

23rd November 2020**Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH AND THE DIRECTOR OF PUBLIC HEALTH****TRANSFORMATION AND CHANGE IN THE ADULT SOCIAL CARE AND
PUBLIC HEALTH DEPARTMENT****Purpose of the Report**

1. The report provides information about how transformation and change activity in the Adult Social Care and Public Health department has been considered, alongside the continued emergency response and recovery planning.
2. The report also sets out the department's transition from the previous programme of transformation and change activity, the Improving Lives Programme, to the Adult Social Care Programme Plan.
3. The report also provides a brief, reflective summary of transformation and change within the Adult Social Care and Public Health department during 2019/20.

Information

4. Following the Coronavirus pandemic and guidelines from government, the Adult Social Care and Public Health department implemented emergency operating models in response to anticipated service demand. With the introduction of emergency operating models many of the Adult Social Care and Public Health department's transformation and service improvement initiatives were suspended to enable the workforce to focus on the emergency response. Despite this and in preparation for the formal exiting of the emergency phase, the department has already been planning how it will review opportunities to transform, whilst taking into account government guidelines and assessing risk to ensure people are protected. A report on the Adult Social Care and Public Health recovery plan was taken to the Adult Social Care and Public Health Committee in September 2020.
5. As set out in the Adult Social Care and Public Health recovery plan, for the remainder of the financial year until March 2021, as the department formally moves out of the emergency phase into recovery, some specific areas have been identified as a priority by the department. These are:
 - a) Sustainability of the Social Care Market

- b) Reshaping services
 - c) Reablement and supporting people home from hospital
 - d) Local Outbreak Control Plans and infection control
 - e) Resetting and rethinking health and care services.
6. Moving forward towards 2021, the department is already well placed to embrace improvement and change in 2021/22 and beyond, with a number of enablers to this already in place. These include:
- a) **Strengths Based Approach Programme** – this will help staff and the people they are supporting to work in ways that focus on the person, their life, their circumstances and their personal outcomes.
 - b) **Owning and Driving Performance Programme** - this is a two-year cultural change programme that commenced across the department in October 2020 which will ensure there is the right environment, atmosphere and management approach in place to fully promote independence and wellbeing through strength-based approaches.
 - c) **New Operating Model** - 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.
 - d) **Core Metrics & Management Information Review** – this review is looking at a range of information principles and needs, including ensuring that the department:
 - is able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure its objectives are met
 - is able to use management information for continuous improvement.
7. In addition, taking into account the lessons learned during the pandemic and our progress towards recovery at that time, in 2021 the department will also recommence its paused review of the strategies that underpin our commitment and relationship with the people of Nottinghamshire that the Council supports. These strategies are:
- a) **Adult Social Care Strategy** – this strategy sets out the guiding principles for the delivery of adult social care in Nottinghamshire, to ensure it is effective, can meet the needs of Nottinghamshire's people now and in the future and is fully compliant with the Care Act 2014.
 - b) **Adult Social Care and Public Health Departmental Strategy** – this sets out the priorities and programmes of activity that the department will pursue in order to deliver the Council Plan commitments.
 - c) **Nottinghamshire Joint Health and Wellbeing Strategy** – this sets out how the Nottinghamshire Health and Wellbeing Board will drive activity across the local authorities, the NHS and other partners to improve the health and wellbeing of the local community and reduce inequalities.

8. **Paragraphs 9 to 28** of this report reflects on improvement and change that took place in the Adult Social Care and Public Health department during 2019/20. This section of the report does not seek to provide information about all the transformation and change made by the department during 2019/20 but rather provides a selection of examples that demonstrate the impact of some of the activity.

