assessment
  - b) Maximising opportunities to tackle shared priorities, through developing services which can address both health and social care needs
  - c) Developing systems for evaluating services that address these shared priorities
  - d) Jointly monitoring these services in relation to quality and outcomes
  - e) In many cases, jointly funding this activity.

4. As part of the development of joint strategic commissioning across health and social care a number of joint commissioning groups were developed to plan for specific service user groups:
  - I. Older people, older people with mental health needs, and people with physical disabilities/sensory impairment
  - II. People with learning disabilities and autistic spectrum disorder
  - III. People with mental health needs
  - IV. Carers
  - V. Children's commissioning arrangements which are currently led through the Children's Trust.
5. These groups are chaired by either County Council service directors or public health consultants. Oversight of the activity of all these groups was provided by an Executive Joint Commissioning Group comprising the Chief Executives of both Primary Care Trusts and the Corporate Directors of Adult Social Services and Children's Services within the County Council.
6. Alongside the existing health and social care partnerships structures within the Children's Trust, these groups were tasked with developing joint commissioning plans for the next five years (from 2009), working to a shared vision.
7. The plans that developed from this process were pulled together to create a five year framework document, *Improving Lives in Nottinghamshire 2009 - 2014*, which was widely consulted on during mid-2009, with a *You Said* document then informing service users, the wider public and key stakeholder organisations about how their comments informed the framework document.
8. The shared vision stated in *Improving Lives in Nottinghamshire* is to ensure high quality health and social care which:
  - supports people to live healthy, fulfilled and independent lives
  - is responsive and personalised to individuals
  - enables individuals, families and carers to exercise choice and make informed decisions as users of services
  - is safe and protects the rights and dignity of people who use services
  - is shaped by the people who use services
  - addresses the importance of healthy living and focuses on prevention as well as treatment and care
  - achieves the best outcomes and demonstrates good use of public money.
9. The individual user group-focussed plans have formed the basis of joint commissioning activity since 2009. This activity is overseen by the Executive Joint Commissioning Group, co-ordinated by a temporary Joint Commissioning Programme Lead.

## **Funding**

10. *Improving Lives in Nottinghamshire 2009 – 2014* identified around £600m spent on the shared agendas across health and social care in the county with the largest slice of this - around £250m - spent on older people and nearly £200m on children and young people. The vast majority of this funding is not spent on services that are jointly funded however, importantly, they are jointly planned.
11. Future planning arrangements may need to involve consideration of options for more integrated and therefore jointly funded commissioning solutions, to provide efficiencies. Although these same solutions are also those sought by users of health and social care services who seek greater integration. Additionally, coalition government plans are for the increased use of pooled budgets, an approach that has not been widely used in Nottinghamshire to date and presents some complexities currently.

## **Improving Lives in Nottinghamshire - outcomes**

12. Two years into the joint commissioning framework, *Improving Lives in Nottinghamshire's* five year programme, there is already significant progress to show. The 2009/10 annual report highlighted positive outcomes across all areas of activity and this programme of work, as well as improving continuity of care for individuals, also has an increasing role to play in the shared efficiencies agenda, as we look at increased opportunities to integrate services and share functions, to reduce costs. Examples of recent initiatives prioritised and overseen through the joint commissioning framework are given below:

### ***Supporting implementation of the national stroke strategy***

13. Health and social care partners have been working closely with voluntary sector providers and stroke survivors and carers to deliver the National Stroke Strategy. This has led to the development of a number of jointly funded initiatives and services addressing the needs of people living with stroke. A service was commissioned by Nottinghamshire County Council in 2009 to provide information, advice and support to people living with stroke (stroke survivors and their families and carers).
14. The service provides emotional and practical support and acts as a signpost to a range of health, social care and voluntary sector services. In 2010-11 the Nottingham City Council entered into joint commissioning of the service with the county, and for 2011-12 NHS Nottinghamshire County has also become a funding and commissioning partner. The service is delivered by the Stroke Association.

