

PERSONALISING LISTENING INNOVATING  
ENHANCING SHAPING SUPPORTING  
ENGAGING PLANNING RESPONDING  
IMPROVING LIVES IN NOTTINGHAMSHIRE



# JOINT COMMISSIONING PLANNING BUYING DELIVERING MONITORING PROVIDING FOR NOTTINGHAMSHIRE

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## Chief Officers' welcome

Commissioning is the process of planning, buying, delivering and monitoring public services. Good commissioning is about improving people's lives and providing high-quality services that are designed around the individual.

Reflecting the way that people use health and social care services, we're committed to ensuring that the Bassetlaw PCT, Nottinghamshire County Council and NHS Nottinghamshire County work even more closely to jointly plan and deliver better integration of local services.

Our vision is to ensure that Nottinghamshire provides the highest quality, responsive and personalised services that are shaped directly by the people who use them.

We start from a good foundation with recent assessments confirming that adult social services in the county are rated as excellent, our children's services are achieving good outcomes and we have strong primary care trusts who have delivered widespread improvements in health services.

After extensive work to fully understand the needs of Nottinghamshire's diverse communities, this document represents the start of responding to that picture. As well as setting out our commitment to joint working and the principles for the future planning of health and social care services, we have set out priorities for action in specific areas of care such as mental health, carer support, older people, physical disability, children's services, learning disability and autistic spectrum disorder.

Please take the opportunity to have your say on these proposals. Do you agree with the principles, priorities and direction outlined in this booklet? Tell us what's important for you and what you expect from your health and social care services in Nottinghamshire.

There are a number of ways to have your say during this consultation which runs until **Monday 30 March 2009**:

- Complete the FREEPOST questionnaire at the end of the booklet
- Visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk) to view documents relating to this consultation and complete an online survey
- E-mail: [haveyoursay@nottspct.nhs.uk](mailto:haveyoursay@nottspct.nhs.uk)
- Call the Patient Advice & Liaison Service team FREE on 0800 028 3693



**Louise Newcombe**  
*Bassetlaw PCT*



**David Pearson and Anthony May**  
*Nottinghamshire County Council*



**Wendy Saviour**  
*NHS Nottinghamshire County*

## Vision

Our shared vision across the county's leading public services 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

## Understanding needs

Nottinghamshire's public services worked together to produce a Joint Strategic Needs Assessment published in 2008. This provides the best understanding we've ever had of our county with information on population trends and the state of people's health together with the factors that contribute to health and well being including crime, deprivation, safety, education, employment and lifestyles.

This framework is a response to that picture. It will help to ensure that Nottinghamshire County Council, Bassetlaw PCT and NHS Nottinghamshire County focus on delivering the services and outcomes that are the most relevant to local people. This document describes how the County Council and Primary Care Trusts plan to invest public money to commission services that help to improve the health and well being of all people across Nottinghamshire. The framework describes our future plans and sets out the reasons behind these proposals for the people who will use these services and potential providers of health and social care.

We're living longer but life expectancy varies significantly across Nottinghamshire's districts with a difference of up to 12 years for male life expectancy between ward areas in the county.

There are also big differences between areas on health inequalities such as obesity, smoking prevalence, teenage pregnancy and alcohol misuse.

The county's population is currently estimated at 771,900. It is forecast this will grow by a further 30,000 people by 2013, lower than other counties in the East Midlands region. Within the county though, more substantial increases are forecast in Rushcliffe, Newark and Sherwood, Bassetlaw and Ashfield, with slight increases in Broxtowe and Gedling and virtually no change in Mansfield.

The number of young people aged 15-19 in Nottinghamshire will decrease by 3% and for older people it is projected that there will be an increase of 31% of people aged 65 and over by 2020. Such a rapidly growing elderly population presents significant challenges for health and social care services in the county with increased incidence of complex conditions such as dementia and chronic long-term conditions.

There are also big differences between areas on health inequalities such as obesity, smoking prevalence, teenage pregnancy and alcohol misuse



## Drivers

This framework responds to local health and social need and the consequence of changing demographics with the challenges of an ageing population, changing family structures and increased carer responsibilities. There are also significant national policy drivers shaping the way that health and social care services will develop:

### A new regulator for health and adult social care

From 1 April 2009 the new Care Quality Commission will be the first integrated regulator of health, mental health and adult social care. This independent national inspectorate is being formed in response to the drive to integrate health and social care and focus on the delivery of outcomes that are relevant to people locally. Visit [www.cqc.org.uk](http://www.cqc.org.uk) for more information or to comment on the Commission's consultation to shape the future regulation of health and adult social care services.

Also, from 1 April 2009, a single complaints system will cover all health and adult social care services in England. The new arrangements will encourage an approach that aims to resolve complaints more effectively and ensure that opportunities for services to learn and improve are not lost.

### Comprehensive Area Assessment

In 2009/10 there will be a new national framework to assess the effectiveness of public services in working together to deliver the outcomes that will improve the quality of life, health and well being for local people. Public services will be assessed by six partner inspectorates for their accountability, responsiveness, quality, impact, use of public money and prospects for delivering sustainable improvement. 198 national indicators provide the basis for setting local improvement targets and cover the themes of:

- Stronger and safer communities
- Children and young people

- Local economy and environmental sustainability
- Adult health and well being and tackling exclusion and promoting equality

For more information, visit [www.audit-commission.gov.uk/caa](http://www.audit-commission.gov.uk/caa)

### High Quality Care for All

This report summarises the outcomes from the Lord Darzi-led recent review of the NHS which sets out a vision for an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart.

Locally, the Nottinghamshire Service Review produced a county vision entitled '*A Picture of Health for Nottinghamshire (2008)*' based on the findings of eight clinical advisory group reports involving 160 clinicians and views expressed by over 1,600 members of the public, patients, and staff during a period of public engagement. '*A Picture of Health*' outlines the key themes and priorities to guide planning for the local NHS over the next 10 years. Visit '*Shaping your local NHS*' at [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk) to read the national and local reports from this work.

### Local Area Agreement

Nottinghamshire Partnership, the local strategic partnership, draws together the County's key organisations including local authorities, the voluntary sector, business community, NHS primary care trusts, education and training providers, emergency services and others. These partners have produced a Local Area Agreement for 2008–2011 which serves as a three-year action plan setting out the priorities and detailed targets to be achieved by the Nottinghamshire Partnership over this period on a range of areas including crime, education, employment, health, safety and sustainability.

Visit [www.nottinghamshirepartnership.org.uk](http://www.nottinghamshirepartnership.org.uk) to read the full document.

## Putting people first

The Government and local councils want to help people stay healthy and live independently for as long as possible. Putting People First is about giving people more choice and control over how they get the support they need to do this. Nottinghamshire County Council has already set out how it will make progress over the next three years. Visit [www.nottscc.gov.uk/social\\_care](http://www.nottscc.gov.uk/social_care) to see the local vision taking shape.

## World Class Commissioning

Using this national policy initiative, the local Primary Care Trusts in the County; Bassetlaw PCT and NHS Nottinghamshire County have each set out a five-year strategy to drive their commissioning focus, improve quality, deliver responsive patient-focused services and establish a competitive market place for health providers. The plans detail the priority health outcomes locally and map out a series of strategic initiatives to tackle local health need and inequalities. To view the strategic plans visit the publications sections of [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk) and [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk).

# PUTTING PEOPLE FIRST



# Commissioning Intentions

Each of the following sections outline how Nottinghamshire's public services will improve health and social care services over the next five years in a number of key service areas including:

- **Autistic Spectrum Disorder**
- **Carers**
- **Children and Young People**
- **Learning Disability**
- **Mental Health**
- **Older People, including Older People's Mental Health**
- **Physical Disability and Sensory Impairment**

Each focus area sets out commitments being made by the organisations responsible for these services to work together to improve the outcomes, quality and experience of service users.

Each section is based on an assessment of need, review of best practice and policy drivers, builds on existing services and uses feedback from people who use services and local partner agencies.

For each area of activity we outline:

- Priority actions for the first year (2009/10)
- Commissioning intentions for the next three years to 2012
- The outcomes to be achieved by 2014

## Principles

Nottinghamshire's health and social care services:

- support people to live healthy, fulfilled and independent lives
- are responsive and personalised to individuals
- enable individuals, families and carers to exercise choice and make informed decisions as users of services
- are safe and protect the rights and dignity of people who use services
- are shaped by the people who use services
- address the importance of healthy living and focus on prevention as well as treatment and care
- achieve the best outcomes and demonstrate good use of public money

## Joint working

To tackle health inequalities and deliver meaningful improvements to health and social care services, public service organisations cannot stand alone and so, in order to achieve this ambitious strategy, Nottinghamshire County Council, Bassetlaw Primary Care Trust and NHS Nottinghamshire County, will foster an ever-stronger culture and commitment to co-operate. Joint working is vital to address health and social need and key partners, including the effective engagement of borough/district councils.

Nottinghamshire's health and social care will be planning the realisation of shared investment plans and pooling of resources and capacity.

Our commissioning approach is centred on improving the outcomes for people who use health and social care services. It will provide a unifying and motivating framework for health and social care professionals to work together and aspire to achieve ambitious improvement.

We need a range of skills to commission services, manage the local market of health and social care providers, develop procurement rules and meaningfully engage stakeholders, especially service users, to shape future services.

We will increase competition and encourage additional providers to enter the market and provide services as a powerful tool to help improve quality outcomes and efficiency.

Our approach to market management will engage current and potential new providers from across the public, independent, voluntary and private sectors to establish close and commercially sound relationships. In addition to applying new rigor to future investment we will also work to identify the criteria for stopping working with suppliers where these do not deliver quality outcomes and value for money.

# AUTISTIC SPECTRUM DISORDER

## AUTISM IS...

*"A development disorder; it is not a learning disability or a mental health problem."*

(I Exist, NAS 2008)

*"A lifelong developmental disability that affects the way a person communicates, relates to people and to the world around them. Children and adults with an Autistic Spectrum Disorder (ASD) often have difficulties with everyday social interaction, social relationships and understanding emotional expression."*

(Department of Health 2007)



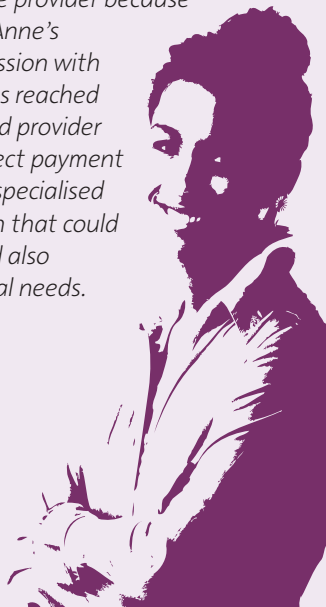


## CASE STUDY

*Anne is a young woman with Aspergers Disorder. She approached the county council for help to live independently. Her parents had already found a property for her but could not provide the level of support she needed with daily living skills and socialisation.*

*Initial attempts to procure home care services proved impossible as the home care agencies could not provide staff with knowledge of Aspergers Disorder, nor could they provide the right skills to help support independent living.*

*The council offered a direct payment arrangement to enable Anne, with the support of her family, to arrange and pay for her own care and support. The family struggled to identify a service provider because of the specialised nature of Anne's requirements. Through discussion with the family, an agreement was reached to go outside of the preferred provider arrangements and utilise direct payment to enable Anne to purchase specialised services from an organisation that could meet her practical needs and also her psychological and spiritual needs.*



## Demography

We have profiled the numbers of children with different disabilities due to leave school over the next ten to twelve years. When analysing mainstream schools we know that there is a significant increase in ASD from 20% of all disabled children in 2010 to 50 % by 2016/17. With similar growth in special schools we know that by 2020 ASD will become the majority disability group in children's services.

There is no accurate data for the prevalence of ASD, though estimates suggest a national prevalence across the autistic spectrum of 1 in 100 people. However, many adults will not have been identified or been able to obtain a diagnostic assessment, so this is likely to be an underestimate.

