

**NOTTINGHAM CITY COUNCIL**

**DEPARTMENT OF ADULT SERVICES HOUSING AND  
HEALTH**

**ACCOMMODATION AND CARE SERVICES FOR  
OLDER PEOPLE**

**COMMISSIONING STRATEGY**

2006- 2011

**SUMMARY**

## **INTRODUCTION**

### **Values and Principles emerging from National Policy Initiatives**

The Department of Adult Services, Housing and Health Commissioning Strategy aims to ensure a clear link between the services we commission and achieving better outcomes for Older People. These outcomes are outlined in the White Paper; 'Our Choice, Our Health, Our Say':

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity

These outcomes are fully supported by the Department and will be the main driver improving and delivering services over the next 5 years.

Prevention is an important part of the spectrum of care services. Social Services will work with other Council services and with voluntary organisations to facilitate preventive services.

Offering Choice and giving greater control to service users are key principles to drive changes in the way we deliver services. We will deliver services in a different way and work in partnership with others improve the user experience of our services.

### **How we will deliver these services**

Person centred care will be a key theme of the new White Paper on Adult Social Care. This means that we will:

- provide accessible information in a range of formats on the full range of services provided by the Council.
- provide services in a timely fashion.
- ensure that there is continuity of care.
- ensure that services are flexible and responsive to changing needs.
- achieve a move towards self-assessment and improved business processes.
- target services to those in the most deprived wards by linking with the Local Area Agreement.

We will deliver services more effectively and work in partnership with the independent sector to improve the quality of all our services.

### **How we will afford to deliver change to services**

The Commissioning Strategy will inform the Departments' investment decisions in adult services and lead to production of annual purchasing plans setting out costed intentions over the coming financial years.

- The planned reduction in residential and nursing placements over the next 5 years would achieve savings of approximately £1.5 million (see page 28 Commissioning Strategy)
- The planned increase in the numbers of people receiving intensive home care would cost approximately £950,000 over the next 5 years (see page 29 Commissioning Strategy)

### **Key themes from comparison with other authorities**

- Nottingham provides a relatively high volume of intensive care in institutions and a lower volume of intensive services at home.
- The Department is a low spender on community based options and higher on institutional care, compared with it's family of authorities.
- Nottingham spends significantly more than the family average on day services for older people.

### **COMMISSIONING INTENTIONS**

- The Department will make a step-change in the way social care is delivered to address the issues raised in the Green Paper on Adult Care and to ensure that care is delivered where and when needed and in a way that makes best use of scarce resources and meets changing expectations.
- The Department will target it's resources to deliver agreed outcomes for older people.
- There is a need for better correlation between the appropriate use of nursing and residential care through greater use of community based alternatives, reducing one as the other grows.

### **Residential and Nursing Care**

We will ensure that older people who need residential or nursing care will be able to choose from a range of high quality services. At the same time we will shift the balance of care for people with substantial needs towards more community based intensive support.

In order to achieve these intentions we will:

- place 36 less people in residential care in 06/07.
- make fuller use of the Independent Sector, investing in long term quality care.
- increase specialist provision for dementia care, assessment beds and respite care, primarily within directly provided services.
- Make effective use of non-institutional alternative services.

## **Accommodation with care including Extracare and Sheltered Housing**

We will ensure that older People are able to choose from a range of accommodation options which meet their social, cultural and physical needs and promote their independence.

Our commissioning intentions will be aligned with related strategic plans within the Council including the Older Person's Housing Strategy.

In order to achieve these intentions we will:

- increase Extracare provision for frail elderly including Black and Ethnic Minority Elders.
- develop Clifton Village and the former Blenheim site as Extracare facilities.
- work with Housing colleagues to transform appropriate sheltered housing complexes into Extracare facilities.

## **Home Care**

The Department will be supporting an increasingly frail older population with complex social and health care needs in or near their own homes and shaping our services to promote independence.

There will be an increased emphasis on supporting a higher proportion of women and people from ethnic minorities and delivering more flexible services at home to support carers.

It is anticipated that we will be supporting a growing number of older people with learning disabilities living in their own homes, and supporting an increasing number of older people with dementia and their carers.

There will be a greater emphasis on home care services that promotes independence and active citizenship for older people.

