An introduction to Public Health and Adult Social Care

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Nottinghamshire County Council

Content of presentation

- Overview of the key responsibilities and objectives of Public Health and Adult Social Care
- What do we do
- Key issues for the services over the next 4 years

Public Health is

'The science and art of preventing disease, prolonging life and promoting health through organised efforts of society'

Acheson 1988

Public Health Senior Team

Barbara Brady,
Interim Director of Public Health (statutory post, joint appointment between LA and Secretary of State)

Kate Allen
Public Health
Consultant

Jonathan Gribbin
Public Health
Consultant

John Tomlinson
Public Health
Consultant

Liann Blunston
Public Health
Consultant

Public Health Function hosted in Adult Social Care & Health

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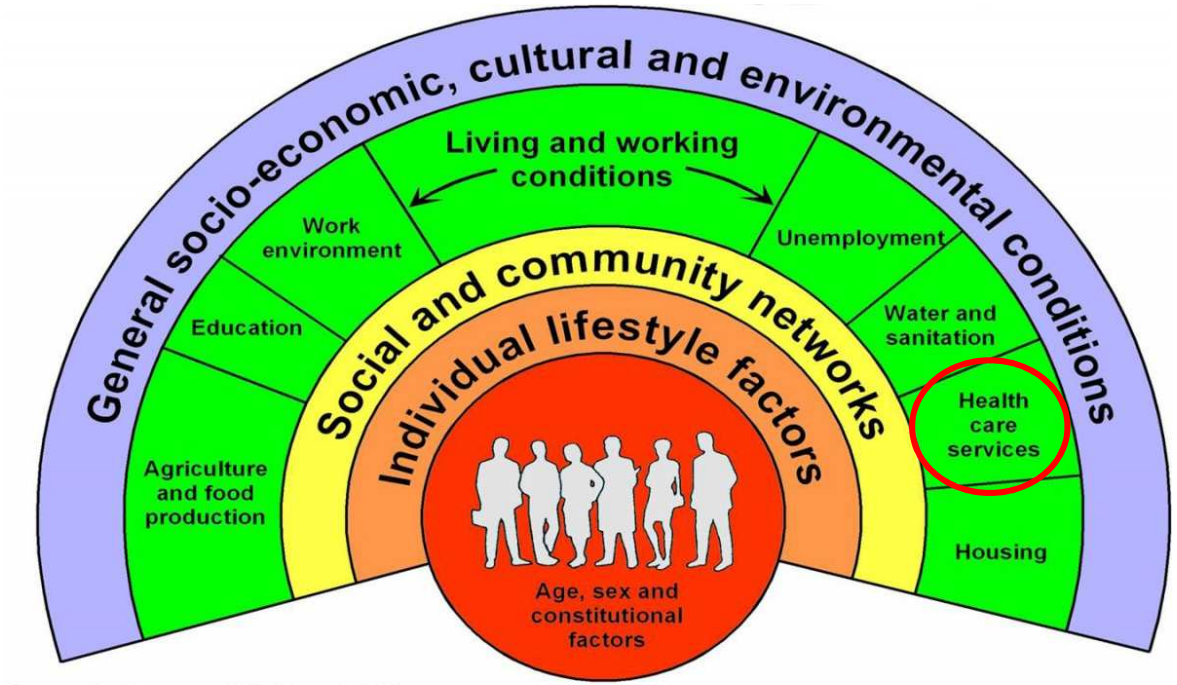
The Determinants of Health



Source: Dahlgren and Whitehead, 1991

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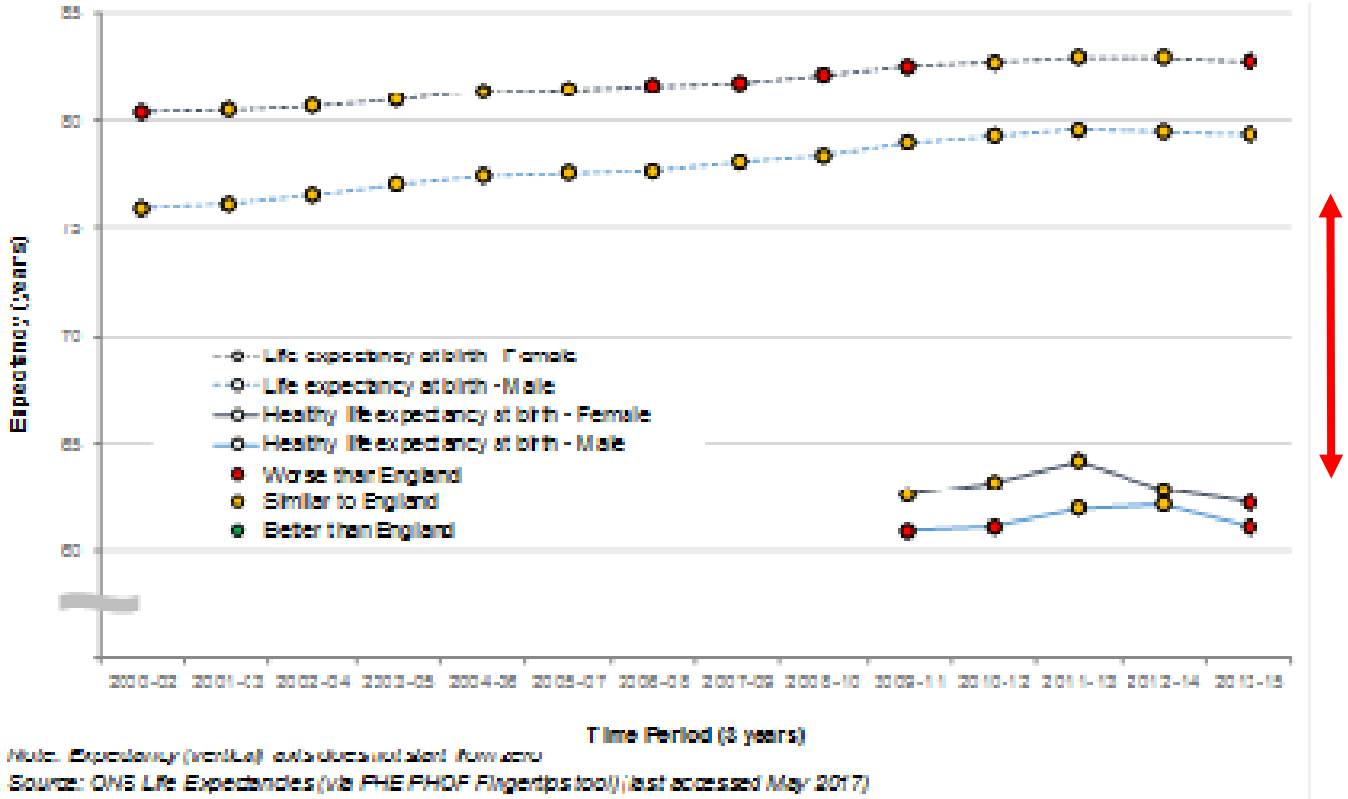
Key Messages