For the first time in the UK, a census is being developed by the National Audit Office to profile the number of individuals with autism being supported or expected to need support from key agencies through adulthood.

Assuming the lower prediction of prevalence (1:100) for Nottinghamshire, this would break down as the following figures per age group:

**Table 1: Local Estimate of ASD prevalence, assuming 1% of the County's 2007 population lives with the disorder.**

Age Group	Estimated prevalence of ASD (People)
Children under 14	828
Young people (14-19)	973
Adults (20-60)	4104
Adults (60+)	1815
Total	7719

In primary care, currently 30 people with a diagnosis of ASD have an open referral for adult mental health, acute, rehabilitation, children's mental health or forensic services. For secondary care the total is 81 people.

The County Council supports 61 people with Aspergers and 146 adult autistic service users. 203 young people (aged 13-19) with ASD in the county are identified as having special educational needs. In education services, large numbers of children have been identified with Aspergers and ASD, and this enables us to forecast future needs over the next 5-10 years.

## Drivers

- Valuing People: A new strategy for learning disability for the 21st century 2001
- Valuing People Now: A new three-year strategy for people with learning disabilities 2009
- Commissioning specialist adult learning disability health services – Good practice guidance, Department of Health 2007

## Priorities

People with ASD and their carers experience the disorder every day in how they live their lives and their quality of life. Developing a focus on mental well being will improve people's ability to take advantage of life opportunities and help enhance people's resilience to everyday challenges.

Further work is required to identify the full health and social care needs of young people with ASD and through profiling, we will assess the individual needs of people coming through transition to adult services year by year, predict what services may be required and then start to cost individual care packages.

**Social interaction;** Enhancing people's ability to make and form relationships. Ensuring people have the opportunities to develop social capital and participate in their communities. Giving people the chance to contribute to society.

**Social communication;** Working with individuals to develop understanding, techniques and skills that will enable them to understand others and communicate effectively in a range of settings.

**Social imagination;** Empowering people to express their wishes and preferences. Increasing an individual's ability to have choice and control over their life. Increasing their range of activities and encouraging confidence in expression.

**Access to health and social care services;** Ensuring people have their health and social care needs met, including their physical and mental health needs and psychological well being. Access to health services should be equitable with the general population in respect to primary care services, dental services, emergency care, and secondary care and in specialist health care environments.

**Improving health outcomes; 'Adding years to life and life to years':** many people with Autism have similar difficulties to people with learning disabilities and people with mental ill health in relation to their experience of health and social care provision. Commissioning health services which provide people with appropriate services to meet their needs for diagnosis, assessment and ongoing care. Ensuring primary health care services understand the needs of people across the range of the autistic spectrum.

**Improving mental well being;** Increasing people's resilience through the provision of appropriate accommodation, employment and skills development. Building personal and social capital to support people to make best advantage of their life chances.



Developing a focus on mental well being will improve people's ability to take advantage of life opportunities

**Supporting Carers;** Ensuring carers are supported with an assessment of their needs, information resources to help build their understanding of ASD and the provision of support to assist them to continue in their caring role.

**Ensuring Dignity in Care;** Commissioning and providing services, which treat people with respect, support them to express choices and safeguard from harm. Recognise that those people who may challenge mainstream health and social care services must be afforded equality in accessing care and support.

**Enhancing User Involvement;** Invest in advocacy and develop user-led services, evaluation and monitoring through the implementation of Putting People First, social enterprise and new quality frameworks.

**Promoting effective leadership and use of resources;** Delivering effective market management by building workforce skills and capacity. Supporting development of the third sector (community and voluntary service providers), we will manage performance through stronger contracting and procurement processes, sharing and using information appropriately, ensuring efficiency and value for money services.

## Commissioning intentions

**In 2009/10 our priority actions are to:**

- Ensure information and ASD specific support is accessible for service users and carers
- Implement annual person-centred reviews and annual health checks for people with ASD
- Ensure all carers are offered assessment and annual reviews
- Develop service user and carer involvement in planning processes
- Implement an audit process to monitor service quality
- Ensure personal and individual budgets are available to new and existing service users with direct payment in place for at least 20 people
- Use the care cost calculator and implement flexible pricing tools to purchase care services and supported living to improve efficiency and ensure value for public money
- Use and develop preferred provider lists using cost and quality references for day services, outreach providers, residential and supported living, including provision for people with complex autistic disorders and behaviours
- Develop an integrated workforce plan across services and partners and build commissioning capacity and skills
- Carry out a series of research and needs assessment projects to better respond to the current and future needs of people living with ASD in Nottinghamshire by identifying:
  - the numbers of carers requiring assessments and reviews of their needs including those eligible for direct payments
  - the key target groups for direct access services
  - the number and needs of older people with ASD and ensure assessments explicitly address their specific needs
  - the future demand for advocacy services to plan its expansion including the creation of a service user led advocacy group and work to address the impact of people leaving campus-based services
  - the nature and distribution of health inequalities
  - the needs of 'out of area' service users
  - the future requirement for development of a specialist ASD clinical team
- individuals with communication and translation needs so that a costed plan to facilitate their involvement in person-centred planning is developed and implemented



## 3-year commissioning intention

**By 2012, Nottinghamshire will:**

- ensure people with Autistic Spectrum Disorder and carers experience a person-centred approach at all times, can access a wide range of information about services and community activities, have more direct control over decisions affecting their future including transition stages, receive support from staff with positive and respectful attitudes, feel safe and free from discrimination and are closely involved in planning and monitoring of services. Service users and carers will also be supported to build awareness of the cost of services provided via individual/personal budgets
- support a greater range of advocacy and service user led groups to widen service user and carer involvement. Communication, translation and specialist focus on supporting people with ASD from Black and Minority Ethnic communities will ensure they can contribute at all levels
- facilitate self assessment for service users and carers
- ensure services are connected to communities, enable users to maintain contact with people that are important to them and that people with complex needs receive care closer to home by developing alternatives to out of area treatment
- develop a dedicated diagnostic, assessment and treatment service for people with ASD
- offer services appropriate to needs of people with profound and multiple disabilities ensuring that people with ASD have the opportunity whenever possible to benefit from mainstream health and mental health services including access to targeted health promotion and prevention activities
- provide a wide range of direct access services to service users and carers, including older adults. These will include anti-bullying and inclusion schemes, support and access to physical exercise, counselling and employment opportunities to promote social inclusion and well being
- develop an approved list of quality providers, including those from the third sector, for the provision of residential, nursing care, supported living, outreach support, personal assistance and all carers' grant funded services

- ensure carers' assessments and a range of carer breaks will be available
- develop an integrated health and social care workforce plan to include training activities



## 5-year vision to 2014

**If Nottinghamshire is getting it right for people with Autistic Spectrum Disorder, we will achieve the following outcomes by 2014:**

### People with ASD in Nottinghamshire...

- access excellent mainstream and specialist health and social care services that are responsive to their needs, meet Disability Discrimination Act provisions, offer easy to access information and resources, provide regular assessments and health checks including screening services
- are supported with information to make decisions and maximise independence
- have a personal budget and self-direct purchasing decisions enabling greater control and choice of a range of quality support and enablement providers, including from the third sector, across the County which have been shaped by a quality framework for ASD services and user-led reviews
- experience services and support specific to their needs including:
  - a smooth transition experience for people moving from children's to adult services to include personal care plan and self-directed choices on care and support solutions
  - a range of accommodation for people with ASD for who mainstream provision may not be appropriate
  - moving on from prison and secure settings
- engage with a fit-for-purpose workforce across all services
- will not be isolated or excluded within society

## Resources

Nottinghamshire's adult social care and health community spend over £4.5m annually on care and support services for people with autism and over £1.2m for people with Aspergers. The bulk of this spend, over two-thirds, relates to funding residential care. In 2009/10 the local authority will invest an additional £350K, and the NHS will invest a further £150K in Aspergers community services.

## For more information

To view all of the documents relating to this consultation including the Autistic Spectrum Disorder commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)



## Have your say

**Do you agree with the priorities set out, the actions and future vision for services for people with autistic spectrum disorder in Nottinghamshire?**

There are a number of ways to have your say:

- 1 Complete the FREEPOST questionnaire at the end of the booklet
- 2 Click on [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk) to view the documents relating to this consultation and complete an online survey
- 3 E-mail: [haveyoursay@nottspct.nhs.uk](mailto:haveyoursay@nottspct.nhs.uk)
- 4 Call the Patient Advice & Liaison Service team FREE on 0800 028 3693

DEVELOPING CARE  
ENHANCING SHA  
ENGAGING PLAN

# CARERS

*"A carer spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems."*



## CASE STUDY

We know the difference it makes when carers are properly supported. These are the words of Mrs C in January 2009:

*"I came into contact with Social Services through a 'Looking After Me' course.*

*I had been struggling along by myself for a few years until I realised that there is help available for carers.*

*The Carers Unit helped me arrange an assessment and provided information about services available. I received a direct payment to help with some gardening work, which has been a big help as I have hurt my back and can't do the heavy work.*

*When my husband became seriously ill last year I was worried and stressed and rang the social worker to ask for help. Within a week regular counselling had been arranged.*

*My husband has also received a grant for an easy-access shower and stair lift which helps us both, knowing it's easier for him to get around and I now don't worry that he might fall if I'm out of the house. Emergency respite was arranged for my husband during the work as he couldn't have coped with the disruption at home.*

*We also have help from the Welfare Rights Officer for Carers to fill in the renewal application for my husband's Disability Living Allowance.*

*Recently my husband has started going to a day centre each week.*

*All these things have helped to make life so much easier. I have some time for myself and I feel more confident about the future knowing that help and support is there if I need it. I now have a social life too through the 'Looking After Me' course where I met lovely people who have become good friends."*

## Demography

The last census showed there are over 83,000 carers in Nottinghamshire, almost a third provide more than 20 hours of care each week.

In 2007, of 6,614 carers where contact was established, 5,032 participated in an assessment or review to establish need and provide support. 5,519 carers received support ranging from organised breaks to information and advice.

Two surveys in 2006/07 and 2007/08 recorded feedback from carers on their experience of services and also sought to gauge the level of unmet need locally. The messages from carers were clear:

- **Information and communication about services** is disjointed and needs to be comprehensive and timely
- **Short breaks services** need to be increased and should offer greater flexibility including evening and weekend availability
- **Specialist support services** need to be provided to carers who care for people with dementia
- **Emergency respite provision** needs to be developed
- **Carer Awareness Training** for all social care and health professionals needs to be improved to ensure that support and advice is offered to carers
- **Emotional support** such as counselling and advocacy should be available to carers

Analysis shows that few young carers or carers from black and minority ethnic communities are accessing support services.

## Drivers

Nottinghamshire's joint commissioning intentions support the local delivery of important national policy and guidance on carer issues including:

- Carers at the heart of 21st century families and communities, Department of Health 2008
- New Deal for Carers: Task Force Reports, Department of Health 2008
- Our health, our care, our say: a new direction for community services White Paper, Department of Health 2006
- Putting People First – a shared vision and commitment to the transformation of Adult Social Care, HM Government 2007

## Priorities

Our service priorities include commitment to:

- Increase the number of carers being offered assessments, including self-assessments and regular reviews
- Provide universal information services – review existing information and co-ordinate the development of resources and information across agencies
- Extend emergency respite services
- Make the Emergency Card Scheme more widely available to carers by promoting awareness of this through assessments, reviews and information from partner statutory and voluntary agencies
- Increase the number and range of break services
- Fund specialist dementia support services including carer breaks
- Support carers who balance their care responsibilities with employment
- Utilising the Royal College of GP guidance, provide support to GP practices to enable better understanding of carer issues and needs
- Develop specialist support services for carers of people at the end of life
- Increase support services for disabled parents to avoid the burden of children taking on caring roles
- Develop a Young Carers' Service in conjunction with mental health service providers to improve the experience of patients who are parents and their children

Comprehensive and accurate information is vital and needs to be easily accessible to carers





# Commissioning intentions

Whilst the number of carers receiving needs assessment has increased, there are many hidden carers across Nottinghamshire who are not aware of the support available. Comprehensive and accurate information is vital and needs to be easily accessible to carers so that they can determine what type and level of support they need and how this can be accessed before they reach crisis.

