

Nottinghamshire's Market Position Statement 2016/18

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1. The purpose of this document

The purpose of this document is to provide key market intelligence, which will be useful to existing and potential providers in making business and investment decisions. It should act as a starting point for discussions between providers and the County Council by highlighting the social care support that the Council wishes to provide or commission in the future.

It includes information on:

- Current and anticipated future demand
- Supply, quality, and models of care preferred by the Council
- Opportunities arising from the use of personal budgets and the increasing take up of direct payments.

The number of people funding their own care is forming an increasingly large part of Nottinghamshire's social care market; ensuring that there is sufficient service capacity and information for these people is becoming increasingly important. In the future the Council aims to have better quality and more detailed information to share with providers, including about people who fund their own care.

Over the next two to three years the Council will be focusing on the development of small and individual businesses, such as micro-providers and personal assistants (PAs), to support the growing use of direct payments and the introduction of [Personal Health Budgets \(PHBs\)](#).

2. The county of Nottinghamshire and its people

Nottinghamshire is a large and vibrant county, with a population of 797,200 residents (2013 mid-year population estimates (ONS.) The County Council area (excluding the City of Nottingham) is 805 square miles covering both urban and rural areas. In the 2011 Census, 92.6% of the county's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to Black and Minority Ethnic Groups.

The population of Nottinghamshire is expected to increase by a further 7% to 840,700 by 2021. Overall the age structure of Nottinghamshire is slightly older than the national average, with 19% of the population aged 65+ in 2011 compared with 17% in England.

Further detailed information about Nottinghamshire's demographics can be found in the [Joint Strategic Needs Assessment](#).

The Council is the 9th largest local authority in the UK employing 18,000 people, including those employed in schools. The Council will administer an annual budget of £478.9 million in 2016/17 to provide cost effective public services to people in the county.

The county has a significant variation in levels of deprivation, with Mansfield being the most deprived district locally and within the top fifth of most deprived areas nationally. Conversely, Rushcliffe is the least deprived district in the county and is in the least deprived fifth nationally. Areas of deprivation are largely concentrated geographically in the north-west of the county, particularly in Mansfield, Ashfield and western Bassetlaw.

About a fifth of the population live in rural areas, mostly in small towns and villages (less than 10,000 population size). This can present challenges to service providers due to travel times and costs, as well as the viability of providing local services in small communities. Currently, there are three areas where there are problems related to providers having the ability to provide sufficient capacity to meet demand for community based services; Bassetlaw, Newark & Sherwood and Rushcliffe.

Nottinghamshire has a two tier structure; the County Council and the seven district and borough councils. There are six Clinical Commissioning Groups (CCGs) within the county. A separate CCG covers the unitary authority area of Nottingham City. CCGs are largely coterminous with county boundaries, with some small differences, particularly in the east of the county, affecting Nottingham North & East CCG.

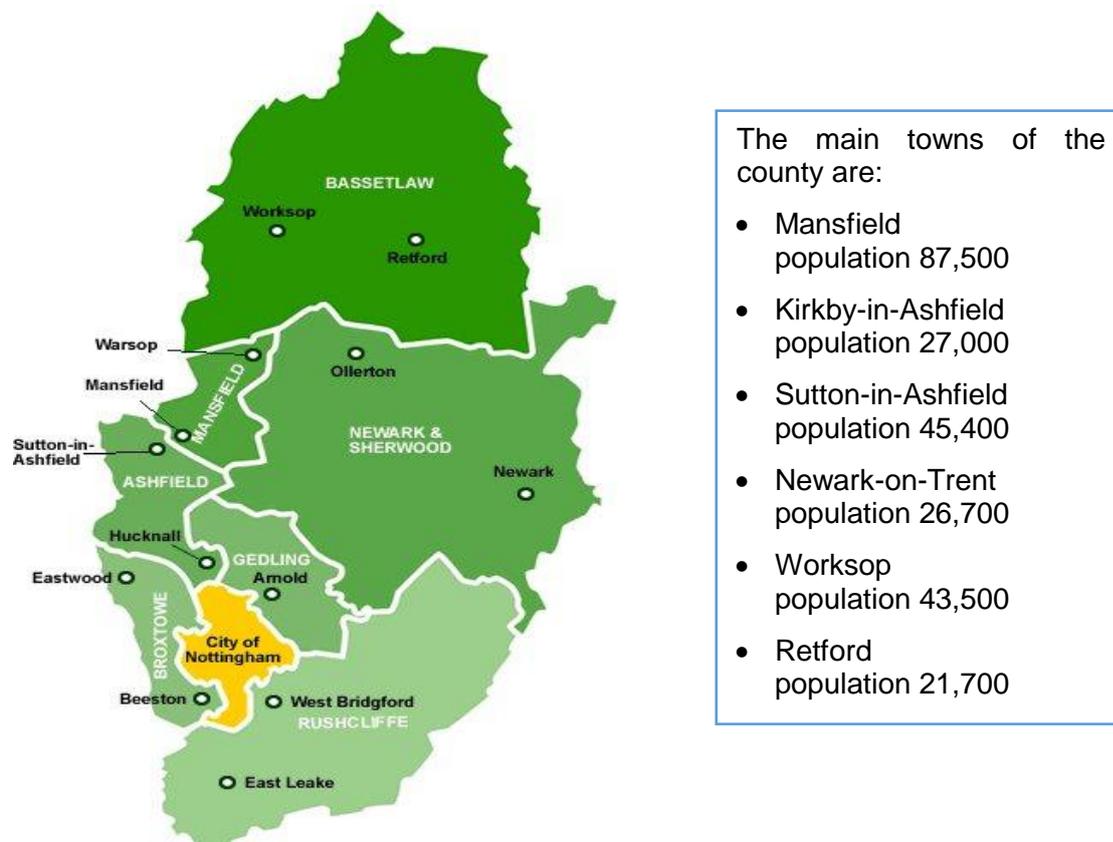


Figure 1: Nottinghamshire map showing District & Borough Councils

Work is underway to align and, where possible, integrate health and social care across the three health areas of Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire. This includes implementation of the ['Better Care Fund'](#)¹. The Council is also working more closely with Nottingham City Council and CCG, and some other regional councils, on issues and services which are of mutual interest.

The Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) is further evidence of national and local commitment to integrating health and care services.

¹ Local funding allocations for 16/17 had not been announced at time of writing; national allocation is £3.9bn for 16/17 and was £3.8bn in 2015/16. After 16/17 the BCF will end and become part of the Sustainability and Transformation Plans.

The Spending Review 2016 announced that every area is required to develop a plan for the integration of health and care by 2020/21. STPs will be place-based, multi-year plans built around the needs of local populations. They will build and strengthen local relationships, agree the future model for integrated local health and care services, and identify the steps to achieving this.

Nottinghamshire comes under two separate NHS England regional areas; Greater Nottingham / South Nottinghamshire and Mid Nottinghamshire are part of Midlands and East, and Bassetlaw is part of North of England. The work of the STP will build on good work that is already underway across Nottinghamshire. Further information on STPs is available at [STPs](#).

2.1 Forecasting current and future demand

The population of Nottinghamshire is expected to increase by 76,200 people over the next 15 years. The district with the largest anticipated increase is Rushcliffe, which is projected to grow by 13,900 by 2031, followed by Broxtowe (12,700) and Ashfield (12,600). The proportion of older people aged 65 to 84 years is also set to increase, most significantly in Bassetlaw, Newark & Sherwood, Rushcliffe and Ashfield. The population over 85 is expected to increase by 20,000 by 2031, again with the largest increases in Bassetlaw, Newark & Sherwood and Rushcliffe. Bassetlaw, Mansfield and Newark & Sherwood districts show decreases in the working age population (20-64 years) up to 2031.

Older people are more likely to experience disability and limiting long-term illnesses. The majority of carers who provide 50 or more hours of care per week are aged 65 and over, and are often caring for a partner. These carers are more likely to experience poorer health than those of a similar age who do not provide care.

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years.. The number of people aged over 65 living with dementia in Nottinghamshire is predicted to rise from 11,022 in 2015 to 12,781 in 2020. This represents a 15.9% increase over 5 years.

Disability affects a large proportion of the population in Nottinghamshire. Approximately one in ten adults in Nottinghamshire aged 18-64 live with moderate/severe physical disabilities and approximately one in five people aged 65+ are unable to manage at least one daily activity². For older people the numbers are expected to increase from 29,000 in 2015 to 43,000 by 2030. Levels of disability are higher in districts with high deprivation (greatest in Mansfield 24% and lowest in Rushcliffe at 16%). The number of 18-64 year olds predicted to have a serious physical disability in Nottinghamshire in 2015 was 11,863, increasing by 204 by 2030. The number of 18-64 year olds predicted to have a moderate physical disability in Nottinghamshire in 2015 was 38,729 decreasing by 164 by 2030.³

² Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

³ Projection in the number of people predicted to have a moderate or severe physical disability aged 18-64 years, Source :PANSI Apr 2015. Taken from JSNA The People of Nottinghamshire 2015.

