

# Care provision, integration and continuity

## Indicative score:

**3 - Evidence shows a good standard**

## What people expect:

"I have care and support that is co-ordinated, and everyone works well together and with me."

## The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

## Key findings for this quality statement

As part of the local authority's transformation plans, the focus was on care market recovery following the pandemic and the quality and development of services. Staff told us about a new operational model for commissioning and contracting where the aim was to support providers through understanding what they (providers) needed and what made a difference for people who use services.

There were plans to work more effectively with health partners to support people with more complex needs. There was limited provision in Nottingham for the complexity of the people they were working with. This included a lack of resources for people in their 50s to 60s as well as young people with mental health needs, as well as a lack of accommodation options for people overall, resulting in people being referred to adult social care.

Some good quality work was happening to address some of these issues, such as in the supported living team. Previous improvements in the availability of homecare had made a difference for people, reducing delays in waits for care, and there were positive outcomes for carers in accessing support services allowing them to take a break from caring. A new mental health reablement scheme was being introduced to help prevent isolation and help prevent admission to mental health services. There were plans for expansion of the shared lives service to make more placements available for people to live in a family home environment with care provided from within a family unit.

To relieve some pressure from frontline staff, a new brokerage function was currently being developed to source placements and care packages. The purpose of this service was to effectively manage all requests from adult social care, ensuring better value for money and consideration of market pressures, which had been identified as an issue.

It had previously been a challenge for the commissioning team to deliver a high level of service due to a large number of staff vacancies. However, the team had now expanded and told us they had more time for care reviews, conversations around appropriate commissioning, and working with teams to improve how they find out about people's needs.

Senior staff explained the long-term strategy was to stop people going into the wrong care settings, change the more traditional care settings and focus on prevention. Residential placements were seen as a last resort. Plans included reducing the volume of residential care services, developing more independent living options such as extra care and supported living, increasing the use of direct payments, and addressing workforce recruitment and retention challenges.

A large commissioning review of the current homecare provision was starting as it had been identified that the current framework and model was not always appropriate for people's needs. Nottingham has a large older adult care home market with an over-supply of residential beds leading to lower occupancy levels in some homes. However there was an under-supply of residential beds with nursing and/or complex care provision, leading to placements being sourced out of the city to meet people's needs.

Care providers reported staff recruitment and retention pressures in their sector and an increase in demand alongside an increase in the complexity of people's needs. Some providers told us they felt the local authority could have worked more closely with them at an earlier stage, in terms of the accommodation they had available. They told us there was a lack of specialist accommodation for people with complex needs, but also felt there could be a lack of an awareness by some staff as to the costs associated with services. There had been no provider forums since COVID-19, but they understood the local authority was planning to address this now. Provider forums were opportunities for local care providers to meet up together along with the local authority and share concerns, ideas, and good practice.

One care provider told us it had collaborated with the local authority in relation to the new supported living model. Another provider gave positive feedback, which included the local authority having a clear process to establish fee rates for the following year, which helped them with their own planning. Some joint working had taken place with providers including a co-production exercise in December 2022 to March 2023 in relation to cost of care and market sustainability.

