

11 January 2021

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH AND THE DIRECTOR OF PUBLIC HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH SERVICE IMPROVEMENT PROGRAMME FOR 2021/22 TO 2023/24

Purpose of the Report

1. This report outlines the department's programme of work and investment required for the delivery of effective and efficient services during 2021/22 to 2023/24.
2. The report sets out how the Adult Social Care & Public Health Department will further develop existing programmes of work to realise benefits and introduce new initiatives that will help the department to deliver its priorities, achieve future efficiencies and support service improvement during the period 2021/22 to 2023/24.
3. The report also seeks approval for the investment required to deliver the Service Improvement Programme including establishment of posts to deliver the plan.

Information

The Impact of Covid 19

4. Covid 19 has had a significant impact on the operational running and delivery of Adult Social Care and Public Health services. In the first wave of the pandemic the department moved quickly to an emergency response mode which saw the implementation of emergency operating models and different ways of working for the workforce.
5. Since March 2020 Covid 19 has impacted the department in a number of ways, in particular:
 - the requirement to discharge large numbers of people from hospital quickly but with appropriate support in place
 - the need for clinically vulnerable people the Council supports to be shielded whilst at the same time ensuring that they remain safe
 - responding to pressures experienced by providers in the external care market, helping them to remain resilient and ensuring they have adequate staffing to keep vulnerable people in their care safe

- the need to introduce emergency operating models, for example where building based services such as day services had to temporarily close, the department was able to offer alternative support to people during the day either in their own homes and community or by using digital technology
 - helping carers who were unable to access respite services or support to ensure they were able to sustain their caring role
 - where it was possible to provide support face to face, developing different ways of working with people that adhered to social distancing guidelines
 - a reduction in income which has had an impact on the department's budget
 - the increased need to use residential placements, which delivers poorer outcomes for people's independence, due to difficulties in housing supply
 - reduced opportunities to support people to access employment, day opportunities and wider social inclusion due to the restriction on movement and community activity
 - decreased effectiveness of reablement and enablement support as people became more isolated and spend more time at home with reduced mobility
 - increased demand for support with mental health and wellbeing
 - an increased number of people admitted to hospital services for learning disability, autism and mental health reasons
 - the need to find ways to support families and unpaid carers who were reporting additional pressure but who were anxious about receiving alternative services or support in their own homes
 - increasing reports of violence and abuse in the home.
6. By summer 2020, the department had begun planning for recovery, in readiness to stand services and programmes of work back up, however given the resurgence of the pandemic it has not been possible as yet to move from emergency response into full recovery.

Programme of Work 2021 – 2024

7. Plans to co-produce and renew a number of departmental strategies have been put on hold during the pandemic. In addition to this, the Council has faced some new financial challenges due to loss of income.
8. Alongside the emergency response, the department's key priority will continue to be to support vulnerable adults and carers, focusing on prevention and early intervention to ensure that people are supported early and to prevent them from reaching a crisis point. For example, as described later in the report, support such as Shared Lives and Technology Enabled Care offers different cost-effective options to support people.
9. Although the Council will continue to be in emergency response mode, there are some areas of the programme that can commence. It is within this context that the new programme of work has been developed. Some resource will be required to support the overall delivery of the Service Improvement Programme and this is described in **paragraph 26**.
10. Further detail about the proposals for the Programme of Work 2021/22 to 2023/24 and progress against it will be reported to the Improvement and Change Sub-Committee in June 2021.

Continuation of existing programmes of work to realise benefits

11. The Adult Social Care and Public Health Department formally closed its previous programme of service improvement, the Improving Lives Portfolio, in March 2020. This programme of work had delivered its planned objectives. A number of key strategic areas of work have continued and been adopted as a business as usual way of working. These elements will deliver a range of benefits into 2023/2024.

- a. Technology Enabled Care (TEC)

TEC can support vulnerable adults to be more independent both at home and away from home. In some cases, this can prevent or delay the need for a placement in a residential care setting. Ongoing technological developments mean there are now more opportunities to use TEC to provide a wider range of devices to support more people to self-manage their own care and support needs (for example, smart home devices to enable people to control lighting, entertainment and social contact). There are also, for example, opportunities to use TEC to manage risks which currently require individual one to one or overnight support, mainly in Living Well services for working age people.

The table at **paragraph 27** describes the overall financial benefit anticipated from this work. In delivery, this will potentially take the form of reduced home care and provider costs where people are being supported in a different way.

- b. Housing with Support - Living Well (working age people)

Activity proposed here builds on the existing work of the Housing with Support Strategy to enable people aged 18-65 years to move from long-term residential care into the community; from smaller, less cost-effective supported living into self-contained accommodation; or out of supported living into general needs accommodation. As people move on to more independent settings, it creates opportunities for other people to be offered help into a supported living setting.

This year, the impact of Covid 19 has made it more challenging to support people to move into more independent accommodation. This has impacted on the successful delivery of the Housing with Support Strategy and has slowed the disinvestment in long-term placements.