Approximately 2% of the population of England has a learning disability, which is about 14,715 people over the age of 18 in Nottinghamshire. National figures show an expected increase in people with learning disabilities by approximately 14% between 2011 and 2030, which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with 48% growth in people with learning disabilities aged over 65.

2.2 The financial challenge

The Council is facing a £50.2m budget shortfall over the next three years.

The Government has confirmed that the Council's Revenue Support Grant (RSG) is to be reduced from £90.3m to £63.23m in 2016/17, with further reductions to £38.51m in 2017/18, £22.55m in 2018/19 and £6.95m in 2019/20. Alongside this, the Government is proposing that local authorities retain a greater proportion of business rates raised locally, in addition to the 50% they currently retain.

The reduction in the Government grant next year is approximately £9m greater than had been anticipated when the budget proposals for 2016/17 were prepared. For more information on the Council's budget see: [Council funding and spending](#). The Council's expenditure for 2014/15 and 2015/16 is set out below. This shows the budget across the Council.

Table 1: Council's expenditure 2014/15 and 2015/16

Nottinghamshire County Council Expenditure	2014/15 £m	2015/16 £m
ASCHPP	325.3	306.7
Corporate Director & Departmental costs	1.4	1.4
Strategic Commissioning & Direct Services	59.3	6.1
Access & Public Protection	9.3	8.9
North & Mid Nottinghamshire	162.6	158.0
South Nottinghamshire	92.7	92.3
Care and support for young people	547.4	503.0
Roads, waste and the environment	117.8	112.9
Cultural & other services	78.4	101.1
Gross expenditure	1,068.9	1,023.7

The financial challenge⁴ is one of the pressures on adult social care both nationally and locally, which include:

⁴ In recognition of the huge challenges facing local authorities, in terms of reducing finances and increasing levels of demand and the introduction of new legislation such as The Care Act and other national requirements, the Council launched its corporate strategy '[Redefining your Council](#)' in June 2014. The strategic programme will radically transform the Council and the services that it provides.

- Increasing demand arising from the complexity of people's needs
- Additional funding from the Better Care Fund not becoming available until 2018/19 and 2019/20
- The introduction of the National Living Wage (NLW)
- Extended statutory duties and new responsibilities from Care Act 2014
- Increasing safeguarding referrals
- The transforming care agenda in response to the Winterbourne View scandal
- Change to housing benefit rules.

The Council's net budget for adult social care for 2016/17 is £219.8m with a gross budget of £333.2m. The majority of this is spent on care and support services that are commissioned from independent sector providers including voluntary sector organisations. The Council's gross budget allocations for externally provided services for 2016/17 is as follows:

Table 2: Adult Social Care & Health Department budget 2016/17

Area of service	Budget
Care Home placements - Older Adults	£70.0m
Care Home placements - Younger Adults	£38.4m
Home care services	£17.9m
Supported Living services	£40.2m
Direct Payments*	£48.2m

3. Commissioning principles

The Council is committed to ensuring that there is a high quality, affordable, efficient and diverse social care and health market in Nottinghamshire. It has developed an Adult Social Care Strategy and a charter, which sets out how it intends to commission services in future.

We will promote individual health, well-being and independence



We will share responsibility for maintaining the health and well-being of people in our communities with families, carers, friends and other organisations



We will work to prevent or delay the development of needs for care and support by providing advice, information and services that support independence



We will promote choice and control so people can receive support in ways that are meaningful to them, but will balance this against the effective and efficient use of our resources



We will work to ensure people are protected from significant harm whilst allowing people to take risks



We will always seek the most cost effective way to provide support, in order to ensure we can continue to meet the needs of all people who are eligible for care and support



Future commissioning decisions will be based on the charter and on the following principles:

- The Council will work with individuals, families, communities, partners and providers to prevent, delay and reduce the need for people to access care services. When people do require services the intention will be to support them to live at home, safely and independently for as long as possible.
- The Council will promote diversity and quality in local services⁵, including directly managed services, and services purchased by people using a direct payment or using their own funds to pay for their care and support.
- The Council will reduce the need for residential and nursing home care wherever possible.
- When awarding contracts, providers will be expected to demonstrate that they will pay staff the living wage or above (including travel time and travel costs). They will also be required to ensure that a significant proportion of their staff are on employment contracts which give them guaranteed hours of work.
- The Council will seek to address the capacity issues that it has, particularly in areas such as Bassetlaw, Newark & Sherwood and Rushcliffe.
- The Council will work with providers to meet the current and future financial challenges.
- The Council is committed to involving the people of Nottinghamshire and stakeholders in the development and commissioning of services⁶, as well as seeking views from the public on difficult decisions such as budget and service reductions.
- The Council will work closely with the Clinical Commissioning Groups and the district and borough councils to ensure that services are planned and delivered in the most co-ordinated and effective way.

4. The Council as a provider of services

4.1 Council services

The Council continues to provide a number of services, although some of these have reduced following previous initiatives including: the transfer of older adults' care homes to independent sector providers; integrating day care provision; and generally rationalising services, where it has been possible to do so.

Currently the Council provides: integrated day care, County Enterprise Foods, transport, START (Short Term Assessment Reablement Teams), short breaks services for younger adults, a residential care home for people with learning disabilities, employment opportunities such as iWorks and Brooke Farm, plus six Care and Support Centres for older adults. However, the Care and Support

⁵ ['Caring for our Future' July 2012](#) and [The Care Act 2014](#), strengthen the need to share market intelligence with providers as part of the Government's intention to introduce a duty upon local authorities to promote diversity and quality in the provision of services.

⁶ Over the past few years the Council has worked with service users, carers and the general public to inform service development. Services have included: the integrated community equipment service (ICELS), carers services for people with dementia and at the end of life, the early intervention service, Extra Care Housing and the use of care and support centres.

Centres are planned to close over the next few years. Further information on these services is contained within the sections below and future plans are explained in 4.2.

4.2 Proposal to establish a Council owned company

On 5th October 2015 the Adult Social Care & Health Committee agreed to the Council consulting on the proposal to establish a council owned company for the delivery of some adult social care services.

The proposed services are:

- Church Street Residential Unit
- Shared Lives
- County Enterprise Foods, the Meals at Home Service
- Day Services
- Short Breaks
- I-Work

4.3 The reason for the proposal

Despite making savings over the last few years, the Council still faces a shortage of money and needs to look at different ways of working.

These services have had big budget reductions over the last few years, whilst at the same time dealing with increased demand.

Whilst the services continue to sit within the Council, more savings are likely to be needed. It is important that the Council changes the way it works in order to keep the current range of services and maintain quality.

Being part of a Council owned company would allow services to work in ways they cannot do under direct Council control, whilst allowing the Council to continue to play a major role.

5. Preventative support

This section covers preventative, early intervention and universal services. These services are available to people who may not be eligible for social care if assessed. They include a range of services from advice and information to targeted, short term reablement services that are aimed at avoiding, delaying or reducing people's need for on-going social care.

5.1 Grant Aid

The Council provides funding to a number of voluntary organisations through its Grant Aid programme. The funding is targeted at preventative services which improve outcomes for service users. Grant Aid priorities for adult social care for 2015-18 are:

- **Information & Advice:** delivering a broad range of information and advice services across the County, supporting people to find the information they need online and supporting people to complete online social care/carer assessments

- **Promoting Independence:** in particular, developing skills that enable people to continue to self-manage or achieve greater independence; work skills and opportunities for vulnerable adults; and the maintenance or improvement of physical fitness and emotional and mental health and well-being
- **Connected Communities:** improving well-being and confidence through connecting people with their local community, the people in it and utilising any opportunities that it affords.

Key note for providers:

The next Grant Aid application and award process will be due in 2018 and will be advertised widely. The Council will be actively encouraging consortium bids and innovative solutions to meeting people's needs.

5.2 Community empowerment and resilience

In July 2015, the Council's Community Empowerment and Resilience Programme was launched to help deliver the transformation set out in the 'Redefining Your Council' (RYC) framework. This was in recognition of the significant role that the Voluntary and Community Sector (VCS) has in shaping and supporting the socio-economic wellbeing of Nottinghamshire communities. Most of the public sector bodies in Nottinghamshire have financial challenges and have developed transformation and efficiency programmes, which typically include initiatives aimed at improving outcomes for communities.

