

**10 December 2018****Agenda Item: 7****REPORT OF DIRECTORS OF PUBLIC HEALTH AND ADULT SOCIAL CARE  
TRANSFORMATION****PROGRESS REPORT ON THE NOTTINGHAMSHIRE INTEGRATED CARE  
SYSTEM (ICS) WORKSTREAM: 'PREVENTION, PERSON AND COMMUNITY  
CENTRED APPROACHES'****Purpose of the Report**

1. This report sets out the work on the Nottingham and Nottinghamshire Integrated Care System (ICS) workstream 'Prevention, person and community centred approaches' as requested by Committee.
2. It provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

**Information**

3. The ambition of the Nottinghamshire ICS is to improve Healthy Life Expectancy by 3 years and reduce inequalities in life expectancy by 2020/21. This overarching aim reflects the gap between the aspirations of people in Nottinghamshire to enjoy good health and live independently in their later years and current reality: many people – and especially those in disadvantaged communities – currently spend more years living in poor health than is necessary, equitable or sustainable for communities and local services.
4. NHS Five Year Forward View (FYFV) identified this gap as a "rising burden of ill-health". It is driven by factors relating to the social and economic circumstances in which we grow, live, and work and accumulates from the earliest moments in life. Therefore, improving population health must mobilise action on these factors from a range of partners; address the whole lifecourse; build on existing community assets; empower individuals to exercise increased control over their own health and wellbeing; and maximise opportunities for independence.
5. With this in mind, the Integrated Care System (ICS) has established a priority work area to promote wellbeing, prevention and independence. There are three key ambitions:
  - a) To promote people's wellbeing and prevent illness to enable people to live healthy and independent lives with the support of their local community. By 2021 we want to see people

in Nottingham and Nottinghamshire enjoying an additional three years of life that is spent in good health ('healthy life expectancy').

- b) To change the way that people are supported so they feel able to exercise increasing levels of responsibility and control over their own health, with the support of local services as and when needed. Where local services are needed, people are offered choice and control about the support they receive and supported to live independent lives, as far as possible.
  - c) To tackle the differences in health and wellbeing across our population by targeting our support to those areas where ill health is at its worst.
6. The Strategy (**attached as appendix 1**) was developed by a working group over a short period of time with a range of local partners, including the community and voluntary sector and engagement with residents with lived experiences of services. Overall, the engagement with key stakeholders was positive, with constructive feedback for improvement of the Strategy. The Strategy is supported by a workplan, which sets out the required work in more detail.
7. The strategy intends to reduce the complexity, inconsistency and duplication of approaches and look for ways to deliver all of the above through a simplified, place-based approach that maximises informal solutions.
8. The Strategy was endorsed by the ICS Board in September 2018 and approved by the Health and Wellbeing Board on 7<sup>th</sup> November 2018.

## **Features of the strategy**

9. The prevention elements of the strategy are based on strong evidence about the main risk factors accounting for the disability and loss of life years in Nottinghamshire and about how these risk factors are distributed across the population. There is also good evidence about what works for addressing these risk factors including interventions at the level of individual, community and wider society.
10. Securing the ambition of increasing Healthy Life Expectancy (HLE) by three years requires changes throughout the local system and that prevention is regarded as everybody's business. For this reason, the strategy seeks to ensure that prevention is a thread which runs through all ICS workstreams. Furthermore, since the dominant influences on population health arise from the environments in which we grow, live and work, the strategy also references the dependency with partner plans, including local Health and Wellbeing Strategies and the need for collaboration with Health and Wellbeing Boards.
11. Where people need support, the focus will be on approaches which are place-based, person-centred and are delivered in local communities in partnership with the public, community and voluntary and private sectors.
12. As part of enabling people to exercise increased control, a personal health budget will be offered to people who require long term support for complex needs.

## Action plans

13. Building on the wide range of work already underway across the County and City, there are five key programmes of work.

### Programme 1 & 2: Primary & Secondary Prevention

14. The ICS Leadership Board has approved a focus on alcohol related harm as the short term prevention priority for 2018/19. Therefore, alongside the key areas listed below in primary and secondary prevention, alcohol related harm will be a priority throughout plans.