Transformation and change in 2019/20

9. Section four of the current Adult Social Care and Public Health Departmental Strategy for 2019-2021 sets out an Improvement and Change portfolio to deliver improved health and wellbeing across the population and to improve the way the Council delivers social care support to adults in Nottinghamshire.
10. Within the Adult Social Care and Public Health department, the Improving Lives Portfolio had been the programme of work delivering service transformation and budget savings between April 2018 and March 2020.
11. Overall in 2019/20 the department had agreed savings of £12.47m to deliver and delivered £15.7m. The extra savings delivered were a combination of £1.9m of additional savings on projects that ended March 2020 and £1.2m of early delivery for savings projects that, at that time, were continuing into 2020/21.

Simplifying Processes Project

12. The purpose of the simplifying processes project is to streamline processes to ensure they support a strengths-based approach, are fit for purpose and easy to use. Improving the customer journey through our processes is a key deliverable of this project. The overall aim is to reduce the amount of time staff spend completing forms and processing information and as a result increase the time they can spend having conversations with people whilst working in a strengths-based way.
13. The project design principles are to:
- Design processes with people at the heart
 - Ensure our processes reflect and support the three conversations rules, values and ethos
 - Involve staff in design and testing
 - Increase the time available for staff to work directly with people by processes being efficient, user friendly and not duplicated
 - Reduce the number, length and complexity of processes wherever possible
 - Ensure data collection is proportionate and appropriate
 - Reduce variation in processes across the County to ensure equity
 - Provide appropriate support and training.
14. There will be a collaborative and co-produced approach throughout the life of the project, starting with a review of the current end-to-end processes to identify issues, challenges, quick wins and opportunities to improve or do things differently.
15. The project was paused in March 2020 due to the need to support the implementation of the emergency operating models. Lessons have been learned from the emergency

process implementation and the scope and approach have been reviewed to reflect the learning over the past six months.

Update on sharing information with Health & other partners

16. Nottinghamshire County Council has joined health partners across Nottinghamshire to gain access to the Nottinghamshire Health and Care Portal (NHCP). This allows cross organisational information to be available to front line staff safely and securely without requiring full access to core ICT systems. Since being rolled out in September 2019 to over 800 Adult Social Care staff this has released over 1,000 hours, allowing staff to spend more time with the people they support. More importantly, because staff have access to the health information they need at the right time, it is helping them to make better decisions with people. It has also been rolled out recently to an initial cohort of Children's Social Care staff. Since April 2020 social care data is being shared in the portal to allow health colleagues to understand where a person is already known to Adult Social Care, the services they are being provided with and which team is involved.
 - *Vicky was referred to the Adult Access Service for some equipment and rehousing support. Using the portal, the Community Care Officer (CCO) was able to quickly identify that Vicky had fallen 15 times over six months but that she had never had a falls assessment. The CCO was also able to see that Vicky had not seen a GP for a long time so contacted the GP to suggest a health review. Over the next few weeks Vicky became increasingly upset and confused and didn't attend the arranged GP appointment. Again, using the portal, the CCO could see that the Community Mental Health Team were involved in Vicky's support and so was able to put Vicky back in touch with the right people who could provide the right support. The portal allowed the CCO to have a holistic view of Vicky and support her appropriately when it became apparent that Vicky needed some support over and above the initial referral.*
17. The department has made significant progress during 2019/20 with the digital transformation work in hospitals across Nottinghamshire, to speed up how referrals are made to the Council's social work teams for hospital patients and to introduce automatic alerts coming from health systems to tell us when circumstances change for these patients. For example, if people change wards, get discharged or pass away, the Council's staff are made aware of this change immediately, rather than finding out from nursing staff or a person's relatives. These developments have been completed at the Sherwood Forest Trust Hospitals (SFHT) and at Doncaster and Bassetlaw Trust Hospital (DBH) and will be completed at the Nottingham University Hospitals by the end of November 2020. A digital patient tracker also means that managers can get an up-to-date view of workload for the team at any time, instead of using manual spreadsheets. Benefits of this work include:
 - a) since May 2020 there have been over 4,000 automated referrals direct from hospitals to social care, averaging over 700 per month. At SFHT each referral sent in this way saves on average 4.5 hours of delay in reaching social care, more over weekends.
 - b) automated systems direct the referrals to the right council based on the patient's address, allowing Derbyshire and Nottingham City referrals to be identified correctly without manual checks.
 - c) at DBTH the administrative time saved every month is 32.5 hours