In 2009/10, our priority actions are to:

Service development	How will it be funded?
Expand emergency respite services	£168k new investment from carers' grant
Extend the Emergency Card scheme	£10k new investment from carers' grant
Develop comprehensive information pack for carers and extend the information prescription scheme	Allocation from carers' grant
Start the development of a Young Carers' service	£15k new investment from carer's grant ?£15k NHS contribution
Assess need for independent advocacy and advice service for carers. Consider commissioning a pilot programme	Allocation from carers' grant
Extend the number of carers receiving direct payments	Allocation from carers' grant as per demand
Plan and deliver a tender exercise to procure a range of carer support services including carer breaks	Allocation from carers' grant for 2009/10 and 2010/11

CARING LISTENING INNOVATING  
ENHANCING SHAPING SUPPORTING  
ENGAGING PLANNING RESPONDING



### 3-year commissioning intention

By 2012, Nottinghamshire's carers will:

- easily access universal information signposting carers to advice and information including support for those carers who self-fund
- have access to a network of carer assessment workers who will offer assessments and, for those eligible for carer support services, provide regular reviews
- have greater choice and benefit from an enhanced range of carer support services and providers through market-testing and tendering
- directly access a range of carer break services that will also be promoted through the County's public service partners
- access a range of support including self-care programmes, end of life specialist support, training and courses, leisure, counselling and employment opportunities
- receive direct payments
- directly access preventative services and advice ensuring support for carers who may not currently be eligible for support
- shape the planning, development and review of carer services with a commitment to better engage and involve BME communities

and...a young adult carer's project will be commissioned with focus on supporting young people to make choices and experience smooth transition between children's and adult services.



### 5-year vision to 2014

If Nottinghamshire is getting it right for carers, we will achieve the following outcomes by 2014:

**Nottinghamshire's carers are....**

- treated with dignity and respect
- routinely offered self or person-centred assessments to help carers define their needs and outcomes
- able to access comprehensive information, advocacy and advice services including welfare rights
- regarded as expert partners and direct the planning and development of services
- benefiting from early intervention support including specialist areas such as end of life care
- provided with annual reviews to ensure their changing needs are met. For carers of people in the last year of life, frequent reviews will help ensure responsive support
- supported to remain physically, mentally and emotionally healthy through services such as training, voluntary opportunities, leisure activities, carer breaks and respite
- supported to undertake training and to gain and maintain employment
- encouraged to take up direct payments and directly commission services to meet their individual needs
- supported by Nottinghamshire County Council and NHS organisations as model employers who demonstrate best practice and flexible working support for staff who are carers

...and young carers will be supported to ensure they experience all of the opportunities for leisure, education and training that their peers enjoy.

## Resources

Investment in carers' services continues to increase significantly year-on-year. The Department of Health directed carers' grant makes up the majority of financial resources together with other mainstream funding. In 2008/9 adult services spend on carers' services is £3.7m, representing an increase of 60% in funding since 2006/7.

## For more information

To view all of the documents relating to this consultation including the Carers commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)



## Have your say

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# CHILDREN AND YOUNG PEOPLE

*"Children and young people will actively be involved in shaping all decisions that affect their lives, are supported to achieve their full potential through the provision of appropriate services, and will live in homes and communities where their rights are respected and they are loved, safe and enjoy life."*

Professor Sir Al Aynsley-Green, Children's Commissioner (England)



## CASE STUDY

*James is an 8-year old boy with a diagnosis of Aspergers and had become increasingly anxious about playtimes at school; his teacher felt that he needed to socialise with other children, but it just made James sad.*

*James' mum described how the integrated working within Child and Adolescent Mental Health Service had a positive impact:*

*"We discussed the issue and his teacher suggested I speak with the school nurse, which I did and she offered to contact a specialist for advice on handling this situation.*

*The Asperger's specialist nurse working within the District Emotional Health Team visited James at school and agreed that playtimes were too challenging for James, so together, we developed a plan where James could stay inside for most playtimes, but would 'play out' with support once a week.*

*Although the issue seems relatively simple, the effect it had on James' happiness and behaviour was significant. We both feel so much better to have been listened to by someone that understands us and the co-ordinated support across health and education services has made a real difference."*



## Demography

In Nottinghamshire there are 180,600 children and young people aged 0-19 years (51% boys, 49% girls). Since the last census, the numbers in the younger age groups have declined, but the numbers in the older age groups, particularly 15-19 year olds have increased substantially.

Across Nottinghamshire 11.5% of children and young people are eligible for free school meals which is broadly in line with figures for similar local authorities but rates vary across districts from around 1 in 18 in Rushcliffe borough to less than 1 in 6 in Mansfield.

Nottinghamshire has a lower percentage of children and young people in Black and Minority Ethnic groups aged between 0 – 15 years than the East Midlands and England averages – 5.4% against 10.7% and 14.7% respectively. The highest percentages are found in the conurbation districts of Broxtowe, Gedling and Rushcliffe whilst the four northern districts have less than 4%.

However, this does not reflect the changing picture within the County with an influx of migrant workers from Eastern European countries who continue to play an increasingly important role in local based economies. In Nottinghamshire, the numbers of 'economic migrants' have quadrupled since 2002, over half coming from Eastern Europe, particularly Poland. Between 2006 and 2007, over 50% of all National Insurance registrations were from Eastern European citizens in four of the seven county districts.

There are 480 children and young people in the care of the County Council, lower than similar councils, demonstrating effective early intervention and support arrangements.

## Drivers

The Children Act 2004 and Every Child Matters; Change for Children programme. Every Child Matters five key outcomes:

- **Being healthy** – physical and emotional well being, including healthy lifestyles;
- **Staying safe** – protection from harm and neglect;
- **Enjoying and achieving** – education, training and recreation;
- **Making a positive contribution** – as made by young people to society;
- **Achieving economic well being** – social and economic well being.

## Priorities

The Children and Young People's Partnership Board for Nottinghamshire County has produced a Children and Young People's Plan (CYPP) which is a strategic, overarching plan for all services which affect children and young people in the area, showing how the local authority, primary care trusts and other partners will integrate provision to improve well being in regard to the five Every Child Matters outcomes.

The key aspirations/statements of intent that have been identified for joint commissioning/planning are:

- Reduce teenage conception rates and improve sexual health
- Reduce obesity levels among children
- Improve mental health and well being
- Improve services for children and young people with additional needs – this is not a specific priority within the CYPP but it is implicit throughout the Plan
- To reduce the negative impact of substance use and smoking on children and young people

Our Children and Young People's Plan describes how the members of the Nottinghamshire Children and Young People's Partnership will work together to improve the lives of children and young people in Nottinghamshire.

A new Children and Young People's Plan for 2009-2011 is in development. A draft version of the plan and details of how to have your say can be found in the Children and Young People's section of the [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) website.

## Commissioning intentions

**In 2009/10 our priority actions are to:**

Use existing investment better and with anticipated extra new investment of £516k, we will reduce teenage conception rates and improve sexual health services for young people by:

- Looking at how all agencies work together and build a better partnership to tackle teenage conceptions
- Implement an improved data-sharing agreement between services

- Commission local research to further explore the link between alcohol use and unprotected sex for young people
- Develop and implement a joint teenage pregnancy and substance use action plan in partnership with the Drug and Alcohol Action Team
- Increase the number of Enhanced School-based health services on or in close proximity to school sites and consult with pupils and those excluded from school to determine the most appropriate services needed
- Commission targeted sex and relationship education for children and young people in 'hot spot' areas
- Review the training needs of the workforce and ensure workers are engaged and skilled.
- Review and commission information and appropriate social marketing campaigns

With anticipated extra new investment of £660k to address obesity issues we will:

- Create and nurture robust partnerships across all agencies concerned to tackle obesity amongst children and young people
- Develop a joint obesity strategy across all agencies and develop an action/implementation plan which will include:
  - Recording children's Body Mass Index in accordance with national guidance
  - Deliver brief intervention training to support all front line health staff working with children, young people and families to raise the issue of obesity with patients/clients
  - Develop a local children's obesity care pathway
  - Commissioning evidence based weight management services for children and young people and community level projects for physical activity for children, young people and families
- Improve breastfeeding data so we can monitor progress
- Achieve the certificate of commitment towards the UNICEF baby friendly accreditation across NHS Nottinghamshire County and Bassetlaw PCT

- Scope current service delivery in Healthy Children's Centres
- Review provision of community nutrition services across the county
- Ensure 75% of schools achieve National Healthy Schools Accreditation with 100% of schools engaged with the programme
- Pilot the healthy early years standard, co-ordinate training for practitioners working in early years settings including Children Centre staff to enable them to raise the issues of healthy weight, diet and exercise with parents and carers and support the roll out of the Early Years test bed and delivery of the Child Health Promotion programme

With anticipated new investment of £117k, and alignment of all agencies Child and Adolescent Mental Health Service (CAMHS) budgets (current investment is £8.2m of which £1.7m is spent on Targeted District Service, £5.4m on Specialist and Highly Specialist provision and £1.1m LAA Area Base Grant) ensure an integrated, whole system approach to improve children and young people's emotional well being we will:

- Embed the District Emotional Health and Well being service into current practice and establish effective engagement with a range of partners and service users
- Ensure ease of access to services through a single point of access for CAMHS and Case Assessment service which will enable children and young people to be seen by the most appropriate practitioner or multi disciplinary team
- Develop integrated care pathways for a range of issues that dovetail into the CAMHS pathway
- Ensure that commissioning plans support the development of services at the threshold of highly specialised (Tier 4) services by developing a range of delivery approaches (for example: inpatient beds, outreach, day and session based services) and continue to promote access to a whole system CAMHS across the county, utilising publicity resources developed (including CAMHS Delivery Triangle)

- Implement the CAMHS workforce action plan
- Implement the recommendations from service review of specialist learning disability services, maximising joint planning and delivery opportunities across a range of multi-agency partners
- Support the implementation of the Targeted Mental Health in Schools programme with funding for quarter three and four in 2009/10, prior to securing a further one year's funding from DCSF for 2010/11

With existing funding and anticipated new extra investment of £2m to provide better support for children and young people with additional needs and we will:

- Develop the joint commissioning (health/ social care/ education) of placements for children with complex needs
- Ensure that we engage with children, young people and their families and carers on the development of services
- Work towards streamlining the processes for accessing services and improving the transparency of eligibility criteria
- Improve the information given to children, young people and their families/carers
- Ensure that early support for families is available across the early years and into Key Stage One
- Explore the joint commissioning of Occupational Therapy services and review the arrangements for access and provision of equipment
- Commission more short breaks and extend the range of breaks
- Improve data monitoring, analysis and sharing of information to target service provision to those young people and families that require it most and to evaluate the outcomes and effectiveness of this



## CHILDREN AND YOUNG PEOPLE

With existing funding we will reduce the negative impact of substance use and smoking on children and young people by:

- Targeting campaigns and activities in areas where substance misuse is high and to young people and their families who are vulnerable or at risk
- Developing family intervention approaches for both young people and adult specialised services
- Developing treatment interventions to ensure they are more effective and more young people are able to leave specialised services substance-use free
- Building the capacity and skills of the workforce prioritising Social Workers, Criminal Justice Workers, Teachers, Youth Workers and Housing Providers to ensure a partnership response to the recommendations made in the Youth Alcohol Action Plan
- Ensuring a partnership response to the recommendations within; Advisory Group on Drug and Alcohol Education (2008), Drug Education: An Entitlement for All
- Developing clear and consistent pathways and assessments to encourage earlier interventions for young people and their families across the wider children and young people's services
- Prioritising the safeguarding of children and young people to minimise the impact of substance use on health, sexual health and emotional health and well being