The Council will work with and support the VCS to build capacity within Nottinghamshire communities and working more collaboratively with partners in target localities.

'Nottinghamshire Together'⁷ commissioned a ['Nottinghamshire State of Sector' survey and report](#). The report provides a wealth of information and offers a snapshot of the community and voluntary sector in 2015 as a period of increasing change continues.

The findings of the study were shared at two events in October 2015. An action plan is being developed using a co-production approach. It will be based on the six core themes of the report:

- 1) Creating Active Participation
- 2) Co-ordinating Sector Voice



⁷ 'Nottinghamshire Together' is a consortium of VCS organisations and the Council

- 3) Enabling Social Action
- 4) Sector Solution to the Volunteering Gap
- 5) Understanding and Mastering Commissioning for Local Success
- 6) Community Co-ordinated Development

This will shape and inform the work of 'Nottinghamshire Together' as well as the work of the Council to pursue the wider objectives of the Community Empowerment and Resilience Programme.

5.3 Nottinghamshire Help Yourself

This is an online directory of information and advice to enable people, carers and families to make choices about their care and support.

The service is free for providers to register with and advertise their services. See paragraph [16.1](#) for more information.

Key note for providers:

The Council is keen to encourage providers to register their services with and signpost service users to, [Nottinghamshire Help Yourself](#).

5.4 Early intervention & promoting independence support

The Council funds a number of services, aimed at supporting people to recover, maintain or achieve independent living. This provision has been reviewed in the light of the Care Act and a number of services were re-commissioned during 2015 to reflect both these duties and priorities for adult social care.

During 2015 the Council commissioned Early Intervention Support to promote continued self-management among older people and people with long term conditions. From January 2016, three providers have delivered the service, known throughout the county as Connect.

Providing two tiers of service, Connect services will initially provide brief interventions (advice, signposting and up to two home visits) but, based on assessed risk, may also provide up to three months of support. The extended support will enable people to resolve issues related to inappropriate housing, social isolation and loneliness, health management, and money skills and resources, in order to regain the confidence to manage their own lives.

Where possible, Connect services will support people to identify informal, community-based solutions to help them achieve identified goals, but there will be circumstances where a service offer is needed. Information will be gathered on the experience of people using the services and where there is evidence of insufficient service availability the Council will look for creative opportunities to support the development of capacity'.

During 2015 the Council re-commissioned a service currently provided to a broad range of vulnerable adults, including people with low to moderate learning disabilities and people with autism spectrum disorder. The NASS⁸ will support vulnerable adults to develop the skills required to attain the greatest level of independence achievable and address issues that may put the sustainability of that independence at risk in the absence of formal support. Alongside this, and with similar aims, the Council also re-commissioned a specialist Deaf Support Service for deaf, deafened and hearing impaired adults.



Key notes for providers:

- During 2016, the Adult Social Care, Health and Public Protection Department will determine the requirements for achieving good adult mental health, including the prevention of mental health problems, early intervention where problems occur and support for recovery.
- The existing mental health support service, known as Moving Forward, will be reconsidered as part of this. A tender process for specified services will follow in 2016-17.

5.5 Assistive technology and Telecare

The Council utilises telecare and other assistive technology to help support the independence of vulnerable older people, people with physical or learning disabilities, and people with mental health issues. The Council provides three main assistive technology schemes that focus support on carers, to reduce or delay admission to residential care and prevent or delay the need for more intensive social care support. The three types of assistive technology available are:

- Telecare risk management sensors (including falls, wandering, epilepsy and smoke detectors) linked to a 24 hour monitoring centre. The Council provides a 24 hour emergency response service staffed by a registered care provider to enable access to home care support within 45 minutes of a request being sent to the monitoring centre by an eligible service user.
- Standalone assistive technology interventions. These sensors provide the same risk management as the telecare technologies, but alerts are sent to a short range pager unit. One of the primary purposes of this scheme is to support carers living in the same home as the person they care for. In addition this scheme provides equipment to enable people to manage their own daily living activities, such as automatic medication dispensers.

⁸ Nottinghamshire Adult Support Service

Additionally the Council also works in partnership with local Clinical Commissioning Groups to use the NHS [‘Flo Simple Teleheath’](#) system to support people to self-manage daily living activities by sending ‘prompting’ text messages.

- ‘Just Checking’ is commissioned in partnership with Nottinghamshire NHS Healthcare Trust. The Council makes extensive use of the ‘Just Checking’ monitoring system to help with assessments of how well people with dementia are managing in their own home. The Council also uses ‘Just Checking’ to assist with the assessment of support needs for people with learning disabilities living in supported living schemes.

Key note for providers:

Most assistive technology services are contracted out to external service providers.

5.6 Integrated Community Equipment Loans Service (ICELS)

The Council is the lead commissioner for an Integrated Community Equipment Loans Service (ICELS) partnership for adults and children. The partnership includes all the local CCGs plus Nottingham City Council and Nottingham City CCG.

The new service will provide easier access through a greater use of IT systems, on-line advice and guidance, including a self-purchasing facility for people who wish to buy their own items of equipment. It has been extended to a seven day service with longer operating hours. It will also enable more equipment to be reused and recycled. For further information on equipment services see: [Equipment to help you](#)

Key note for providers:

During 2015/16 a tender exercise was held to secure a provider for a new service which commenced in April 2016. The partnership awarded the new contract to the [British Red Cross](#) (BRC) for five years with an option to extend for a further two years.

5.7 Handyperson Adaptation Service

The Handyperson Adaptation Service (HPAS) is available to people living in Nottinghamshire who are aged 60-plus, or who have a disability. The service is commissioned through a partnership consisting of the Council, including Public Health, and all the district and borough councils in Nottinghamshire.

Individuals, their families, a volunteer or a professional can make a referral to the [Customer Service Centre](#) on 0300 500 80 80. If eligible, the work is allocated to a trader who has been approved under the Council’s approved trader scheme “Check a Trade”. Under this scheme, traders are trained to fit aids and adaptations, conduct basic home safety checks, and give winter warmth advice.

HPAS uses the scheme to source traders for an average of 3,000 jobs per annum. Traders are paid at either £20 or £30 per hour dependent on whether the work required is fast tracked hospital discharge or standard HPAS work.

Key note for providers:

All traders must be vetted by Trading Standards officers and "Check a Trade" to ensure they are solvent, adequately insured and do not have a history of financial fraud.

5.8 County Enterprise Foods (CEF)

CEF provide freshly made single portion hot meals and/or frozen meals that are delivered to service users' homes and tailored to accommodate special dietary needs. On average, the provision equates to approximately 1000 service users or 5000 meals per week or 260,000 meals per year.

Key note for providers:

- This service will be included in the consultation on the proposal to establish a Council owned trading company.

5.9 Reablement at home

The Council directly provides a short-term (maximum six weeks) assessment and reablement homecare service for older people, including those living with dementia, who are either living in the community or being discharged from hospital. START (Short Term Assessment and Reablement Team) aims to ensure people are as independent and well as they can be, so that they no longer need social care support or their support needs are minimised.

Reablement services were provided to approximately 2300 individuals in 2014/15 and performance data shows that 67% of service users required no further support after a period of reablement, with a further 14% requiring a reduced package of care.

The Council is working with local health partners to try to align START with similar reablement type services in the NHS. This is to ensure best use of limited resources, reduce duplication and provide an effective and responsive service.

The Council is also keen to see the principles of reablement (the recovery of skills) and enablement (the development of skills) applied to all services and not just to specific short term services. When an individual's health does deteriorate, the first priority should be to restore or develop his/her independence, confidence, autonomy and community support, as far as possible, to its maximum potential.

Key notes for providers:

- The Council will continue to work with health partners to align its reablement service with similar services in the NHS.
- The Council will consider including reablement and enablement in all its contracts and specifications, where appropriate.

5.10 Intermediate care and assessment beds

The Council commissions and provides intermediate care services jointly with the NHS.

Between 2014/15 and 2017/18 the Council is undertaking a programme of service efficiencies. As part of this process intermediate care services will have their Council funding reduced, and the Council's own Care and Support Centres will be used to provide residential settings for intermediate style care, short stay assessment beds and reablement services, rather than purchasing beds from independent providers.

Assessment beds are primarily focussed on avoiding long term residential care for people discharged from hospital and, in some cases, on preventing admission to hospital. The Council provides assessment beds in its Care and Support Centres and currently has 62 beds across the county.

