

## 2019-2021



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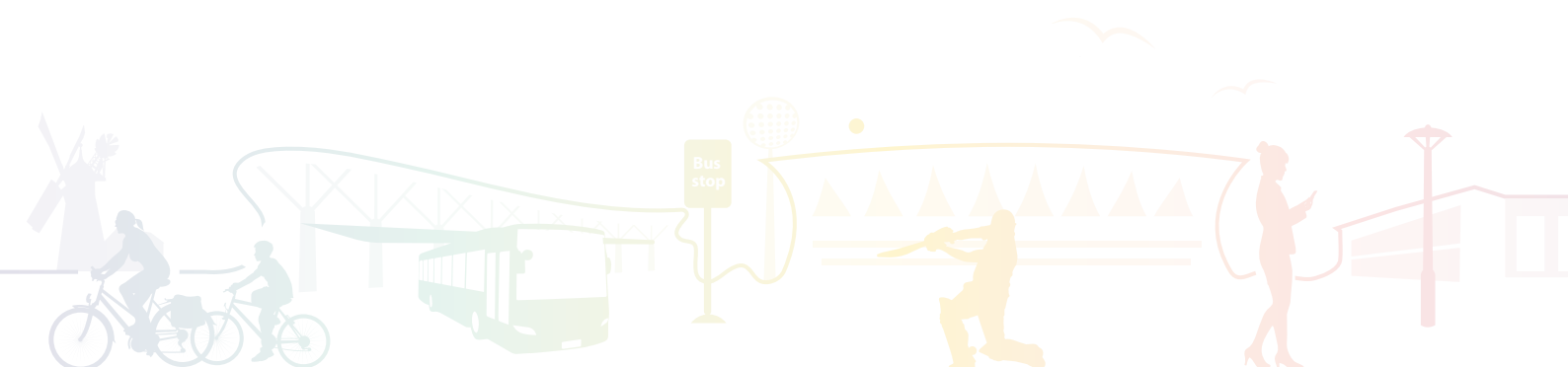
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# Your Nottinghamshire Your Future

Our Council Plan “Your Nottinghamshire Your Future” sets out an ambitious vision for the future of Nottinghamshire in which the County is at the forefront of modern Britain. We want Nottinghamshire to stand out as:

- **A great place to bring up your family**
- **A great place to fulfil your ambition**
- **A great place to enjoy your later life**
- **A great place to start and grow your business**

As a Council our duty is to provide a diverse range of services, to protect and shape the environment in which we live, and to create the right conditions for a strong local economy.

Our Council Plan sets out 12 commitments covering all aspects of the Council’s role in our County and the outcomes we wish to achieve for the people of Nottinghamshire.

This Adult Social Care and Public Health Strategy is one of four strategies setting out how each department will support the delivery of the Council Plan. Each of the strategies outlines the priorities and programmes of activity that will be pursued in the coming year to achieve this.

The Council must act as a single organisation with all departments working corporately together to maximise opportunities and expertise to ensure that the Council Plan commitments are delivered.

These Strategies are agreed by the Council’s Policy Committee as part of its responsibility for approving the policies and strategies of the Council. Policy Committee will monitor the progress of these Strategies enabling elected Councillors to ensure that the Council Plan is effectively implemented.



# Strategic Context and Commissioning Challenges

## Introduction

The overarching purpose of Adult Social Care and Public Health is to promote and improve the health, wellbeing and independence of people in Nottinghamshire. We provide and commission advice, support and services which improve health and wellbeing, and prevents ill-health and loss of independence.

Public Health is about creating the environments in which all of us can stay healthy for longer, starting from conception right through to later years. It includes tackling the causes of ill-health such as the take-up of smoking, low physical activity, poor housing and air quality, as well as providing services to support individuals making healthy lifestyle choices.

The role of the public health function in the local authority is determined by the Health and Social Care Act 2012, which places on local authorities general duties to improve and protect the health of the local population. Specific statutory duties include:

- commissioning of certain services to residents: local implementation of the National Child Measurement programme, mandatory elements of public health services for children aged 0-5, assessment and conduct of health checks and open access sexual health and contraception services.
- provision of specialist advice to the local NHS.
- health protection advice to organisations across the local system.

Taken together the public health services commissioned by the Council deliver direct benefits to thousands of residents each year, along with many more of us benefitting over the longer term from the positive cumulative impacts of healthier environments.

