Joint Commissioning:
Examples from Nottinghamshire County Council's work with partners

1. Mental Health Support Services
2. Care, Support and Enablement for Younger Adults
3. Mental Health Supported Living – alternatives to residential rehabilitation and secure units
4. Partnership Homes, Learning Disability Residential Care
5. Integrated Community Equipment Service (ICES)
6. Mental Health Intermediate Care Services for Older People (MHICS)
7. Urgent Community Support Service (UCCS) Rushcliffe
8. A2A (Access to Advocacy, Specialist Advice & Representation)
9. Dementia Intensive Care Unit (DICU)
10. Social Care Support to Memory Assessment Services (MAS)
11. Home Care In-reach Pilot for People with Dementia in Hospital
12. Short term Assessment, Recuperation and Reablement beds (STARR service)
13. Independent Sector Partnership and Workforce Development
14. Carers Triage Worker

1. Mental Health Support Services

Background

Born out of the need to deliver 47% savings against the Supporting People budget for services for people with mental health needs, a service redesign commenced that sought to:

- Deliver the required savings
- Limit the impact on service users by achieving lower hourly rates and greater efficiency with contracts
- Integrate a range of budgets to deliver economies of scale
- Deliver closer working with Community Mental Health Teams (CMHTs) to improve the customer experience
- Involve service users in the design of services

The Commissioning Process

A project board was established that would oversee the development of the service specification and take the service to tender stage. The board included a representative from the CMHT Managers and a representative from the district /borough Strategic Housing Managers.

A piece of work was undertaken involving around 30 service users and their current service providers following the 'Working Together for Change' (WTfC) process. This looks at the individual experiences of service users to determine priorities for change. The process, which has been promoted by the DoH linked to the personalisation agenda, uses individual outcomes focused reviews to provide powerful insights into what is working and not working in people's lives, as well as their aspirations for the future. The information gathered was clustered and prioritised during a workshop event involving service users, providers and commissioners in one prioritisation exercise. Those priorities informed the development of the new service specification.

A separate consultation event was also held with a range of third sector mental health providers regarding the proposed structure for the new service.

The Service

The new services combine several elements of service into one package:

Core support: makes up the majority of the service, supporting people around issues of housing, benefits, debt, employment, training, volunteering, health management and improvement, community engagement and social networks. The focus will be on delivering recovery focussed support, building service users' own networks of support that last beyond the withdrawal of formal support. The contract is more flexible than previous arrangements, allowing the provider to use support resources to best effect. The contract also requires the provider to support people in a range of ways to improve efficiency e.g. through group activities, peer support networks and drop-in surgeries.

Crisis Link: working within Crisis Resolution & Home Treatment teams, this element of service primarily aims to intervene, particularly with regard to housing/debt related crises, in order to help avoid of hospital admissions.

Inclusion and Opportunity Work: an element of funding has been identified within the contract to challenge stigma and barriers to opportunity, and then engage with communities and business to open up opportunities for people with mental health difficulties. This has been linked to, and requires steering group representation in respect of, the co-production model of services being developed across the county.

Carer Support: the service will support carers by engaging with service users who are not in contact with services and therefore very dependant on their carers.

Outcomes
The redesign of and tender for new mental health support services will deliver a number of benefits:

- 47% (or £1.5m) savings
- Other smaller savings, linked to other ASCH&PP savings targets (Service Level Agreements and Carers Service) will be delivered.
- The winning provider, Framework Housing Association, has given a commitment that, when the service commences on 1st October 2012, no service users currently in receipt of a support service will lose that service.
- Over the course of the first year of the contract a target has been set for number of people receiving services to increase by 31%
- Referrals will be managed by CMHTs with much stronger links between CMHT referral co-ordinators and Gateway workers within the provider organisation, allowing the development of more effective prioritisation by teams, better consideration how this support service sits alongside reablement services that are still in development, and quick response (1-3 days) times for urgent cases.
- Outcomes for service users will be monitored in range of areas including: access to accommodation and moving through supported accommodation to independence; participation in employment/education/training/voluntary work; developing social networks; improved general health and mental health; and the provider will also be required to measure whether service users feel that they have 'a bright future and some goals' (which came from service users participating in the WTfC process).

