

**3<sup>rd</sup> February 2020****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES (LIVING  
WELL AND PROVIDER SERVICES)****LIVING WELL SERVICES – NEW MODEL AND FUTURE PRIORITIES****Purpose of the Report**

1. To provide a detailed description of the new model for Living Well services and seek approval of the future strategy and key priorities for the service area.

**Information****Living Well Services**

2. The new Living Well service combines all Younger Adult teams with the intention of creating multi-speciality teams supporting adults of any age with learning disabilities, mental health issues, Autism Spectrum Disorders or physical disabilities.
3. Although the service predominantly supports adults under the age of 65 yrs, it encompasses an all age disability approach where this is the best outcome for individuals.
4. The service aims to support people to access the right service at the right time, first time with a strengths-based approach which helps people to help themselves and maximises independence as far as possible.
5. Living Well teams will be aligned with key partners such as health, housing and the voluntary sector through local Primary Care Networks, providing greater opportunities for place based working with local citizens.

**Need and Demand**

6. Demand for services remains high and continues to grow, not just in numbers but also in terms of levels of complexity.

**Learning Disability**

7. It is broadly estimated that approximately 2% of the adult population will have a learning disability, however a significant proportion of this group will not be known to health or social care services. Evidence shows estimates vary because many adults with mild learning

disabilities do not use specialist learning disability services and are unlikely to self-identify as having a learning disability.

8. It is estimated that the number of adults in Nottinghamshire with a learning disability is expected to increase from 15,227 in 2017 to 16,660 in 2035. The greatest increase in prevalence will occur within the 65+ age group.

## **Physical Disability**

9. Disability affects a large proportion of our population. Approximately 1 in 10 adults in Nottinghamshire aged 18-64 yrs live with moderate/ severe physical disabilities, which may impact on an individual's ability to be independent with daily living tasks, participate fully in family life, gain or retain employment or access their local community.

## **Mental Health**

10. The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in people's lives and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment. These factors interact and affect how resilient people are in coping with these challenges. Often mental health problems result in stigma and discrimination that makes it harder for those with mental health problems to live a normal life.
11. The Nottinghamshire Joint Strategic Needs Assessment states that there were approximately 510,000 people in Nottinghamshire aged 16 - 74 yrs in 2014/15, of whom:
  - 4.3% experienced high levels of anxiety
  - 7.9% experienced both anxiety and depression
  - 0.7% are known to GPs with a Serious Mental Illness.

## **Autism Spectrum Disorder**

12. Autism Spectrum Disorder (ASD) in adults is often under-diagnosed, under-reported and misdiagnosed. As there is no definitive test for ASD, diagnosis is based on a range of social and communication features evaluated by a combination of specialists who work together to make an assessment.
13. It is predicted that around 700,000 people in the UK may have ASD, or more than 1 in 100 in the population, with the prevalence being higher in men (1.1%) than in women (0.2%).
14. In Nottinghamshire, it is estimated that there are 5,715 males and 667 females with autism (a combined total of 6,382). Locally, one of the key issues for adults with autism is that they risk falling into the gap between services for people with learning disability and services for people with mental health conditions if they have no diagnosed or recognised comorbidities so could struggle to receive the help they need.

## **Complex Lives**

15. Many people live with multiple coexisting conditions above, alongside other health and social care needs such as people with offending or criminal behaviours, hoarding and

chaotic lifestyles, survivors of recent or historic sexual abuse, armed forces veterans, people with addictions or substance abuse issues, victims of domestic abuse or those who are homeless.

16. Individuals with complex circumstances such as these may be difficult to engage and often need creative and bespoke support arrangements which can take a significant amount of time and input to develop.

## **Transforming Care**

17. In addition to the people with complex lives described in **paragraphs 15 & 16**, there are 23 Nottinghamshire adults with learning disabilities living in hospital settings who are part of our Transforming Care cohort.
18. 14 of the 23 individuals are still receiving treatment and are not yet ready for discharge whilst the other nine are being actively worked with to find alternative placements in the community. It is likely, due to the complex needs and legal frameworks relating to many of these people, that they will not be discharge ready for some time, but when they are discharged from hospital, will need specialist bespoke care and support arrangements.
19. There is also a growing issue of people with ASD living on mental health wards with no plans for discharge.

## **Preparing for Adulthood**

20. Future demand for social care services is expected to remain high, if not increase, with the greatest pressure being people with multiple and complex needs. There are estimated to be between 5,000 and 12,000 disabled young people (aged 0-19 yrs) living in Nottinghamshire.
21. There has been a 70% increase in 0 - 17 year-old claimants of Disability Living Allowance in the County over the last decade and more than 1 in 6 Nottinghamshire pupils have some kind of special educational need (SEN) with 1.1% having a Statement of SEN.
22. A survey conducted by the Office for National Statistics (ONS) in 2004, focusing on school-aged children living in private households, found that 1 in 10 school-aged children in the UK had a clinically recognisable mental health disorder. Given the high profile of child and adolescent mental health issues over recent years and local anecdotal evidence from schools, it is likely that this number has increased and for many children and young people, mental ill health will continue into adulthood.