The table at **paragraph 27** describes the overall financial benefit anticipated from this work. In delivery, this work should reduce the cost of some care packages because people will become more independent and live in accommodation with lower levels of support required. Another benefit is that people become and feel part of the community where they can thrive and lead more independent lives.

- c. Shared Lives

During 2019, Shared Lives Plus, the national body for shared lives services (where people live in the home of a shared lives carer), undertook a detailed analysis of the Nottinghamshire Shared Lives scheme and made recommendations about how the

service could be developed. The analysis concluded that although the current scheme is highly efficient and effective, there is potential for growth.

Shared Lives Schemes rate highest in terms of Care Quality Commission ratings nationally and deliver better outcomes for people than other forms of accommodation-based support such as residential care. Compared to the average cost of residential care in Nottinghamshire, Shared Lives costs £323 less per week than the average cost of residential care, and £271 less per week than the average cost of supported living.

If the Council was able to double the number of Shared Lives placement opportunities available for people with learning disabilities over the next five years, it would mean that an additional 75 people (an increase from 3.5% to 7%, based on 15 additional placements a year) could benefit from the scheme.

As part of the expansion of this service the department will research the need for support from external marketing and recruitment partners to facilitate the recruitment of carers. Any future investment requirement will be presented to Committee at a later stage. The table at **paragraph 27** describes the overall financial benefit anticipated from this work.

Shared Lives – a real life example

Miss A has a learning disability. She used to live with her mum, who was her main support, but due to deteriorating health needs mum was admitted into hospital with long term health issues and later tested positive for Covid-19. Miss A was matched with a Shared Lives Carers who lived in the same area and moved in with her on the same date 26/03/2020. Today Miss A is well settled with the family. She has ongoing emotional, social and medical needs which the Shared Lives Carer is aware of and is in regular contact with professionals, including a Social Worker. Miss A is in regular contact with her mum and aunt via video and telephone calls. Her aunt has also visited Miss A in a socially distanced way at the Shared Lives Carer's home. Miss A's aunt said she can 'hear that Miss A is very happy over the phone'.

d. Increased use of Personal Assistants (PAs)

The Direct Payment (DP) Team within the Integrated Strategic Commissioning Unit works closely with operational staff, offering advice and guidance to promote the use of Personal Assistants. This includes, for example, projects to increase the number of PAs available across Nottinghamshire and training sessions for operational staff. The benefits of PAs are that they:

- offer people more choice and control over how their support needs are met
- through people directly employing a PA, offer more flexibility than a support package through an agency could provide
- provide people with a directly employed PA package which is a more stable and tailored support package that maximises the delivery of the individual's outcomes

Increase use of Personal Assistants (PA) – a real life example

Mr M is an older adult who has Parkinson's disease and dementia. He was very clear that he did not want to go into a residential home and wanted to remain living in his own home. Care agencies were tried, to deliver support four times a day, however this did not work out. Mr M now receives a Direct Payment and uses this to employ PAs to meet his support needs. His mental and physical health have improved which has enabled him to remain in his own home in keeping with his wishes. By employing PAs through the Direct Payment, it has also meant that the cost of Mr M's support is £267.20 per week less than it would be if an agency was delivering his care.

The table at **paragraph 27** describes the overall financial benefit anticipated from this work.

Further development of existing programmes of work

12. Developing 'strengths-based approaches' and 'maximising independence' are areas of work established in 2019 and developed through the new workforce model approved by the Adult Social Care and Public Health Committee in October 2019, which was implemented in September 2020. Both areas of work will be expanded throughout 2021. The paragraphs below summarise the work that will be undertaken.

a. Maximising Independence Service (MIS)

The introduction of the Maximising Independence Service brought together the department's Adult Access Service, Short Term Assessment and Reablement Teams (START) and Notts Enabling Service, to create a more joined up approach and to support early work with people to help them gain or regain their independence and wellbeing. The focus of the MIS is on early resolution; prevention and re/enablement; providing information, advice and guidance; short-term goal setting and support to achieve those goals using strengths-based approaches. Overall key benefits of the service will be that:

- more people will be supported to maximise their independence, leading to a reduced need for ongoing packages of care
- more people will have their issues resolved earlier, reducing/delaying the need for formal Care Act assessments and packages of care.

There are two key areas for further development in relation to the Reablement element of the Maximising Independence Service, as follows:

i. Increase capacity from within the current Reablement Service staffing resource

The introduction of additional staff through the new Home First and MIS posts will increase capacity within the Reablement Team. This will help to maintain the high level of case completions achieved in March 2020 (188 per month). Work commenced this year which will generate further capacity to support an additional 122 people a year,

equivalent to a £0.57m full year reduction in the department's Community Care Budget for 2021/22.