### 3-year commissioning intention

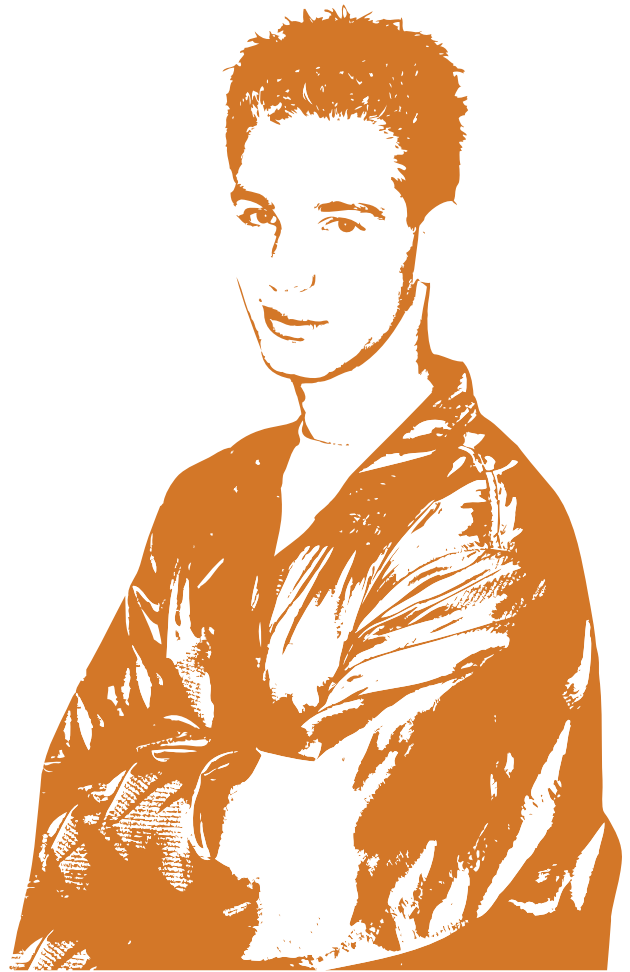
**By 2012, Nottinghamshire will:**

- Involve and engage children and young people in the planning of services that meet their diverse needs and those of their families and carers
- Integrate commissioning and planning processes through the Children and Young People's Partnership to ensure better outcomes
- Ensure services are commissioned so that they are seamless and have criteria for eligibility that is clear, transparent and understood by all key stakeholders

- Commission increased sexual health provision and support including:
  - Additional Enhanced School Based Health Services (ESBHS) in high-rate (hot spot) and non-declining wards
  - Supported accommodation and/or floating support provision for teenage parents and parents-to-be in areas of highest need in line with the Supporting People review
- Continue to commission and where needed increase the number of evidence based weight management services for children and young people and review the provision of services e.g. countywide nutrition service
- Learn from the Early Years Test Bed and delivery of the Child Health Promotion programme and change services to meet the needs
- Review the healthy early years standard pilot
- Roll out the full and effective delivery of the Child Health Promotion programme
- Extend the delivery of Brief Intervention training for obesity i.e. raising the issue of obesity with patients/clients, to partners agencies
- Commission social marketing research to inform Change 4 Life local implementation to reduce obesity
- Jointly commission a comprehensive CAMHS, from aligned budgets, which is informed by robust district level Health Needs Assessment (HNA) intelligence to provide measurable and sustainable improvement to the resilience, emotional well being and mental health of children and young people across the county
- Effectively implement a CAMHS training strategy to upskill and increase the confidence of a range of universal practitioners/workers
- Commission specialised mental health services or in-patient beds with an appropriate and responsive delivery model
- Mainstream the Targeted Mental Health in Schools (TaMHS) Programme from April 2010 with a rolling programme providing an intensive approach within three families of schools per year



- Develop short breaks for children with additional needs to meet the full service offer of increased choice and availability
- Increase the provision of Early Support for children and families with additional needs to all Key Stage One children
- In line with HM Government's (2008) "Drugs: protecting families and communities – Action Plan 2008-2011" and local need we want to;
  - Develop and strengthen family support packages to help build young people's resilience and reduce the harm caused by substance use
  - Strengthen the role of mainstream provision, in particular through schools and children's services, to prevent substance misuse
  - Improve specialised treatment systems for young substance users and ensure the continual involvement of young people and families in the design and planning of treatment services
  - Build and develop workforce capacity and skills



INTEGRATING LISTENING INNOVATING  
SHAPING SUPPORTING ENGAGING  
IMPROVING RESPONDING HELPING



### 5-year vision to 2014

**If Nottinghamshire is getting it right for children, we will achieve the following outcomes by 2014:**

- The number of under 18-conception gap is lower and there is a narrowing of the gap between the top and bottom quintiles
- Teenage contraception and sexual health services are responsive to different religious and cultural beliefs and are shaped to meet the changes in populations in Nottinghamshire including increasing immigration from Eastern Europe
- Sexual health provision in and near schools reflects extended school hours, the increased school leaving age and the impact of the 'Building Schools for the Future' programme
- UNICEF baby friendly accreditation across the County has been achieved
- Body Mass Index recording continues
- Social marketing research in relation to obesity prevention and management informs communication and the commissioning of evidence based weight management services for children to underpin the local obesity care pathway
- Local strategic partnerships develop community level activities in each district that support increases in physical activity and reduced sedentary activity for children and their families
- The Healthy Early Years standard has been successfully implemented across the County in conjunction with partners
- Children's Strategic Commissioning arrangements for CAMHS capture and prioritise national and local targets within Children's Trust arrangements with a clear process to meet SHA and LAA Performance Management and reporting requirements
- Commissioning and delivery is integrated and there is a range of providers to deliver a high quality 'Comprehensive CAMHS' which demonstrates positive outcomes for children and young people

- CAMHS engage with children and young people and use their feedback and experiences to improve the outcomes and benefits of the service and the engagement process
- Investment and support is targeted to ensure that CAMHS proactively meet the emotional well being and mental health needs of the most vulnerable children and young people across the county, e.g. Black and Minority Ethnic groups, children with a Learning Disability, children and young people at risk of offending and those engaged with the Youth Offending service
- There are seamless pathways of care in place for children and young people with additional needs and children, young people and their families/carers are aware of the services available and how to access them
- Up to date and easily accessible information is available to children, young people with additional needs and their families/carers
- Children and Young People's Services are effectively integrated with adult service arrangements through a focus on matrix working in relation to the strategic planning, commissioning and performance monitoring
- Services are effectively commissioned to meet the increasing number of children with complex health needs and ASD
- We have successfully implemented the "Drugs: protecting families and communities" plan

Local authorities, primary care trusts and other partners will integrate provision to improve well being

## Resources

For Nottinghamshire County Council the budgeted spend on Children and Young People's Services (excluding schools) is £121m, which is 27% of the total authority budget. A significant proportion of expenditure is targeted at health and social care needs.

NHS Nottinghamshire County spends an estimated £70m (approx. 8%) on children and young people's services. Bassetlaw PCT invests a similar percentage of its resources.

## For more information

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# LEARNING DISABILITY

*"There are many different types (of learning disability) and most develop before a baby is born, during birth or because of a serious illness in early childhood. A learning disability is lifelong and usually has a significant impact on a person's life. Learning disability is not mental illness or dyslexia.*

*People with a learning disability find it harder than others to learn, understand and communicate. People with profound and multiple learning disabilities need full-time help with every aspect of their lives – including eating, drinking, washing, dressing and toileting.*

*There are 1.5 million people with a learning disability in the UK. Like all of us, they are individuals who want different things in life and need different levels of support."*

Mencap



## CASE STUDY

*Person centred approaches are now the cornerstone of good practice in the care and support of people with learning disabilities.*

*A person centred review was conducted for a service user who lives in supported living. The reviews in the past have sometimes been difficult due to differences between the service users' parents and the service provider, often for valid reasons that were raised by the parents or provider.*

*The person centred review put the service user in control of his own review. The review met all the outcomes for the service user, and was accepted very well by everyone present including the provider and his parents who commented:*

*"I think that was a brilliant meeting (...and you know I don't usually sound enthusiastic about them!).*

*I am very impressed with the concept of the person centred approach, and it certainly seemed to work to equalise people's positions. It was great to see my son being so clear about what he thought, and unafraid to say so. I am sure it was the style of the meeting that made that much easier for him to do, and he was greatly helped by his relationship with you. I know he felt very comfortable and able to speak his own truth.*

*Thanks for the action plan, I have already arranged a meeting in two weeks' time regards to my son's health action plan, and I have made an appointment to take him to the podiatrist on 23 January, so I am feeling very organised! Looking forward to seeing what happens next."*

## Demography

The Valuing People White Paper estimated the number of people living with severe or profound learning disability in England to be 210,000 (approx. 3.5 per 1,000). Applying these findings to Nottinghamshire suggests there could be approximately 2,000 people with severe or profound learning disability within the county: 1200 adults, 600 children and young people and 200 elderly people.

Problems associated with case ascertainment mean that prevalence estimates for mild/moderate learning disability should be treated with caution, as these often underestimate the true figure. The Department of Health estimates the lower prevalence limit of mild/moderate learning disability in England to be about 25 per 1,000 population, placing the total number of such persons at around 1.2 million. The number of people with mild/moderate learning disability within Nottinghamshire is therefore likely to be between 10,000 and 15,000.

## Drivers

- **Valuing People:** A new strategy for learning disability for the 21st century 2001
- **Valuing People Now:** A new three-year strategy for people with learning disabilities 2009
- Commissioning specialist adult learning disability health services – Good practice guidance, Department of Health 2007



## Priorities

**Developing personalised health and social care;** including the commissioning of self-directed support, personal budgets, individual budgets and assistive technology, (telecare, telemedicine). This will be achieved through the expansion of person centred thinking embedded in training, induction, commissioning and contracting, including value for money processes.

**Ensuring citizenship;** by tackling hate crime through enhanced safeguarding processes, raising of community awareness and staff/user training. Working within the community safety agenda we will commission preventative services which support service users to express their rights in an environment of dignity and respect.

**Improving health and well being;** including physical health (primary and secondary), mental health and specialist health care. We will particularly focus on reducing health inequalities through ill health prevention, and health promotion. The needs of people with forensic and secure services histories, those with behaviours which challenge services and age related illnesses will be addressed.

**Developing appropriate accommodation services;** working with independent living/housing providers we will re provide out of authority placements and campus services, reduce reliance on residential care and provide people with settled accommodation. We will review our range of approved providers, care homes, and respite care arrangements.

**Ensuring socially inclusive provision;** through increasing education, employment, and training to promote economic well being, develop community cohesion and provide culturally specific services. Services will be accessible, age appropriate and ensure equality and diversity.

**Supporting people in their caring role;** ensuring family/carers are involved in person centred approaches, planning and decision making, while continuing to promote high levels of carer assessment (including self assessment), carers support, carer advocacy and information.

**Enabling smooth transitions from children's to adult services;** through person centred approaches, joint commissioning and the development of early intervention services which are age relevant.

**Enhancing user involvement;** through investment in advocacy and the development of user led services, user monitoring and evaluation, and leadership. This will be achieved through the implementation of Putting People First, the development of social enterprise and the delivery of new quality frameworks.

**Promoting effective leadership and use of resources;** by effective market management and third sector development. We will manage performance through our contracting and procurement processes, sharing and using information appropriately, ensuring efficiency and value for money services. Workforce development will be undertaken to ensure there is sufficient capacity and capability in the market.

## Commissioning intentions

The following commissioning intentions relate to the commissioning framework and local priorities described above. They provide a statement of intent as agreed by Bassetlaw PCT, Nottinghamshire County Council and NHS Nottinghamshire County. These intentions will be reviewed annually in consultation with the people who use (OR may use) local services and will be updated to reflect new areas of need, demand and aspirations.