- Health starts long before illness - in our homes, schools and jobs
- Your community or job shouldn’t be hazardous to your health
- All citizens should have the opportunity to makes the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background

Nottinghamshire Trends in Life & Healthy Life Expectancy



This is the gap between Life Expectancy & Healthy life Expectancy

HLE is based on survey data in which individuals describe themselves as being unhealthy this includes physical and mental health

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The Health Gradient In Nottinghamshire

7 year difference between the north and south of county for men's Healthy Life Expectancy, 6 years for women's

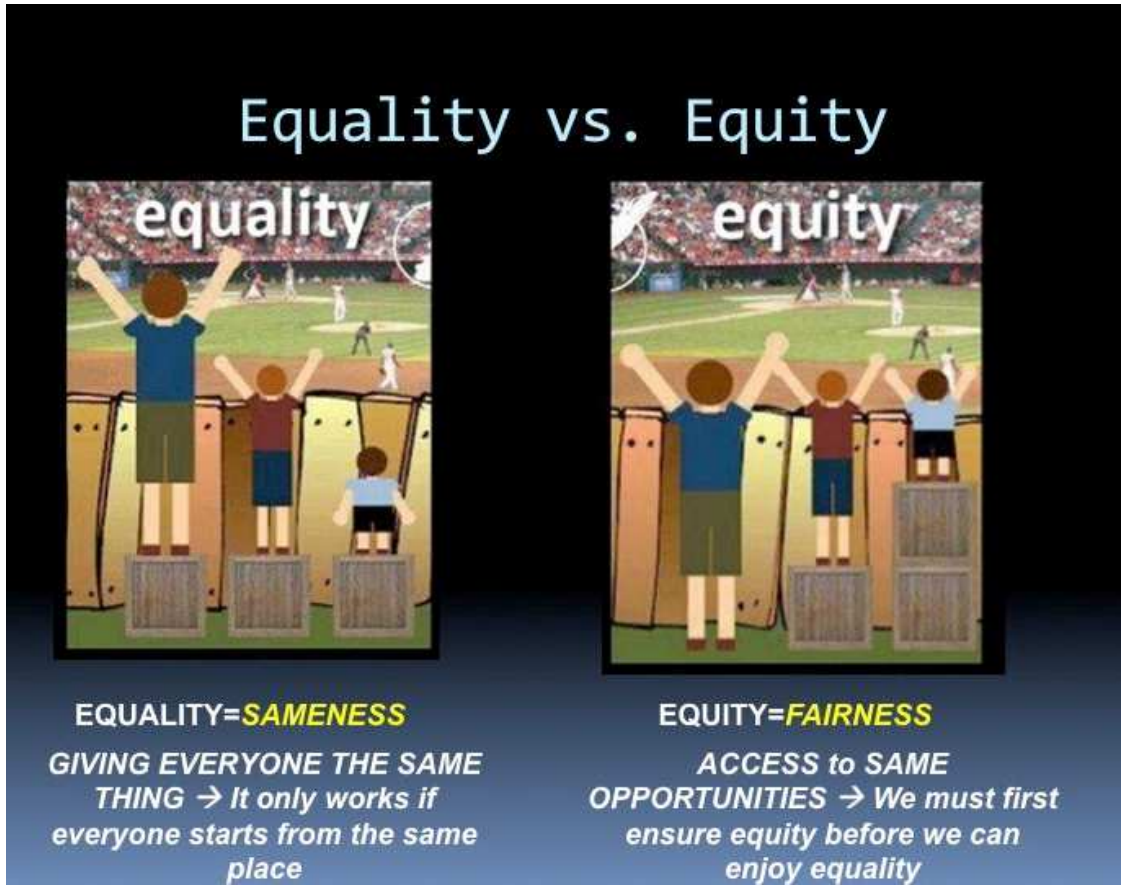
What Public Health do

2 Broad categories

- Commission PH services which are FREE at the point of use - services provided by another organisation
- Professional advice to influence policy and practice of others both within NCC and externally in order to secure health gain for our citizens

Professional Advice Based On

- Evidence of what works
- What the community needs



Preventing Disease or Ill Health

- **Primary prevention** aims to prevent disease or injury before it ever occurs.