Areas of innovation

- Involving service users in service design through WTfC
- Closer working between CMHTs and the contracted support service
- Broad set of outcomes monitoring that reflect service user priorities and focus on achieving sustainable independence

2. Younger Adults – Care, Support and Enablement Tender – supported living and outreach services for adults with learning disabilities, Asperger's, mental health issues and physical disabilities.

Background
In 2010/11 a tender process was undertaken to re-establish an Approved List for the above services. The existing list was for care and support for people with learning disabilities only and consisted of 21 providers who had bid in at a fixed price per hour which they would offer services at throughout the course of the contract. Prices ranged from £12.98 to £16.21 per hour. The lower cost providers had not, by the end of the contract taken on much work as they had not managed to build up a critical mass of hours to enable them to be cost effective as each new package of support may be offered in batches of 1 or small groups.
Contracts were due to be renewed and as the strategic direction was to increase supported living (as an alternative to residential care) we needed to ensure new packages of support were as cost effective as possible.

The commissioning process
The department employed a two stage tender process in order to establish who amongst the bidding companies (more than 50 of them) would be offered a place on this list.

The first stage incorporated general legal, financial and contract compliance checks as well as ensuring the provider was equipped to meet minimum standards relating to the service

specification. Successful candidates were then invited to tender by completing a series of statements relating to their ability to deliver the service in response to questions posed.

The final list was limited to 15 providers rather than as previously where all who met the criteria were accepted to encourage economies of scale to be developed over the period of the contract and asked for indicative rates below £14 per hour. Future work would require a further competitive process in which price was still a factor but service users were also involved in choosing their own support provider from the approved list. The provider could bid for this work at any hourly rate below £14 an hour.

Pricing was not part of the evaluation other than to ensure providers understood that there was a maximum price payable of £14 for any work undertaken.

Carers and service users were fully involved in the tender. A group of 3 carers who had family members in supported living designed and marked a specific question. There was also a service user question which 'We Can Do It' a service user run organisation was commissioned to develop and mark. They had full control over the process, and the only input from staff was to ensure that the question and marking criteria were appropriate for the overall tender process

Once the approved list had been developed, individual packages of support, or small groups where people wanted to live together, are commissioned via an expression of interest from any approved provider submitting a price (lowest 3 invited to next stage) and then being interviewed with service user input at whatever level the individual chooses. This gives the service user and/or their carer, where appropriate, a real choice of their provider.

The market and what we did to test this.
Market intelligence from many years of working with supported living providers, including regular provider forums to engage with the sector meant that we were aware that there was already a robust market in the area of learning disability, many of whom also had experience with other service user groups. Supporting People service providers were also approached to ensure a range of providers to cover the different service user types. The open advert encouraged providers operating in other areas to consider Nottinghamshire also.
Regarding price, we know we had some providers who were able to offer lower prices in other areas of the county but had struggled in Nottinghamshire because there were too many competing providers meaning they could not develop economies of scale. Benchmarking work undertake with other authorities also lead us to believe that some of the existing suppliers were able to deliver services at lower prices.

What were the outcomes and benefits?
The flexible pricing approach has led to the mean hourly daytime rate bid for new packages to fall from £15.33 in the first year of the previous agreement (Sept 08 - Sep 09), to £13.46 for the current agreement (Apr 11 – Apr 12).

Areas of innovation.
Flexible pricing model allows providers to bid competitively and flexibly with regard to the specifics of each individual package of support. This results not only in the achievement of Best Value for each commissioned service, but also that providers can tailor the costings according to the specific requirements of each person, creating a bespoke service that will meet the desired outcomes and also ensure the long-term viability of support in situations where issues such as rurality or specialist requirements have previously caused difficulties.

People using the service their and carers made a vital contribution to the tender, enhancing the person-centeredness of the process and helping to ensure both the quality and value-for-money of the final approved list.