Key notes for providers:

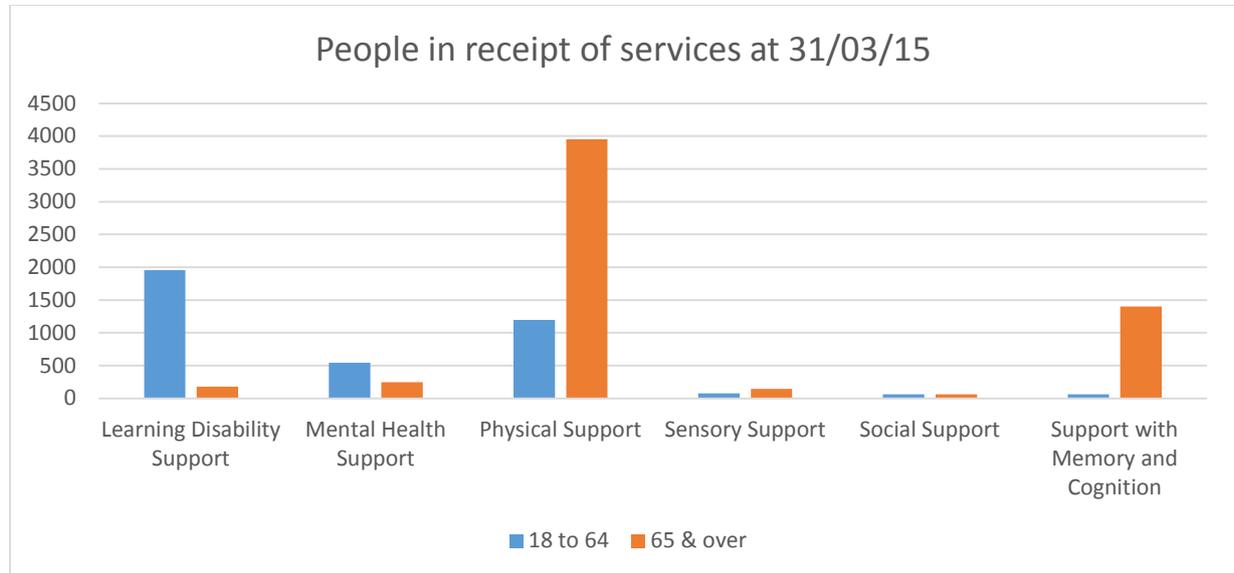
- During 2016/17 the Council will be considering options for the future delivery of intermediate care and assessment beds.
- The Council will be testing out different types and models of services, such as assessment flats in Extra Care schemes or by using vacant housing stock as alternatives to assessment beds in care homes.
- The Council will work with health partners to agree the future service model for intermediate care and reablement services according to the priorities of the three health planning areas.

6. Personal budgets

This section covers services for people who have been assessed and are eligible for social care services. Once an individual has been identified as eligible they are given an indicative personal budget, which is the amount of money that it has been calculated may be required to cover an individual's care costs. A personal budget can be taken as a managed service, as a direct payment or a combination of both.

At the end of March 2015, the County Council was commissioning community based support services for 6,541 service users to support them to live independently in their own homes, and was funding a further 3,345 service users in long term residential or nursing home placements.

The table below shows the breakdown of people in receipt of services on 31st March 2015. The largest group is older adults who require services to support them with physical care needs.



For further details about the breakdown of services see Appendix 2.

7. Direct payments and pre-payment cards

The Council's aim is that direct payments (DPs) will be the main way in which people choose to arrange their social care. The Council is constantly searching for ways to make this easier and welcomes innovative ideas from providers.

In March 2016 there were 6,490 service users receiving a long term community based service, 50% of whom used a DP to buy their services. The majority of these people chose to take all of their personal budget as a DP and a small number (approximately 10%) used a DP and also received some managed services. There is a very slight difference between the number of younger adults and older adults using DPs, generally it is 52/48%. Across the county there is a small variation in the percentage of people using DPs, Rushcliffe has the highest at 55% whilst Ashfield has the lowest at 46%⁹.

There has already been a significant increase in the uptake of direct payments and decrease in managed homecare; in 2007/08 managed homecare represented 22% of the budget and direct payments 1.6%, whereas in 2015/16 direct payments have increased to 16% of the budget for external packages and home care has decreased to 8%.

⁹ Data source Nottinghamshire County Council, October 2015-February 2016

7.1 Direct payments in care homes

Nottinghamshire is one of councils which are exploring how DPs can improve outcomes and increase choice and control for people living in care homes. The Government has deferred the implementation of this approach until 2020 but Nottinghamshire is still able to use direct payments in this way under the Care and Support (Direct Payment) Regulations 2014.

7.2 Personal health budgets (PHB)

The Council is working in partnership with the Clinical Commissioning Groups (CCGs) to develop personal health budgets. This will result in service users having a single integrated health and social care budget with which to purchase their care and support services.

7.3 Pre-payment Cards

Pre-payment cards are in use, which enable people to pay providers directly for their support via pre-loaded cards, without the need for complicated transactions or a bank account. As of March 2016 15% of people receiving a DP use a pre-payment card.

7.4 Direct payment support

Approximately 45% of service users and carers arrange their own care and support services. Where service users need support in managing their DP, the Council has accredited providers who provide a Direct Payments Support Service. These services are currently used by over 900 individual service users who require a third party managed DP to allow them independence and control over their social care services.

7.5 Personal assistants (PAs)

The Council's intention is to increase the number of personal assistants (PAs) to offer DP recipients greater choice and control over the services that they receive. Currently¹⁰ there are approximately 23% of people using their DP to buy their care from a PA. The Council is developing opportunities for PAs to access improved training options and peer support through networks. It will also be investigating other ways of supporting and promoting PA services. The intended outcomes of this approach include a better skilled workforce and the potential to influence the PA market.

¹⁰ Data taken from Nottinghamshire County Council March 2016

Key notes for providers:

- The Council wants to encourage providers to consider the future options for their services, including: opportunities to diversify and offer a range of flexible support options; marketing their services directly to individuals; and transparent reasonable unit costs which should not cost people more to buy with their direct payment than through a directly managed contract with the Council
- The Council will continue to promote the use of pre-payment cards.
- The Council's intention is to continue the shift from managed home care services to people receiving their service from a Personal Assistant via a direct payment.

8. Home based care services

The Council currently purchases homecare services for around 1,650 people, totalling approximately 18,000 hours per week.

In early 2014 the Council concluded a joint tender for homecare services, with local Clinical Commissioning Groups (CCGs), which sought homecare providers on a geographical basis. The number of contracted social care providers in Nottinghamshire was reduced from 30 to 4. The average cost for care from these core providers is £15.10¹¹ an hour. Contracts are also in place with a further 3 complex care providers for the provision of CCG commissioned services.

Due to issues of capacity supplementary arrangements have been made with other home care providers, as and when required.

Most of the home based care is delivered to older adults, although small amounts of homecare may be commissioned for younger people with a primary need of learning disability, autism, mental health or physical disability if eligible needs are personal care only. However, the majority of people with these primary needs will receive services from contracted Care, Support and Enablement providers or choose to have a direct payment to employ Personal Assistants, live-in-carers or agencies to deliver their care.

Nottinghamshire's supply and demand across the seven districts varies, but generally in rural areas, especially Rushcliffe and Newark & Sherwood, there are difficulties meeting demand. Providers state the reasons for being unable to provide sufficient capacity are not being able to recruit staff due to competition from other industries and limited access to transport.

Discussion with providers is underway to identify a cost effective way to address these issues as part of the on-going support provided by the Council under the new contract.

¹¹ Agreed rate for core providers from April 2016

Key notes for providers:

- The Council will review its model for home based care services and re-commission services in 2017/18. This will be planned collaboratively with the local CCGs.

9. Day services

The Council has an established approved list, which currently has 32 external providers on it. The day service provision run by the Council is integrated across all client groups and operates from 10 dedicated day service buildings situated around the county.

As at the end of January 2016, 2,071 adults attended a day service; 1,377 of these people use day services provided by the Council. 694 people use day services run by external providers, with an approximate £3,663,000 a year associated external purchasing budget (including transport costs to attend these services).

The Council continually encourages new applicants onto its approved list of day service providers. The approved day service list is the way by which the Council is able to spot purchase services for people opting for a managed personal budget and it does not guarantee any ongoing, set level of funding or purchasing of services. The providers on the approved list have passed a series of tests, including quality and financial standards, and commit to only charging the relevant band price per session per service user as detailed below:

Band	Price per Session (1/2 day)
Complex Needs	£32.64
High Needs	£16.83
Medium Needs	£11.92
Low Needs	£8.21

People who are eligible for social care are assessed by the Council as falling within one of the 4 bands. Services are spot purchased at this fixed price per session (a session is defined as half a day) for a maximum of fifty weeks per annum. Costs for additional one-to-one support are in addition to this, typically being charged at £10.49 per hour.