- **Secondary prevention** aims to reduce the impact of a disease or injury that has already occurred.

- **Tertiary prevention** aims to soften the impact of an ongoing illness or injury that has lasting effects.

Public Health touches almost every area of policy

Planning, transport, highways, education, housing, public safety, leisure, economic growth, older people and much more…..

Statutory (mandatory) functions of Public Health

- PH advice to NHS commissioners (Local Clinical Commissioning Groups)
- Health Emergency planning
- National Child Measurement Programme*
- Sexual health services*
- NHS health checks*
- PH services for children aged 0-19*

* Secured through services commissioned by PH

Local PH Priorities

These are based on needs assessment work and usually take a cradle to grave approach

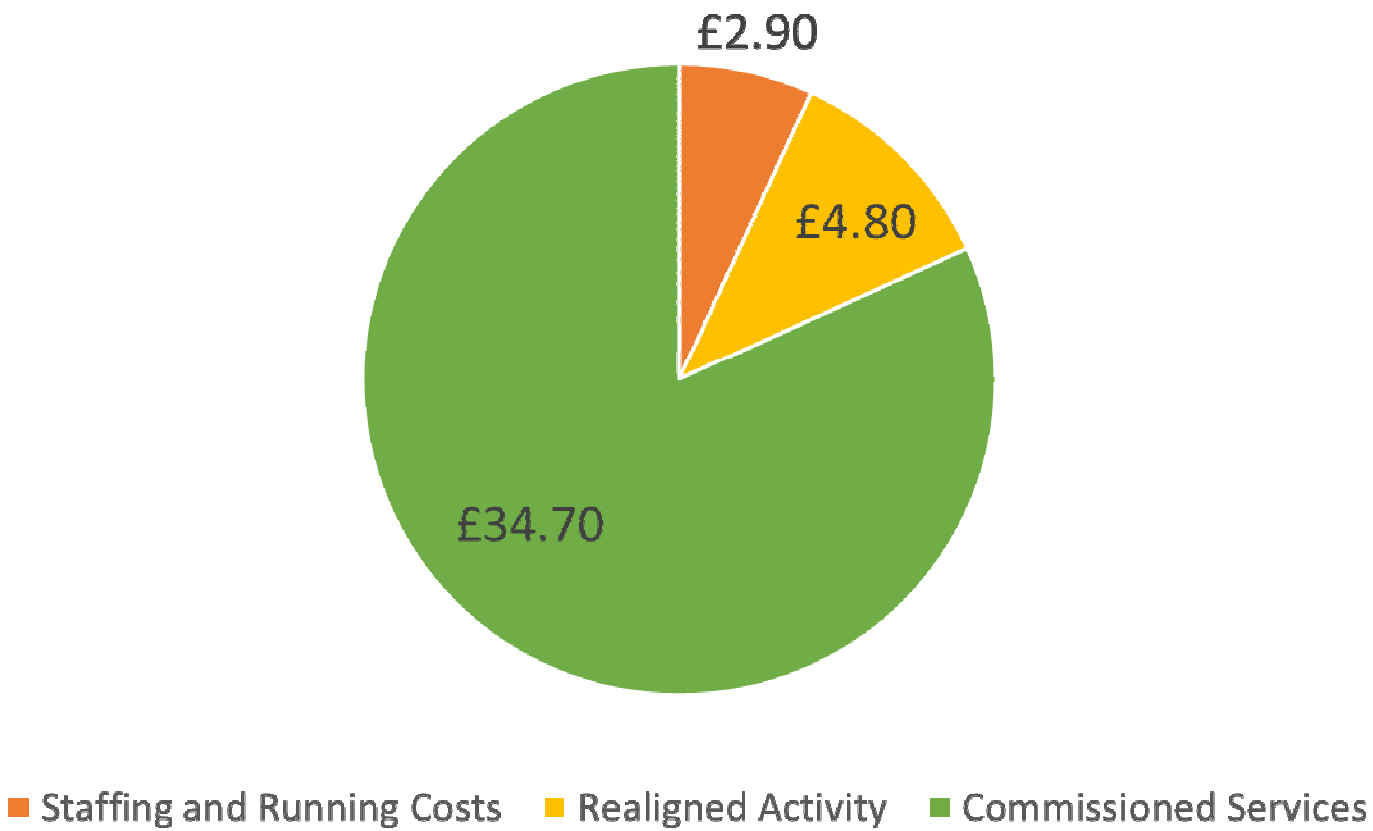
- Tobacco Control (including workplace health)
- Obesity Prevention and weight Management
- Substance Misuse (drugs and alcohol)
- Domestic Violence and Abuse
- Oral health
- General Prevention

Realigned Activities.

Recently other parts of the council have been drawing on Public health funds.