## **The new model of service delivery**

### **Initial contact**

23. The Customer Service Centre (CSC) provides a 'front door' for all Council services through a variety of channels including telephone, SMS, email, mail, web and face to face. The team undertakes detailed triage of social care enquiries to ensure that these are managed effectively and, where appropriate, resolved at first contact or passed to the relevant team for further investigation, help and support if needed.

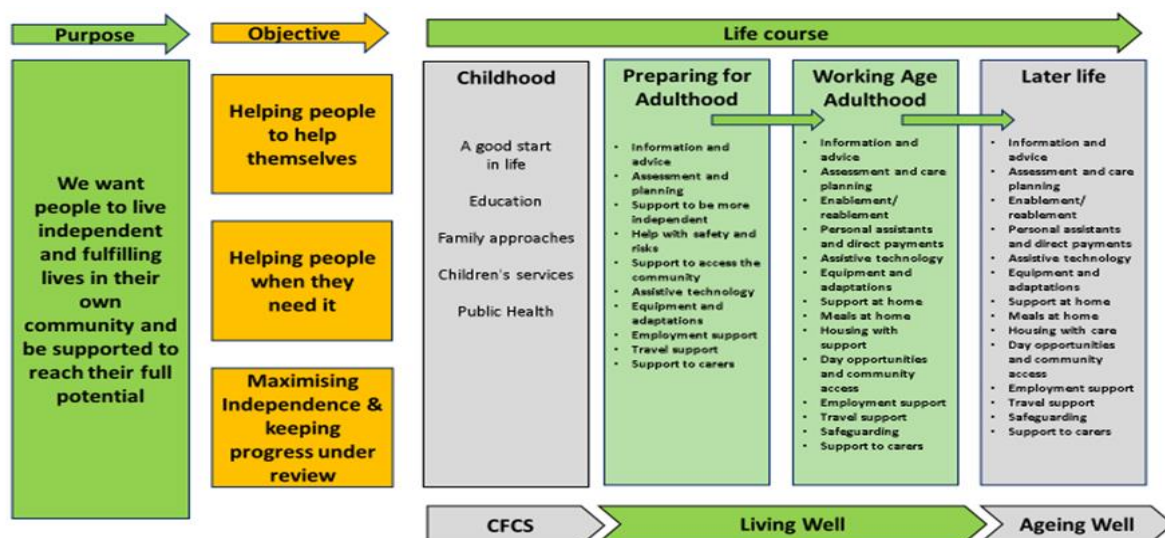
24. The Multi-Agency Safeguarding Hub service (MASH) is the first point of contact for new safeguarding concerns, helping to protect the most vulnerable children and adults from harm, neglect and abuse. The MASH receives safeguarding concerns from professionals and members of the public and for concerns that meet the threshold for social care involvement, representatives from the different agencies in the MASH and outside will collate information from their respective sources to build up a holistic picture of the circumstances of the case and the associated risks to the child or adult.

### **Maximising Independence Service**

25. The Maximising Independence Service (MIS) will provide a consistent offer for all new service users to maximise their independence and resolve their needs quickly through the utilisation of community assets, signposting, aids, adaptations and equipment, technology enabled care, carer support, therapy led reablement and enablement, co-production and employment support.
26. This offer is for all, even where cases are assessed as being complex and require ongoing case management and support. The MIS will be available to be referred to for existing service users at any stage of their journey where they might benefit from the service.

### **Living Well Service**

27. Where ongoing case management and support is required for more complex cases, referral will be made to the appropriate locality Living Well team.
28. The new Living Well teams are intended to be place based and multi-speciality, supporting adults with learning disabilities, mental health issues, Autism Spectrum Disorders or physical disabilities. The service will support people to access the right service at the right time, helping people to help themselves, but giving support when needed, whilst maximising their independence and keeping progress under review through multi-disciplinary working with partners, both internal and external, taking a strengths-based approach.
29. Although the service predominantly supports adults under the age of 65 yrs, there will be an all age disability approach where this is the best outcome for individual service users. What this means in practice is the support of young people with disabilities on their Preparing for Adulthood journey or retaining people beyond age 65 if their primary need relates more to their disability than age associated needs.