- d) Team Managers have reported that without the digital patient tracker, which gives a full view of all cases in the team and supports the prioritisation of cases, they would have struggled to feel in control of the work.
- e) all the data is now available to senior managers on a dashboard updated automatically each night, reporting the recent referral trends and discharge timescales allowing faster response to local pressures.
- f) the average hospital discharge timescale to social care has halved from 2019/20 allowing people to get home from hospital quicker.

18. In 2019/20, the Proactive Interventions project had built the confidence and the legal framework to support different public sector partners to share data with each other. In March 2020, this work enabled information about homeless people and rough sleepers to be shared for the first time by housing authorities with health and social care as part of the emergency response's 'Everyone In' campaign. District and borough councils had an urgent duty to house all homeless people – access to health and social care data about this cohort of people enabled housing partners to understand which of these vulnerable people needed to shield because of their health conditions and also to understand known risks such as people who should not be placed in a hostel or other shared accommodation provision because of a history of arson or other risky behaviours.

- *John was a rough sleeper and was placed in temporary accommodation. John had a number of health and social care issues and the district council were very concerned about whether John had capacity to hold a tenancy, due to signals of learning disability. In their opinion it seemed doubtful.*

An Adult Social Care Housing with Support social worker became involved and a full care and support assessment was carried out for John. This identified that although he had a number of needs and would need a small level of support if he was to live independently, that John had the capacity to make his own decisions. John was offered a tenancy by the district council shortly after this assessment. A Promoting Independence Worker was engaged for a short period to help John adjust to having a tenancy and a small ongoing support package was set up that would allow John to remain living independently. If Nottinghamshire County Council and the district council had not worked together and shared appropriate information about John, John would not have been able to have a tenancy and live independently and would have continued to live either in temporary accommodation or return to the streets as a rough sleeper.

Establishment of Employment and Health work stream

19. The Council has made employment and health one of its key priorities and good progress was made in 2019/20 in order to identify the aims, ambition and key areas of focus, and to develop an appropriate employment strategy to take this forward. The Strategy was approved at Policy Committee in March 2020. As well as a universal approach to health and wellbeing at work, the Strategy targets those furthest away from work, including supporting people with disabilities and long-term health conditions, and young people leaving care to find, and remain in, employment. The following case study provides an example of a man with Down's Syndrome supported by the Council's I-Work Team, which became part of the Maximising Independence Service in September 2010.

- *A young man with Down's Syndrome, living at home with his parents, was referred to the I-Work Team. Support through school to gain work experience in a catering environment hadn't led to regular paid employment. The young man also had a stammer which was a real barrier at interview stage, so the I-Work Team looked for work trials as a way for him to explain what he could do. A local branch of Sainsbury's gave it a try and on the strength of the man's performance offered him a permanent part time job working in a café. The I-Work Team was able to support him throughout his induction period, gradually tapering off support. He gets on well with his new colleagues (particularly when football is the subject!) and work has given him a new social outlet. He went to the staff Christmas party and really enjoyed it and he goes to other social events. He is always positive about his job. He is very happy as he has more independence and enjoys using his Sainsbury's discount card to make his money go further! I-Work offer ongoing support to him when he needs it, for example to cope with changes in life or to get to know new colleagues at work.*

20. Public Health completed an evidence review of the impact of employment on health and the effectiveness of interventions to increase employment for people who experience barriers to gaining and maintaining employment. This was followed by input from an external partner to undertake an audit of the Council's current employment support services and to make recommendations – based on best practice – for how this could be improved. Currently, the work has had to be paused indefinitely due to the pandemic.