- Children's Centres (CFCS)
- Supporting People: Housing support (ASCH)
- Moving Forward (ASCH)
- Mental Health Coproduction (ASCH)
- Notts Help Yourself Website (ASCH)

Public Health budget 17/18 in £ millions



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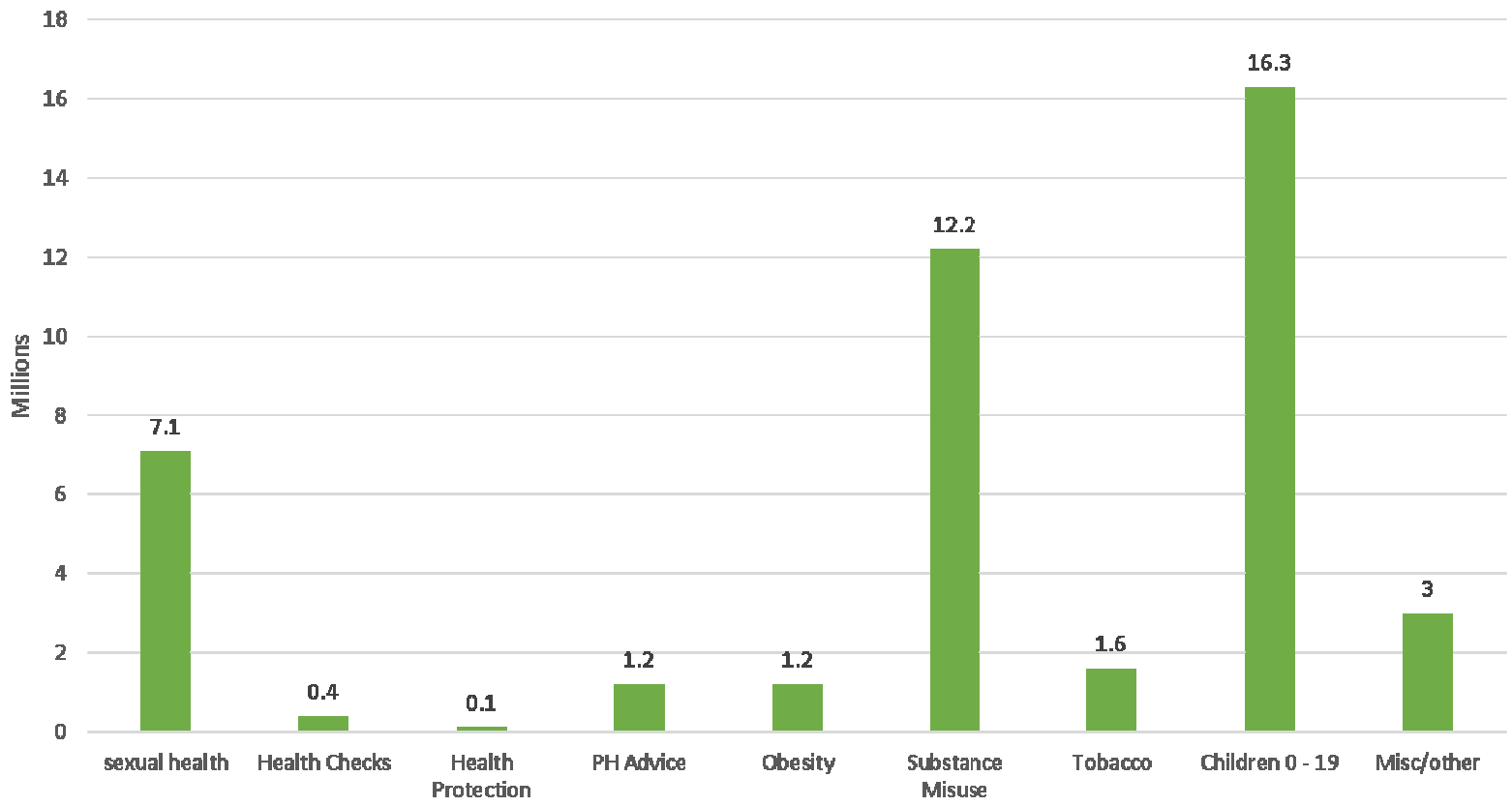
PH Expenditure by Category 2015/16



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Unique to NCC

- PH host the Integrated Children's Commissioning Hub for 5 of the county's CCGs (excl Bassetlaw)

- CCGs remain the responsible commissioner for children's health care, maternity and mental health services, but the ICCH focus on securing service consistency and good outcomes.

Full cost recovery

Funding for Public Health

NCC currently receives a ring fenced grant for PH with nationally set conditions

Year	Allocation in millions
2016/17	£43.2
2017/18	£42.2
2018/19*	£41.1

*Indicative allocation

From 2019/20 funding will be via Business Rates Retention.