3. **Mental Health Supported Living – alternatives to residential rehabilitation and secure units** (work in progress)

Background
In younger adult mental health services there are currently a number of rehabilitation hospitals in Nottinghamshire. There were 7 open units and one locked, all run by the NHS. They accommodate people with the highest needs with serious, long-term mental illness.

Working with health partners we have identified that many people stay in these hospitals much longer than they require because there is little appropriate step-down accommodation and support available. Many people, even at quite young ages, when they do eventually leave the rehabilitation units, go to residential care rather than services which would seek to promote their independence. Both these delayed discharges and moves to residential care mean these people have poor outcomes and are very expensive options. A recent review has indicated that approximately 40 people are ready to leave the open units and a further 12 from the locked unit.

The commissioning process/market testing

NCC commissioners have been working improve care pathways for these very vulnerable people with the primary aim of setting up a range of new 24 hour supported living projects around the county.
A big issue with providing the right care and support is getting the right housing. Therefore we have set up a pilot with providers from our Care, Support and Enablement framework who are also able to provide housing to develop supported living for people leaving rehabilitation hospitals. This pilot was to test the demand for such accommodation and market test the development of new supported living arrangements.
This is an interim arrangement which will be reviewed following the completion of a tender for approved housing providers which is nearly finished and is likely to give us 3 housing providers who will develop bespoke housing options for the continued development of supported housing across all younger adult groups.

What were the outcomes and benefits?

The first unit for 4 people has opened in Worksop and is already full. We are using the success of this project so far to work with providers to develop more projects in all parts of the county. The cost of a rehabilitation hospital bed is £2100 a week and at present the average cost of supported living in Worksop is £473 per week. For those with the highest needs there are likely to be clear financial benefits from supported living over residential care. Upon discharge in the past service users have often gone to residential care at an average cost of £1996 a week.

There are clear positive outcomes for service users. Instead of remaining in NHS units we are giving them the opportunity to move on to well supported, good quality accommodation that will promote their independence, social inclusion and improve their incomes dramatically whilst ensuring we keep them safe. There are also clear financial savings to NCC and the NHS because supported living is cheaper in the long-term than the cost of hospital beds or residential care (as people's independence improves so their need for support can fall).

Areas of innovation.

NCC worked with local Clinical Commissioning Groups (CCGs) to assess the rehabilitation services and proposed that the council could deliver improved pathways out of hospital that would enable hospital units to be freed up to work with more appropriate people with higher needs. Working as a partnership NCC asked for and received a transfer of £900k to provide additional

staffing resource to develop new supported living arrangements and enable the individuals to move. This work has been highly innovative in working with health partners to jointly assess and deliver improved care pathways, service models and outcomes, with partnership agreements about funding that support both agencies and avoid 'cost shunting'.
Without taking a proactive approach to the risk this posed to ASCH&PP, based on clear intelligence around potential needs and the strategic direction for people to have more community based support, the future costs are likely to have been much higher. Undertaking this joint commissioning has strengthened links with health as they are also seeing the benefits in terms of savings.

4. PARTNERSHIP HOMES, LEARNING DISABILITY RESIDENTIAL CARE – 2011/12

The service and reasons for change

The joint re-commissioning covered eight existing residential care homes for people with learning disabilities (mainly complex needs), previously managed by the NHS Trust and last re-tendered by Nottinghamshire PCT and Nottinghamshire County Council in 2006. Total running costs in 2009/10 from NCC and Notts PCT was £5.79m for the 89 bed spaces. Due to a shared strategic objective to increase use of more supported living options that promote independence rather than use residential care as a first choice for younger adults, it was recognised that it would become increasingly difficult to fill voids and therefore the homes would become more expensive per individual. It was also identified that in some cases individuals would benefit from supported living or a change in who they lived with. Service user mixes had evolved over time and people did not always get on with the people they lived with.

Therefore, as part of the 2011/12 contract, providers were asked to review the current situation of all service users and remodel services to ensure on-going sustainability to meet the needs of existing and future service users. Commissioning moved from semi block arrangements, to individual unit costs, shifting the responsibility for managing viability back to the provider.