Adult social care provides support to adults over the age of 18 who have a physical disability, a long term health condition and/or mental health issues; in 2017/18 over 10,000 people received care and support services. The department provides a range of statutory services under the Care Act 2014 including:

- advice and information.
- promotion of well-being and prevention.
- market management (so all members of the public can benefit from and use care services with confidence).
- assessment of social care needs.
- person centred care and support planning.
- adult safeguarding, mental capacity, mental health and deprivation of liberty assessments to protect vulnerable people from harm.
- support to carers.
- charging, financial assessments and deferred payments (to ensure people do not have to sell their home in their lifetime).

The department also runs a range of services that provide care and support such as day services, short breaks units, Care and Support Centres, Shared Lives and enablement-focused support teams that work with people in their homes and communities.



## Strategic context

Like all Councils, we face increasing need and demand. One reason for this is that an increasing proportion of the Nottinghamshire population is made up of older people.

For example, by 2030 the number of people aged 65-84 is expected to increase by over 30% and people aged 85+ by over 90%. Whilst increases in life expectancy are to be celebrated, unfortunately the average number of years people spend in good health has not kept pace. This means that people are more likely to experience disability and limiting long-term illnesses as they grow older, and that more of their lives are spent in poor health and reduced independence. These changes are taking place at the same time as financial resources are reducing.

Furthermore, within the County, there are significant differences between communities in the number of years people enjoy good health. For example, in Rushcliffe, women enjoy good health on average until the age of 70, and live until 85 years, whereas in Mansfield, women aged 70 have already spent more than a decade in poor health and can expect to live only until age 81 years. There are very similar differences for men. Most of these differences are due to reasons unrelated to the provision of NHS and social care services.

Alongside an ageing population, by 2030 there is also an expected increase in people with learning disabilities which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with a 48% increase in people with learning disabilities aged over 65.

More than half of ill health is caused by three groups of diseases and conditions: circulatory disease, cancer, and diabetes and other metabolic disorders. We also know that about half of the total disease burden in Nottinghamshire can be linked to diet, smoking and being overweight. Other significant risk factors include alcohol and drug use, low levels of physical activity, occupational health risks and man-made air pollution.

The relationship between risk factors, conditions and diseases is complex. There is no single risk factor which should be tackled above all others. There are also risk factors that increase the likelihood of people needing social care support; these are loneliness, incontinence, falls, dementia and strokes.

The 'Adult Social Care Strategy' and the 'Health and Wellbeing Strategy' provide the strategic context within which the department operates. The Adult Social Care Strategy is focused on promoting independence and wellbeing, promoting choice and control, ensuring value for money for all Nottinghamshire's citizens and what the public can expect from adult social services at the Council.

Evidence shows that good health and wellbeing starts at or even before birth and is strongly shaped by the environment in which we grow, live and work. Furthermore, securing good health involves addressing needs across the whole life course and across the whole population. For these reasons, public health commissions services across the life course, including some specific public health services for children and families.

The Council is required to invest its public health grant in a way that significantly impacts the health of the population, giving regard to the need to reduce inequalities and improve the take up of, and outcomes from, drug and alcohol misuse treatment services. Most of the grant is invested in commissioning services to residents; the remainder funds statutory obligations related to the provision of public health advice, coordination of joint strategic needs assessment, health protection, and prevention and control of infection in community settings.



## Partnership Context

The factors influencing health and wellbeing and inequalities in their distribution go well beyond the provision of good healthcare and are closely linked to the environments in which we grow, live and work.

Therefore, in pursuing improvements in healthy life expectancy, wellbeing and the promotion of independence, the department not only works with providers of NHS healthcare and Public Health England, but also with district and borough councils, schools, employers, and providers of our local public health and social care services.

The department is a key partner in the Integrated Care Systems (ICS) for Nottingham and Nottinghamshire and South Yorkshire and Bassetlaw. These partnerships are refreshing their plans for improving health and wellbeing, quality of care and financial sustainability to reflect the priorities set out in the recently published NHS Long Term Plan. Nottingham and Nottinghamshire ICS covers the whole of the County except for Bassetlaw. Bassetlaw is part of the South Yorkshire and Bassetlaw Integrated Care System. The Council has representation on both ICS Boards – South Yorkshire and Bassetlaw ICS Collaborative Partnership Board and Nottingham and Nottinghamshire ICS Board.

The Health and Wellbeing Board provides a framework for key public service organisations to work in partnership to improve the health and wellbeing of the people in their area; reduce inequalities and promote the integration of services.