Public Health Outcomes Framework (PHOF)

Allows Local Authorities to measure their outcomes in comparison with others:

- Improvements on wider factors that affect HWB
- People helped to live healthy lifestyles and make healthy choices
- Population is protected from major incidents and threats
- Reduce number of people living with preventable ill health and dying prematurely

Working as Part of a Bigger System

- Clinical Commissioning Groups x 6 in Notts
- Health and Wellbeing Boards within each upper tier LA
- Sustainability and Transformation Plans
- Safer Nottinghamshire Board
- NHS England (NHSE) commission NHS specialised services and dental etc
- Local Health Watch
- Public Health England

Key issues over the next 4 years – Public Health

- Leadership - appointment of Director of Public Health
- System wide alignment - refresh of Health and Wellbeing Strategy
- Maintain Public Health specialist support for Clinical Commissioning Groups
- Joint Strategic Needs Assessment ongoing
- County Council as an organisation that maximises health and wellbeing through its core business
- Public Health strategic commissioning intentions
- Moving from ring fenced budget to Business Rates Retention

Adult Social Care

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Key contacts for Members – Service Directors

Paul Mckay
South Notts and Public Protection

Ainsley McDonnell
North Notts and Direct Services

Sue Batty
Service Director
Mid Notts

Caroline Baria
Strategic Commissioning, Access and Safeguarding

Jane North
Programme Director, Transformation

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Adult Social Care - who does what?

Initial Contact Services

- Adult Access Team
- Multi-Agency Safeguarding Hub
- OT Intake Team

Community Assessment Teams

- Older Adults
- Mental Health
- Learning Disability
- Physical Disability
- Hospital Assessment Teams

Specialist Teams

- Transitions
- Adult Deaf and Visual Impairment Service (ADVIS)
- Deprivation of Liberty (DoLs)
- Approved Mental Health Professional (AMHP)
- Asperger's

Commissioning and Support

- Data Input Team (DIT)
- Strategic Commissioning
- Quality and Market Management
- Adult Care Financial Services
- Framework Development Team

Direct Services

- Day Services
- Short Breaks
- Shared Lives
- I-Work
- Care and Support Centres
- Residential Unit (learning disability)
- Supported Employment Services
- Reablement (START) services

What are the key responsibilities of adult social care?

- Based on a national eligibility criteria for social care support, we have a responsibility to meet people's needs if a care and support assessment shows that:
  - **the needs come from, or are related to, a physical or mental impairment or illness**
  - **as a result of these needs, a person is unable to achieve two or more tasks specified in the guidance (e.g. managing personal hygiene, managing toilet needs, developing and maintaining family or other personal relationships)**
  - **as a consequence there is, or is likely to be, a significant impact on the person's wellbeing.**
- We also have a duty to assess and provide support to carers
- The outcome of the assessment will be a Care and Support Plan, developed with the person, based on how the identified needs can best be met
- Support may be offered through a Personal Budget or as a Direct Payment; care and support may be commissioned from an independent care provider or directly provided by the Council
- Reviews are undertaken to ensure that the support is appropriate and sufficient to meet the identified need

What are the key responsibilities of adult social care?

- We have statutory duties in relation to:
  - **safeguarding adults**
  - **mental health assessments**
  - **mental capacity and deprivation of liberty**

- We also have a responsibility to promote and ensure a sustainable social care market
- 76% of the department's gross budget is spent on just over 400 externally commissioned services

Key elements of a good social care system

- Good advice and information – to prevent or delay the need for formal social care support
- Prevention and early intervention, e.g. re-ablement, short-term targeted support, assistive technology, community-based resources
- Personal Budgets – person-centred, coordinated care and support with the individual in control
- Building community capacity – enabling carers, communities and neighbourhoods to provide care and support

Key objectives of Adult Social Care

Adult Social Care Strategy

- Promoting and maximising independence to support people to remain in their homes and communities – without formal social care support wherever possible

- A changed relationship with the public where we manage expectations and are realistic about what we can do and what we expect from individuals, families and communities

- Working differently with partners to support people in the right way at the right time

- Asking staff to think and practice in new and different ways

What is the adult social care offer for people in Nottinghamshire?

- Information, advice and signposting from County Council website and Nottinghamshire Help Yourself – to help people find the support they need in their communities and prevent and delay the need for Council services
- Initial point of contact is the Customer Service Centre (0300 500 80 80) or through an online enquiry form – 64% of enquiries were resolved at the front door (2015/16)
- People are often referred to adult social care by their GP, family member or another professional; Hospital Social Work teams will support people admitted to hospital
- Adult Access Service – based at the Customer Service Centre – deals specifically with social care enquiries in order to resolve as quickly as possible (11% of enquiries passed on by CSC were resolved at this point – 2015/16)
- Referrals requiring a full Care and Support assessment are passed to teams in the relevant locality area
- Assessments can be undertaken by phone, in clinics or at home – online assessment is in development (and already available to carers)
- The Council sets itself a target of completing assessments within 28 days (wherever possible)