The process

A consultation event was undertaken with all family carers and their views fed into the service specification alongside those of frontline staff and health colleagues. A group of 5 carers were then involved in setting and marking the questions for providers, along side front line, commissioning and procurement staff. Service users were all asked if they wished to take part but only one person expressed an interest in doing so. He has been engaged in the new provider induction and will be undertaking some peer mentoring. The tenders were marked on a 50/50 split between quality and price.

An open, two stage tender was undertaken, with a capped price based on the existing staffing levels, including any individual 1:1 hours which were being delivered. In order to deliver efficiencies as part of the re-modelling, the cap was set at £300,000 per annum below the 09/12 spend assuming all 89 bed spaces were filled.

The two stage tender established provider's experience in delivery not only residential care but also supported living and their experience of change management and staff TUPE as well as ensuring standard legal, financial and contractual requirements could be met

The market and what we did to test this.

There is quite a developed local market for both residential care and supported living but as we wished to ensure the new provider would seek to remodel some of the existing provision we did some soft market testing by meeting with six of our larger providers to talk to them about what we need to achieve, how this type of reprovision had been managed in other areas and what the best

approach would be. Rather than being prescriptive, it was decided to allow the successful provider to take the lead of the reprovison, with the final approval of plans by the Council.

What were the outcomes and benefits?
The successful provider offered actual savings of a further £788,000 over the four year period (i.e. maximum contract price was £22m and bid came in at £21,212,000 inclusive of inflation expectations.)
The contract was let in July 2012 and the provider is currently working to develop plans for remodelling talking to housing providers and working closely with social care staff to undertake reviews and person centred assessments and having regular meetings with family carers.
Staff transferring over have been pleased with the result of the tender. Four of the homes were previously under contract with NCC direct services and no objections were raised by the Unions regarding the final choice of provider.

Areas of innovation.
Soft market testing enabled conversations with providers upfront to ensure that the expertise required was available. This also enabled us to hear how similar projects had been undertaken in other areas which gave confidence in the feasibility and style of the tender.

This was a complex tender due to TUPE issues relating not only to Local Government Pension scheme but also to NHS pensions. In order to protect the council from potential shortfall costs the tender asked the prospective providers to state whether they were going to offer a comparable pension or apply to become associate members of the LGPS and/or NHSPS. Actuary information was given to providers and Government Actuary department was engaged to negotiate around the NHS pensions. Any shortfall in pension was to be built into the bid price by the provider ensuring that there could not be unexpected additional costs.

5. Integrated Community Equipment Service (ICES)

Nottinghamshire County Council is the lead commissioner for an integrated community equipment service partnership for adults and children. The arrangements are made under a section 75 agreement of the 2006 National Health Service Act and include Nottingham City Council, NHS Nottingham City, NHS Nottinghamshire County and NHS Bassetlaw. The partnership selected and awarded the current provider a three year contract which started on April 2011 at a value of £5,360.123 per annum, with the option of extension for a further two years.

Community equipment and the ability to have it put in place quickly, is a vital component for partners to achieve their shared priority objective of supporting more people in their own homes and facilitating timely and safe discharges from hospital. As more people are supported at home with increasingly complex needs, the demand for more costly packages of equipment is steadily rising.

The commissioning process

The current contract replaced two separate contracts for the North and South of the County. Partners agreed to merge into one contract to provide greater consistency of approach, performance and policy on equipment, deliver efficiency savings from the provider through scaling up the service, as well as internal administrative processes of the partnership. A joint specification was designed alongside a Partnership Agreement which agreed each partner's contribution to the budget and mechanisms for managing risk

The market and what we did to test this.

ICES has been a mandatory requirement since April 2004 and there are a number of key service providers already established across the country. A Project Officer was appointed to oversee the process, and carry out a benchmarking exercise of existing services. In particular, to analyse the two existing services, enabling the Partners to make key decisions on how the service should be run going forward.
The OJEU tender process advertised and invited expressions of interest, using the then available Department of Health Resource Hub. Interested parties were offered the opportunity to visit the Nottinghamshire service and were able to ask questions and request further information.