Regarding social care, the department works, on an individual basis, with service users and their carers and families to provide advice, information, guidance and care and support in a way that is meaningful to the people involved. At a more strategic level we involve service users and carers in co-producing the design and delivery of our services and consult them on changes that we propose to how support is provided. For example, through our well-established Learning Disability and Autism Partnership Board.

Most of the budgets for adult social care and public health are spent on externally provided support and services from the independent and voluntary

sectors and NHS to meet people's assessed needs. This includes public health services to tackle lifestyle-related causes of ill-health and disability, early intervention and prevention services, home care, supported living, day services, residential care and nursing home care. We work closely with all the providers of these services to ensure they are providing good quality and appropriate support to meet the identified outcomes of the people who need them, and good value for money for Nottinghamshire.

## Outcomes

The high level outcomes sought for service users and citizens of Nottinghamshire are:

- **People enjoy good health and wellbeing for more of their lives (Healthy life expectancy)** - the national Public Health Outcomes Framework describes a comprehensive set of County-level indicators for the factors which influence the health of the population. For many of these, there are significant variations at local level. The Nottinghamshire Health and Wellbeing Strategy identifies healthy life expectancy, and a reduction in its variation as the overarching indicator of health and wellbeing for Nottinghamshire.
- **Helping people to help themselves** - connecting people with solutions and support available in their local communities, and helping them to make the best use of their existing support networks.
- **Helping people when they need it** – working with people in a timely and proportionate way to meet their care and support needs, and helping to restore, maintain or increase their independence.
- **Support to maximise independence** – working with people in a personalised and meaningful way with a clear plan for achieving their desired outcomes and maximising their independence.
- **Keeping things under review** – working with people to ensure that desired outcomes are achieved, and that care and support is reduced, maintained or increased according to assessed need.





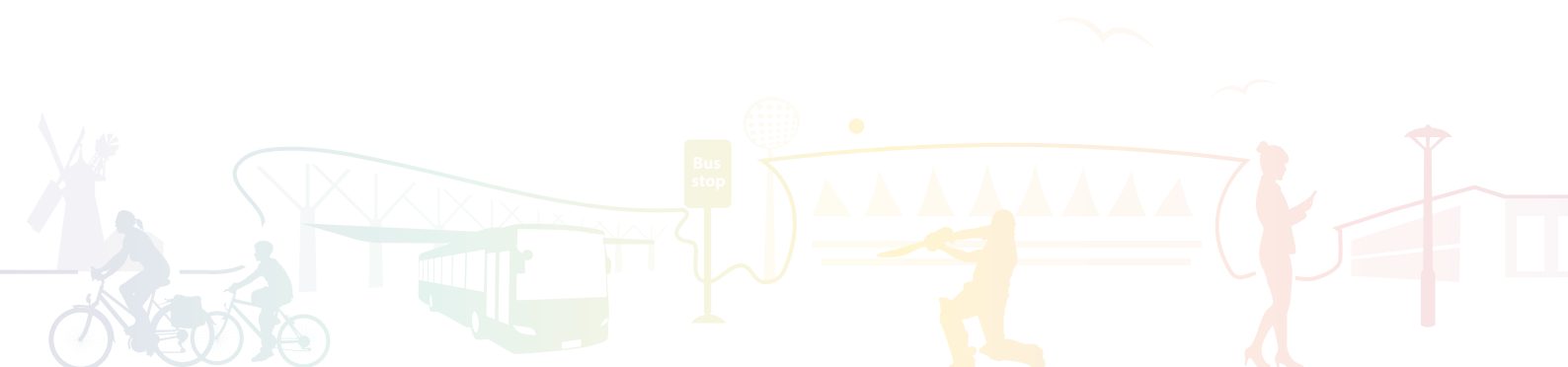
## Commissioning challenges

Commissioning good outcomes for the people of Nottinghamshire will be framed by the principles of promoting and improving health and independence, ensuring value for money and offering choice and control, alongside being informed by the evidence of what works. These principles provide a framework for responding to the key challenges we face in commissioning services across adult social care and public health in the future. These key challenges include:

- increases in the average number of years people spend living with ill-health or reduced independence leading to increased demand for social care.
  - wide variations in the healthy life expectancy of different communities.
  - patterns of ill-health and loss of independence reflect risks which accumulate over our entire lifetimes and which are closely linked to our family, home, school, workplace and communal environments.
  - a national system which is challenged in its commitment to give the same priority to promoting long term wellbeing and independence as it does to managing short term demand for health and social care.
  - reductions in the amount of funding the Council receives for improving the health of residents through public health arrangements, and the end of the Public Health Grant in 2020.
  - managing services which carry significant clinical risk.
  - securing best value for money from current Public Health contracts and recommissioning a number of Public Health services for which current contracts are due to come to an end in March 2020.
- and, including a new service model for the 21st century and more action on prevention, tackling health inequalities, self care and personalisation.
- legislative changes such as potential changes to Deprivation of Liberty Safeguards. A Green Paper for Adult Social Care from the Government has been delayed but is expected in 2019.
  - national challenges regarding sustainability of social care providers (home based care, supported living, residential and nursing care) and their capacity to manage the complex needs of older people and people with disabilities and mental health needs.
  - recruiting and retaining sufficient staff in frontline homecare and re-ablement services.
  - securing sufficient supply and variety of housing options to develop the range of supported living services required to meet people's needs.
  - financial gap in social care – there has been additional temporary funding nationally over the last few years, but this has not closed the gap and there are national conditions and targets attached to the funding (including the Better Care Fund), with a continued focus on avoiding delays in hospital discharge.

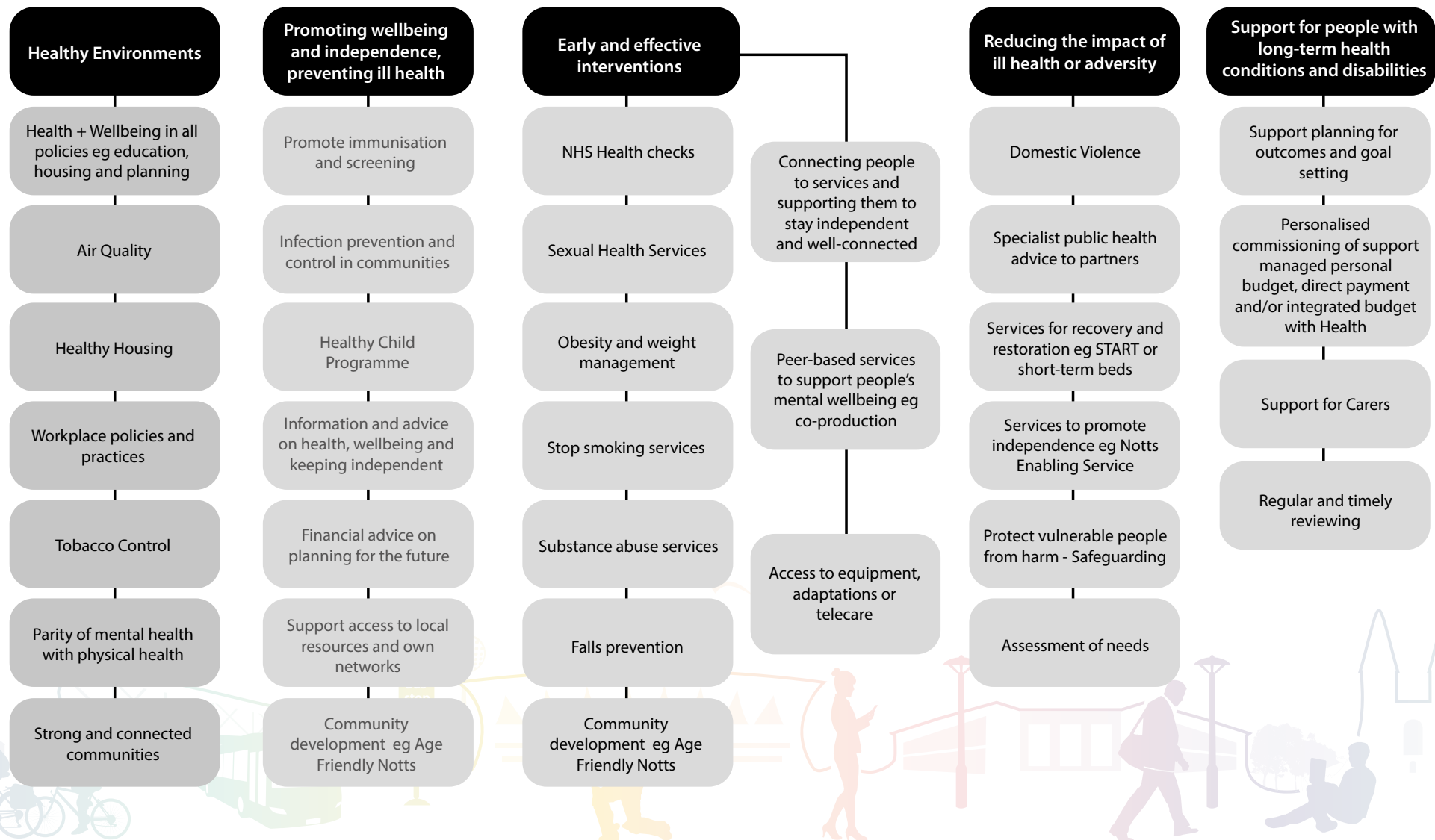
## The Adult Social Care and Public Health commissioning priorities will be:

✓	increasing capacity in services to support and promote independence, for example reablement and enablement
✓	co-ordinated hospital discharge and hospital avoidance services that can respond rapidly
✓	provision of short term accommodation based assessment and reablement
✓	ensuring a sustainable homecare market
✓	provision of options for people with multiple complex conditions, including dementia, who may require residential or nursing care.
✓	provision of housing with care and support that enables people to be as independent as possible and live longer in their own homes
✓	increased use of technology enabled care
✓	jointly commissioned community provision (with Health and Nottingham City Council) for people covered by the Transforming Care agenda
✓	increased specialist services available for adults with behaviour which challenges
✓	increased autism awareness and specialist staff training
✓	increasing the opportunities for people to manage their own needs using digital media
✓	commissioning preventative services that have an evidence base for positive outcomes, for example falls reduction programmes and provision of aids and adaptations
✓	recommissioning public health services with the aim of improving access and outcomes for services which support people to improve their health and wellbeing, and reduce their exposure to risk factors for ill-health, whilst improving value for money
✓	exploring the use of digital technologies to extend the reach of public health services
✓	ensuring that public health services impact the health of all communities, and especially those whose health outcomes are poorest





## Departmental Operating Model

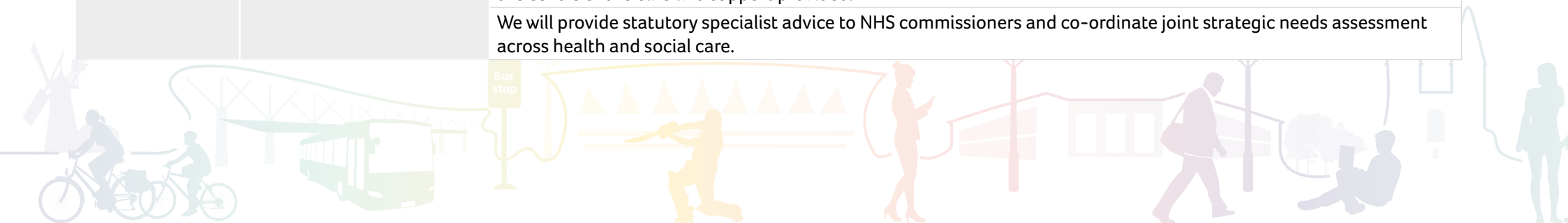


## Priorities and Key Activities that Support the Delivery of the Council Plan

The Department will have responsibility for delivering the following commitments, as set out in the Council Plan, over the next three years:

Commitment	Success measures	Activities
<b>A great place to bring up your family</b>		
<b>Commitment 1:</b> Families prosper and achieve their potential	Young people will have improved physical and mental health	We will lead the commissioning of services to promote healthy lifestyles and address ill-health amongst all children, young people and families.
<b>Commitment 4</b> Nottinghamshire has a thriving jobs market	More people are in higher paid and skilled jobs More apprenticeships available for people of all ages	We will promote careers and career progression in social care and public health for people of all ages.  We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long term health conditions.
<b>A great place to fulfil your ambition</b>		
<b>Commitment 5</b> Nottinghamshire is a great place to live, work, visit and relax	People live in communities supported by good housing and infrastructure	We will work with partners to develop housing, built environment, and transport which supports healthy lifestyles and reduces exposure to poor air quality.  We will work with partners to develop housing that will meet the needs of an ageing population and increasing numbers of people with disabilities.
<b>Commitment 6:</b> People are healthier	Healthy life expectancy increases  Life expectancy rises fastest in those areas where outcomes have previously been poor	We will commission services which provide support for residents seeking a healthier life-style including reducing their exposure to substance misuse, tobacco, excess weight and low physical activity, and sexually transmitted infections.