Nottinghamshire's charter for the future of adult social care services

❖ 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

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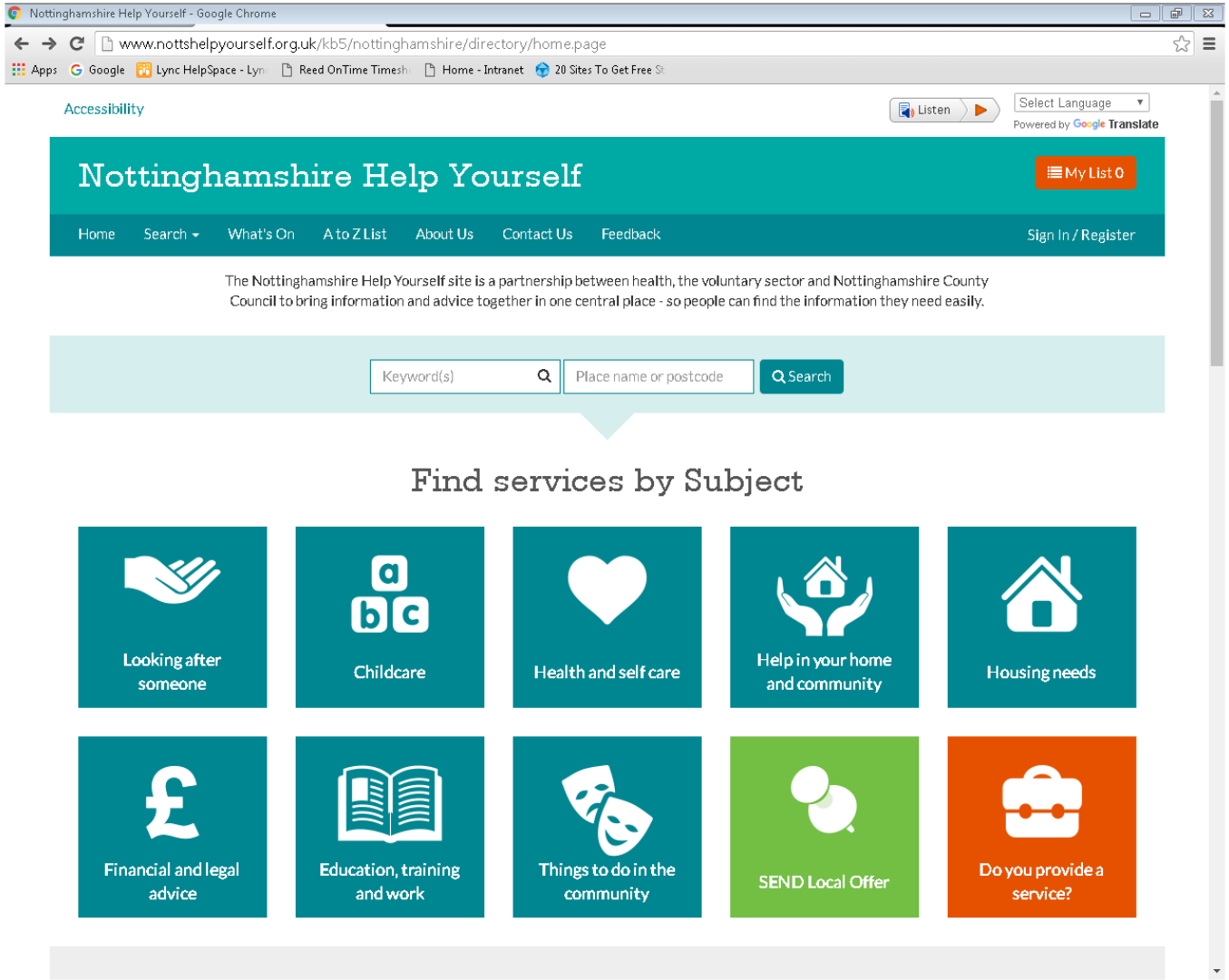

http://www.nottshelpyourself.org.uk

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How adult social care is helping people stay independent

Last year we:

Received **60,458** enquiries

Supported **3848** people **to regain independence** after a fall, illness or operation.

Supported **234** older people in extra care giving them their own home and own front door, with 24/7 support on site if they need it

Meals at home **1052 adults**
5250 meals a week
275,000 meals a year

Gave 864 people technology such as falls monitors, to help them live independently at home.

1186 people go to day services for activities and friendship

Spent **£4.35m** on respite care to give families a break from caring

Carer support **£4.7m**

Paid 64 Shared Lives carers to provide a home or support for people with care needs