Within this price range, the Council seeks a local market that offers a variety of innovative outcome focussed models of day service that support people to re/gain skills and independence, and also offers increased choice in the range of support that people can purchase to enable them to have daytime opportunities e.g. to take part in sport, meet people, have hobbies etc.

People who do not want to attend an approved provider are able to take their funding as a direct payment in order to attend a non-approved day service. Funding for the direct payment is calculated using the same method as for an approved provider.

Key notes for providers:

Specific areas for the future are:

- Developing more building based services for older people in the south of the county where there is currently limited choice
- Developing more community based services in the north of the county, as most community based provision is currently in the south
- Offering more options for people who require dementia specific care and support
- Increasing the range of cost effective alternatives and geographic bases to support people with head injury related needs
- Reducing the long distances that some people have to travel to access day services, as well as exploring alternative forms of more cost effective transport.

The Council is also working in partnership with service users and local community organisations to develop and run a co-production service for people with mental health problems to offer an alternative to more traditional, building-based day services.

This Council's day service will be included in the consultation on the proposal to establish a Council owned company.

10. Work opportunities

The Council offers several work opportunities for people with a learning disability. These include the I-Work Service, County Horticulture Work Training (CHWT) and the Employment and Skills Training Hub.

The I-Work service supports service users with a learning disability or autism into employment. In 2013/14 the service was working with a total of 530 service users. Of these, 138 people were receiving 'intensive support', where work is undertaken with service users in the community; 369 people were receiving 'contact support', whilst they are in employment; and 23 people in 'project support' where they attend a project that the Council runs, working towards paid employment.

The Council also runs the County Horticulture Work Training (CHWT), which comprises a horticulture base where people train to gain skills relevant for work and where produce is grown for sale. The service also provides garden maintenance to County facilities and local residents. There are 11 members of staff with disabilities, and 64 work trainees attend the 3 different horticulture sites during the week. The majority of these work trainees have a learning disability.

In September 2015 the Adult Social Care and Health Committee approved the development of a time limited 'Employment and Skills Training Hub' at CHWT. This is currently being developed and will provide a focused, time limited employment and skills training service.

The Hub will support people with a range of needs to develop skills in horticulture, retail, and administration work for a defined period of time (maximum of three years). The staff members within the Hub will assist people to find work or other vocational opportunities.

Key note for providers:

These services will be included in the consultation on the proposal to establish a Council owned company.

11. Accommodation and support

In February 2015 the Council produced its draft 'Accommodation and Support Plan 2015-17' for consultation. The updated version is accessible through the [Council's Policy Library](#).

It outlines the approach that the Council will be taking to ensure the development of good quality, affordable and appropriate accommodation and support options for vulnerable people in the County.

Underpinning this is the Council's aim to reduce the number of people it supports financially in long term residential care.

The plan concentrates on four main priorities for younger and older adults:

- The promotion of a whole system partnership across all the agencies working to support health and well-being
- The development of a wide range of housing and support options, including new models of housing and support
- That service users, their families and carers, and the people working with them, are confident that they can live independent lives
- Working with the care home market to ensure it better meets the needs of younger and older adults

11.1 The dynamic purchasing system (DPS)

The Council will be using a Dynamic Purchasing System (DPS) to procure new supported living accommodation and to make future placements in residential care homes for younger adults. The DPS is a multi-stage process to establish a list of qualified providers who will in turn be invited to tender for individual contracts as and when they are required.

Key note for providers:

The DPS for younger adults will commence in summer 2016.
Applications to the DPS will be through the on-line portal:
www.eastmidstenders.org

11.2 Supported accommodation for single adults

The Council commissions quick access supported accommodation services for single adults based across four locations. The contract value for this service is £922,000 a year.

11.3 Shared Lives Services

The '[Shared Lives](#)' service supports vulnerable people to live as independently as possible in the community. The support is provided by carers also living in the community and who are different from traditional Personal Assistants. Shared lives carers become part of the extended family of the person they are caring for by sharing their home and personal time.

Over the last three years the [Shared Lives Service](#) has increased the number of carers to 62; 29 service users are supported in mid to long term placements and 33 service users and families benefit from short term breaks. Existing Shared Lives carers and service users have helped with expanding the scheme, developing the publicity and encouraging more people to become Shared Lives carers.

Key notes for providers:

- There are opportunities to increase the number of Shared Lives carers.
- This service will be included in the consultation on the proposal to establish a Council owned company.

12. Accommodation and support for older adults

12.1 Extra Care housing schemes

One of the services for older people that the Council is seeking to develop further is Extra Care Housing. There are currently eleven Extra Care schemes in Nottinghamshire, which provide a mix of purpose built accommodation and communal facilities, as well as schemes located within remodelled sheltered housing accommodation:

- Moorfield Court in Southwell

- Abbeygrove in Worksop
- Westmorland House in Harworth
- Spring Meadows in Cotgrave
- Cricketers Court in Cotgrave
- Hilton Grange in Edwalton
- Vale View in Newark
- St Andrews House in Gedling
- Bilsthorpe Bungalows in Newark & Sherwood
- Poppy Fields in Mansfield.
- Darlison Court in Ashfield

The above list includes four new Extra Care schemes which have opened since 2015/16 and the Council has plans in place for a number of additional new schemes across the county.

The Council has nomination rights to a number of units of accommodation within each scheme. The accommodation, which includes apartments and bungalows, is to be used as an alternative for people at risk of needing residential care. Therefore, applicants will need to be assessed as being eligible for social care support and will be expected to have reasonably high levels of dependency.

With Extra Care Housing schemes there is usually at least one member of care staff on-site, 24 hours a day over 7 days a week, provided by the Council's contracted care provider for that location.

Key notes for providers:

- The Council has allocated capital funding to develop a minimum of 160 new Extra Care Housing units across Nottinghamshire by March 2018.
- All the new Extra Care schemes are required to be located close to nearby shops and local amenities and have a range of services and facilities available on-site, dependent on the size and location of each scheme, such as a communal lounge/café and flexible space that can be used for wellbeing clinics etc.

12.2 Care homes for older adults

The Council is committed to continuing to reduce the number of older adults it supports in long term residential care or at least to delay admission into a care home. Whilst it recognises that for some people care homes are an appropriate service it wants to ensure that people are given viable alternatives, hence the investment in Extra Care Housing.

The Council is also committed to ensuring good quality care in all homes in Nottinghamshire, so offers a quality banding system of five levels under the current 'Fair Price for Care' agreement and a [dementia quality mark](#) (DQM) fee for homes that have evidenced that they provide excellent quality dementia care.

The tables below shows information about the number of care homes that provide support to people with dementia and the number of care homes that were successful in achieving the DQM 2014-16.

Table 2: Dementia Care Homes and DQM Award 2015/16

District/Borough	Total Homes	Dementia Homes	DQM Homes 2015/16
Bassetlaw	29	23	3
Broxtowe	22	16	4
Gedling	26	14	3
Mansfield & Ashfield	49	38	12
Newark & Sherwood	27	21	3
Rushcliffe	22	13	8
Total	175	125	33

The DQM was introduced in 2013 and was awarded to 33 homes for a period of two years (2013-15). Applications were invited during that period to cover a further two years (2014-16) and again 33 homes were successful; some homes retained the award, some were unsuccessful and lost the award, whilst others attained it for the first time.

Ashfield and Rushcliffe have the highest representation of DQM homes with 8 each, whilst other districts have three to four. The DQM will continue for a further two years and homes will be invited to apply during 2016.

The current 'Fair Price for Care' agreement covers the period 2013-18; it offers five levels relating to quality and differential rates between residential and nursing care. The funded nursing rate (FNC) is paid in addition to the Council's nursing fee.

The quality in care homes has been shown to have improved since 2008/09 as the number of band one homes has decreased and the number of band four and five homes has increased. The table below shows the shift in bandings from 2008 to the current year.

Table 3: Quality bandings 2008-2016/17

Band	2008/09 No. of care homes	2015/16 No. of care homes	2008/09 %	2015/16 %	2016/17 %
Band 1	39	27	(23.5%)	(15.4%)	9.8%
Band 2	46	21	(27.7%)	(12%)	9.8%
Band 3	57	42	(34.3%)	(24%)	22.2%
Band 4	22	38	(13.3%)	(21.7%)	23.4%
Band 5	2	47	(1.2%)	(26.8%)	34.4%
Total	166	175			174

In addition the Council has also supported some care homes to achieve the Gold Standard Framework (GSF) for end of life care. (See para.15 [End of Life](#) for more information).