Mr B is a 79 year old man who had a stroke after a fall and spent nearly 9 months in hospital. He had weakness in his legs and wanted a referral for physiotherapy. He also wanted information regarding stroke. He contacted the Stroke Association service for advice. Mr B had not had his blood pressure checked since being discharged from hospital and didn't appreciate the importance of this.

The service:

- Contacted Mr B's GP and he was referred for advice
- Provided verbal and written information to Mr B and his daughter regarding living with stroke
- Provided information regarding the importance of regular blood pressure checks following which Mr B's daughter chose to make enquiries regarding obtaining a home blood pressure check machine
- Provided emotional support to Mr B's daughter

A stroke survivor who does not have their blood pressure under control may be at risk of having to call the emergency services, possibly with the end result of an admission to hospital. The cost of this intervention would be around £700, a cost that may have been prevented by the Stroke Association involvement. The confidence gained by Mr B's daughter due to the input that she received from the Stroke Association has enabled her to support her father in managing his long term condition and may have prevented calls to other agencies such as the GP and social care.

### ***National Dementia Strategy and Telecare***

15. Telecare solutions, which support people remaining in their own home with equipment designed to promote their independence, have been a government priority for many years and have been used successfully locally. The use of technology can obviously have wider applications, such as *telehealth* monitoring which has been piloted across the region. Often these solutions reduce the need for more intrusive community services as well as reduce the need for hospital and care home admissions.
16. NHS Nottinghamshire County and the Nottinghamshire County Council's Adult Social Care, Health, Public Protection department have jointly funded a pilot scheme to assess the impact on care planning and outcomes from using the Just Checking system to assist with assessments of how well people with dementia are managing at home. The pilot evaluation found that in 11 of 14 cases service users previously assessed as requiring residential care could be supported at home. The evaluation also found that the electronic sensor-based system enabled successful assessment of people in their home environment, rather than an institutional setting, leading to more appropriately targeted community care packages. The case study below highlights the benefits of using telecare solutions in a number of ways.

Mrs B lives alone and has a cognitive impairment. Initially concerns were raised about self neglect, and it was evident that her daughter, who was the main carer, was struggling to manage her mother's care needs. This was compounded because Mrs B was initially reluctant to accept home care services, both to meet her care needs and reduce stress on her daughter. Concerns were also being raised by neighbours that Mrs B was going out of the property at night and that she was not safe to remain in her own home.

By installing Just Checking the social worker was able to ascertain that Mrs B was very active during the day and that this continued during the night. The system also confirmed that Mrs B was leaving her home sometimes during the night. As the service user was at risk of requiring a hospital admission for assessment purposes, the social worker referred Mrs B to the Mental Health Intermediate Care Team who were able to engage her with 3 calls per day and the Just Checking system showed that with the increased support and stimulation during the day, Mrs B settled more at night and her wandering reduced. Mrs B continues to be supported in her own home.

### ***Supporting personalised services***

17. An important strand running through all the joint commissioning work has been the implementation of Putting People First which has seen the implementation of self directed support assessments across social care and the development of personal budgets for social care and, locally in pilot form, within health.

Ten people with long term mental health needs who had all been previously resident in an NHS continuing care unit in Gedling and then supported via a Supporting People contract to live in their own tenancies were assessed to determine eligibility for personal budgets through a self directed support assessment. A dedicated worker based in the Gedling Community Mental Health Team worked with the group and those supporting them. They were all considered eligible for a small Personal Budget of up to £80 per week.

Two workers who previously worked for the Supporting People provider were supported by the county council to set themselves up as a micro-provider and they are now purchased by the individuals using Direct Payments. This ensures that each person receives a more personalised service which meets their individual outcomes in a more flexible way whilst maintaining the relationships with the two staff that they valued and the outreach staff from the NHS.