Your Health, Your Way - Integrated Wellbeing Service

21. The Council is responsible for improving the health and wellbeing of Nottinghamshire residents and this is reflected in the Council Plan (Commitment 6: people are healthier). Health and wellbeing is an asset which enables individuals and communities to pursue what is important to them. It also underpins other important outcomes related to growth and prosperity in which all communities can share.
22. One of the key workstreams in 2019/20 was to establish an Integrated Wellbeing Service (IWS) to deliver improved healthy lifestyle outcomes for groups with the greatest need. This service is called Your Health, Your Way and commenced in April 2020.
 - *Evidence shows that in certain parts of Nottinghamshire, health risk behaviours such as smoking and obesity are higher than the national and regional average. More importantly, evidence suggests that there are a significant number of people who have multiple risk factors such as smoking, excessive alcohol consumption, physical inactivity and a poor diet. This has implications for both the individual and society. For the individual it means an increased proportion of life spent with illness and disability. For society, it means increased health and social care costs. In response to this, an Integrated Wellbeing Service (IWS) model has been commissioned in Nottinghamshire by Public Health from April 2020. It will deliver a more person-centred and personalised approach to health behaviour change services that addresses multiple health behavioural risk factors rather than individual stand-alone behaviours delivered by separately commissioned services. The service supports all residents across the whole life course from pregnancy, childhood to adulthood and into later life.*
23. Integral to the development and delivery of the IWS is closer partnership working with communities and local stakeholders. The service specification links with the rollout of social

prescribing, community asset-based development and the aims of the NHS Long Term Plan to embed prevention and reduce health inequalities. The procurement process used competitive dialogue to further develop deliverable solutions through discussion with interested bidders, resulting in a more effective and better value for money service offer.

24. In its approach, Your Health, Your Way will be a part of the community that it serves and support local residents, services and organisations to develop the strengths and capacity of individuals, families and communities to enable sustainable behaviour change. It will offer local employment opportunities, provide training to develop health champions, co-locate with other services, support community events and offer a community fund to enhance community capacity.
25. A report providing an update on the initial three month delivery of the new Integrated Wellbeing Service will be presented to Adult Social Care and Public Health Committee in January.

Health integration

26. Frontline assessment staff in the department's Ageing Well Teams continued to develop closer working relationships with Community Health staff across Nottinghamshire during 2019/20. This included:
 - the co-location of health and social care teams in the following areas - Ashfield North, Ashfield South including Hucknall, Mansfield North and Mansfield South
 - the co-location of Ageing Well duty desk with urgent care health triage teams covering Mansfield and Ashfield
 - social care staff hot-desking with Community Health Teams across Bassetlaw
 - the development of other models of closer working in South Nottinghamshire, including multi-disciplinary case discussion by teleconference and Community Health colleagues attending social care case meetings with the Ageing Well Team in Gedling
 - social care staff attending monthly GP practice multi-disciplinary team meetings across Nottinghamshire to advise on social care issues
 - direct referrals between health and social care staff for appropriate cases in Mid-Nottinghamshire.
27. The following case study was provided by a Social Worker in one of the department's North Nottinghamshire Ageing Well Teams:
 - *'R was admitted to hospital with exacerbation of his Chronic Obstructive Pulmonary Disease condition. He lived in a local authority bungalow in Bassetlaw. His family lived locally and were very supportive. R was discharged from hospital to a short-term care placement in a care home. He was assessed in hospital as needing 24-hour oxygen.*

The Integrated Neighbourhood Team (INT) became involved, including the Social Worker, the Community Matron, the Oxygen Matron, a Physiotherapist and a Therapy Assistant. R was very clear that he wanted to return home. His family felt that he required a long-term care placement. R's mobility improved and a home visit was arranged; he did well on the home visit, equipment was put in place as well as a hospital bed and a care package of four visits per day was arranged. As a multi-disciplinary team, we were able to offer reassurance to R and his family during the time that he was

in the care home and also on his discharge home. We discussed the case together at INT multi-disciplinary meetings and worked together to support R and also his family during this time. We were also able to provide follow up visits on his return home. It worked well – working as one multi-disciplinary team, because we were able to have immediate face to face discussions about R and his situation rather than spending time making separate referrals via a call centre to various agencies. We all worked together to support R to reach his goal of being able to return home. R's family could see that we were all working together to provide support to enable his discharge home to be a success. I think that if I had been working on my own with other professionals 'in reaching' to provide support, the outcome may have been different - possibly resulting in a long-term care placement.'