In order to achieve these intentions we will:

- provide 25% of the home care service in-house.
- provide 75% of the service via independent sector providers.
- further expand the JackDawe Scheme to meet the needs of BEM elders with dementia.
- increase capacity of service to provide more intensive packages of home care,(additional 150 people by 2011)
- develop a 'Through the Night' service in conjunction with N.E.M.S. through specific investment of £225,000.
- expand the Sahara Team to meet the needs of eastern European elders

## **Intermediate Care**

The recent review of Intermediate Care contains proposals to improve the efficiency and effectiveness of the service. The key aims are to ensuring that Intermediate Care places are used to full capacity so that more older people with rehabilitation needs are able to access the service, and to reduce the unit costs of the bed-based service.

In order to achieve these intentions we will:

- set targets to reduce admissions to permanent institutional care

- re-configure the service to target older people on the verge of admission to permanent care.

### **Day Services**

Day Services play an important part in the support of older people who continue to live at home, and in supporting carers. In-house resources will focus on developing specialist dementia services for those elders with more complex needs, with an emphasis on promoting and maintaining independence for those most at risk.

In order to achieve these intentions we will:

- modernise day services and target those with more complex and intensive needs.
- work closely with partners to develop day services that are mainly concerned with providing social contact and stimulation.
- better co-ordinate in-house provision with universal services such as Sheltered Housing, Meals at Home, and Luncheon Clubs.

### **Meals at Home Service**

The meals service is an important component of promoting and maintaining independence, and providing greater choice and control for older people. The service will target more effectively those older people with eligible social care needs, and will link better with other provided services as part of an overall package of care.

In order to achieve these intentions we will:

- develop the meals service as part of a wider healthy eating and well-being programme linked to wider council responsibilities
- target meals commissioned by social services to those who meet the Departments' eligibility threshold for services.

### **Telecare and Assistive Technology**

The availability of government funding to pilot the use of new technologies provides an important opportunity to explore their potential. The following outcomes have been identified for Telecare:

- Enable people to live more safely at home by preventing falls and accidents
- Assist in the process of hospital discharge
- Act as a means of preventing untimely admission to residential care
- Provide focussed support and reassurance for Carers
- Act as a complement to intensive home care packages to monitor the safety of people at times of the day when care staff are unable to be present.

In order to achieve these intentions we will:

- develop a Preventive Technology strategy to make best use of the Preventive Technology Grant ( 2006-2008)
- target initial pilots to falls prevention and dementia care services.  
A second phase will consider:
- supporting people with long-term conditions – use of telemedicine in partnership with Health.
- enlarging the scope and scale of telecare within the City Council – for certain basic packages to be available for, e.g. to everyone over 65 years.

### **Equipment**

We will ensure that the needs of people with complex and long term care needs are met at the point of transition into older person's services. This will be coupled with the anticipated growth the number of older people with substantial needs who choose to remain living in their own homes for longer.

In order to achieve these intentions we will:

- ensure the service is able to respond to an increasing demand for equipment based on plans to support more older people in their own homes.

### **Prevention**

The Department needs to identify resources to map, co-ordinate and develop preventive services across all council departments and with those provided by partners in the voluntary sector. The timely provision of information to people which signposts them to all low level and universal services is seen as a key objective within the prevention agenda.

In order to achieve these intentions we will:

- develop a website which provides information on, and signposting to, all support social care and health services including welfare benefits.
- work with Independent Sector Partners to develop a Preventive Services Signposting and Support Resource.

### **Advocacy**

The Department will commission services which provide advocacy for older people, including those with mental health problems. The Mental Capacity Act provides a specific duty on local authorities under section 39 to make advocates available for any person who lacks capacity and for whom services are to be arranged.

In order to achieve these intentions we will:

- ensure Service Level Agreements with existing advocacy providers have capacity to undertake new duties in relation to older people who lack capacity, including those with learning disabilities.

### **Services for Carers**

In the 2001 Census, Nottingham had 23,895 people who reported themselves as carers, amounting to 9% of the population, just under the national average of 9.1%. Of these, 4,141 were over 65.

The Department funds a number of services for carers, either directly or through grants to voluntary organisations.

- The development of carers services should reflect the key objectives of maintaining the carers ability to care and giving them the opportunity to take a break.

In order to achieve this we will :

- update the Carers Strategy and undertake a review of services to carers to ensure that they meet carers needs
- establish a Carers Reference Group to ensure that stakeholders are involved in developing services for carers.
- Develop an information strategy for carers in all sectors of the community
- Develop a Carers web-site.