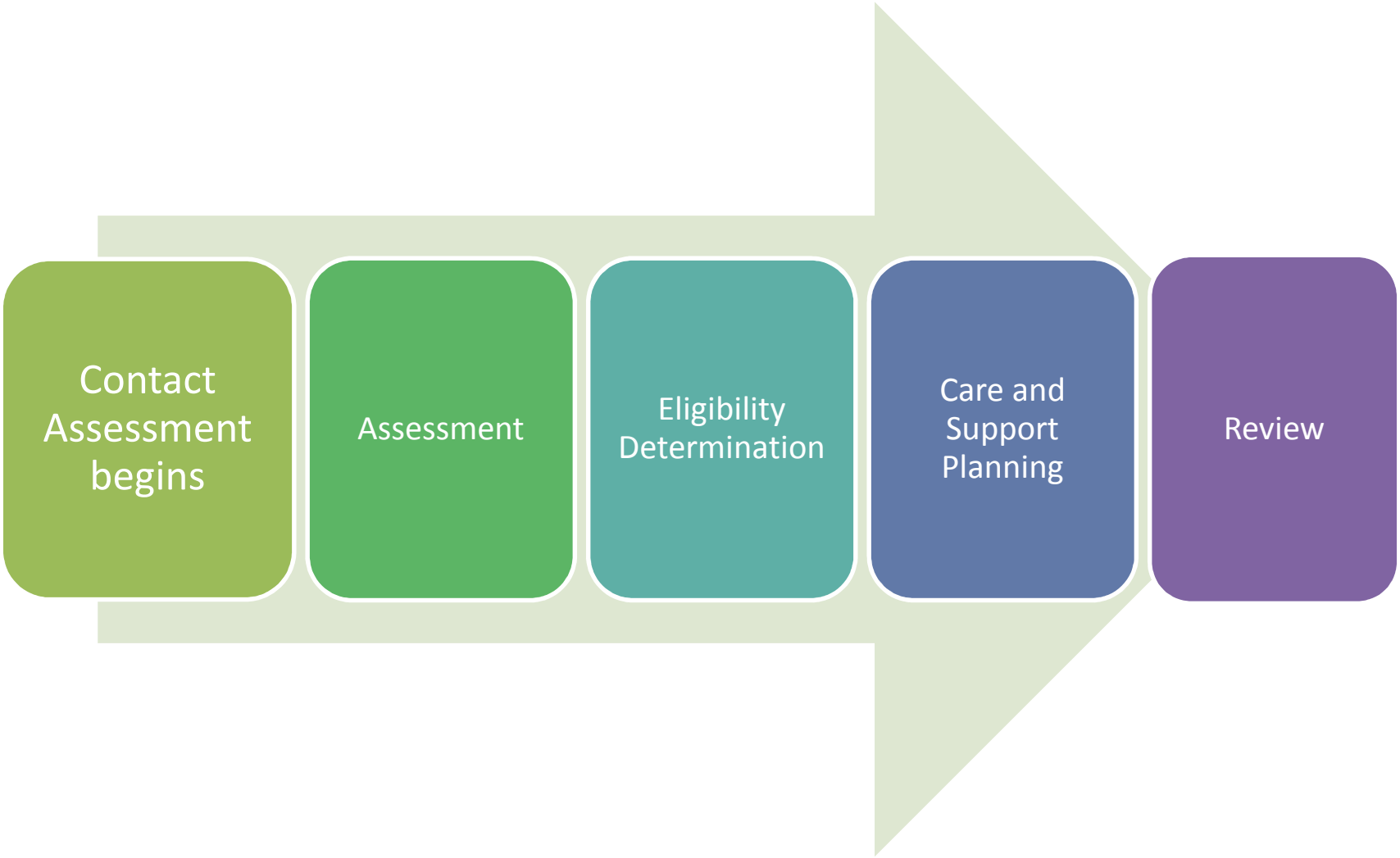
Invested **£36m** to help 700 people with learning disabilities to live independently

6,631 people helped to live independently in their homes through home care and other support

Funded 3,345 people in long term residential or nursing home placements.

Worked with **380** people to gain employment

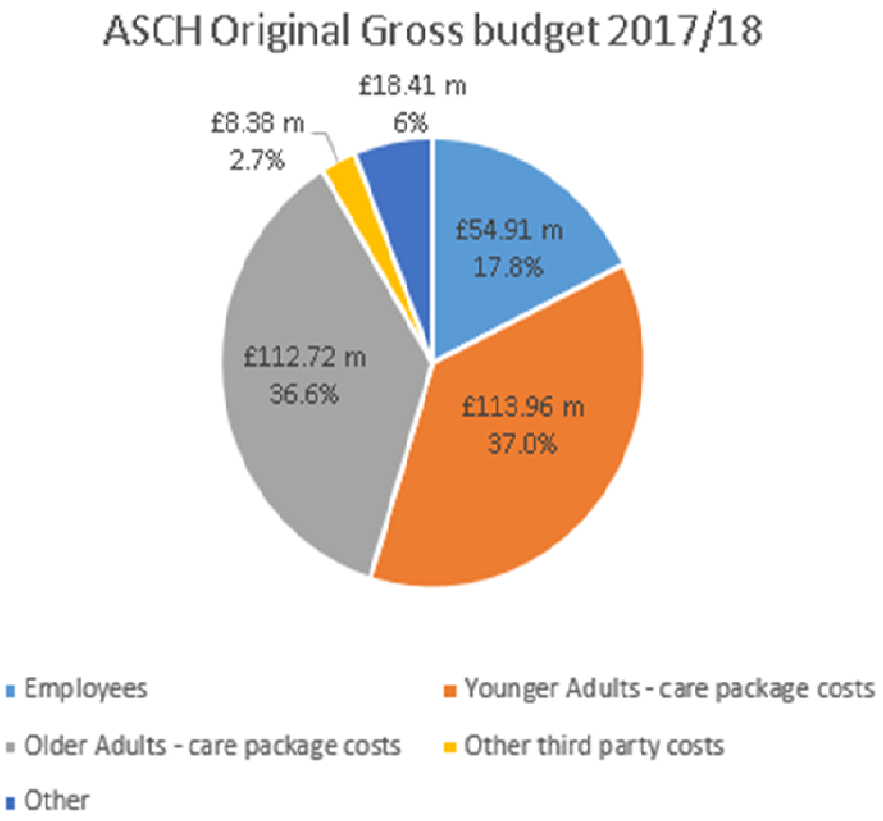
The Customer Pathway



Who pays for social care?