Commitment	Success measures	Activities
<b>A great place to enjoy your later life</b>		
<b>Commitment 7:</b> People live in vibrant and supportive communities	Older people are treated with dignity and their independence is respected	We will work with people to connect them to their community and local networks in order to remain as independent as possible.
	Our most vulnerable residents will be protected and kept safe from harm	We will work with people to ensure they feel safe in their homes and communities. Where people experience abuse and neglect, we will provide support that is responsive to their needs and personalised. We will commission services to address the needs of people who experience domestic violence.
<b>Commitment 8:</b> People live independently for as long as possible	Carers receive the support they need	We will provide support for carers, of all ages.
	Better access to financial advice so that older people can make more informed decisions	We will provide information, advice and guidance to support people to live independently.
	People will have the opportunity to live independently in their local community	We will provide effective short term interventions for people with care and support needs and invest in rapid response services to enable people to return home from hospital as quickly as possible. We will promote the use of technology, equipment and adaptations that supports people to stay in their own homes and in their community (such as sensors which can alert a monitoring centre if a person leaves their chair, bed or house).
<b>Commitment 9:</b> People can access the right care and support	People's needs are met in a quick and responsive way	We will provide good quality advice, information and support to people with disabilities and long term health conditions to enable them to lead productive and independent lives for as long as possible.
	Services improve as a result of better integration of health and social care	We will provide intensive support at times of crisis and care needs will be reviewed once the immediate crisis has passed. We will work with health service colleagues to provide more seamless services (where there is a benefit) with people at the centre of the care and support provided.
		We will provide statutory specialist advice to NHS commissioners and co-ordinate joint strategic needs assessment across health and social care.



# The Adult and Public Health Improvement and Change Portfolio

### Senior responsible officer:

Corporate Director of Adult Social Care and Health and the Director of Public Health as delegated.

### Lead Members:

Chairman of the Adult Social Care and Public Health Committee

### Description

Improving health and wellbeing across the population and improving the way we deliver social care support to adults in Nottinghamshire.

There are 3 programmes of work that will support this portfolio.

## Programmes

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### Improve wellbeing through prevention and promoting independence

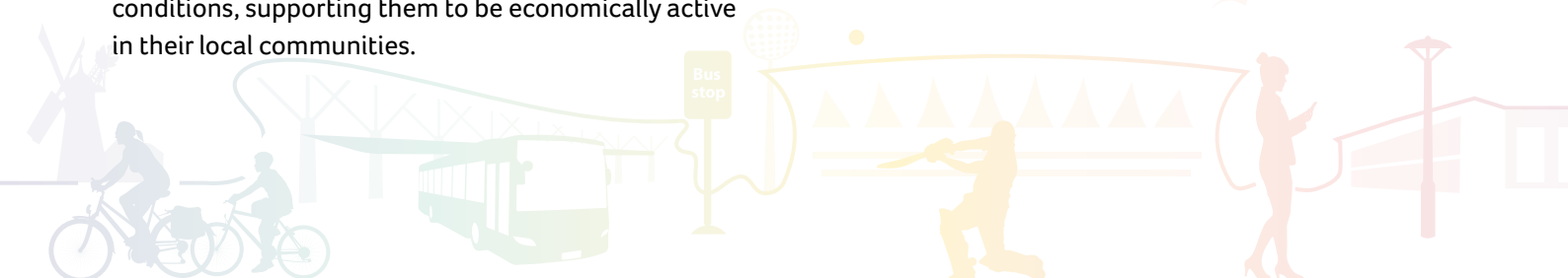
We will embed prevention into both clinical and social care pathways, maximising opportunities to promote independence, with the ambition to prevent future or long term service need by acting early and identifying change and support opportunities.

We will continue to work with partners across the County Council and wider stakeholders to develop and deliver healthy environments and communities that promote health, wellbeing and independence.

We will work to review our employment offer and scope out work required from a social care and public health perspective to improve access to employment for disabled people / people with long term health conditions, supporting them to be economically active in their local communities.

### Key milestones for the next year include:

- ▶ By March 2020, we will roll out the three-tier conversation so that more people will be supported to resolve their care needs as early as possible.
- ▶ By March 2020, we will increase the number of people who benefit from short term services to help them regain skills and confidence or recuperate after an illness.
- ▶ By March 2020, we will provide a therapy lead approach to assessment and support planning to maximise people's independence.
- ▶ By March 2020, we will implement a multi-agency strategy that aims to reduce the risk of abuse and/or neglect of adults with care and support needs.
- ▶ Review the current offer to disabled people to access employment by summer 2019.
- ▶ Develop an employment strategy for disabled people by winter 2019/20.
- ▶ Support more people with health and social care needs to access and/or sustain employment by March 2020.
- ▶ Work to standards laid out in the Wellbeing at Work toolkit for enhancement of staff wellbeing. For commissioned services, service specification will include requirements to adhere to Wellbeing at Work, adopting a Making Every Contact Count type approach and sign up to the tobacco declaration. Within Adult Social Care and Health, frontline staff will be supported to have healthy conversations with people by March 2021.