### In 2009/10 our priority actions are to:

- Strengthen both Primary Care Health facilitation with two further posts to be appointed, and Acute Liaison Nurses with two new posts funded for Sherwood Forest Hospital NHS Foundation Trust and Nottingham University Hospital NHS Trust in association (complementing additional posts funded by Nottingham City Primary Care Trust)
- Fully implement Directed Enhanced Primary Care Services to include Annual Health checks
- Scope health care needs of people with LD in prison to provide recommendations by 2010

- Ensure that all care homes will use a quality assurance process to monitor quality and service provision using CRILL data from CSCI
- Implement a “Care Cost Calculator” and develop a preferred provider list in LD care homes
- Review the service needs of current out of area placements, and develop local services to meet these needs
- Make personal and individual budgets available to new and existing service users; as part of this achievement direct payment numbers will have reached 160
- Offer all carers an assessment and annual review based on the principles of person centred planning
- Support more people to live at home
- Ensure greater involvement of services users and carers in key planning processes
- Social Care services currently commissioned by PCTs with transfer of associated funding to local authorities
- Support 39 people (31 Notts. County PCT, 8 Bassetlaw PCT) currently living in NHS campus units to move to community settings with social care support
- Establish a service user led advocacy group and develop advocacy services which better respond to the needs of black and minority ethnic communities
- Undertake a comprehensive needs assessment of the numbers, age, names and locations of learning disabled people from black and minority ethnic communities and their carers
- Ensure accessible leaflets outlining services and information about how to access services e.g. direct payments
- Secure paid employment for 285 people, develop emerging social enterprise models and establish a Social Firm to progress the development of employment for services users
- Implement the human resources protocol to demonstrate that the council is an exemplar employer for people with learning disabilities, enabling at least 20 opportunities to have been secured in this area

- Train 70% of social care staff and specialist healthcare staff in safeguarding adult’s policies and procedures
- Provide all service users and their carers with information on who to contact and how to raise concerns if they feel unsafe
- Train 40% of service providers in anti bullying awareness and provide bullying awareness training to 1000 service users
- Monitor all providers to ensure people who use social care services are having their basic physical healthcare needs met
- Facilitate assessments for all people who may be subject to deprivation of liberty and have appropriate management plans in place



## 3-year commissioning intention

**By 2012, Nottinghamshire will:**

- Develop assessment and treatment services across the whole of Nottinghamshire and specialised health care support to people with learning disability whose needs indicate that more detailed assessment and specific treatment is required
- Implement Green Light for Mental Health policy to ensure that people with learning disabilities have the opportunity whenever possible to benefit from mainstream mental health services and develop prison in-reach services
- Enhance services for older people with LD, dementia and other complex conditions associated with ageing
- Ensure that health promotion activities are accessible to people with LD
- Facilitate a dental review in line with anticipated national guidance to increase access to dental care
- Complete a health needs assessment to identify the nature and distribution of health inequalities affecting people with LD
- Ensure a range of advocacy services are available, to include IMHA and IMCA, paid general advocates and new self advocacy models

# LEARNING DISABILITY

- Develop communication and translation services alongside the roll out of person-centred approaches to assessment, commissioning, service delivery and quality monitoring to ensure all services users can contribute at all levels
- Increase direct payment uptake by carers in line with departmental targets to provide more choice and control
- Identify key target groups for direct access services
- Increase relevant workforce capacity to develop and commission services
- Implement an effective system for safeguarding and monitoring the use of personal/individual budgets
- Develop appropriate alternatives to Out of Area treatment within Nottinghamshire
- Implement quality and market management processes to develop approved providers lists covering residential and nursing care, supported living, outreach support and personal assistance. The third sector will have been more widely developed
- Improve transition planning via a service review to include key partner agencies
- Complete an anti-stigma campaign in regard to people with learning disabilities
- Ensure support for people from hard to reach groups with support from staff who demonstrate a positive and respectful attitudes towards them
- Ensure that services enable people to have contact with those who are important to them and to be connected to communities
- Facilitate opportunities for service users to be involved in planning services and to give feedback to improve services, to feel safe and be free from discrimination via awareness training for staff
- Review the Employment strategy outcomes, continuing to build upon good practice and devise future growth outcomes aiming towards 400 people in paid employment
- Engage with the third sector to develop workforce planning to account for the changing needs of both the workforce and service users

- All social care staff will have a basic awareness of safeguarding vulnerable adults' policies and know how to raise concerns. All service providers will have anti-bullying policies in place and have staff trained in implementing them



## 5-year vision to 2014

**If Nottinghamshire is getting it right for people with learning disabilities, we will achieve the following outcomes by 2014:**

- Primary care services will be responsive to the needs of people with LD and their families, including the maintenance of LD Registers and the provision of regular Health checks. Access to dental, optometry and screening services will be clear and equitable
- Acute medical services will be fully responsive to the needs of people with LD and their carers, providing easy-access information and reasonable adjustments to services in line with the Disability Discrimination Act
- All service users will have access to a range of advocacy services reflecting the statutory requirements in the Mental Health and Mental Capacity Bills and the requirements arising from self directed support and person-centred approaches
- Carers will be offered carers' assessments and will have access to a range of services to meet their needs, including advocacy and direct payments to promote maximum involvement at all levels
- The care market will be developed to increase the number of third sector providers and to offer greater choice and meet the needs of diverse communities
- A new quality framework will be in place and the workforce will be fit for purpose across all services
- Specialist services for those needing and moving on from prison and secure settings are in place, or where current mainstream provision is not appropriate





We will commission preventative services which support service users to express their rights in an environment of dignity and respect

- Local specialist commissioning to provide services for people with challenging behaviour will be in place (Mansell Report)
- All service users will have a personal or individual budget enabling greater choice and control and ensuring maximum independence over their day to day lives
- Service users moving from children's to adult services will experience a smooth transition. In all situations service users and carers will be in possession of accessible information to help make informed decisions about their lives
- Anti-stigma strategies will be in place across all key agencies and more widely in community based services that provide inclusive services for vulnerable adults
- People with experience of a learning disability and their carers will have a stronger voice and be more involved in the development of services, supported by service user-led groups to ensure their experiences influence key service areas
- Employment policies will ensure proper representation in the local authority workforce

## Resources

Nottinghamshire County Council, together with NHS Nottinghamshire County and Bassetlaw PCT currently spend over £78m on learning disability services per annum. In 2009/10 the local authority will be investing a further £3.6m in learning disability services and has planned new investment of £2.1m for 2010/11

## For more information

To view all of the documents relating to this consultation including the Learning Disability commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)

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# MENTAL HEALTH

*"A state of well being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."*

World Health Organisation



## CASE STUDY

Mr and Mrs S are carers for their son John, who is a young adult with a history of drug misuse and lives at home with his parents and other siblings. John's physical and aggressive behaviour is often directed towards the family and has had a significant impact. Aged 18 John left home at his parents' request, he accessed charity support to help stop drug misuse but returned home again due to ill health. He was referred by his GP to mental health services. Mr and Mrs S work from home, the stress caused by the unpredictable nature and impact of John's mental ill health and the support and supervision needed has a significant impact on them being able to work effectively and generate their income.

This case has involved key agencies working together using the recovery model approach to support John and his family.

The Early Intervention Psychosis Services were engaged and John's parents were referred for a carer assessment. They now have their own individualised support plan and were provided with information about services including Direct Payments and respite from the Carer Break Service who engage John and provide a regular break for the family. Personal engagement with John has helped to see him take up new activities outside the home and has reduced dependence on his parents.

The family describe a number of outcomes from these successful interventions including improved quality of life, health and emotional well being for the whole family, increased choice and control, economic well being maintained by providing services to enable John's parents to maintain employment. A strong focus on maintaining dignity and respect has been a feature throughout.

## Demography

The national demographic profile of mental illness states that: *"Mental ill health is Britain's biggest social problem. Depression and anxiety disorders are serious conditions and have a major impact on how well an individual is able to function. A recent World Health Organisation study concluded that the impact of depression on a person's functioning was 50% more serious than angina, asthma, diabetes and arthritis. At present 40% of disability is due to depression and anxiety."* CSIP April 2008

- The WHO predicts that by 2020 depression will be the second leading cause of disability
- 1 in 4 people will experience some kind of mental health problem in the course of a year
- 9 out of 10 prisoners have a mental disorder
- the life expectancy of people with severe mental illness is much reduced
- mental health problems are associated with loss of social and economic functioning leading to a cycle of disadvantage

## Drivers

The Commissioning intentions will be driven by the paper 'No Health without Mental Health in the East Midlands' developed in response to 'Our NHS Our Future' December 2007 and 'A new vision for mental health – discussion paper' 2008, developed by seven national mental health organisations and focus on four changes that need to happen to enable those with experience of mental health problems to enjoy an equal opportunity of a fulfilling life.

'A new vision for mental health' 2008 identifies four key changes;

**Integrated Model** – a movement away from the dominance of the medical concept of mental health. The avoidance of segregation of mental health service users into 'special services' where possible: being a service user should not define a person.

**Greater importance on public mental health** – and recognising mental health as a whole population issue.

**Recovery of a good quality of life** – and the achievement of goals and ambitions.

**Real Self-direction** – service design should be driven by what those with an experience of mental health problems (and their carers) believe to be an appropriate spectrum of support.

2009 is a significant year for mental health policy. The 10-year plan for mental health, detailed in the National Service Framework comes to an end and it is important that strategic plans ensure that these achievements are built upon.

### Priorities

90% of people with common mental health problems are managed entirely in primary care yet approximately only 15% of resources are targeted at this setting and there are significant gaps in service provision across districts. There are currently two providers delivering some elements of a primary care mental health service; Nottinghamshire Healthcare NHS Trust serving North Nottinghamshire and Bassetlaw and Nottinghamshire Community Health serving South Nottinghamshire. Neither provider delivers services in line with the stepped-care model. A review of current services is underway where it is anticipated that a number of issues will be highlighted including the need to improve:

- access to psychological interventions
- access to a range of treatments and interventions
- access to practice based counselling

There has been significant new investment in secondary mental health services (Nottinghamshire Healthcare NHS Trust) in order to achieve national priorities:

- Assertive Outreach
- Early intervention in psychosis
- Home treatment/crisis resolution

There are pressures on in-patient bed capacity and extensive waiting times in some areas.

The following key priorities for improving adult mental health are proposed, identified through the recent 'Autumn Assessment' and highlighted by practice based commissioning clusters. Improvement in these areas can have a real impact on people who experience mental illness and their carers. Each priority should not be seen in isolation but as a core part of a system that works together to provide a broad range of holistic, people centred, mental health and social care services.

These strands centre on the individual, promote personalisation, anti stigma, localised provision and patient choice, reduction in 'worklessness' and achievement of 'the meaningful day'.

### Key Local Priorities

**Improving Primary Mental Healthcare services** by ensuring service users are supported to have their needs assessed through early identification of common mental health problems and access a comprehensive range of services and providers as part of a co-ordinated stepped care approach. This includes convenient primary care and community settings for evidence-based compliant psychological therapies (via GP or self referral). They will experience co-ordinated care across primary and specialist services through integrated care pathways that synchronise with primary mental health care to support individuals who present with more complex needs and offer a range of therapies and treatments with proven outcomes in line with NICE guidance.

**Increasing the involvement of service users and carers** by ensuring they can participate in a systematic programme that delivers opportunities for them to fully engage in the production of their treatment/support/care plans, set and achieve personal goals, exercise control over the types of providers and support they need, influence the decisions and choices that enhance their quality of life and well being. Service users and carers will be fully involved in monitoring services, the development of service delivery models/service provision and use a range of generic and specialist advocacy/advice/information services to support access, increase choice, control and address concerns and complaints.

**Personalising services** will enhance choice and control through a series of developments including a comprehensive service user and carer engagement/involvement strategy, new systematic approach to capture the views and experiences of patients and carers in care pathways, better availability of self assessment tools, increased uptake of direct payments, continued expansion of direct access support and advice schemes and, to help reduce stigma and deliver a range of opportunities such as volunteering to enable full involvement in community life. We will develop effective partnerships between key health and social care staff to ensure people are encouraged to choose their own route to recovery.

**Reducing the rate of suicide and safeguarding service users** from harm and abuse and ensuring people are treated with dignity and respect and have their rights and choices respected. The provision of an alternative to a police station detention is a key priority.

**Tackling stigma** requires we develop a range of strategies and leadership across key agencies and stakeholders to promote a greater acceptance and awareness of difference and a community where mental well being is encouraged and those experiencing mental health problems do not feel stigmatised. By promoting the greater importance of public mental health we support a wider understanding that mental health is a whole population issue.