Details of current fee rates can be found in Nottinghamshire's [Care Services Directory](#).

Overall the care home market for older adults has remained fairly static over the past five years in terms of number of care homes, at approximately 175. However the number of beds has increased from 6796 in 2012 to 7042 in 2016 due to new larger homes replacing smaller older homes.

Current provision is relatively evenly spread by population of over 65s. However, the distribution is often perceived as being inequitable in the more rural areas such as Bassetlaw, Newark & Sherwood and Rushcliffe, whilst in Mansfield and Ashfield it is perceived that there is more capacity than demand.

The number of care home places funded by the Council as at 31st January 2016 is shown below. This indicates that 35% of care home places are funded by the Council; 22% of nursing places and 47% of residential places. The remaining places will be a mixture of self-funders, health or other local authority funded, or vacancies.

Table 4: Number of care home places and % funded by the Council

District	Nursing beds funded by NCC	Total number of nursing beds	% of NCC funded beds	Residential beds funded by NCC	Total number of resi beds	% of NCC funded beds	Total number of beds funded by NCC	Total number of beds
Bassetlaw	148	479	31%	333	729	46%	481	1208
Broxtowe	117	556	21%	216	346	62%	333	902
Gedling	118	528	22%	234	492	47%	352	1020
Mansfield & Ashfield	190	833	23%	512	1144	45%	702	1977
Newark & Sherwood	67	473	14%	287	606	47%	354	1079
Rushcliffe	85	446	19%	173	400	43%	258	856
TOTALS	725	3315	22%	1755	3717	47%	2480	7042

Key notes for providers:

- In Mansfield and Ashfield there is currently an over capacity of residential places and this is causing a challenge to the provider market as some homes are struggling to maintain viable occupancy rates.
- Generally across Nottinghamshire there is sufficient residential care, although not spread equitably, and in some areas there is an over capacity. There is likely to be more of a shift towards dementia and/or nursing care, as shown by the demographic information.
- The DQM will continue for a further two year period (2016/18). Homes will be invited to apply during 2016.
- The Council is planning to develop new Extra Care facilities which will provide modern accommodation as the Care and Support Centres close.
- The Council wants to encourage care home provision which is affordable for local people without the increasing use of third party payments.
- The Council will work with the CCGs and other local authorities to jointly plan, commission and procure care home services where there is a common interest. This will assist in ensuring the provision of good quality services and achieving greater efficiency.
- The current 'Fair Price for Care' agreement with expire in 2018; work will be undertaken, including negotiations with care home providers, to determine a new fair rate for 2018 and beyond.

12.3 Respite and short term care

The Council no longer admits long term residents to its Care and Support Centres. The centres are used instead for short term and respite care services. These services are also provided by the independent sector when required on a spot-purchased arrangement.

Carers frequently comment that they would like to be able to book respite care in advance but this is difficult as many care homes do not accept advance bookings.

Key notes for providers:

- The availability of respite and short term care varies depending on the needs of the person and their location. For more information see the Council's Accommodation and Support Plan 2015/17.
- Carers would like to be able to book respite care breaks in advance.

13. Accommodation and support for younger adults

13.1 Care support and enablement (CSE)

Support to people in supported living services or those wanting outreach support is provided through the Council's Care, Support and Enablement contracts.

The Council selected four core providers in 2014 to provide CSE support to adults with learning disabilities, mental health issues, Autism and physical disabilities. There is one provider for each of the following locations:

- Mansfield and Ashfield
- Bassetlaw
- Newark and Sherwood
- Broxtowe, Gedling and Rushcliffe

The contracts run until August 2017, with the provision to extend for up to four years. All new supported living placements are automatically referred to the core providers who have the option of providing the service direct, transferring to another core provider, or sub-contracting to another organisation.

There are in addition 17 legacy providers delivering supported living and outreach support. Voids in these shared services are authorised to be re-commissioned with these providers but new work will only be delivered by the four core providers.

In 2013/14 CSE spend was approximately £24m which increased to £36m by 15/16. The considerable growth is due to de-registrations of homes and continued development. CSE providers now support over 1,000 people in supported living or through outreach support.

Standard hourly rates are £13.78 for accommodation based services, £14.30 for low level outreach services, £16.50 for Supported Living Plus and £70 for sleep-in nights. There is expected to be additional management support, staff training and expertise and higher staff pay, for this additional funding. Supported Living Plus services have been specifically designed to help manage individuals with very complex needs and challenging behaviours, and have been used to facilitate moves from secure hospitals and treatment units back into the community for people with learning disabilities.

Service growth, together with challenges in recruitment is a national issue, but in Nottinghamshire is particularly evident in the south of the county and for outreach rather than accommodation based services. This has meant that it is difficult to put services in place at short notice (for example, to aid hospital discharge). It is hoped that this will be eased by recent increases in hourly rates for Supported Living Plus and for low level outreach services. Increased provision will be needed in the future, as increasing numbers of people are supported to live at home.

Current trends show that the relatively small number of people with a hearing impairment are choosing to arrange their own care and support with a direct payment and are not using services from the approved providers.

Only one of the existing providers offering a service to people who have a hearing impairment is currently able to also provide appropriately trained staff to work with people who, in addition, also have a learning disability.

Key notes for providers:

- The Council has recently tendered for Home Based Support and for Care, Support and Enablement services. Contracts were only awarded to those providers who could demonstrate that they paid their staff the national minimum wage or above (including travel time and travel costs).
- Additionally, the providers were required to ensure that a significant proportion of their staff were on employment contracts which give them guaranteed hours of work.
- The Council has a comprehensive audit process for care homes, home based care and support, day services and care, support and enablement services, which is outcomes-focused.
- There is a shortage of male workers, which is an issue for all community based services.

13.2 Care homes for younger adults

The term 'younger adult' includes the following service user groups: learning disability, mental health, Autism, and physical disability.

The number of younger adults living in residential or nursing care is slowly reducing with the increasing development of supported living options. As at November 2015 Nottinghamshire had 564 younger adults living in residential care and 103 living in nursing care. Of this 667 people, 65% have a primary learning disability need, 16% have a primary need of physical or sensory support, 13% a primary need of mental health and the remaining 6% have a primary support need of memory and cognition or social support.

An increase is predicted in people with learning disabilities reaching the age 65 needing residential care. Increasing numbers of these service users are also being diagnosed with dementia.

With regard to younger adults the total spend for 2015/16 is anticipated to be approximately £36m.

As of December 2015, there were approximately 138 care homes in Nottinghamshire registered by the Care Quality Commission for the provision of care to younger adults.

There are 6 homes specifically registered as providing support for people with mental health problems and 8 for people with a primary need relating to their physical health. The remaining homes are registered as mixed categories of care with a primary registration of learning disability, Autism or mental health.

There are currently 92 care homes on Nottinghamshire's accredited list, 8 of which are in Nottingham City. Currently this list is primarily used for people with learning disabilities but the new Dynamic Purchasing System will be for the procurement of all younger adult care home placements.

Currently the supply of beds exceeds demand from within Nottinghamshire. This is especially so in the north of the county (predominantly Ashfield). However, there are still gaps in some geographical areas or for specialist homes. A strategic review has been underway since 2015/16 and will run until 2017/18. Its aim is to help existing providers consider where they best fit within the market, to identify where there are still service gaps, and to ensure that the needs of people from Nottinghamshire who may require residential care in future can be appropriately met. It is anticipated that there will be particular need for the following groups of people:

- those going through a transition – for example, leaving the parental home for the first time or coming out of hospital
- those who need to learn independence skills – residential care can take care of everything for them and then gradually help them to learn to do things for themselves at a pace to suit them
- those who have very challenging behaviours which may require Deprivation of Liberty Safeguards
- those who are getting older and experiencing a gradual reduction in their independence alongside age related frailties, including dementia, who due to their primary need may not have their needs appropriately met in general older people's homes.
- those who need very short term care in an emergency or crisis
- those with very high personal care needs due to illness or disability.

In the future the Council aims to:

- continue to move younger adults from residential care to supported living where this helps promote their independence; targets are 40 per year to 2017/18
- offer supported living as the first option to new service users, especially those coming through into adults services from children's services
- encourage providers to promote independence within care home settings and support people to move on where possible
- move people currently living in residential care out of the county back into Nottinghamshire and avoid further placements that take people away from their families/local networks¹².