## Develop our integrated health and social care system

We are working with health partners to develop and evaluate new models of care that meet both the social care and health needs of people in the County. This takes into account the priorities in the NHS 10 year plan and the forthcoming Adult Social Care Green Paper.

Whilst Public Health outcomes in Nottinghamshire are mostly the same as or better than England, there are some indicators which are of concern and for which the Council has a high level of influence in changing outcomes. Addressing these population health challenges is being done through development of action plans. Public Health reserves are also being used to test out innovative approaches to emerging population health needs.

### The key projects for this work are:

- ▶ Agree prevention and early intervention pathways of care following the ambitions within the NHS 10 year plan and ensure Integrated Care System (ICS) workstreams and organisational workplans incorporate effective measures to improve prevention and population health, by March 2020.
- ▶ Work with NHS colleagues to ensure that the Joint Strategic Needs Assessment properly supports timely, evidence-based decision-making in the emerging ICS functions.
- ▶ Support Health and Wellbeing Board partners to implement place-based plans to contribute to food environment and physical activity objectives by March 2020, which will support residents to reduce their risk of obesity and diet related diseases.
- ▶ Implement the ICS Mental Health Strategy to achieve agreed actions working in partnership with health colleagues and providers as well as voluntary and community sector providers, by March 2020.
- ▶ Embed alcohol risk identification and brief advice provision in the wider workforce by providing training for 693 professionals, by March 2020, to help motivate at-risk drinkers to reduce their alcohol consumption and so their risk of alcohol-related harm.

- ▶ By March 2020 to support delivery of trauma-informed services, by training staff to Implement the Routine Enquiry into Childhood Adversity approach to equip 300 frontline workers to enquire into previous childhood trauma when assessing needs of adults for services. Anticipated benefits of this approach include improved engagement in services and improved health and social outcomes.
- ▶ Increase the number of people who receive support to manage their own health and well-being, by March 2020.
- ▶ Increase the number of people who benefit from personalised approaches through an increase in personal health budgets and personalised care and support plans, by March 2020.
- ▶ Roll out the best conditions needed for integrated health and social care frontline older adults' teams and pilot new approaches including joined up assessments, by March 2020.
- ▶ Work together with health colleagues to reduce Nottinghamshire delays to discharge to the national target and implement the 'Discharge to Assess' model, by March 2020.

## Delivering high quality public health and social care services

The vast majority of adult social care services are commissioned from independent sector providers, with a mixture of large and small, national and local, private organisations and some not for profit/charitable organisations. There are various pressures faced by the care and support providers and there is wide recognition that the care market is not able to deliver sufficient volumes of care and support services to meet needs due to difficulties in staff recruitment and retention.

The Council is working with care providers to understand their pressures and to ensure the fees paid for care services reflect the cost of delivery of good quality care. The key projects that will deliver this work are increasing home care capacity and sustainability of care providers; review of older people's care home structure, and a review of residential care for younger adults in accordance with the savings and efficiencies programme.



We are also working to support recruitment and retention of staff and building a sustainable workforce within the independent sector and internally is central to the Council's vision for home-based care.

- ▶ Publication of the Market Position Statement by June 2019.
- ▶ Develop an ICT/Digital strategy to improve the customer experience and increase the efficiency and effectiveness with which we work by Summer 2019.
- ▶ Review the provision of Home First, Short Term Assessment and Reablement and homecare to ensure maximum effectiveness by September 2019.
- ▶ Confirm commissioning strategies for Housing with Care and Housing with Support to offer a range of housing options by May 2019 and specifically, increase the number of Shared Lives placements we can offer to customers, helping people with long term care needs live with support in a home environment by March 2020.

- ▶ Establish an integrated wellbeing service which delivers improved healthy lifestyle outcomes for groups with the greatest need, by March 2020.
- ▶ Establish an all-age substance misuse treatment and recovery service that tackles inter-generational substance misuse through a family-based approach, by March 2020. Recovery outcomes include successful completions from the service, improved mental wellbeing, increased engagement in education, training and employment and improved housing and accommodation where a need has been identified.
- ▶ Plan, attract and recruit people with the right qualifications, skills and knowledge and experience to work in frontline social care roles in the Council and home care by March 2020.