In order to increase the number of people who can be supported by the Reablement Team the processes for referring people into the service and supporting them to move on from the service after a period of reablement have already been reviewed. This has involved automating some of the processes and increased the need for the workforce to have access to reliable tablet devices to do their work effectively. The existing smart phones and lap tops that staff had were not fit for purpose. A one-off Better Care Fund proposal for new tablet devices was approved by the Health & Wellbeing Board in July 2020. It is projected that the new processes will increase capacity, enabling the Reablement Service to support an additional 54 people per year, generating budget reductions of £0.25m full year effect.

ii. Increase capacity through additional staffing resource

A significant proportion of people supported by the Reablement Service, 82% in 2019/20, were referred as part of a hospital discharge. The new national Hospital Discharge Guidance and Discharge to Assess model has increased both the number of people for the service to work with and also the speed at which re-ablement needs to be in place to facilitate safe discharge home. The department's strategy to support more people directly home is to invest in more home-based reablement, instead of more short-term assessment and re-ablement apartments and beds. Analysis has identified that significantly more people living in the community and receiving homecare could benefit from the service and be supported to regain their independence while in their own home. Initial analysis identified an additional 622 people per year could benefit from reablement, resulting in a reduction of homecare equating to £567,819 in 2021/22 and £1,186,727 in 2022/23. This modelling assumes an average package duration of 20 days and an average reduction in homecare of £87.12 per person per week. The added benefit is that this will free up more homecare to be available for new people that need it and therefore help with ongoing difficulties in having sufficient supply.

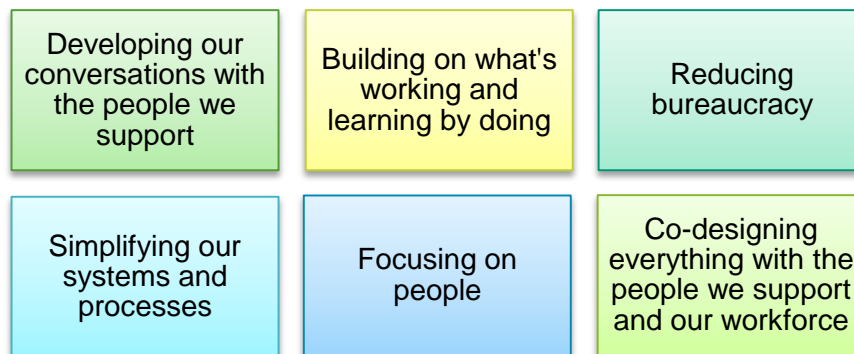
To meet this additional demand, approval is sought from the Committee to establish 49 FTE additional posts on a permanent basis. The costs of establishing the additional posts is £1.65m and is described in more detail in the table at **paragraph 26**. This will be funded through reinvesting £1.04m in budget reductions and £607,000 from realigning existing budgets.

b. Strength-Based Practice

This element of the service improvement programme is about helping staff and the people they are supporting to work in ways that focus on the person and their strengths not deficits, their life, their circumstances, and their personal outcomes that they want to achieve. The Strengths-Based approach aims to support more people to have their health and wellbeing supported whilst living independently in their own homes and being part of their local communities. Strengths-Based approaches are based on 'doing the right thing' to support a person to live the life that they want. There is national evidence that working in a strengths-based way also results in better use of resources.

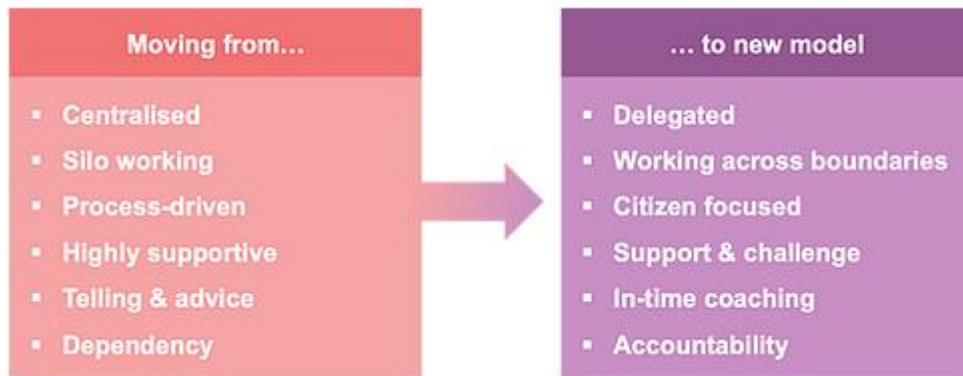
The work will take place with adults of all ages across both Ageing Well and Living Well services. Working in a strengths-based way will result in more people accessing local community alternatives and services, as well as a reduction in unnecessary time spent in residential care, for example, when it is used because the service people actually need is not available at that point. A programme of work will be developed to support locality Group Managers, Team Managers and their teams to lead on and deliver this cultural change. They will develop new ways of working within their integrated teams as part of the move towards place-based working with Primary Care Networks, Community Health, District Councils, local communities and the voluntary sector. Support will be provided team by team to embed the new approaches. Some of the work will require earlier interventions with people before they develop social care needs, for example a wellbeing and housing MOT to help people plan for later life, so the work will also be interdependent of corporate reviews on the model of access to services and early intervention. The aim is to support more people to become independent and build on the strengths that people already have.

