

30 April 2019**Agenda Item: 9****REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR, ADULT
SOCIAL CARE AND HEALTH, AND THE DIRECTOR OF PUBLIC HEALTH****IMPROVEMENT, CHANGE AND TRANSFORMATION IN THE ADULT SOCIAL
CARE AND HEALTH DEPARTMENT****Purpose of the Report**

1. This report provides an overview of improvements and savings made by the Adult Social Care and Health Department during 2018/19, with particular reference to performance and progress against section four (the Improvement and Change Portfolio) of the [Adult Social Care and Public Health Departmental Strategy](#). The strategy sets out how the Department will deliver the [Council Plan](#) commitments.

Information

2. The Adult Social Care and Public Health Departmental Plan was agreed by Policy Committee in January 2018. The Council's Departmental Plans are currently being reviewed to ensure they remain consistent with the Council's commitments to residents of Nottinghamshire. Section four of the current Departmental Plan sets out six programmes of activity aimed at improving health and wellbeing across the population and improving the way the Council delivers social care support to adults in Nottinghamshire. The six programmes are:
 - Deliver the next stage of the Adult Social Care Strategy
 - Commercialisation of the Council's directly provided social care services
 - High quality and sustainable public health and social care services
 - Work with local health services
 - Promote decision-making across the Council and with partners which prioritises health and sustainability
 - Provide specialist Public Health advice to support commissioning of health and social care services to improve health and well being

Savings and improvement during 2018/19

3. In 2018/19, the Adult Social Care and Health Department is projected to make savings of £13.068m. This is £4.499m more than the target and is primarily due to the early delivery of future savings and the over-achievement of increased joint funded income.

4. This report does not seek to provide information about all the improvements and savings made by the Adult Social Care and Health Department during 2018/19 but rather provides a selection of examples that demonstrate the impact of some of the improvements on Nottinghamshire residents. The examples describe the enabling work that has underpinned the transformational activity, which may be of interest to other departments in the Council. These include:
 - a. Work to establish a cycle of continuous improvement within business as usual service delivery
 - b. Engagement with key stakeholders, including staff, service users and carers
 - c. Partnership working with internal and external teams
 - d. Use of innovation and technology in service improvement.

Programme 1: Deliver the next stage of the Adult Social Care Strategy

Improving Lives Programme

5. The Improving Lives Portfolio is the programme of work delivering service transformation and budget savings for the Adult Social Care and Health Department over the period 2018/19 to 2019/20. A key enabler to the programme is the establishment of a cycle of continuous improvement within all teams. This way of working seeks to identify best practice for sharing and areas for improvement or change as part of everyday performance management. Information dashboards are being developed for teams to support this. The dashboards will provide accessible information about service delivery, at a team level, that will be used to inform local decision making and to drive performance against agreed targets. To facilitate continuous improvement in practice, social care teams are introducing Promoting Independence Meetings (PIMs). These meetings are an opportunity for the whole team to share good practice and success; to discuss cases together, ensuring that service users are supported on the right pathway, and to look collectively for opportunities to maximise a person's independence; and to identify obstacles to service delivery that can be addressed locally or escalated to senior officers if appropriate.
6. A case study: during a PIM, an Older Adults Team reviewed the case of a service user who had recently had a stroke. Prior to the stroke, the service user had a job and was an active member of his community. The man was receiving some social care in his own home but was keen to regain his full independence and manage his disability himself. The case was discussed at a PIM. A referral to the Notts Enabling Service, which had not been previously considered, was recommended - it was agreed that this service would support the service user to regain his independence and put him back in touch with activities in the community. There was also discussion regarding his housing situation and one team member informed the others that grants were available from the local district council to help people who need to move home to somewhere more practical for their needs. It was agreed that this option would be looked in to, as the service user's current property was relatively unsuitable to supporting his long-term reablement goals. As a result of the meeting two clear actions had been identified as steps to support the service user to achieve his goal of moving towards full independence.