**Improving Secondary Care services** by ensuring equitable access to a full range of high-quality specialist adult mental health services including medium and low secure care, eating disorders, mother and baby services and, for those with serious mental illness, the promotion and take-up of health and well being checks and screening to improve physical health. The eradication of mixed sex accommodation in the NHS is a key priority.

**Addressing issues of diversity and promoting inclusive strategies** requires that we avoid the segregation of mental health service users into 'special services' where possible: being a service user should not define a person. This strategy focuses on the individual, promotes personalisation, anti stigma, localised provision and patient choice, reduction in 'worklessness' and achievement of 'the meaningful day', which are at the centre of addressing diversity and social inclusion. Real self-direction means service design should be driven by what those with an experience of mental health problems (and their carers) believe to be an appropriate spectrum of support.

**Improving Economic Well Being** will involve the development of an employment focused quality of life measurement to monitor outcomes which will include a measurement of employment, volunteering and other meaningful day activities. The recovery of a good quality of life and the achievement of goals and ambitions is one of the four key priorities in "*The New Vision for Mental Health*" 2008.

**Increasing Third Sector provision** will be driven by a review of NHS and local authority funded third sector adult mental health care, support, employment and day service provision. We intend to commission a range of quality day services and residential settings using outcome measures across primary and specialist mental health services to ensure best value and high quality non-institutional provision in partnership with the third sector.

## Commissioning intentions

**In 2009/10 our priority actions are to:**

- Commence development of a new county-wide care pathway for Psychological Therapies, reflecting the stepped care model. Additional staff and training will enable a more comprehensive range of NICE-compliant interventions and support early access and self referral
- Develop a local public mental health (psychological well being) strategy with implementation plan
- Secure continued reduction in suicide rates by developing a suicide strategy with implementation plan
- Support individuals with mental health problems to make healthier choices and facilitate regular physical health for people with severe mental health problems by recruiting additional health trainers locally
- Introduce a new service model to deliver a broad range of general advocacy, self advocacy; specialist advocacy (Independent Mental Capacity Advocate and Independent mental health advocacy) will be available across the county
- Enhance choice and control through a series of developments including a comprehensive service user and carer engagement/involvement strategy, new systematic approach to capture the views and experiences of patients and carers in care pathways, better availability of self assessment tools, increased uptake of direct payments, continued expansion of direct access support and advice schemes and, to help reduce stigma and delivering a range of opportunities such as volunteering to enable full involvement in community life

# MENTAL HEALTH

- Commission a range of quality day services and residential settings using outcome measures across primary and specialist mental health services to ensure best value and high quality non-institutional provision in partnership with the third sector. Develop quality of life measures to monitor effectiveness for individuals e.g. 'In Control', which may include employment, volunteering and other meaningful day activities. The service range will include a single care pathway model developed using outcomes from the review of care homes and NHS continuing care placements, the review of third sector adult mental health employment and day service provision and an action/ implementation plan to maximise independence, engagement and well-being. A plan on how to eliminate mixed sex accommodation will be agreed and its implementation progressed
- Undertake a review of the Care Programme Approach (CPA) and care management, to include the identification of associated training or development needs
- Complete a first Health Equity Audit
- Deliver a new 'Place of Safety' for county residents
- Provide support and guidance for individuals to secure the welfare benefits for which they are eligible
- Identify third sector providers to deliver new services which adopt service user-led social enterprise principles and engage social firms and key statutory agencies such as Job Centre Plus working in close partnership with the local authority and the NHS
- increase the number of people with a mental illness who are engaged in meaningful day activities including employment, via supported employment initiatives and exemplar employment strategies such as use of directed support via mixed market and an increase in third sector provision
- implement a public mental health strategy focused on psychological well being
- ensure that personal and individual budgets for social care are available to all new and existing service users
- facilitate clear choice and control elements for individual service users via embedded recovery models that demonstrate an emphasis on the whole person, re-establishing a positive identity with a focus on strengths and goals rather than defining people by their illness. Service users will be supported to attain meaningful social and occupational roles within the community, rather than in segregated services and there will be an increase in the percentage of service users who live in settled accommodation with appropriate support networks in place
- offer a comprehensive psychological service which is fully NICE-compliant, easily accessible and delivered effective outcomes



## 3-year commissioning intention

**By 2012, Nottinghamshire will:**

- implement service user/carer plans to ensure their views are heard and service changes reflect these views. Services will be monitored in partnership with users and carers and outcomes scrutinised to ensure high quality and value for money. A countywide advocacy service ensures monitoring and evaluation are embedded in health and social care services



## 5-year vision to 2014

**If Nottinghamshire is getting it right for people with mental health problems, we will achieve the following outcomes by 2014:**

**People with mental health problems in Nottinghamshire:**

- participate in a systematic programme that delivers opportunities for service users and carers to fully engage in the production of their treatment/support/ care plans, set and achieve personal goals, exercise control over the types of providers and support they need, influence the decisions and choices that enhance their quality of life and well being. Service users and carers are fully involved in monitoring services, the development of service delivery models/service provision and use a range of generic and specialist advocacy services to support access to services, increase choice, control and address concerns and complaints

- are supported to have their needs assessed through early identification of common mental health problems and access a comprehensive range of services and providers as part of a co-ordinated stepped care approach including convenient primary care and community settings for evidence-based compliant psychological therapies (via GP or self referral)
- experience co-ordinated care across primary and specialist services through integrated care pathways that synchronise with primary mental health care to support individuals who present with more complex needs and offer a range of therapies and treatments with proven outcomes in line with NICE guidance
- equitably access a full range of high-quality specialist adult mental health services including medium and low secure care, eating disorders, mother and baby services and, for those with serious mental illness, the promotion and take-up of health and well being checks and screening helps to improve physical health
- resort to suicide less each year helping to reduce the rate of suicide
- self-determine the process of care and direction of recovery without experiencing delayed discharges. Improved social inclusion, full adoption of the 'recovery approach' across the whole spectrum of care, increased percentage of service users living in settled accommodation with appropriate support networks in place means that every individual is able to reach their own potential. More people with mental health problems are in work
- identify positive relationships between healthcare professionals where people are encouraged to choose their own route to recovery with appropriate support as needed, including ways to give them more control over resources
- greater experience acceptance and awareness of difference and a community where mental well being is encouraged and those with mental health problems do not feel stigmatised
- are supported by staff that safeguard service users from harm and abuse and ensure people are treated with dignity and respect and have their rights and choices respected. Alternative to a police station detention are in place and mixed sex accommodation has been eradicated

## Resources

Service and financial mapping for Adult Mental Health shows total investment for Nottinghamshire of £63.3m of which £49.233m are direct costs.

This equates to £120 per head and is at the lower level of investment compared with England's average of £137.50 and the East Midlands average of £129.50. Benchmarked against similar communities, the average spend is £131.50 per person annually.

## For more information

To view all of the documents relating to this consultation including the Mental Health commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)

## Have your say

### Do you agree with the priorities set out, the actions and future vision for mental health services in Nottinghamshire?

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- 3 E-mail: [haveyoursay@nottspct.nhs.uk](mailto:haveyoursay@nottspct.nhs.uk)
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# OLDER PEOPLE



*"Policy for older people and their carers seeks to promote social inclusion and control over their lives, ensuring respect and choice. This enables older people to live independently for as long as possible, benefit from tailored care and support, and experience an enhanced quality of life."*

Department of Health



## CASE STUDY

*Mrs B is an 82 year old lady who lives alone in her own home. Her neighbours help her with shopping as she is reluctant to go out. Twice in the last week Mrs B has had to summon help after falling and not being able to get up. Her neighbours have been afraid to move her and called an ambulance. On both occasions Mrs B did not require transporting to hospital. She has acknowledged falling once or twice in the past, but has always been able to get up off the floor.*

*Ambulance control contacted Mrs B's GP in line with the Nottinghamshire Falls Care pathway. The GP undertakes a full clinical assessment and finds Mrs B has been feeling dizzy, she had a wrist fracture five years ago and has been extremely anxious since; she also has symptoms of a urine infection. Mrs B is taking five lots of tablets, which she has been on for many years. The GP observes that the house is a little cold and that Mrs B may be struggling to keep her home clean and well maintained.*

*The GP finds Mrs B has a drop in blood pressure on standing, most likely to be caused by an analgesia prescribed for her painful wrist fracture five years ago. Mrs B is also taking medication to reduce her anxiety about her risk of falling again. The GP advises Mrs B to stop both of these tablets as he suspects they may be contributing to her falls, one causing the dizzy spells and the other causing a drop in blood pressure. He also facilitates a referral to the Community Rehabilitation team.*

*The GP is concerned Mrs B has a urine infection; he arranges a urine test to confirm this and treats the infection, advising Mrs B to drink more fluids. The GP also prescribes Mrs B a drug for osteoporosis as she is at high risk of a further fracture.*

*The community rehabilitation team help Mrs B to improve her strength and balance to help prevent her falling again and also give her some tips on planning for the event of a fall, so she has a contingency plan. They also arrange for her to have an alert alarm in case she falls again. The Occupational Therapist assesses Mrs B's home and advises on falls hazards and assists with referral to other agencies to help with the warmth and repair in the house.*

## Demography

Nottinghamshire has a higher proportion of older people than the national average. The boroughs with the highest proportions are Newark & Sherwood (17.3%) and Gedling (16.9%). As we're living longer, the forecast growth for older people in the county shows a predicted increase of 31% aged 65 and over by 2020 and the over 85 age group will increase by 39% in the same period.

Table 2: Current and forecast numbers of people aged 65 and 85 and over (Nottinghamshire)

	2008	2020	% increase
People aged 65 and over	134,900	176,700	31%
People aged 85 and over	16,900	23,500	39%

At the time of the last census in 2001 14% of local households were single pensioners and these households are significantly less mobile with 69% not car owners compared with 22% of other pensioner households.

The most common causes of death in older people are circulatory diseases, cancer and respiratory disease (accounting for 83% male and 75% female deaths). Prevalence of long-term illness and cancer among those aged over 65 is associated with areas of deprivation in the county.

Older people account for a disproportionately high incidence of avoidable injury and hospitals admissions. Ashfield and Mansfield have admission rates for fractured neck of femur (hip) that are significantly higher than the rest of the county or country.

Nottinghamshire has a high excess winter death rate compared to the national average. Unlike most health indicators, this is not related to deprivation as Rushcliffe has the highest rate and Ashfield the lowest.

In Nottinghamshire, since data collection on adult protection (safeguarding adults) referrals began in 2001, the number of referrals has increased by around 20% each year. In 2007/08, the number of referrals of vulnerable over 65 year olds (431) formed 44% of all referrals that year.