This will be achieved by:



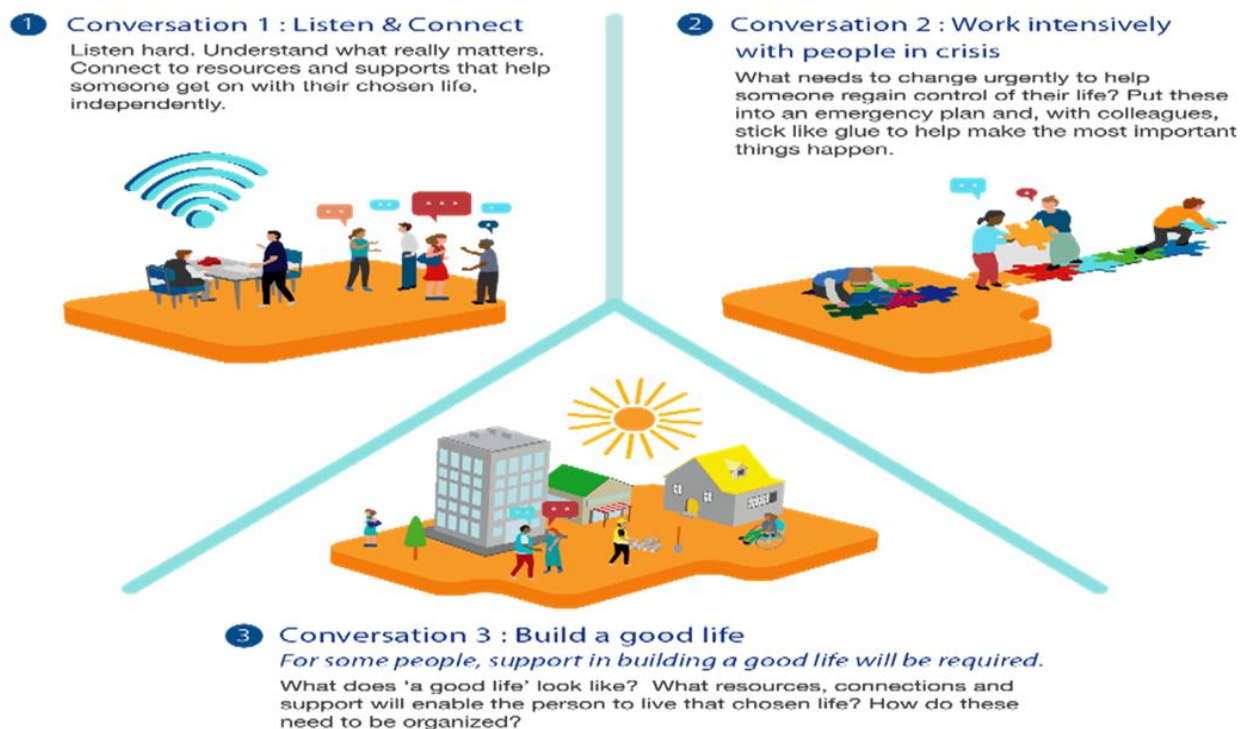
13. To take Strength-Based practice forward the Adult Social Care and Public Health department will also be investing in a programme of culture change, as follows:
 - i. Owing and Driving Performance – the department has partnered up with ELA Development, culture change specialists who have worked with different councils and organisations across the country, and is investing in training and development for the whole workforce over the next two years through an Owing & Driving Performance Programme. This will create the right environment, atmosphere and management approach to fully embed strengths-based approaches. The programme offers staff high support and high challenge and empowers staff to take ownership of their work, performance and collectively own and drive performance. The investment, over the next two years, of up to £250,000 in manager and staff practice through the Owing and Driving Performance Programme and strengths-based approaches was approved by the Adult Social Care and Public Health Committee in January 2020 and this will be funded from reserves.

Culture change model:



- ii. Three Conversations – this work is being led by the Principal Social Worker and Principal Occupational Therapist. As part of the commitment to delivering strengths-based approaches across the department, a strategic partner called Partners 4 Change has been commissioned to develop and implement their Three Conversations model. Evidence from other local authorities who have adopted this approach has shown improved outcomes for people, increased staff wellbeing, increased use of Direct Payments and reductions in the number of people accessing longer term services. This programme of work is being funded from Better Care Fund reserves of £100,000 until October 2021. To ensure the work is well embedded a further £100,000 is requested for a further year, until 2022, to secure continued support from the strategic partner. Evaluation of baseline data relating to how the system has been working and general trends has commenced and plans for implementation are being developed with a planned rollout in 2021. Reports on progress to achieve the objectives of the programme will be presented to Committee including real life stories of impact made.