- Most people will pay something towards the cost of their social care – an assessed contribution based on income and assets. Average weekly cost - £172 for residential care and £47 for community based care
- People with savings and assets above £23,250 will have to pay for their social care in full – they are known as self-funders
- People with savings and assets between £14,250 and £23,250 will be charged based on income (£1 for every £250 between these 2 amounts in savings or capital)
- People with savings and assets under £14,250 will be charged on income alone
- There is no charge if **any** of the following applies:
  - people are receiving care services provided under section 117 of the Mental Health Act 1988
  - people who have Creuzfeldt Jacob Disease (CJD)
  - where needs are met through funding from the NHS

Gross budget – Adult Social Care and Health (ASCH) £308.38m



Net budget - £217.17m

Other includes premises/transport/supplies and services/support services and capital financing costs

Other third party costs includes Advocacy, Early Interventions/Supporting People, third party top-up payments (reclaimed from service users) and young carers

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Funding for adult social care

- Predicted funding gap of £2.3billion by 2021 (King's Fund)
- Social Care Precept – up to 8% over four years, with a maximum of 3% in any given year
- Additional funding of £2 billion announced in budget statement on 8th March. In Nottinghamshire the grant will provide an additional £30m over three years - with £15m in 2017/18, £10m in 2018/19 and £5m in 2019/20. The additional money is temporary
- This funding must be spent on:
  - **adult social care and used for the purposes of meeting adult social care needs**
  - **reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and**
  - **stabilising the social care provider market.**
- Adult Social Care is on track to deliver nearly £100m savings by 2019/20
- £25.14m still to save by 2019/20 across 35 different projects
- Based on current financial assumptions more savings will be required

Workforce

- Total social care workforce in Nottinghamshire – 21,800, with 16,000 in direct care provision (Skills for Care 2015/16)
- 1806 staff (permanent or temporary contract) in Council's Adult Social Care and Health services
- 47 in Public Health

The social care landscape

- **Social care is heavily legislated**
  - Care Act 2014 – replaced many and outdated social care laws
  - Mental Health Act 1983
  - Mental Capacity Act 2005
  - Health and Social Care Act 2012
  - Supreme Court judgment (case of P v Cheshire West and Chester Council) March 2014 – change to definition of people subject to Deprivation of Liberty Safeguards
- **Integration with health**
  - Duty in Care Act to integrate by 2020 - different cultures and strengths
  - Sustainability and Transformation Plans and Better Care Fund
  - Delayed transfers of care
  - Personal health budgets
- **Other key areas**
  - Transforming Care programme – response to Panorama investigation at Winterbourne View

How are we doing?

- In 2016/17 we dealt with 23,459 new referrals
- 8,125 referrals resulted in provision of information, advice and signposting
- *In 2010/11 we were providing nearly 23,000 people with services*
- In 2016/17 the total number of people supported was 10,491
- Of these:
  - ✓ 6,893 were receiving community based support (long-term)
  - ✓ 2,130 were supported in residential care
  - ✓ 831 were supported in nursing care
- A further 4,486 received equipment or low level/universal support
- 7,174 carers assessed
- 5,054 carers received a Direct Payment; 576 carers received information, advice and signposting
- 100% Personal Budgets; 47% Direct Payments
- Use of Assistive Technology to support people in their own homes increased by 125% in 2015/16

Key issues over the next 4 years – Adult Social Care

- **Demographic changes**
  - By 2030 65-84 year olds increasing by over 30% and 85+ year olds by over 90%
  - By 2030 expected increase in people with learning disabilities to 17,000 people, with 48% growth in people aged over 65
  - By 2026 32% increase in people with profound and multiple learning disabilities - 330 people in 15 years
- **Statutory work – assessments, reviews, safeguarding, mental capacity and mental health**
  - 73% increase in carers' assessments and reviews since the Care Act introduced in 2015
  - Safeguarding enquiries have increased by 23% in same period
  - Mental Health Act assessments – 21.7% increase on 2015/16 (1653 in 2016/17)

Key issues over the next 4 years – Adult Social Care

- **Green Paper and funding**
  - Extending the role of the state in paying for adult social care – Part II of the Care Act delayed in 2015 until 2020. Main provisions:
    - change to the financial threshold for means tested care from £23,250 to £118,000
    - cap on care costs of £72,000, although there will be some costs (e.g. accommodation)

- **Integration with health and other public services**
  - Better Care Fund
  - Sustainability and Transformation Plans
  - Accountable Care Systems - bringing together a number of partners to take responsibility for the cost and quality of health and social care for a defined population within an agreed budget

How social care can make a difference

Sally Fenwick, who has a learning disability, now has her own apartment in Stapleford with a shared garden space and her own summer house, following her move from a secure unit in Matlock.

Sally is 58 and is one of 51 people who has been supported to move back into the community since 2013, in response to the Winterbourne Hospital review.

Sally said: "I like going out, doing things, going to the theatre and pictures sometimes. I was in hospitals for over 40 years, some were horrible. Not nice. It was dramatic coming here but I like it very much. You can do what you like. Dawn's nice and a good person.“

Dawn Switaj, service leader at the supported living complex, has supported Sally through her move.

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How social care can make a difference

Lilian Hemsley, aged 86, was admitted to hospital late last year after illness and shortness of breath. After a week, she was medically fit to leave hospital but needed some support to return to her Chilwell home. The Council's Short Term Assessment and Re-ablement Team (START) supported Lilian for four weeks with three visits a day to help her get back on her feet. Lilian explained "They were very good. They came in the morning for 45 minutes to help me wash and get dressed."

Lilian still needs long term care due to problems with her shoulder, but now only has one visit a day from a private home care agency. She can get around her house ok and make herself a sandwich for lunch – then her daughter helps to look after her when she has finished work.

Describing the ongoing additional support she receives, Lilian says "the Council's support team help in building up my confidence. I've got some exercises to do from the occupational therapists so hopefully I'll be able to go out by myself in the future."

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