# OLDER PEOPLE

## Drivers

Key national policy drivers for services for older people are: -

- National Service Framework for Older people (2001)
- Opportunity Age: meeting the challenges of ageing in the 21st century (2005)
- A New Ambition for Old Age (2006)
- National Stroke Strategy (2008)
- End of Life Strategy (2008)
- Lifetime Homes, Lifetime Neighbourhoods (2008)

## Priorities

The following areas have been identified for development:

- Early intervention and prevention services including falls prevention, continence services, foot care, PADs and Supporting People services
- Facilitate self-directed support and personalised budgets for older people with long-term conditions
- Enhance joint working to ensure more integrated care between health and social care
- Improve training and support 'Safeguarding' in all services
- Improve housing support services and the quality of care home provision with best practice models of care and training and support on; dignity, diabetes management, medicine management, falls prevention and continence care
- Ensure capacity in good quality provision for intermediate care, rehabilitation, re-ablement home care services and day care provision
- Improve specialist services including end-of-life care and stroke services
- Ensure improved support for carers
- Develop use of assistive technology as part of efforts to support people to live independently

## Commissioning intentions

To meet the needs of the county's increasing community of older people Nottinghamshire will address current gaps in service and deliver national priorities to:

- Promote active ageing and good health for older people
- Increase the focus on early diagnosis and intervention
- Support people to live at home
- Ensure timely assessment, treatment and rehabilitation services
- Provide high quality long-term care and end of life services

### In 2009/10 our priority actions are to:

- Enhance early intervention and prevention services to include extension of the information prescription scheme for older people with a long-term health condition, further development of falls prevention, foot care, oral health, vision and hearing services. Extend befriending and Activity Friends schemes
- Develop assessment protocols, self-directed support and personalised budgets for older people with long-term conditions
- Enhance joint working between health and social care by mapping current working arrangements and reviewing current assessment pathways, including improved 'safeguarding' services for all vulnerable older people and developing supporting people capacity with providers
- Possible pilot with PBCs on integrated working
- Ensure sufficient and appropriate day care provision including implementation of new rehabilitation services in Bassetlaw
- Implement Supporting People Strategic Review of Older Peoples services and develop an Extra Care Strategy
- Implement home care re-ablement service model across the county. Review residential and hospital-based services
- Strengthen specialist workforce with two new stroke care co-ordinator posts, part-time welfare rights adviser and three part-time SW/OT posts to work across the county

- Develop and implement a new 'End of Life' pathway including fast-track systems to access support e.g. Blue Badges. Train staff to improve care pathways for assessing and reviewing people for continuing healthcare. Develop a shared model for contracting for home care agency support
- Improve quality of care home provision by developing joint quality standards and monitoring procedures and fully implementing fair price care plans. Develop 'Care & Support Centre' model
- Expand coverage of tele-health and telecare for older people with long-term conditions to two further district areas, including commissioning of new pilot telecare medication reminder service. Procure countywide community alarm provision

Develop use of assistive technology as part of efforts to support people to live independently



## OLDER PEOPLE



### 3-year commissioning intention

**By 2012, Nottinghamshire will:**

- Further enhance the range of early intervention and prevention services including falls prevention, continence services, foot care, sensory services, information Prescriptions, welfare rights, advocacy, PADs, Supporting People Services
- Ensure people with long-term health conditions benefit from fully implemented self-directed support, personalised budgets, extension of the 'Putting People First' pilot scheme and improved access to continuing healthcare
- Develop joint working between health and social care will facilitate fully integrated care pathways, improved assessment pathways and co-located/joint teams where appropriate e.g. Eastwood Development, Principia Integrated Care Network
- Develop day care provision including community rehabilitation services and integrated with intermediate care where appropriate. There will also be specialist in-reach teams in place to provide training and support
- Develop a full range of specialist housing support services enhanced including Extra Care schemes
- Improve the quality of care home provision through the development of 'Care & Support Centres', joint quality standards, joint reviewing and monitoring systems, training and support to staff via in-reach specialist teams on diabetes management, medicine management, falls prevention, continence care, and an increased focus on 'dignity in care'
- Improve services for people affected by stroke with early diagnosis and intervention services, health promotion & prevention, specific services for black and minority ethnic groups, improved carer support and managed discharge schemes
- 'End of Life' pathway integrated into health and social care systems

- Expand use of assistive technology through Telecare and Telehealth services to enable and improve self-management of health conditions and promote independence. Integrated Telecare Response Service will be developed to provide Community-based Virtual Extra Care, Telehealth Monitoring for People with long term conditions to support people to remain at home and better support carers
- Improve the capacity and effectiveness of Safeguarding Adults service through increase in joint specialist posts



### 5-year vision to 2014

By 2013/14, the total population aged over 65 will have increased by approximately 20% and will be working longer. However, numbers of people aged over 75 will have increased by over 30% placing significant additional demands on services. Residential, day rehabilitation services and day care services will have been reorganised. Alternative community-based services will have increased, with more people making use of individualised budgets and having greater choice and control over their care.

**If Nottinghamshire is getting it right for older people, we will achieve the following outcomes by 2014:**

Older people in Nottinghamshire:

- Experience improved quality of life with specialist support to live at home longer and a comprehensive range of Extra Care and specialist housing providing more alternative options to hospital admission or long-term care
- Benefit from comprehensive early diagnosis and intervention services, a focus on health and emotional well being through the prevention of ill health and disease and promotion of exercise, diet, reduced smoking and drinking
- Experience improved access to intermediate care, rehabilitation and re-ablement services with carers better supported; increased availability of skilled and trained home carers, appropriate day care and residential respite care

- Make a positive contribution through being involved and engaged as service users and carers in the planning, development and monitoring of services
- Experience economic well being with access to income and resources, welfare rights advice and information about continuing health care so that they exercise choice and control through the use of individualised budgets and direct payments
- Are treated with dignity and respect, feel safe and do not experience social exclusion, discrimination or harassment in their home, residential care, hospital or other settings

## Resources

Over £250m will be invested in services for older people across Nottinghamshire in 2008/09.

## For more information

To view all of the documents relating to this consultation including the Older Peoples' commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)

DEVELOPING LISTENING INNOVATION  
ENHANCING SHAPING SUPPORT  
ENGAGING PLANNING RESPONSE



## Have your say

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# OLDER PEOPLE'S MENTAL HEALTH

*The seventh standard of the Older People's National Service Framework is to promote good mental health in older people and to treat and support those older people with dementia and depression. Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and their carers.*



## CASE STUDY

Jointly funded and delivered services are supporting older people to stay living at home for as long as possible.

*Jim is an older man who lives alone in sheltered accommodation. He has had a long history of enduring mental health difficulties since his late teens and is profoundly deaf, has diabetes and hypertension.*

*He was admitted into hospital following an incident when he was found outside late one night in a confused state. The ward staff were very concerned for his safety and about his ability to return home but Jim wanted to go home and had the capacity to make this decision.*

*This is when Jim was referred to a new service for older people with mental health problems. The service is a specialist Intermediate Care service led by a Community Psychiatric Nurse (CPN) and Occupational Therapist (OT). Working with Jim, the team assessed the situation and drew up a care plan which enabled Jim to be discharged from hospital. They worked closely with the existing care providers and their own team to support Jim to re-establish himself at home and resume his daily activities, including day care visits and visits to a local luncheon club. The CPN liaised with the community matrons regarding Jim's medication and diabetes, she advised the homecare staff about his diet and also arranged for an additional care worker in the evenings to help him settle back at home. The OT assessed Jim in the kitchen and worked with the home care staff to support him with meal planning and making drinks. However, there were still concerns about Jim's safety at night so the OT consulted Jim and equipped him with an assistive technology system called 'Just Checking' to help monitor his whereabouts. After monitoring the system for eight weeks, it was confirmed that Jim was well settled and there have been no further instances of him wandering. Without access to this service Jim may have had a much longer ward stay and could possibly have gone into residential care.*

## Demography

The illnesses with the highest prevalence amongst the 65+ are depression and dementia: 10-15% of the 65+ population are estimated to have depression and the number of people affected is expected to increase by about 40% by 2025.

The number of people with dementia will increase by 53% between 2008 and 2025.

## Drivers

Key national drivers for older people's mental health are: -

- **National Service Framework for Older people, 2001**, in particular standard seven: promoting good mental health in older people and supporting those with dementia and depression
- **Everybody's Business: Integrated mental health for older adults, 2005**, a good practice guide to the range of services to be provided and used by the Healthcare Commission to identify gaps in service
- NICE guidelines for **Depression and Dementia** and NICE Technology appraisals for **Alzheimer's disease**
- **Improving services and support for people with dementia, 2007**, National Audit Office report highlighting the need to improve dementia services
- Consultation on **Transforming the Quality of Dementia Care: consultation on a national dementia strategy** with final strategy published in November 2008 around three main outcomes:
  - Improved awareness
  - Early diagnosis and intervention
  - High quality care and support
- Caring about Carers; a national strategy for carers

## Priorities

Loneliness and social isolation contribute to poor mental health and may be exacerbated by lack of transport, especially in rural areas. Nottinghamshire's older residents regard crime and community safety issues as their top priority, which may also impact on their willingness to go out.

To address the increase in mental illness in old age, national policy and gaps in services, we need to:

- promote active ageing and good mental health in older people
- offer early diagnosis and intervention
- support people and their carers so that they can live at home for longer
- ensure the right assessment, treatment and long-term care services

## Commissioning intentions

**In 2009/10 our priority actions are to:**

- Ensure sufficient and appropriate day hospital and day care provision
- Improve the quality of care home provision e.g. new models of care homes, training and support to staff, specialist dementia outreach
- Improve specialist services including younger onset of dementia – new investment of £414k
- Improve intermediate care and re-ablement services – new investment of £600k
- Improve support for carers
- Enhance professionals skills in recognising and diagnosing dementia
- Develop early intervention and prevention services including: primary care mental health services, psychological therapies, memory clinics and crisis resolution. New investment of £150k
- Improve the quality of discharges from acute hospital care for people with dementia

- Develop extra care, specialist housing and related housing support services
- Develop assistive technology including 'Just Checking' pilot – new investment of £18k
- Enhance joint working to facilitate integrated pathways between health and social care.
- Develop self directed support and personalised budgets across ASCH and the PCTs



## 3-year commissioning intention

**By 2012, Nottinghamshire will:**

- Have further developed early intervention and prevention services including primary care mental health, psychological therapies, memory clinics and crisis resolution
- Improve the quality of discharge processes and procedures from acute hospital care for people with dementia
- Have developed a range of extra care, specialist housing and related housing support including specialist dementia care and support centres
- Further roll out assistive technology including implementation of Lifestyle Monitoring/Assessment services and devices e.g. Just Checking
- Commission a range of appropriate day services across the county integrated with SDS





## 5-year vision to 2014

**If Nottinghamshire is getting it right for older people's mental health services, we will achieve the following outcomes by 2014:**

Older people experiencing mental health problems...

- shape, plan and monitor services together with carers as partners with health and social care professionals who ensure service users are treated as individuals with dignity and respect
- experience safe personalised care and supported to access services to minimise social exclusion which are free from discrimination, harassment or stigma
- exercise choice and control through the use of individualised budgets and direct payments, access alternatives to hospital admission where appropriate including extra care housing for people with dementia and advice and support on continuing care
- access comprehensive early diagnosis and intervention services with improved access to psychological therapies for people suffering from anxiety and depression and better information and support for carers
- benefit from the implementation of a county dementia strategy over the past five years that has improved the quality of life for people with dementia including provision of skilled home carers and intermediate care support to live at home longer, a range of day care and residential respite services and a continuing focus on health promotion campaigns

## Resources

Local NHS investment in mental health services for older people across Nottinghamshire and Bassetlaw for 2008/09 is £14m with around two-thirds directed at inpatient services and the remainder paying for day care, residential, outpatient services, psychological therapies and integrated community teams.

## For more information

To view all of the documents relating to this consultation including the Older People's Mental Health commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)



## Have your say

**Do you agree with the priorities set out, the actions and future vision for older people's mental health services in Nottinghamshire?**

There are a number of ways to have your say:

- 1 Complete the FREEPOST questionnaire at the end of the booklet
- 2 Click on [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk) to view the documents relating to this consultation and complete an online survey
- 3 E-mail: [haveyoursay@nottspct.nhs.uk](mailto:haveyoursay@nottspct.nhs.uk)
- 4 Call the Patient Advice & Liaison Service team FREE on 0800 028 3693

# PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

*This strategy covers people who are aged between 18 and 65 who have sensory impairment or who have a substantial and permanent disability or who are living with HIV/AIDS.*



## CASE STUDY

*John lives with his parents in a small village ten miles from the nearest town. He sustained severe head injuries in a road accident when he was 19 years old. Following many months in hospital he was placed in a local nursing home whilst the family home was appropriately adapted via a disabled facilities grant and funding for a 24 hour support package was arranged.*

*Despite extensive rehabilitation John has profound long term physical and cognitive impairments and he requires care and support to retain independent living.*

*The funding of the package of care and support is split between Nottinghamshire County Council, the Primary Care Trust and an Independent Living Fund which John's parents administer on his behalf as his 'agent'. John employs a team of staff who, in addition to their professional skills, have been trained by him and his parents so that they are able to meet John's extensive health and social care needs.*

*Employing staff directly gives John direct control over how and what support is delivered, ensuring the best quality of support to meet his needs and also enabling his parents to continue their work and life commitments.*

## Demography

In the county 20% of people identify themselves as having a limiting long-term illness. 9.8% of people in the county felt that their general health was not good, over 12% in Mansfield. 21% of the working age population is disabled which is higher than the regional rate of 19.2%.