Three Conversations Model:



The additional investment required to deliver the Strengths-Based activity is described in the table at **paragraph 25**.

Additional themes of the Programme of Work

14. To support the delivery of further service improvement in the Adult Social Care and Public Health Department, a number of key areas of work have been identified and these are described in **paragraphs 15 to 21** of this report.

Theme 1: Digital, Systems & Processes

15. The pandemic has amplified the need to enhance the department's digital offer and ensure that systems and processes are fit for purpose. Ensuring the department can respond and support people through digital means, as well as interact and share information with health partners is key to ongoing developments. Enabling staff to spend more time with people and less time on processes and systems is a key objective.

a. Simplifying Processes

The purpose of this project is to make sure that the department's processes are easy to use, fit for purpose and support a strengths-based approach. A survey of Adult Social Care staff in 2019 found that some of the department's processes were long winded, causing workers to spend 70% of their time completing processes and leaving only 30% of time to work with people. The Simplifying Processes project's overall aim is to reduce the amount of time staff spend completing forms and processing information and increase the time spent having strength-based conversations with people.

b. Digital Partnership Programme

This work aims to improve the experience of people accessing information, advice, guidance and support from the Council and to make sure that our systems are aligned to those of our health partners, and seamless for the user. Aligning with health partners also helps the department to use shared information to identify individual's needs at the earliest opportunity, and proactively intervene to avoid a crisis situation emerging. The current programme has delivered nationally recognised projects to support health and social care integration since April 2017, including access for frontline staff to the Health and Care Portal. Examples of current work in the discovery phase will deliver improvements to Disability Facilities Grant process; improve information sharing with health and other key partners; and improve the referral process from acute hospitals for people who qualify for a Certificate of Visual Impairment.

The current resource to deliver the partnership projects was funded through the Better Care Fund (BCF) for 2020/21. This is due to end in July 2021. It is anticipated that any outstanding work beyond July 2021 will be aligned to the Integrated Care System strategies to continue to develop joint working across health and social care. Scoping work will take place in the new year and where additional resources may be required, this will be requested at a later date in line with normal governance arrangements.

c. Adult Social Care and Public Health Digital Strategy

An Adult Social Care Digital Strategy 2017-2020 was agreed in 2017 which set out the department's approach to developing new ways of working that would support people to engage with the Department using different channels and new technology. The Strategy is now being refreshed to ensure that it reflects learning from the Covid pandemic, the requirements for the way technology is used to engage with the people the Council supports, the wider population of Nottinghamshire, and the providers and partners the Council works with and the new skills and equipment that the workforce will need. The development of the Strategy will take into account and align with work happening Council-wide to review the approach to access to services. The Adult Social Care and Public Health Digital Strategy will be co-produced with the people the Council supports and the workforce and presented to Committee at a later stage. It is anticipated that investment will be required to deliver this, and associated costs will form part of the report.

The diagram below describes the main pillars of the draft strategy that are being developed:



Theme 2: Statutory and Legal Requirements

16. The following are key areas that the department will be responding to and enacting over the next 12 months:

a. Liberty Protection Safeguards and The Mental Capacity (Amendment) Act 2019

Liberty Protection Safeguards will be replacing the Deprivation of Liberty Safeguards and will require alignment with health partners and Children and Families Services, as the new guidance will protect people aged 16+ and give more responsibilities to acute hospital trusts and Clinical Commissioning Groups. Implementation has been delayed by the Government to April 2022 due to the Covid pandemic. When the Government's recommendations about the regulations and code of practice are clearer, there may be an additional cost to implement the Liberty Protection Safeguards, for example because of the potential need to procure specialist training support and the workforce required. The Government has not yet announced if and when this work will be funded. Any implications on Council resources when known will be reported to a future meeting of the Committee.

b. The Mental Health Act 1983

The Government announced in 2017 there would be an independent review of the Act to address rising detentions, racial disparity in the use of the Act and concerns about human rights. The changes recommended by the review set out to give much greater legal weight to people's wishes and to require stronger, transparent justification for using compulsory powers. The White Paper to take the review forward has not been published yet. However, if and when it is published the Adult Social Care and Public Health Department will need to establish what work is needed to meet the requirements in the White Paper.

Implementation of both the Liberty Protection Safeguards and Mental Health Act changes may also require some changes to staffing to reflect the statutory changes.

c. Winter Plan

In response to the requirements set out by the Department of Health and Social Care in September 2020, the Department published its Winter Plan for Covid 19. There were 77 requirements and the 10 requirements that required further action are being monitored through existing governance arrangements.

Theme 3: Performance and Quality Assurance

17. A set of core metrics are being co-produced with staff across four key themes: Quality of Life, Positive Contributions, Independence and Use of Resources. This framework will help the department to understand if it is delivering the best possible outcomes for the people of Nottinghamshire.