Outcomes and areas of innovation

- Improved co-ordination of the service and consistency of policy regarding both the use of equipment and who it is provided to
- The design of the new combined contract delivered £300,000 efficiency savings for Nottinghamshire County Council (children and adults)
- More equipment being delivered quickly and also returned for re-use
- Staff in multi-agency teams assessing for equipment is resulting in less duplication of assessment
- Less delays due to agreeing whether health or social care is responsible for providing the equipment
- Demand is rising for the equipment, placing increased pressures on this budget. The Partnership is well placed to agree a shared approach to address this and ensure a consistent approach to appropriate prescribing, value for money and demand forecasting into the future.

6. Mental Health Intermediate Care Services for Older People (MHICS)

The service

The service is for older people with mental health problems and/or dementia. It is a time limited intensive service which is provided in the community through district multi-disciplinary teams.

The first team started in Rushcliffe in September 2008, followed by Newark & Sherwood in 2010 and Broxtowe in 2011. Plans are in place for further roll-out of the service across the county to include Bassetlaw, Gedling and Mansfield & Ashfield by the end of 2012-13

The focus of the teams' work is;

- to provide rapid assessment to people in the community at risk of losing their independence and to provide support to avoid unnecessary admission to hospital or care
- to work with individuals and their families to facilitate timely and safe discharge from acute and specialist mental health beds
- to support people in residential care who wish to return to the community.

Specific targets are to;

- reduce the numbers of avoidable hospital admissions
- reduce length of stays in hospital
- prevent avoidable admissions to urgent short term care
- reduce inappropriate admissions to long term care by
- increase numbers returning to their own homes
- improve the quality of life/wellbeing for both the patient and carer

Trigger points for referrals include;

- breakdown in informal carer arrangements
- concerns re mental health and possibility of admission under the mental health act
- significant self neglect
- persistent refusal to accept or to engage with services.

The teams work closely with mainstream intermediate care services and mental health services for older people. MHICS will often signpost and support people to access more appropriate services where a referral to their service is inappropriate.

The teams also work with people who may not have had a formal diagnosis and refer to and receive referrals from the memory assessment clinics. Assistive technology is utilised through, for example, the installation of smoke and care alarms and the "Just Checking" system.

Commissioning process

The service was the result of joint work following the announced closure of some long stay inpatient provision. Extensive work was undertaken to identify the potential impact of the reduction of inpatient beds on social care and primary care, this involved NCC, Nottingham City Council, Notts Health Care Trust, Nottingham University Hospital, Notts County PCT and the relevant GP commissioning groups. The result of this work was the development of a number of alternative services to mitigate against the anticipated increase in demand for social care and primary health care services; these were funded primarily by reinvestment from the closure of the inpatient facilities. The services were focused on prevention and crisis avoidance.

There was also a formal consultation process with services users, carers and the general public plus further involvement events around the implementation of the National Dementia Strategy.

The market and what we did to test this.

Work was undertaken with a range of stakeholders; population forecasting and modelling tools were used to predict the likely increase in demand for services.

Pilot projects were initiated to test different services and ongoing evaluation and monitoring has been undertaken.

The outcomes and benefits.

In the areas where the MHICS teams have been operational there has been a reduction in length of stay on the mental health older peoples' wards, a reduction in admission to long term care and a impact on the number of admissions under the Mental Health Act.

Recent reports show that 75% of people discharged from the MHICS teams in July-September 2011 were still at home 90 days after discharge and 67% after 180 days.

In addition, the teams have facilitated discharges from specialist mental health beds into residential care homes in cases where such a move had been previously considered impossible. They have also enabled the discharge of people from residential care back into the community through intensive short term support.

Areas of innovation.

- The teams are mainly located in primary care centres, this has facilitated closer working with primary care staff. The Community matrons and district nurses are located in the same

building and close working relationships have been established.