15. Key areas are:

- To model the behavioural and other changes required to deliver Healthy Life Expectancy targets. This will be supported by Population Health Management and the opportunity to target communities according to need.
- Align priorities and outcomes with Health and Wellbeing Strategies, especially in relation to the population of approximately 400,000 people across the whole ICS population who do not have complex needs but would benefit from interventions at the level of the individual and in the wider environment to support behavioural change.
- Establish prevention priorities for each of the ICS workstreams and partner organisations, including relevant plans and outcomes.
- Agree workforce plans across ICS partners that link with staff health and wellbeing programmes and can be replicated in local stakeholders and agencies.
- Alongside alcohol related harm, tobacco has been agreed as a priority.

16. Progress:

- An action plan for alcohol related harm has been approved by the ICS Leadership Board. This will be progressed through the Nottinghamshire Alcohol Pathways Group.
- Meetings with other ICS workstreams are being held to identify how they will integrate prevention in their workstream plans.
- A draft prevention framework has been agreed, which will support planning and action plans.

### Programme 3: Person-Centred Approaches

17. Key areas are:

- To change the way that people are supported so they feel able to increasingly take responsibility for their own health and wellbeing, with the support of local services, as and when needed.
- Where local services are needed, people are offered choice and control about the support they receive to meet their needs and live independent lives, as far as possible. This includes personal health budgets, where people have an individual budget for their health and/or social care needs

18. Progress:

- Nottingham and Nottinghamshire are a national NHS England (NHSE) demonstrator site for the expansion of personalised care through increased numbers of personalised care and support plans and personal health budgets.
- Nottingham and Nottinghamshire perform well on numbers of personal health budgets. At the end of 2017/18, the target was 1,071 and this was overachieved with 1,707 people on

a personal budget at year end. This year there is a target of 2,060 and current performance is projected to be ahead of the target for 2018/19.

- The target for support plans is 10,840 for 2018/19. To support the expansion of a personalised support plan for people with health and social care needs, an 'All About Me' one-page summary has been designed for a personalised care and support plan, care plan, or treatment plan. It summarises what matters to a person (what is important to them) and how to support them well, quickly and clearly communicating this information to every health and care professional the person encounters so they can provide truly personalised care. Anyone working with a person can help them complete an 'All About Me', and the aim is that everyone has one. This is being rolled out to the health and social care workforce. This supports people to have greater choice and control and is a foundation for then providing personal budgets if required.
- NHS England findings and local evaluations show:
  - Personal health budgets have, on average, reduced the direct care costs for NHS Continuing Healthcare packages by 17%. Savings arise because people are empowered to replace traditional care packages with assistive technology or a more cost-effective provision where appropriate

#### Programme 4: Community-Centred Approaches

##### 19. Key areas are:

- To work with partners to develop a community-based wellbeing offer, targeted at supporting people who lack the skills and confidence to meet their own wellbeing needs and focused on promoting independence and self-care skills.
- To assess the range of community-based support already available across Nottinghamshire so we can build on good practice already being delivered, engaging closely with the third sector.
- To roll out the use of Patient Activation Measures (patient activation assess the knowledge, skills and confidence a person has in managing their own health and care) community signposting, including social prescribing, and health coaching and structured education, identifying existing best practice and scaling up across the ICS.

##### 20. Progress:

- There is a target of 10,840 people receiving community based support by the end of March 2019. Work is underway to capture the range of community centred approaches that enables people to keep healthy, safe and independent in the community.
- A Nottinghamshire wide Workshop was held on 12th September to engage stakeholders in developing a vision and to co-produce an agreed standard(s) for community centred approaches across the footprint. Following the workshop, there was a meeting of system leaders to agree a consistent model for community centred approaches across the ICS footprint.

#### Programme 5: Integrated Health and Social Care Pilot

21. Nottinghamshire is one of three national sites (including Gloucestershire and Lincolnshire) to pilot health and social care taking a pro-active and joined-up approach to support.

## 22. Key areas are:

- Ensure people will have an improved experience for a simpler, more streamlined process for health and social care assessment and review, with health and wellbeing needs included in the process.
- Work together as a system so that people will have a joined-up personalised care and support plan which covers health and wellbeing needs.