28. Due to the pandemic, social care staff have had to work from home rather than alongside Health staff in the co-located offices. However, the relationships that had been built up previously meant that it has been easy to continue working together virtually. In South Nottinghamshire, Living Well Team Managers were invited to join the regular Microsoft Teams case discussions with Health colleagues. The Team Managers have found it extremely useful to be able to ask for health advice and also to be able to flag up people known to social care who are struggling with their health. Other Living Well Teams will soon be brought into the integrated care team arrangements in Mid Notts and Bassetlaw.

Transformation and change going forward

29. The Improving Lives Portfolio ended in March 2020. In the current financial year, the department has agreed savings of £4.749m. Given that many projects were put on hold, the in-year savings forecast as at period 6 is for an under-delivery of £0.67m, with £0.5m of savings still expected to be delivered in this financial year.
30. However, the department delivered savings early up to the end of last year, so although reduced, there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.54m.
31. Existing savings proposals for 2021/22 had already been agreed prior to the pandemic. As it is not known how long the pandemic will impact delivery of these savings, there is an increased risk that the 2021/22 target may not be met. New savings proposals for 2021/22 and beyond are being considered.
32. Alongside the continued emergency response and recovery planning, from October 2020, the department has begun to transition to the Adult Social Care Programme Plan, which will be the programme of service improvement and development going forward.

Other Options Considered

33. No other options have been considered. The matters set out in the report are intended to provide an update to the Sub-Committee of transformation and change in the Adult Social Care and Public Health department during 2019/2020, as well as an overview of how transformation and change activity in the department has been impacted by the emergency response to the pandemic.

Reason for Recommendation

34. 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 Strategies are an extension of the Council Plan therefore this report is designed to support the Sub-Committee to fulfil this requirement.

Statutory and Policy Implications

35. 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

36. The financial implications are set out in **paragraphs 29 to 31** of this report.

RECOMMENDATION

- 1) That the Improvement and Change Sub-Committee considers the progress against the Adult Social Care and Public Health Department's Improvement and Change Portfolio, in the context of the department's emergency response and recovery planning, and considers whether any actions are required in relation to the detail in the report.

Melanie Brooks
Corporate Director, Adult Social Care & Health

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Jennifer Allen
Strategic Development Manager
T: 0115 9772052
E: jennifer.allen@nottsccl.go.uk

Constitutional Comments (EP 22/10/20)

37. The Improvement and Change Sub-Committee is the appropriate body to consider the content of this report, if Committee resolves that any actions are required it should ensure that such actions are within its terms of reference.

Financial Comments (KAS 11/11/20)

38. As at period 6, the department is forecasting a cumulative net over-delivery of savings of £0.54m as a result of the over-delivery on savings last year of £1.2m more than offsetting

the forecast under-delivery in year of £0.67m as described in **paragraphs 29 - 31** of the 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.

[Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy](#)

[Adult Social Care and Public Health Departmental Strategy](#)

[Adult Social Care Strategy](#)

[Adult Social Care Performance and Financial Position update for Quarter 4 2019/20 and Quarter 1 2020/21](#) - report to Adult Social Care and Public Health Committee on 14th September 2020

[Adult Social Care and Public Health Recovery Plan in Response to the Coronavirus Pandemic](#) - report to Adult Social Care and Public Health Committee on 14th September 2020

[Review of the Staffing Structure within Adult Social Care](#) - report to Adult Social Care and Public Health Committee on 14th September 2020

Electoral Division(s) and Member(s) Affected

All.

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