A review of the existing suite of management information is also being undertaken. The department has identified some key principles for management information which will inform development of future measures:

- **Demand** – the department should be able to predict and manage demand for the service in order to be ready to support people at the right time
- **Resources** – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, and direct resources where needed and reduce variation

- **Commissioning** – the department should be able to develop the market and commissioning intentions based on performance data by creating closer links with operational processes
- **Improvement & transformation** – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure its objectives are met
- **Statutory Reporting** – the department should be able to fulfil its statutory reporting obligations
- **Continuous improvement** – the department should be able to use management information for continuous improvement.

Work to develop a quality strategy will commence as the Council recovers from Covid and this will be presented to Committee at a future date.

Theme 4: Departmental Operating Model Reviews

18. A new operating model for the adult social care workforce was introduced in September 2020. Some areas of service were excluded from this review as it was recognised that a more specialist approach to service review was required. The department aims to keep new operating models under review to ensure it continues to support achieving departmental priorities. The Senior Leadership Team will consider the success of the new model based on data, feedback from staff and people supported, as well as how well changing priorities are responded to. Information about any specific service reviews that are identified will be presented to Committee as and when they arise. An update on the operating model introduced in September 2020 will be presented to the Adult Social Care and Public Health Committee in June 2021.

Theme 5: Prevention and Early Intervention

19. This theme relates to the prevention strategy, community asset based planning and Local Area Co-ordination:

a. Prevention Strategy

In July 2020, Improvement & Change Sub Committee approved a new model of transformation, improvement and change for the Council. The new model will focus on delivering cross cutting themes and service improvement at departmental level. Developing integrated prevention and early help intervention that are community based through community assets is a key theme. All age approaches to improving support for those with disabilities will take a “whole life course” approach that focusses on improving outcomes, minimising risk and by supporting people to plan early for the key stages in their lives.

For Adult Social Care and Public Health, the demand for services will continue to increase and the department will focus on prevention and early intervention to ensure people are supported early and prevent them from reaching a crisis point. Commissioning preventative services is a key part to achieving this aim.

Due to the pandemic, the Department has not been able to conduct a Joint Strategic Needs Assessment (JSNA), which looks at the current and future health and care needs

of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services. The JSNA helps to identify the wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment, health of the population and health inequalities. This will be picked up as part of the Department's recovery from the pandemic.

A departmental Prevention Strategy will be developed which will inform future commissioning intentions. Opportunities to invest in preventative services through the Better Care Fund will support future developments and link to a Council-wide prevention strategy that will clearly articulate how the Council will prevent and delay adult social care need.

b. Community Asset Based Planning and Local Area Coordination

The purpose of this work is to support more people to access ordinary community assets. Community assets are collective resources which individuals and communities have at their disposal; those which can be leveraged to develop effective solutions to promote social inclusion and improve health and wellbeing. Assets can include organisations, associations and individuals. A list of community assets could include libraries, health centres, leisure centres, local bus services and GP practices. Voluntary and community groups such as faith groups, sports clubs, residents' associations and charities. Gap analysis for Community Asset-Based planning is taking place to establish what is currently available and where gaps are. Work is being scoped to understand where opportunities for development are, for example partnership working with Inspire to connect more people with community facilities. Other work involves how Adult Social Care and Public Health can feed into the work of the Community Hub and supporting strong communities.

Local Area Coordination is being considered as part of this work in supporting more people to access community assets and resolve their issues early. Local Area Coordination is an evidence-based approach and philosophy that has been adopted by a growing number of local authorities in the UK. At its heart it views people (who may need support to live good lives) as citizens with skills to share not service users with problems to be managed. In summary it:

- localises support in the community through the work of a dedicated Council employed Local Area Coordinator who uses an evidence-led methodology that fosters non-service solutions, builds connections and helps people make their contribution
- helps grow community life and supports communities, using co-production, to take control of and develop their assets.

Nationally research has evidenced the positive impact of local area co-ordination for example:

- good health and wellbeing outcomes, increased independence, connectivity and opportunity for people to make contributions in their communities
- communities and health and social care colleagues have a locally based, named person to connect around concerns, ideas and introductions. It offers a bridge

between communities and the wider service system, helping groups access funding, providing more opportunity for co-production and developing new activity.

Funding of £466,000 for a period of two years from the Better Care Fund (BCF) for the development of a community asset-based approach has already been secured in agreement with the Clinical Commissioning Groups. Some of the money will fund a Local Area Coordination pilot in Nottinghamshire. If the pilot is successful, future resource requirements will need to be identified and a funding solution agreed.