¹² The Council moved 38 people back into the community with approximately 70% of the people into supported living and 30% into residential care between April 2013 and Dec 2015. The Council has approximately 38 more people to move back into the community over the next 3 years.

Key notes for providers:

- There is significantly less choice of care homes for all younger adults in the south of the county (Rushcliffe and Broxtowe).
- Specialist provision for younger adults with a physical disability is of limited availability throughout the county, and this means people are sometimes placed into older people's nursing homes.
- Specialist provision for those with very high levels of challenging behaviour is often not available, and through the Transforming Care agenda this will be a potential growth area. Providers who can offer appropriate accommodation as well as staff well trained in Autism and positive behavioural support will be required.

13.3 Respite and short term care

The Council currently runs three short break units for people with learning disabilities, which provide 31 beds and give sufficient provision for residential based respite care:

- Wynhill Lodge in Bingham
- Holles Street in Bassetlaw
- Helmsley Road in Mansfield.

With the introduction of the Council's short breaks policy, carers and service users will have greater flexibility to spend their allocation via a direct payment.

Key note for providers:

Alternative short break provision is available in a limited number of care homes but this is an area for future development, both to support the "transforming care agenda" and to offer some innovative alternatives to residential style short breaks.

14. Services for carers

A number of specific carers' services are currently commissioned for unpaid carers providing support to family or friends. Carers play a vital role and the Council is committed to enabling people to continue caring as long as they wish and are able to do so, whilst having a life of their own outside of their caring role.

Commissioned services include the Nottinghamshire Carers Hub, providing universal information and advice services which are available to all unpaid carers. This began operation in August 2015 and will be due for re-tender in 2018. Additionally, a Crisis Prevention Service for carers has been developed providing short term cover for 24 hours a day, seven days per week. The Crisis Prevention service for carers sits within the core provider framework for home-based services for older adults.

The Council has a dedicated Carers' Support Service, based at its Customer Service Centre. This includes:

- Provision of information and advice
- Carers' assessments by phone
- Commissioning of carers' personal budgets

As part of the package of support for the cared-for person, the Council has a number of directly contracted Approved Framework contracts in place with a range of providers, such as respite, day services and sitting services. All the services are listed on [Nottinghamshire Help Yourself](#).

Eligible carers may receive a carers' personal budget to help them look after their own health and wellbeing. They can choose to spend the money on a variety of different services to meet their needs, some of which are main-stream and some that are bespoke, which smaller or micro-enterprises may be interested in developing.

In 2014/15, 4,630 carers were assessed or reviewed, and of these 3,535 carers received a direct payment, and of these 1396 were over 65.

In 2014, two further carers' services were jointly commissioned by the Council in partnership with the local Clinical Commissioning Groups. These are the Compass Workers Service for carers of people with dementia; and the [End of Life Service](#) for carers looking after people at the end of their life.

Key note for providers:

The Nottinghamshire Carers Hub, providing universal information and advice services to all unpaid carers, will be due for re-tender in 2018.

Some carers want support or services that are flexible and tailored to their need – small providers, such as micro-providers, may be interested in working with carers to develop bespoke services.

15. End of life

As part of the new approach to inspection, the Care Quality Commission has included end of life care as one of eight core services routinely inspected in acute hospitals and other settings where it is delivered, such as care homes and hospices.



Nottinghamshire has taken a multi-disciplinary approach to the provision of end of life care in health and social care; and work has been ongoing on the Gold Standard Framework (GSF) Cross Boundary Care project. In order to support services and providers across the community, care homes, hospitals and hospice settings, the Council and Newark & Sherwood Clinical

Commissioning Group have been promoting, explaining and training staff on the Gold Standard Framework.

Further funding for this training has been made available to enable additional providers to achieve this qualification.

To date 9 homes have secured the full GSF accreditation, 22 have the foundation level GSF certificate and several other homes are due to gain the certification in coming months.

Key note for providers:

There is widespread recognition of the importance of this aspect of caring, therefore support for care homes to achieve the GSF along with training for home care providers on 'end of life' will continue to be made available to all interested providers.

16. Supporting providers

This section describes the support available from the Council to support providers.

The Council recognises the importance of open discussion with providers and potential providers of all sizes to encourage a diverse and viable social care market, and it is committed to offering a range of support mechanisms, some of which are described below.

16.1 Nottinghamshire Help Yourself

The online directory, [Nottinghamshire Help Yourself](#), allows providers to advertise their services for free and show any accreditation standards they have achieved.

The site will have a dedicated area, called 'Do you provide a service?' which will be for communications between the Council and providers. Within this section there is an interactive Provider Forum to enable organisations to have more engagement with each other and share good practice. It will also encourage discussion between providers and the Council about service development.

There is an information resource and training calendar to enable registered organisations to be able to access relevant information and training opportunities to develop their business.

The site will also enable the public to give simple feedback on services and let both the Council and interested providers know if there are services they would like to purchase, but are not able to find.

If you have any comments regarding the site's development, the Council would like to hear from you. Please contact nottshelpyourself@nottsc.gov.uk with your suggestions.

16.2 Procurement support

The Council spends approximately £200 million per annum with 18,000 suppliers and contractors.

The Council aims to be transparent and fair when conducting business with providers (also referred to as suppliers and contractors). It aims to give all interested parties an opportunity to tender on equal terms, and to encourage a diverse range of companies to do business with it.

You can access information on the Council's public website page ["Doing business with us"](#). This page includes information about what the Council buys, how it buys and where suppliers/providers can find out about contracting opportunities.

There is also information specific to social care businesses on the Council's web site under [Supporting Social Care Businesses](#)

16.3 Developing micro-providers

The Council offers specific support to micro-providers (businesses that have five or less paid or unpaid workers) to enable local people to provide local support that:

- provides personal, flexible and responsive support and care
- gives local people more choice and control over the support they get
- Offers an alternative to more traditional services

The micro-provider project has worked with over 40 providers, offering:

- advice and practical information on regulation, training and insurances
- sign posting to other organisations who can help
- support to understand legal requirements and any care regulations that might apply to the area of work a micro provider plans to work within
- professional feedback on ideas
- a training seminar in conjunction with Optimum training

16.4 'Support With Confidence' scheme & personal assistants (PAs)

The 'Support With Confidence' scheme is run by a number of local authorities and provides a list of individuals providing care and support services who have been successfully approved, demonstrating that they have undergone the appropriate training and met background checks. Through the scheme the Council offers training, references and checks through the Disclosure & Barring Service (DBS) to people wanting to be employed as a Personal Assistant (PA).

The Council website has a [dedicated area](#) for people interested in being employed as a PA. Through this interested people can apply to the scheme and access the training, and there are links to other relevant information. Once this has been successfully completed, the PA can promote themselves through the

Personal Assistant Finder on the Nottinghamshire Help Your Self website. This is a dedicated area which brings together PAs and people wanting to employ a PA.

PAs carry out a wide range of tasks and support with things such as personal care (washing, dressing, help with toileting), domestic help (cooking and cleaning) and social support (enabling people to go out and access leisure activities, study or educational courses, and their local communities). PAs can support and enable people to have greater independence and live a fuller life.

16.5 Quality development

The Council has a dedicated Quality and Market Management Team. This team works in partnership with current and new providers to develop new services where needed and to support the quality of service provision.

16.6 Workforce development and learning opportunities

The Nottinghamshire Partnership for Social Care changed its name to [Optimum Workforce Leadership \(OWL\)](#) in March 2014. As a membership organisation OWL provides business and workforce development learning opportunities to employers of health and social care staff across Nottingham City and Nottinghamshire County. OWL is pleased to work with key stakeholders from local authorities, Clinical Commissioning Groups and Healthcare organisations to design, develop and deliver events and initiatives, aimed at raising levels of person-centred care in residential, nursing, domiciliary and supported living care settings across the county.

As at 1st January 2016 OWL has a membership of 125 health and social care provider settings. These providers are attending learning events and conferences, using products and services that put managers in control of their businesses and give them confidence in the competence of their workforce.

Optimum is also the lead partner for the Workforce Development Fund (WDF). This is a funding stream from the Department of Health which is disbursed by Skills for Care and is available to support the ongoing professional development of adult social care staff. The fund enables employers to reclaim a contribution towards the learning and development costs incurred by employees who have successfully completed qualification units, listed on the Qualifications Credit Framework (QCF). This has benefits for their organisation, workforce and those who need care and support.

All the learning initiatives that are developed by OWL are based on intelligence identified nationally from the Department of Health and, at a local county-wide level, from the quality audits carried out by the Council's Quality and Market Management Team and in discussions with Nottingham City quality leads. Information is also gathered from Care Quality Commission data and from discussions with organisations already using the services.