## Departmental Core Data Set

### To know if our services are effective we need to understand

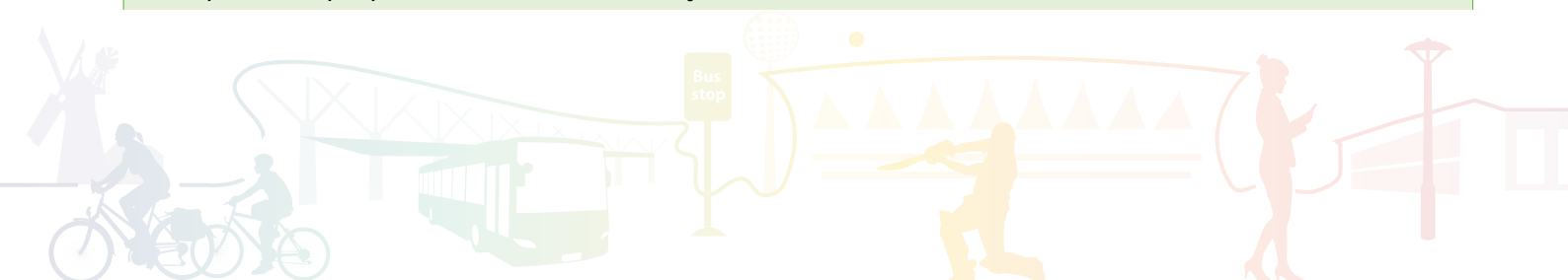
#### Our Commitments – Families prosper and achieve their potential

- Proportion of children in Nottinghamshire who receive mandated review in line with the Healthy Child Programme
- Percentage of children in Nottinghamshire who achieve a good level of development at ages 2-2 ½ (measured via Ages and Stages Questionnaire)
- Proportion of children aged 2-2½ offered Ages and Stages Questionnaire-3 (PHOF 2.05)
- Number of people supported by the Council in apprenticeships and placements related to social care and public health
- Percentage of adults with Learning Disability in paid employment (ASCOF 1E)
- Number of adults with disabilities supported into employment by the Council
- Reduction in the gap in employment rate for people with long term health conditions

### To know if our services are effective we need to understand

#### Our Commitments – Nottinghamshire has a thriving jobs market

- Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)
- Number of under 65s in settled accommodation
- Number of people who have received support from the Handy Persons Adaptations Service (HPAS)
- Number of new housing with care units in development
- Social care-related quality of life
- Proportion of people who use services who have control over their daily life
- Carer-reported quality of life
- Proportion of people who use services who reported that they had as much social contact as they would like
- Proportion of carers who reported that they had as much social contact as they would like
- Overall satisfaction of people who use services with their care and support
- Overall satisfaction of carers with social services
- Proportion of carers who report that they have been included or consulted in discussion about the person they care for
- Proportion of people who use services who find it easy to find information about services
- Proportion of carers who find it easy to find information about services
- Proportion of people who use services who feel safe
- Proportion of people who use services who say that those services have made them feel safe and secure





## To know if our services are effective we need to understand

### Our Commitments - People are healthier

- Healthy Life Expectancy (PHOF 0.1, male and female)
- Reduction in the proportion of adults who:
  - Smoke (pPHOF 2.14)
  - are overweight or obese (PHOF 2.12)
  - are physically inactive (PHOF 2.13)
- Cumulative percentage of population offered health check (PHOF 2.22)
- The rate of life-years lost in Notts due to poor air quality (Global Burden of Disease data)
- Proportion of dependent drinkers not in treatment (Public Health Dashboard)
- Chlamydia detection rate in 15-24 year olds (PHOF 3.02)

### Our Commitments - People live in vibrant and supportive communities

- Number of adults supported through prevention services to promote their independence, connect with community resources and address social isolation
- Percentage of safeguarding service users who were asked what outcomes they wanted
- Percentage of safeguarding service users (of above) who were satisfied that their outcomes were achieved
- Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)
- Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)
- Percentage of new assessments completed within 28 days
- Percentage of reviews of long term service users completed in year

### Our Commitments - People live independently for as long as possible

- Admissions of younger adults per 100,000 popn (ASCOF 2A)
- Admissions of older adults per 100,000 popn (ASCOF 2A)
- Number of younger adults supported in residential or nursing placements (Stat return)
- Number of older adults supported in residential or nursing placements (Stat return)
- Delayed transfers of care attributable to adult social care (and joint) (ASCOF 2C)
- Delayed transfers of care (all) (ASCOF 2C)
- Percentage of older adults' admissions direct from hospital
- Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments
- Number of people who use assistive technology to support them in their own home





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