Theme 6: Integrated Personalised Care and Support Systems

20. This theme co-ordinates the implementation of the NHS Hospital Discharge policy to deliver a “Discharge to Assess” approach across hospital trusts countywide, and the development of place based multi-disciplinary teams across Adult Social Care and Health. This requires a system approach with partner engagement to deliver joined up personalised health, care and community support services in the right place at the right time.

a. Urgent Care

Covid 19 has meant that increased pressure has been placed on the department to ensure that people leave hospital quickly, on the same day that they are assessed as being medically fit to be discharged. The national requirement to implement Discharge to Assess means that rapid response re-ablement or homecare is required to support people back home for the first couple of days and then staff in the new Integrated Discharge Hubs will visit them at home within 48 hours to assess for a further re-ablement plan, or if needed for a Care Act assessment. Outcomes have been positive with more people returning directly to their own homes, on or closer to the day they are well enough to do so, than prior to March 2020. The overall impact of all the Covid 19 changes is, however, an extra pressure on departmental resources and diversion from some of the resources invested in community crisis support, into the hospitals.

Future work due to be completed in the New Year involves the joint redesign of health and social care re-ablement/intermediate care services to get the right balance of investment across the system in home-based support, community hospitals and community health residential/nursing care home beds to ensure that as many people as possible go directly home. There is also work to commission the right types and volumes of services to support capacity and timely flow out of re-ablement/intermediate care services across the system (e.g. homecare, Extra Care, care homes for complex needs etc) to ensure these vital time-limited services do not get blocked. Recommendations will be presented to the Committee when completed.

b. Place Based working

A new operating model for the department was introduced in September 2020, with the aim of offering a more joined up, effective, easy to access suite of services to people who require the Council’s help and support. A report on the main changes introduced as part of the new operating model was taken to the Adult Social Care and Public Health Committee in September 2020.

One of the main changes has seen the Younger Adult learning disability, physical disability, Asperger's and mental health teams combined into one Living Well Community Team for each District, aligned to the Primary Care Networks (PCNs). The Living Well teams will work with working age people with complex and/or long-term health conditions to help them to meet all their social care outcomes from within their local community. Ageing Well Community Teams were already aligned (some co-located) to the PCNs.

The place-based model supports the development of integrated teams and networks across Primary Care, Community Health, District Councils, voluntary organisations and other partners such as the Public Health commissioned Your Health Your Way which provides a wellbeing service to encourage healthy lifestyles. The model supports the continued development of multi-disciplinary case discussion and meetings across the range of professionals who are supporting a person. A new operating model has been agreed by the south and mid Notts Integrated Care Providers (ICPs) which will shift towards local managers developing integrated teams and networks, using population health data in a pro-active way to target people for preventative services, as well as joining up local community engagement, communications and development.

Theme 7: Recovery and Reset

21. In response to the pandemic a recovery plan across Adult Social Care and Public Health was developed and agreed at Adult Social Care and Public Health Committee in September 2020. Some of the areas still being progressed through the recovery plan are detailed below and included in the overall service improvement programme plan:

a. Day Services

Work to co-produce an interim model for internal Day Services will inform the development of a day opportunities strategy which will be presented to Committee in Spring 2021.

b. All-age mental health

The need for a more integrated approach to mental health across public health, adult social care, children's services and health partners has been identified at both a strategic and operational level. Particular areas for focus across systems have been identified as:

- Community Mental Health Pathways
- Mental Health Accommodation Pathways
- Crisis and Acute Pathways.

It is recognised that Covid has had a significant impact on people's mental health and an all age approach will not only need to reflect the change in the type and severity of need, but will also have implications for the way in which this support can be delivered, including an increased preventative focus, particularly for those who are continuing to experience isolation and exclusion.

c. All age Autism

In December 2018, the Health and Wellbeing Board approved the Adults with Autism Joint Strategic Needs Assessment (JSNA) including the 11 recommendations it contains. Subsequently a draft Adults with Autism Strategy was developed in order to take these recommendations forward. To ensure the Strategy was comprehensive, the decision was taken that this should be all age to enable any gaps in provision to be recognised and addressed. To date the two children's JSNAs required to inform this all-age strategy have yet to be approved by the Health and Wellbeing Board and the all age Strategy is still to be developed. Governance for this area is now included as part of the Integrated Care System Learning Disability and Autism governance in response to the NHS Long Term Plan and will take this work forward.

d. Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy for Nottinghamshire 2018-2022 (Joint Health and Wellbeing Strategy) is based on needs identified in the Joint Strategic Needs Assessment. The Health and Wellbeing Board is responsible for developing a delivery plan for each of the priorities and ambitions set out in the Joint Health and Wellbeing Strategy. It is intended to review this strategy as the Nottingham and Nottinghamshire Integrated Care System, including Bassetlaw, moves to recovery.

Other Options Considered

22. No other options have been considered. The matters set out in the report are intended to provide an update to the Adult Social Care and Public Health Committee on the Adult Social Care and Public Health Department Programme of Work 2021/22 to 2023/24.

Reason for Recommendation

23. For the Adult Social Care and Public Health Committee to understand and agree the Adult Social Care and Public Health Department's proposals for the Programme of Work 2021/22 to 2023/24.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

25. The Committee is asked to approve the resource requests set out in the table at **paragraph 26**. These consist of internal staffing posts and costs external to the Adult Social Care and Public Health department.