## 23. Progress

- There will be a phased approach to the introduction of a joined-up assessment, person centred care and support plans and personal health budgets.
- The pilot has begun in three integrated care teams and focus is mainly on older adults in the following locations:
  - Mid Nottinghamshire – North Mansfield and South Mansfield Local Integrated Care Teams (over 65s)
  - South Rushcliffe Care Delivery Group (over 65s)
  - Nottingham City, Radford and Hyson Green Care Delivery Group (over 50s).
- It is intended the learning from the pilot will be used to inform a future roll out during 2019-20. This will extend the benefits of the pilot to other cohorts of people and to all areas within the Nottingham and Nottinghamshire ICS footprint. In Bassetlaw, discussions are taking place about how the learning from the pilots can inform local developments on joined up assessments and support planning.

## Measuring success

### 24. Outcome measures for prevention have been identified as follows:

Outcome measure	City				County **			
	Latest period	Latest value	2020/21 ambition	Trajectory to reach ambition	Latest period	Latest value	2020/21 ambition	Trajectory to reach ambition
Healthy life expectancy at birth -male (years)	2014/16	57.4	58.1	59.4	2014-16	61.7	65.4	64.2
Healthy life expectancy at birth - female (years)	2014/16	55.1	59.5	60.8	2014-16	62.4	65.7	64.6
Adult smoking prevalence	2017	19.4%	22.3%	21.5%	2017	15.1	15.2	-
Smoking at the Time of Delivery	2017/18	17.2%	13.8%	12.2%	2016/17	14.8	12.1	13.5
Admission Episodes for Alcohol Related Conditions (per 100,000 pop)	2015/16	999.7	888.9	773.2	2015/16	693.3	585.9	628.8

Alcohol consumption ***	-			-		
Percentage of adults (aged 18+) classified as overweight or obese *	2016/17	61.6%	Targets to be reviewed following changes in indicator methodology	2016/17	64.4	Ambitions to be reviewed following changes in indicator methodology
Childhood obesity†	†	†		†	†	
Percentage of physically active adults *	2016/17	65.3%		2016/17	66.4	
Percentage of physically inactive adults *	2016/17	23.3%		2016/17	23.2	
Proportion of the population meeting the recommended '5 a day' *	2016/17	52.6%		2016/17	58.7	
Low birth weight at full term	†	†		†	†	

Source: Public Health England (PHE) PHOF, LAPE fingertips profiles, URL: <https://fingertips.phe.org.uk/>

\* Change in indicator methodology: ambitions to be reviewed

\*\* County ambitions are set to indicate direction of travel for reasonable improvement rather than hard committed targets and may be subject to review

\*\*\* alcohol consumption: No directly related outcome measure has been agreed, however to consider future inclusion

† childhood obesity: No directly related outcome measure has been agreed, but again to consider for future inclusion

#### Key

Better than target

Worse than target

25. Evaluation of the person and community-centred approaches will form part of the overall evaluation of ICS activity and programmes. This will need to look at, amongst other things, the extent to which the growth of demand for statutory services is reducing, including unplanned acute care, A&E attendance, GP appointments and social care packages. The key targets to achieve by March 2019 are:

- 10,840 receive personalised support plans
- 2,060 receive personal health budgets
- 10,840 people receive:
  - Patient Activation Measure (PAM) or an equivalent tool;
  - Referred for self-management support, health coaching and similar interventions; and
  - Referred for social prescribing, community groups, peer support and similar activities with a focus on community connectivity and self-help.

## **Other Options Considered**

26. No other options were considered.

## **Reason for Recommendation**

27. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

## **Statutory and Policy Implications**

28. 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**

29. There are no direct financial implications arising from this report.

## **Implications for Service Users**

30. The implementation of the Strategy will provide a better experience of health and social care and deliver better outcomes for the residents of Nottinghamshire.

## **RECOMMENDATION**

- 1) That the Committee considers any further actions arising from the issues contained within the report.

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## **For any enquiries about this report please contact:**

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## **Constitutional Comments (LMcC 02.11.2018)**

31. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. Members will need to consider any actions they require in respect of the issues contained in the report.

### **Financial Comments (DG 05.11.2018)**

32. The financial implications are contained within paragraph 29 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.

[Joint Health and Well Being Strategy 2018-22](#)

### **Electoral Division(s) and Member(s) Affected**

- All