16.7 Workplace health

Nottinghamshire County 'Wellbeing@ Work' Workplace award scheme is led by the Council's Public Health Department.

The scheme aims to work across key partners such as statutory, private, voluntary and community businesses to effectively reduce absenteeism across workplaces. It is also in line with the national 'Change for Life' programme to engage a key sector of the adult working age population, using the workplace as a setting to promote healthy lifestyle adoption and a sustainable health working culture and environment.

From April 2016 the Workplace Health Channel will be added to The Nottinghamshire Help Yourself website. This section of the site will be to enable providers to improve the health and well-being of their staff. Providers will be able to register onto the scheme through the channel.

16.8 Provider and stakeholder forums

The Council facilitates a range of provider and stakeholder forums to share information and discuss future ideas.

Stakeholder Forums are being established for housing related services to inform and feedback on current services and to also inform any future commissioning plans.

There is strong partnership working with contracted service providers and regular meetings with them to share good practice and consider service developments. The Council has developed a mature working relationship with the Nottinghamshire Care Association (NCA) over the years through which it has discussed and negotiated contract terms and conditions, and shared and promoted best practice.

The Care, Support and Enablement Provider Forum has been running for over ten years and includes carer representatives. This provides opportunities for exchanging views, sharing key strategic messages, increasing awareness of expectations under the contract relating to service delivery, and responding to provider concerns. The forum has also shared best practice and opportunities to deliver services more cost effectively. Where the services are jointly commissioned with CCGs, their representatives also attend these forums.

16.9 Provider views and feedback

As part of the development of this market position statement (MPS) providers were invited to comment on their experience of doing business in Nottinghamshire and asked for their views on a draft version of this document, including what additional information they would like included in future editions and how they could become more involved in its production. For further details see [Appendix 3](#).

16.10 Funding opportunities for providers

There are opportunities for providers to diversify their service provision and income by participating in time limited service pilot projects and innovations. These tend to be funded via short term funding opportunities or central Government initiatives. The Council intends to use the 'Do you provide a service?' on [Nottinghamshire Help Yourself](#) and [Sourcenottinghamshire.co.uk](#) websites to promote all funding opportunities as they become available.

Opportunities to tender for Council contracts will also be advertised on [Source Nottinghamshire](#)

Key notes for providers:

Current projects include the:

- development of competence frameworks for managers to use within their businesses;
- setting up of registered managers peer support networks;
- development of a specialist nursing programme for nurses working in social care;
- best practice in implementing the Mental Capacity Act and Deprivation of Liberty Safeguards
- a specialist learning initiative targeting nutrition and Dysphagia.

Funding for these projects comes from a range of sources including local authorities, Skills for Care, the Workforce Development Innovation Fund, Health Education England and employers themselves.

17. Tell us what you think

This document is only published online so that it can be updated regularly.

The Council recognises that providers may want more detailed local information about the volumes and values of the purchasing described. This is a high priority for improving the Market Position Statement (MPS) in future.

The Council is keen to work with the Provider Engagement Network so that the MPS can include market intelligence and important learning from providers.

Please get in touch to discuss any aspects of the MPS further, or give feedback on how it can be improved. Contact the Quality and Market Management Team gmm@nottsc.gov.uk.

18. Appendix 1 – National legislation and local plans & strategies

18.1 National Legislation

- [The Care Act \(2014\)](#)
- [The Care Act Statutory Guidance \(2016\)](#)

The Care Act (2014) became law on 1st April 2014

Under the Act, local authorities take on new functions to ensure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- can get the information and advice they need to make good decisions about care and support
- have a range of providers offering a choice of high quality, appropriate services

The Act requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities.

When buying and arranging services, local authorities must consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services.

Local authorities should also engage with local providers, to help each other understand what services are likely to be needed in the future, and that new types of support should be developed. To do this, authorities should engage with local people about their needs and aspirations.

In addition to the Care Act there are a number of other key documents that are influencing the strategic direction that the Council is taking in its commissioning intentions. Relevant key documents are hyperlinked below:

- [The Autism Act \(2009\)](#)
- [Adult Autism Statutory Guidance 2015](#)
- [Code of practice: Mental Health Act 1983 \(2015 revision\)](#)
- [Transforming care: A national response to Winterbourne View Hospital](#)
- [Carers Strategy Second National Action Plan](#)
- [NHS 5 Year Forward View](#)
- [Caring for our Future \(2012\)](#)
- [Accessible Information Standard: Service Specification \(2014\)](#)

18.2 Local Plans and Strategies

The Council's Adult Social Care and Health (ASCH) commissioning plans (both individual and with partners) are developed within the context of the Council's Strategic Plan in order to deliver the stated ambitions.

[Nottinghamshire's Strategic Plan 2014-18](#) sets the vision for making Nottinghamshire a better place to live, work and visit. It defines the Council's five priorities that will help achieve the vision, these are:

- Supporting safe and thriving communities
- Protecting the environment
- Supporting economic growth and employment
- Providing care and promoting health
- Investing in our future

Nottinghamshire's vision for health and wellbeing is set out in detail in its [2014/17 Health & Wellbeing Strategy](#). The key aspiration can be summarised as "to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in the communities with the poorest health". This will be achieved by providing the most efficient and effective services and sets out four key ambitions for the people of Nottinghamshire:

- A Good Start
- Living Well
- Coping well
- Working Together

19. Appendix 2 – number of people accessing social care support 31/3/2015

At the end of March 2015, the County Council was commissioning community based support services for 6,541 service users to support them to live independently in their own homes, and was funding a further 3,345 service users in long term residential or nursing home placements.

Table 1 gives a breakdown of the number of service users receiving long term support (residential or community based) grouped by age band and Primary Support Reason (PSR) as of 31/03/2015.

	18 to 64	65 & over	Grand Total
Learning Disability Support	1954	180	2134
Learning Disability Support	1954	180	2134
Mental Health Support	546	246	792
Mental Health Support	546	246	792
Physical Support	1197	3955	5152
Access and Mobility	1075	280	1355
Personal Care	122	3675	3797
Sensory Support	75	146	221
Support for Dual Impairment	4	17	21
Support for Hearing Impairment	20	26	46
Support for Visual Impairment	51	103	154
Social Support	62	61	123
Substance Misuse support	3	3	6
Support for Social Isolation/other	59	58	117
Support with Memory and Cognition	62	1402	1464
Support with Memory and Cognition	62	1402	1464
Grand Total	3896	5990	9886

20. Appendix 3 – provider views and feedback.

Copy of questionnaire/survey monkey circulated to providers

We are currently developing the Nottinghamshire County Council Market Position Statement (MPS) 2016/18 and are seeking the views of registered care, voluntary and community providers on its content and format. We would also like your views on what you would like to see in future editions.

The survey is anonymous so any feedback you give will be unidentifiable. However we will collate the answers to inform future plans for the MPS and include a summary within the new MPS.

1. Are you currently a provider of social care within Nottinghamshire?

Yes

No

If No what would encourage / enable you to offer a service within Nottinghamshire in the future?

2. What type of service is your organisation?

Care home

Supported living/Extra Care

Day service/activities

Home care/Care, Support and Enablement

Voluntary and Community Sector

Other (please specify)

3. How would you rate your experience of working within Nottinghamshire?

Very good	Good	Ok	Poor	Very poor
Very good	Good	Ok	Poor	Very poor

If good or very good please provide information why you feel this is the case. If poor or very poor please provide suggestions of what could be done to improve this?

4. How would you rate your experience of working with Nottinghamshire County Council?

Very good	Good	Ok	Poor	Very poor
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If good or very good please provide information why you feel this is the case. If poor or very poor please provide suggestions of what could be done to improve this? Also it would be useful if you could specify the type of contact you have had with the Council.

5. How would you rate your experience of recruiting and retaining staff within Nottinghamshire?

Very good	Good	Ok	Poor	Very poor
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If good or very good please provide information why you feel this is the case. If poor or very poor please provide suggestions of what could be done to improve this?

6. How would you rate the draft Market Position Statement?

Score 1-5: 1 being very poor, 5 being very good.

	1	2	3	4	5
Presentation/format					
Easy to read					
Content					
Relevance to your service					

Any additional comments

7. Is there any additional information you would like to be included within future editions of the Market Position Statement?

8. If you would like to be involved in future discussions regarding the Market Position Statement or if you are interested in setting up a social care business within Nottinghamshire and would like to discuss this with someone prior to doing so please email strategic.commissioning@nottsc.gov.uk

Thank you for taking the time to complete this survey.