- The teams use NCC Framework as well as the NHCT electronic recording system; this facilitates the sharing of information and provides one system for the collection of data and performance reporting.

- The open referral system means that the teams are more accessible to families and informal carers as well as professionals and service providers.

- They develop trust with individuals and carers who have been resistant to support and, therefore, reduce the risk of admission to hospital or residential care.

- The team works with domiciliary home care providers to increase their skills in supporting people with challenging behaviour.

7. Urgent Community Support Service (UCCS) Rushcliffe

The service

The Urgent Community Support Service is the result of joint commissioning by one of the CCGs, Principia Rushcliffe and Notts County Council. It is currently provided by East Midlands Crossroads.

The service is a crisis avoidance/response service providing both health and social care through a team of generic workers. This aims to support service users to remain at home and avoid an unnecessary hospital or urgent short term care admission.

Service objectives:

- Provides an Urgent Community Support Service offering immediate support, to triage and stabilise service, therefore avoiding unnecessary admission to hospital, urgent or residential care
- Provide support and care for a maximum of 5 working days while alternative services are co-ordinated
- Work closely with all other partner agencies involved in the patients' care to provide consistent and responsive care pathways
- Data collection and analysis of the interventions or support that enables people to stay at home and avoid hospital admission. Including an evaluation of the contribution that the Urgent Community Support Service makes to admission avoidance and to evaluate the role of the Community Ward Support Worker.

Commissioning process

The service was a partnership development between Principia Rushcliffe, Community Health Partnership (CHP) and Nottinghamshire County Council. Officers from all the partners worked together to identify the problem, design a solution, write the specification, commission and procure the service, implement and then monitor.

Service users were consulted through the CCGs Patient Participation Group.

The market and what we did to test this.

There was inadequate rapid response capacity across health and social care services in Rushcliffe which was causing problems in terms of preventing people from being admitted to and discharged from hospital. There was a general perception that there was a gap in service provision which had

been created by both a lack of capacity and the division of responsibilities between organisations, with existing services covering health or social care needs, but not both.

This gap was seen to be detrimental to service users as they either had a number of different workers coming into their home or a delay or gap in their care when services were not co-ordinated. It was believed that this has often led to either emergency admission into hospital or short term residential care or a delayed hospital discharge. From an organisational perspective the current division of services did not make the most effective use of resources (i.e. staff time and skills) and is not in the interest of the patient. The idea of a generic social care and health worker was put forward as a potential solution to some of the difficulties identified and a pilot project was initiated and funded by both the CCG and NCC.

The project ran for 12 months during which time close monitoring and evaluation was undertaken and at the end of the 12 months it had shown that it had been successful in diverting people from hospital or urgent short term care admission and so continued funding was sought from the Reablement funds.

Source	No	Yes Care Home	Yes Hospital	Grand Total	Savings (02/03/2011-30/06/2012)
Adult Social Care and Health	6	1	27	34	£67,500
Community Matron	16	2	28	46	£70,000
GP	14		27	41	£67,500
Other	1		8	9	£20,000

The outcomes and benefits.

The service enabled service users to remain at home rather than be admitted in to hospital care, urgent care or residential care unnecessarily.

Benefits include:

- Quickly triage and stabilised service users health conditions and social issues
- Integrated service user care delivered by a community multi disciplinary team
- Service users able to stay in their own home
- Case management and enhanced communication of care to both service user and carer
- Improved service user satisfaction and opinion

The table below shows, the source of referral, the outcome in relation to whether an admission to hospital has been saved or not and where savings have been made the value.

Senior District Nurse	13	1	52	66	£130,000
Senior Therapist	2		21	23	£52,500
Grand Total	52	4	163	219	£407,500,000

Areas of innovation.

The service is based on a shared commitment to provide early intervention to people in their own homes to avoid further deterioration or crisis. The service forms part of the integrated care model developed locally; service users are admitted onto the 'virtual ward' whilst in receipt of the service.

The staff have the appropriate skills to be able to provide basic health and social care. Timely support avoids delays resulting from a lack of clarity regarding which service should provide specific input.