Enablement Focused Services

7. The Department continues to develop enablement focused services that provide service users with the skills and confidence to be as independent as possible and to link them in with services and activities in their local communities, where possible.
8. A case study: the Notts Enabling Service (NES) provides support to promote independence for up to 12 weeks at a time. The Transitions Team provide planning, assessment, advice and support services for young people preparing for adulthood. Both these teams work together to bridge the gap between Children's and Adult's services. The teams worked with an 18-year-old service user who lives at home with his mum. He had just started at college where they were focussing on academic development and life skills. In the future he hopes to find a paid job. The service user was referred to NES to improve his independent living skills, including cooking, travel training, and accessing more activities in the community. Together, they agreed what goals he would like to achieve. The young man is now able to attend new groups, travel independently and to lead a much more fulfilled and full life. He is very proud of himself now and his confidence has grown.

Programme 3: High quality and sustainable public health and social care services

9. The majority of adult social care services are commissioned from independent sector providers. These providers face various pressures 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 the difficulties in staff recruitment and retention. The Department 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.
10. For example, the Department has worked with home-based care providers to introduce an outcome focused home care service and to take steps towards improving the quality of services by encouraging guaranteed hours and salaried contracts. This will encourage a more reliable and consistent workforce which in turn will improve the quality of home-based care services being delivered to residents in Nottinghamshire. To monitor that provider staff terms and conditions are improving, the new home-based care contract requires providers to evidence an annual increase in the number of care workers offered a salaried contract. Since the introduction of the new contracts one of the main providers is advertising posts at hourly rates up to £10.00 for care staff and two providers have introduced some guaranteed hour or salaried contracts. This is a significant change for those providers, and it is hoped that this will encourage other providers to adopt similar approaches.
11. The Department has also introduced an electronic portal for the Home First Response Service (HFRS). HFRS is a short-term rapid response service, mainly for adults aged over 65, who are either in hospital and ready for discharge or at home having a temporary crisis and at risk of admission to hospital or urgent short-term care in a care home. The portal allows referrals to the service to be transmitted electronically to the service provider via a web-based portal, reducing referral time and allowing services to be put in place more quickly, and providing a more secure system for the transfer of information. This has been so successful that the model is being further developed to create a portal for the management of the home-based care services.

Programme 4: Work with local health services

12. The Council is 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.

Closer integration of frontline health and social care staff

13. A report commissioned by the Council demonstrated the improved outcomes for service users and better cost-effectiveness of services delivered through integrated care team models (where social care and community health staff work together). The report described the best practice features for integrated working, including co-location of staff; joined up assessment activity; multi-disciplinary meetings; and trust and respect between professionals. In April 2018, work started on the roll out of these best practice features across all districts and to bring Older Adults assessment staff into closer working arrangements with their local community health colleagues. Mansfield North and South Older Adults assessment teams were the first to co-locate into the same physical base as the Mansfield Health teams, in July 2018. In January 2019, Ashfield North and South Older Adults assessment staff moved into the same space as Ashfield community health staff.
14. Case study: *"I worked with a very elderly gentleman and the family said there's no way my dad can go home, he's too poorly, he's too frail, he needs long term care ... I could also see the potential of getting other team members involved from the Integrated Team to actually work together and look at the potential of getting this person home ... We had the community matron involved, we had the oxygen therapy matron involved, we had the physiotherapist, the occupational therapist and myself, and we worked with him and we did manage to get him home and I think it provided reassurance for the gentleman himself and for his family that we were all working together. I think if I'd been working sort of in isolation with him, I don't think I would have got past the point of "my dad's not well enough, that he can't go home". But I think once we were working together, meeting together, arranging the joint home visit, the service user and the son could see that actually the oxygen matron's sorting this out, the District Nurse is sorting the hospital bed out, I'm sorting the care out, the physio was organising equipment with the occupational therapist. They could see that we were all working together ... I think that gave them reassurance that this you know it, it could work."* (Social Care Worker, Integrated Primary Care Team).