26. The financial implications of resources requested in this report are as follows:

Job title	Grade	Full Time Equivalent	Permanent or temporary	Total cost
Service Improvement – resource to support Service Improvement Programme				
Mosaic Technical Specialist	Hay Band C	2	Temporary posts for one year until 31st March 2022	£108,892
Project Manager	Hay Band D	2	Temporary posts for one year until 31st March 2022	£58,407
Business Analyst	Hay Band C	1	Temporary one year until 31st March 2022	£55,955
Sub Total				£223,254
Maximising Independence Service				
Team Manager	Hay Band D	1	Permanent	£61,995
Senior Practitioner (OT)	Hay Band C	1	Permanent	£57,466
Occupational Therapist	Hay Band A/B	3	Permanent	£152,251
Reablement Manager	Hay Band A	3	Permanent	£133,164
Community Care Officer	Grade 5	6	Permanent	£232,354
Support Coordinator	Grade 4	3	Permanent	£95,019
Senior Reablement Worker	Grade 3	32	Permanent	£923,170
Sub Total		49		£1,655,419
External Partner				
Partners for Change			Temporary	£100,000
Sub Total				£100,000
Total financial implications				£1,978,673

These can all be funded from the cashable benefits this work is expected to realise.

27. The table below summarises the identified cashable benefits of the service improvement programme:

Area of work	2021/22	2022/23	2023/24	Total
Technology Enabled Care	£134,000	£134,000	£ -	£268,000
Housing with Support - Living Well	£ -	£150,000	£250,000	£400,000
Shared Lives	£121,000	£243,000	£364,000	£728,000
Increase use of personal assistants	£275,925	£656,964	£656,964	£1,589,853
Maximising Independence Service	£1,292,819	£1,293,971	£-	£2,586,790
Strength Based Programme	£1,878,694	£1,785,702	£1,356,832	£5,021,237
Total	£3,702,537	£4,263,637	£2,627,796	£10,593,970

These benefits will be used to fund the resource requirements of delivering the service improvement programme and will also help the department to meet future demand and inflationary pressures.

28. The report identifies a number of work streams, still in a discovery phase, where it is anticipated approval for investment in the work stream will be brought to Committee at a later date. These are:
- Shared Lives – potential requirement for support from external marketing and recruitment partners to facilitate the recruitment of carers
 - Digital Partnership Programme – potential requirement for additional resources to further develop joint working across health and social care
 - Adult Social Care and Public Health Digital Strategy - subject to approval of the strategy a Digital Programme Plan will be developed, and it is anticipated that investment will be required to deliver this
 - Liberty Protection Safeguards and The Mental Capacity (Amendment) Act 2019 – potential impact on Council resources subject to Government’s announcement of if and when this work will be funded.

Human Resources Implications

29. Recruitment to the posts described in the table in **paragraph 26** will be undertaken in line with the Council’s Human Resources procedures and engagement with the Trade Unions.

RECOMMENDATIONS

That the Committee:

- 1) considers the Adult Social Care and Public Health Service Improvement Programme for 2021/22 – 2023/24 and recommends whether any actions are required in relation to the detail in the report
- 2) agrees the implementation of Adult Social Care and Public Health Service Improvement Programme for 2021/22 – 2023/24
- 3) gives approval for the resources identified at **paragraph 26** of this report, including the establishment of the following posts:

Job title	Grade	Full Time Equivalent	Permanent or temporary
Mosaic Technical Specialist	Hay Band C	2	Temporary posts for one year until 31 st March 2022
Project Manager	Hay Band D	2	Temporary posts for one year until 31 st March 2022
Business Analyst	Hay Band C	1	Temporary one year until 31 st March 2022
Sub Total			
Team Manager	Hay Band D	1	Permanent
Senior Practitioner (OT)	Hay Band C	1	Permanent
Occupational Therapist	Hay Band A/B	3	Permanent

Reablement Manager	Hay Band A	3	Permanent
Community Care Officer	Grade 5	6	Permanent
Support Coordinator	Grade 4	3	Permanent
Senior Reablement Worker	Grade 3	32	Permanent

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Adult Social Care and Health

Jonathan Gribbin
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Constitutional Comments (CEH 22/12/20)

30. The recommendations fall within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 17/12/20)

31. The financial implications are contained within **paragraphs 25-27** of the report.

HR Comments (SJJ 21/12/2020)

32. Any HR Implications are outlined in **paragraph 29**. The report was discussed with the recognised Trade Unions at the ASCH Joint Consultative and Negotiating Panel (JCNP) and no concerns were raised.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Report of the Corporate Director, Adult Social Care and Health – Adult Social Care Culture Change Programme – 6 January 2020

Adult Social Care and Public Health Departmental Strategy 2019-2021

Electoral Division(s) and Member(s) Affected

All.

ASCPH743 final