8. A2A (Access to Advocacy, Specialist Advice & Representation)

The service and reasons for change

All health and social care agencies across Nottinghamshire County and City Council worked with providers to develop a new information, advice and advocacy model. The new contract from April 2012 now incorporates a range of services, including both statutory and specialist advocacy, delivered by one organisation with a single point of access, making a more cost effective service that is easier for citizens to access.

Under the previous arrangements NCC contracted directly with advocates (eight organisations) under "Block" annual payments with little control over activity or cost(s). This expired at the end of March 2011, however the Council extended the arrangements for a further 12 months to allow the cross county working group to review and agree its needs going forward. As part of the extension, in the short term existing Advocate rates were renegotiated and delivered a reduction of £96k (14%) against the 11/12 budget (£700k). The renegotiation also allowed engagement and key messages to be provided to the market on future needs.

Whilst historical data concerning activity and performance was sparse, views across the City, County Health & PCT's and from the provider forums confirmed that in relation to the delivery of Specialist Advocacy, approximately 60%-70% of activity related to Information, Advice, Signposting or Supported Signposting, with actual face to face Advocacy only being circa 30%. This raised the concerns of "burning" expensive advocate rates for a service that should be cheaper to deliver.

Performance quality varied greatly across the advocates, providers and also geographically. There were no incentives for advocates to "move on" or resolve cases promptly and no outcomes based measurements. The partnership agreed there was a need to instigate a change to the whole of the advocacy delivery and arrangement(s) with a move to a focus on outcomes & outputs, but also around effective performance and cost management.

The commissioning process

A new model was developed jointly through forums with all partners and providers. Service users would have one point of contact across the County of Nottinghamshire via an A2A (Access to Advocacy) service designed to meet the needs of any service user via a triage process. Managed by the agent, this includes any and all requirements for advice, information signposting and supported signposting at the point of contact. Access to Specialist Advocacy is only targeted at those with the direct need, the most vulnerable in society and the advocates are associates of the Agent.

The market and what we did to test this.

The local provider base ranged from large national organisations to small independent (one person) providers. A series of forums were held for providers to input into the development of the operating model, the market engaging strategy, specification(s) and how an outcomes based arrangement through the agency Model could be delivered. This included the move away from "block payments" without any link to outcomes and outputs

Outcomes and areas of innovation

The approach was nominated for the 2011/12 CIPS Supply Management Awards, Best Public Procurement Project

For the first time intervention levels have been clearly defined for advocacy provisions (Statutory & SA) into "Brief/Standard/Complex & Exceptional" with agreed average hours per intervention that can be then performance managed across the whole delivery. There had been no visibility over activity under previous arrangements.

The model, tender, specification, scope & approach creates future proofing, in that other associated and similar community services can simple be added to the A2A service.

The contract and arrangement is outcomes based, the structure of the contract and the whole basis of payment is linked to outcomes and outputs performance management around service delivery and the management of associates.

The contract will deliver over its 3 year initial term savings of £340k against a total baseline spend of £2.4m or £800k P/A.

Further examples of specific services funded through NHS Support to Social Care funding

9. Dementia Intensive Care Unit (DICU)
A new in-patient service for people with dementia and complex needs is being developed at Highbury Hospital by Nottinghamshire Healthcare Trust. This will be a county-wide service which will offer a short-term, intensive and specialist support to people who have very difficult to manage behaviour. It is likely that many of the people using this service will require assessments for NHS Continuing Healthcare for their ongoing services. This may create additional work for the social care teams who will be required to partake in multi-disciplinary team meetings and detailed care planning. Additional social care support for this service is requested to cover the additional work which is likely to arise from this specialist unit.
Total Funding required: £45,000