Sharing information across health and social care boundaries

15. An ICT solution which facilitates the electronic sharing of some social care service user information with health professionals has been developed for Sherwood Forest Hospitals NHS Foundation Trust and Bassetlaw and Doncaster Hospitals NHS Foundations Trust. There is already evidence that this is saving time for health professionals, it is improving the quality of referrals from health to social care and delivering a timelier response to service users. A separate pilot is providing access to health information for staff in Rushcliffe.
16. A case study: a service user was not present at a pre-arranged visit with a Social Worker. Due to the nature of the support being received the Community Psychiatric Nurses in Notts Healthcare Trust were also involved. They were also unable to gain access to the service user's home. They had involved the service user's GP and the Consultant in the Community Mental Health Team who also could not make contact. The Social Worker used

the portal to establish that the service user had been admitted to hospital and could see the current ward location. This not only saved considerable time for the workers across organisations but eliminated the concerns they had for the service user's safety.

Programme 5: Promote decision-making across the Council and with partners which prioritises health and sustainability

17. This programme of activity was developed in order to improve joint working and make the most of opportunities to prioritise health and well-being. It was based on a recognition that there are a range of functions that the Council and partners are responsible for that can contribute to good health and well-being, including economic development, transport, leisure, trading standards, community safety, education and housing.
18. The Council resolved in March 2018 to adopt the Health in All Policies guidance published by the Local Government Association. A workshop was held with Health and Wellbeing Board partners and areas of focus agreed. Some examples are set out below:
 - a. Reducing the impact of air pollution on health by working with Place (Planning & Transport), District and Borough Council Environmental Health departments and Nottingham City Council. This include enabling a shift to zero and low emission transport and reducing emissions; ensuring new housing and built environment developments are positive for air quality; reducing emissions from domestic and commercial outlets; and engaging and communicating with residents.
 - b. A food charter is being developed with partners to improve access, availability and affordability to healthy food for residents. Partners can contribute to the food charter through how they procure, provide, promote and engage residents around food. To support this, additional investment through the Public Health grant is being put into a whole-school approach to food with Nottinghamshire County Council Catering school meals service, and a series of district place-based approaches.

Programme 6: Provide specialist Public Health advice to support commissioning of health and social care services to improve health and well being

19. As an example, the provision of specialist public health advice to the local health and social care system has led to the development of a system-wide approach to reducing alcohol related harm. Through the provision of timely public health intelligence which demonstrated the burden of alcohol-related harm, the ICS approved the prioritisation of alcohol as the local system's one-year prevention priority. The impact of this work has resulted in the development of a Nottinghamshire Alcohol Harm Reduction Plan in December 2018 with the subsequent and ongoing oversight from the Nottinghamshire Alcohol Pathways Group.

Other Options Considered

20. No other options have been considered. The matters set out in the report are intended to provide proportionate updates to the Sub-Committee of progress against key milestones and on the approach of the Adult Social Care and Health Department to transformation and service improvement.

Reason for Recommendation

21. The Council's constitution requires each Committee to review performance in relation to the services provided on a regular basis. The terms of reference for the Improvement and Change Sub-Committee include responsibility for monitoring performance of the Council Plan. Departmental Plans are an extension of the Council Plan therefore the recommendation seeks to fulfil this requirement.

Statutory and Policy Implications

22. 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

23. There are no financial implications arising from this report.

RECOMMENDATION

- 1) That the Improvement and Change Sub-Committee considers the progress against the Adult Social Care and Public Health Improvement and Change Portfolio outlined in the report and recommends whether any actions are required in relation to the detail in the report.

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Constitutional Comments (EP 28/03/19)

24. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (OC20 28/03/19)

25. The financial implications are contained within paragraph 23 of this report.

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.

Adult Social Care and Public Health Departmental Plan – report on Departmental Strategies to Policy Committee on 24 January 2018

Council Plan 2017-2021

“Evaluation of the Social Care Role in Integrated Primary Care Teams for Older Adults who have Complex Needs in Nottinghamshire”. Prepared for Nottinghamshire County Council by Professor Di Bailey, Dr Dominic Holland and Dr Gabriella Mutale in collaboration with PeopleToo, December 2017

Electoral Division(s) and Member(s) Affected

All.

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