- 4,611 people across the county are registered as having a visual impairment
- 1,817 people are registered as severely sight impaired (blind)
- 2,784 people are registered as sight impaired (partially sighted)
- 768 people are pre-registered (with significant sight loss but not registered)
- 292 people are registered as having dual sensory impairment (deaf/blind)
- 1,112 across the county are known to be deaf, deafened or hard of hearing
- 219 people are known to be deaf with speech
- 166 people are known to be deaf without speech
- 908 people are known as hard of hearing
- 435 people have a hearing impairment but are not registered

One in seven of the UK population suffers some degree of hearing loss. The prevalence of hearing loss increases with age; 6.6% of 16-60 year-olds have a hearing impairment, but for those aged 81 years and above 93.2% have some degree of deafness.



# PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

## Drivers

Key national drivers for adults with physical disability or sensory impairment are:

- Putting People First
- The Disability Discrimination Acts 1995 and 2005
- New Directions for Independent Living (SSI 2000)
- Social Care for Deaf Blind Children and Adults LAC (2008)
- Independence Matters (DH SSI)
- NSF Long Term Neurological Conditions (2005)
- Improving the Life Chances of Disabled People (Prime Minister's Strategy Unit 2005)
- The Needs of People living in UK with HIV (National AIDS Trust 2004)
- Independent Living Cross-Government Strategy (Office for Disability Issues Feb 2008)
- Welfare to Work
- UK 2020 Vision strategy

## Priorities

- Enhance joint working between health and social care to facilitate integrated pathways for people with long term neurological conditions
- Develop self directed support and personalised budgets across Adult Social Care and Health and the PCTs for people with long term neurological conditions, including improved support for disabled parents
- Explore need for additional HIV/AIDS support services in the north of the County
- Complete Information Prescriptions pilot and, subject to evaluation, roll-out to all people with long term conditions
- Establish seamless transition for young people with complex health needs between children's and adult's health and social care services
- Increase self management and self help programmes

- Establish countywide advocacy service for people with physical disability and sensory impairment
- Monitor take-up of communication aids service and consider further investment if necessary
- Establish a new scheme for mobility assessments for Blue Badges
- Explore housing options for younger disabled people, including telecare and telehealth



It is reported that 1 in seven of the UK population suffers some degree of hearing loss and that age is the key predictive factor

## Commissioning intentions

In 2009/10 our priority actions are to:

Service development	How will it be funded?
Implementation of the Stroke Strategy – development of care pathways and support services for people who have had a stroke	Jointly Funded
An advocacy service for people with physical disabilities and/or sensory impairment will be commissioned for whole County	Jointly Funded
The part-time speech and language service, covering Ashfield, Mansfield and Newark which started in December 08 will be reviewed	Jointly Funded
Development of the mobility assessment service for Disabled Car Badges (blue badges) will be considered by the County Council's Communities Department and PCTs	Funding arrangements are currently subject to national and local discussions
Development of individual budgets for people with long term neurological conditions	Jointly Funded
PCTs and the County Council's Adult Social Care and Health department will develop self-directed support for people with long-term neurological conditions	Jointly Funded
Integrated care plans for everyone with both long-term health and social care needs will be developed by 2010.	Programme to be planned
Assess the need for a brain injury outreach service in the north of the county.	Jointly Funded
Complete a review of Integrated Community Equipment Services to inform the development of future community equipment services	Jointly Funded
Enhanced support to carers	
Improved safeguarding adult services	

# PHYSICAL DISABILITY AND SENSORY IMPAIRMENT



## 3-year commissioning intention

By 2012, Nottinghamshire will:

- Have established the NSF long-term neurological conditions quality requirement of having a 'person centred service'
- Ensure people have increased choice and control through implementation of Putting People First
- Ensure the availability of HIV/AIDS community services in the north of county
- Roll-out information prescriptions to all people with long term conditions
- Review and deliver joint provision of communication aids
- Provide short breaks for young people in transition to adult health and social care services
- Have developed a joint strategy for supporting disabled parents
- Extend self directed support to long term conditions in NHS
- Deliver a mobility assessment service for blue badges
- Explore housing options for younger disabled people together with assistive technology
- Procure brain injury community services in the centre and north of the county



## 5-year vision to 2014

**If Nottinghamshire is getting it right for people with physical disabilities and/or sensory impairment, we will achieve the following outcomes by 2014:**

Disabled people in Nottinghamshire will have full and equal citizenship with independent living as a key component. Through the implementation of Putting People First, disabled people will have more choice and control over how their needs for support, therapy, and/or equipment are met. We will have made significant progress in tackling barriers to disabled people's access to health, housing, transport and employment opportunities.



## For more information

To view all of the documents relating to this consultation including the Physical Disability and Sensory Impairment commissioning strategy, please visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)

SHAPING ENSURING INNOVATING  
ENHANCING HELPING OFFERING

### Have your say

**Do you agree with the priorities set out, the actions and future vision for physical disability and sensory impairment services in Nottinghamshire?**

There are a number of ways to have your say:

- 1 Complete the FREEPOST questionnaire at the end of the booklet
- 2 Click on [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk) to view the documents relating to this consultation and complete an online survey
- 3 E-mail: [haveyoursay@nottspct.nhs.uk](mailto:haveyoursay@nottspct.nhs.uk)
- 4 Call the Patient Advice & Liaison Service team FREE on 0800 028 3693

# Glossary

## Access

How people receive the information, services or care that they need.

## Care pathways

The steps involved in providing care or treatment. Often forms a document that sets out best practice templates to guide commissioners and service providers and how a care pathway should be delivered.

## Commissioning

Commissioning is the process of translating the needs and wishes of local people into timely and good-quality services, which provide the right outcomes, promote independence, support choice and are cost-effective.

## Comprehensive Area Assessment

A new assessment approach for public services identifying the quality of life for people living there. It will assess and report how well public money is spent and will ensure that local public bodies are accountable for their quality and impact. Combining the perspectives of six partner inspectorates, CAA will provide a joint assessment of outcomes for people in an area and a forward look at prospects for sustainable improvement.

## Direct payments

Direct payments are local council payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local council. This can give you greater control over how your care needs are met.

## Equality

Is about recognising that people are different and need to be treated as individuals but everyone is equal in terms of their rights to access quality services and be treated with dignity and respect.

The Joint Commissioning Strategy is concerned with improving health and emotional well being for Nottinghamshire's communities. Each commissioning strategy area sets out objectives to specifically address inequalities in health outcomes, particularly where this relates to meeting the needs of black and ethnic minority people, seldom heard groups and ensuring the involvement and engagement of all service users to direct their care and fully exercise rights and choices.

A screening **Equality Impact Assessment** is available online at [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk), and [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)





Intermediate care	Care given to people who are well enough to leave hospital but not yet well enough to return home without additional support.
Local involvement network (LINK)	Local involvement networks (LINKs) are new organisations that bring together information about the views of people concerning their local services, so that they can make an impact on the way services are delivered.
Market management	Managing the market is a powerful tool to help improve quality outcomes and efficiency through increasing competition by encouraging additional providers from across the public, independent and voluntary sectors to enter the market and provide services.
National Service Framework	A strategy for delivering national standards in specific services (e.g. cancer and older people). Frameworks are designed to iron out unacceptable variations in care and treatment.
PALS	NHS patient advice and liaison services known as PALS, provide information to patients, their families and carers and try to resolve any concerns as quickly as possible. PALS provide on the spot help, act as a gateway to appropriate advice and co-ordinate feedback on the problems arising and gaps in services.
Primary care	Primary care services are provided by the people you normally see first when you have a health problem. It might be a visit to your doctor or dentist, to your optician for an eye test, or a trip to your pharmacist. NHS walk-in centres and the NHS Direct phone service are also part of primary care. It is also used as a term to describe a local community setting for the provision of care as more non-urgent care is moved out of hospitals and provided closer to people's homes.
Primary care trusts	Primary care trusts are responsible for commissioning health services for their local communities. For example, they must make sure that there are enough GPs to service the community and that they are accessible to patients. PCTs must also guarantee the provision of other health services, including hospitals, dentists, mental healthcare, walk-in centres, NHS Direct, patient transport (including accident and emergency), population screening, pharmacies and opticians.
Provider	A term used to describe the range of organisations from the independent, public and voluntary sectors who currently or could in future deliver health and social care services providing a greater scope to introduce new and innovative ways of working.
Resources	The things needed to carry out a task or a piece of work. Resources can include appropriately qualified staff, suitable buildings and sufficient equipment.
Third sector or voluntary sector	The term encompasses voluntary and community organisations, charities, social enterprises, cooperatives and mutuals, housing associations, clubs and societies, trusts both large and small.

## Consultation

On 16 February 2009, Bassetlaw PCT, Nottinghamshire County Council and NHS Nottinghamshire County launch a period of engagement and consultation on proposals for shaping health and social care over the next five years to 2014.

This summary consultation document gives an overview of the principles that underpin this work and shows the priorities for action for a number of areas of care.

Visit [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk) to view all of the documents relating to this consultation.

If you would like this report in another language or format such as large print please contact 01623 673139

We would like to hear your comments on these proposals and there are a number of ways to have your say before the consultation period ends on 30 March 2009:

- Complete the FREEPOST questionnaire opposite
- Complete an online survey via [www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk), [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk) or [www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)
- E-mail: [haveyoursay@nottspct.nhs.uk](mailto:haveyoursay@nottspct.nhs.uk)
- Call the Patient Advice & Liaison Service team FREE on 0800 028 3693

## Contacts

### **Bassetlaw Primary Care Trust**

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North Road  
Retford  
DN22 7X

[www.bassetlaw-pct.nhs.uk](http://www.bassetlaw-pct.nhs.uk)

### **Nottinghamshire County Council**

County Hall  
West Bridgford  
Nottingham  
NG2 7QP

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### **NHS Nottinghamshire County**

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Mansfield  
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[www.nottspct.nhs.uk](http://www.nottspct.nhs.uk)



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Please answer the following questions to tell us what you think about the draft strategy:

1. Are you (you may select more than one)

☐ A member of the public living in Nottinghamshire

☐ A person who uses health and social care services

☐ A carer

☐ Employed in health or social care

☐ Responding on behalf of a group or organisation, please specify.....

☐ Other .....
2. Our vision 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
- a. Do you agree with these principles for the county’s public services?

.....

.....
- b. Is there anything further you would like to see?

.....

.....
3. Do you have any comments on the priorities and vision set out for specific services e.g. Autistic Spectrum Disorder, Carer services, Children’s services, Learning Disabilities, Mental Health, Older People, Older People’s mental health, Physical Disability and Sensory Impairment.

.....

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4. Would you like to discuss your specific comments with us?

You can telephone us on FREEPHONE 0800 028 3693

☐ We can arrange for someone to telephone you at a convenient time to receive your feedback

☐ Yes please. I’d like to be telephoned to share my comments

The best time to phone me is.....am/..... pm

The best number to contact me on is .....

☐ No thank you, I’ve recorded my comments
5. Do you think this strategy will help to make local health and social services better?

.....

.....
6. Do you see any problems in putting this strategy into practice?

.....

.....
7. Treating people fairly is important to us – do you think anyone is likely to be treated unfairly in putting this strategy into practice? (This might be due to age, disability, race, religion and belief, gender or sexual orientation).

.....

.....

.....
8. Please tell us of any good or bad examples of health and social care support or services that you would like us to know about. Why was this good or bad for you?

.....

.....

.....

.....
- Further contact. If you would like to:  
receive a copy of the final joint commissioning strategy, tick here ☐  
participate in future engagement activities to shape local health and social care, tick here ☐  
and please give us your preferred contact details:  
E-mail address or Postal address  
.....  
.....