### ***Support for Carers***

18. The significant attention given to support for carers through national policy in recent years is an indication of the important role carers play in supporting vulnerable people to remain independent in their own home. The extent to which carers prevent the need for many people to move to care homes or avoid the need for hospital admissions is difficult to quantify but is well recognised. Through a joint bid by Nottinghamshire County Council, NHS Nottinghamshire County (PCT) and NHS Bassetlaw (PCT), the county was selected as one of 12 areas to receive extra Government cash to help carers.

The county council, health and voluntary sector partners received an additional £690,000 over 18 months to increase the breaks available to carers in Nottinghamshire. The cash boost has helped many extra carers to get a short break from caring by paying for a person to come into someone's home for a few hours a week while the carer has a break.

Mr A is aged 89, suffers from a serious medical condition, has limited mobility and cannot be left alone for any length of time. He is cared for solely by his wife aged 85, who describes her own health as fair.

Mrs A contacted Care and Comfort asking for general advice and support. It was suggested that she might benefit from support under the Carers Support Service and a home visit was arranged for 19<sup>th</sup> January 2010, when a male support worker would make the initial contact.

Mrs A was permanently caring for her husband and was becoming increasingly tired. Mr. A visits various clinics for treatment of his condition, but he felt that although he was leaving the house he was not doing so for something that gave him pleasure. This in turn caused him frustration.

It was agreed that the support worker would take Mr A into Newark to visit places he used to go to. He is able to walk but cannot do so unaided. Mr A was taken into Newark to visit a local history exhibition. He met many people who he had not seen for a long time and he was able to engage in conversation and recall events from the past which he enjoyed. Further visits involved going to the supermarket and other routine shopping and essential trips to Newark to place inaccessible without support.

The support has been of great value to both Mr A and Mrs A who very much appreciate the service provided which increased Mr A's sense of independence and gives a necessary break to Mrs A.

### **Current work and future role**

19. Joint Commissioning Groups, including the Executive Group, continue to meet to contribute to and oversee delivery of *Improving Lives in Nottinghamshire*, the priorities of which remain current following a recent review. Reports on progress are received quarterly by the Executive Joint Commissioning Group and outcomes will, from 2011, be measured using the new outcomes framework - Transparency in Outcomes - which will be used, in different but linked forms, across the NHS, Public Health and Social Care.
20. Consideration is currently being given to how best to ensure joint commissioning groups are able to appropriately include GP consortia and Public Health service during this period of significant change. Two particular areas require specific consideration:
  - a) The role of joint commissioning groups in both supporting the development and delivery of the local Health and Wellbeing Strategy

- b) How to utilise the joint commissioning groups to propose and promote opportunities for integrated working to support these new responsibilities of the County Council and Health and Wellbeing Board.

## **STATUTORY AND POLICY IMPLICATIONS**

- 21. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder and those using the service. Where such implications are material, they have been described in the text of the report.

## **RECOMMENDATIONS**

- 22. It is recommended that the Board is asked to:
  - a) Note the health and wellbeing–related joint commissioning activity already undertaken within Nottinghamshire across Health and the County Council
  - b) receive regular reports from the Executive Joint Commissioning Group to:
    - i. measure the progress being made to implement current agreed strategies
    - ii. agree the New Joint Commissioning Strategies for Nottinghamshire
    - iii. ensure that there are appropriate joint working arrangements to develop and implement Joint Commissioning.

**DAVID PEARSON**  
**Corporate Director**  
**Adult Social Care, Health and Public Protection**

## **Financial Comments of the Service Director (Finance) (RWK 15/04/2011)**

- 23. None.

## **Legal Services Comments (LMc 18/04/2011)**

- 24. A report on the formation of the Health and Wellbeing Board was approved by the County Council on 31<sup>st</sup> March 2011. An expression of interest by the County Council was made and accepted to be an Early Implementer for the Health and Wellbeing Board. The recommendations in the report fall within the remit of the Health and Wellbeing Board

### **Background Papers Available for Inspection**

25. None.

### **Electoral Divisions Affected**

26. Nottinghamshire.

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