10. Social Care Support to Memory Assessment Services (MAS)
Early diagnosis of dementia is one of the key aims of the National Dementia Strategy and locally both Primary Care Trusts have committed additional funding to extend the provision of Memory Assessment Services across the county. In the 2011-12 NHS Operating Framework the Department of Health stipulated that funding should be made available to local authorities to

provide social care support to the memory assessment services; the local allocations were £124,000 from County Primary Care Trust and £20,000 from Bassetlaw. Although this allocation was only made available last year the Department of Health expects that local authorities should make a similar allowance from the s.256 funding to maintain this service. Some funding from 2011-12 was transferred to this financial year so only part year funding is required for 2012-13. Currently the service is provided by the Alzheimer's Society.
Total Funding required: £72,000

11. Home Care In-reach Pilot for People with Dementia in Hospital
There is evidence that people with dementia remain in hospital longer with an increased risk of moving onto residential and nursing care. A small scale pilot project has been introduced this year to improve services to people who have dementia and are in hospital. The pilot project has been established to see whether the experience of being in hospital can be improved and the stay shortened by maintaining the links with any already established home care service. The project is being undertaken in a couple of wards at Bassetlaw and the Queens Medical Centre Hospitals with a limited number of home care agencies.
Total Funding required: £10,000

12. Short term Assessment, Recuperation and Reablement beds (STARR service)
The Short term Assessment, Recuperation and Reablement Service (STARR) covers the Assessment Beds and other bed based services which support timely hospital discharges and provide an opportunity for recuperation. This includes beds which have been used for people being discharged from hospital who are unable to return home as they have upper or lower limb fractures otherwise known as non-weight bearing fractures. The service which has been used to support people with upper or lower limb fractures has primarily been in Bassetlaw, Newark and Sherwood. In order to maintain this service and to extend it into other parts of the county funding is required for physiotherapy support.

The assessment bed service provides an alternative environment for recuperation, assessment and reablement for older people who are medically fit and no longer need to remain in hospital, but at the time of discharge are unable to return home and so are at risk of being admitted into long-term residential care. Over the period of the pilot which ran from October 2011 - March 2012 the assessment beds proved to be so successful in some areas that an additional eight beds were established in two of the remaining Nottinghamshire County Council care homes. The pilot project demonstrated that approximately 40% of service users who access the assessment beds service return home rather than moving into a long-term residential placement. Of the other 60% of people some are readmitted to hospital, some move into long term care, some transfer to residential intermediate care or short term care and a few die. For the 40% returning home this is a good outcome, both for the service user and the County Council as it enhances peoples' quality of life, maximises independence and reduces the number of people in long term care. In order to maintain and expand these services continued funding is required.
Total Funding required:
Assessment beds - £400,400
Non-weight bearing fracture beds - £200,000

13. Independent Sector Partnership and Workforce Development
Nottinghamshire County Council's Workforce Development and Planning Team are working on a project with the Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD), which is currently hosted this authority, to develop the NPSCWD into a new independent organisation. This new NPSCWD will be an overarching workforce development organisation which will deliver a holistic approach to workforce planning and development. It will enable care providers to identify their own workforce development needs, share resources and work together to embed excellent working practices. It will include representatives from all areas of the care sector; residential and domiciliary services, voluntary carers and organisations and personal assistants.

NCC is requested to fund and host a strategic manager and a training co-ordinator to facilitate the development of this new organisation, training for managers and delivery of a dementia programme to the workforce. This proposal is for a two year period up to 31st
October 2014.

A temporary End of Life and Dementia Workforce Development Officer post has been funded for the past 3 years by Strategic Health Authority to work with independent sector providers to improve the quality of services for people with dementia and at the end of life. However, this funding will cease on 31st March 2013 so it is recommended that the current temporary 0.7 fte (26 hours) Workforce Development Officer, post is funded from S256 monies when Health funding ceases on 31st March 2013 for a further year.
Total Funding required: £378,352

14. Support to Carers
Nottinghamshire County Council already provides a number of carer specific services but sometimes identifying carers and ensuring access to services is problematic. It is important therefore that the Adult Access Team at the Customer Service Centre (CSC) is fully equipped to identify and support carers so a temporary Carers Triage Worker post has been created to work within the existing Adult Access Team for 12 months. This post is to be part funded through carers' specific funds and part from s.256.
Total Funding required: £23,236