30. Multi-speciality does not mean generic. It is expected that each place-based team will be comprised of specialist staff across a range of fields, supported by senior practitioners for each area.
31. Specialist staff will have the most up to date knowledge and practice in their particular field and a programme of continuous professional development will be implemented later this year to support this, alongside a culture change programme, which will encompass the Owning and Driving Performance programme and strengths based approaches.
32. Occupational therapy will be available in all place-based teams, embedding a therapy led approach to support, which is in line with a strengths-based ethos.
33. There are a few exceptions to place based multi-speciality teams, where teams will remain as single countywide functions, as follows:
  - **AMHP (Approved Mental Health Professionals) team** – highly skilled, approved mental health professionals carrying out our duties under the Mental Health Act in a timely and responsive way.
  - **Preparing for Adulthood team** – leading on the transition of young people with disabilities into adulthood, building and maintaining strong relationships with children's services, education and health partners to ensure that the journey is smooth, well-informed and strengths focused for all young people and their families.
  - **Complex Lives team** – supporting people with multiple coexisting conditions alongside other health and social care needs as described in **paragraphs 15 & 16**.
  - **Flexible Response team** – resources to be deployed in response to particular areas of pressure and will also provide support to prisons, where demand is sporadic.

## Integration

34. Primary Care Networks provide the local infrastructure that will deliver a person-centred, holistic approach to continuous lifetime care. They comprise integrated, cross-

organisational and cross-professional groups of staff who come together as an integrated community offer.

35. Living Well teams will be aligned with their local Primary Care Networks, and alongside their Ageing Well colleagues, in order to build relationships with their counterparts in other organisations and embed a strong social care identity as part of the local health and care system.
36. Where possible, opportunities for co-location or touchdown space with partners to provide greater opportunities for place-based working will be explored.
37. Living Well Group Managers will be instrumental in the A&E Delivery Boards and Integrated Care Partnership (ICP) for their area and in the delivery of the ICP place plans whilst Team Managers will be expected to lead the building of relationships with their respective Primary Care Networks.

### **Future strategy and key priorities**

38. The future strategy and key priorities are as follows:

#### **Mental Health**

- Joint development with partners of a clear and robust Adult & Older Adult Community Mental Health offer, to include:
  - a range of community-based services that help to prevent escalation of issues, promote mental wellbeing and support continued recovery
  - improved support for people in crisis
  - alternatives to hospital admission
  - better place-based working between health, social care and others, focused around Primary Care Networks.
- Develop a business case for 24/7 AMHP cover to ensure that our duties under the Mental Health Act are able to be met in a timely and responsive way and alleviate pressure on the current AMHP service.
- Implementation of the Mental Health Act reforms, once approved by Government, which may increase pressure on community mental health services.

#### **Autism Spectrum Disorder**

- Development of an all age autism strategy.

#### **Transforming Care**

- Work with health partners to develop a strategy regarding future commissioning that:
  - gives clarity about joint funding and pooled budgets
  - develops alternatives to hospital in the community

- reviews the outcomes, learning and best practice identified within the Transforming Care Partnership and explores ways that this learning can inform the planning of care and support for the wider learning disability population. This may include staffing models, effective training, effective environments and accommodation options.

## **Preparing for Adulthood**

- Review of the Transitions Pathway and Protocol to ensure that it remains effective and fit for purpose. The review will include engagement with young people and their families.

## **Housing**

- Continued implementation of the Housing with Support strategy, ensuring that:
  - the right support is provided at the right time, in the right place for all Nottinghamshire residents who have an assessed need
  - individuals have access to the right kind of housing to ensure maximum independence whilst their care and support needs are appropriately met
  - people lead as fulfilling and positive lives as possible in a place they can call home and with their own front door.
- Work with health and housing partners to review housing pathways for people with mental health issues and improve access to settled accommodation.
- Work with health and housing partners to develop appropriate accommodation options for people with multiple and complex needs stemming from both mental illness/personality disorder and a combination of substance use, forensic history and challenging behaviours. This a client group who are likely to have received support and interventions from a range of organisations including social care, health, police, local authorities and the criminal justice system.

## **Employment**

- Through participation in the Council's Employment and Health programme and the development of an inclusive employment strategy, work with partners and the wider community to increase the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long term health conditions.

## **Technology Enabled Care**

- Increase the use of technological solutions to enhance, complement or replace more traditional forms of support, where it is suitable to do so, whilst managing risk appropriately.

## **Service and Market Development**

- Strategic Commissioning to undertake a review of day opportunities, including internally provided day services, and develop a plan for future services which informs the utilisation of internal and external centre based provision, develops a more flexible offer

that promotes independence and considers carer needs. Development of the plan will involve stakeholders in the co-design and co-production of provision.

- Strategic Commissioning to undertake a review of short breaks services, including internally provided services, and develop a plan for future services which informs the utilisation of internal and external provision, explores opportunities for closer alignment with health partners and promotes a choice based offer to people with disabilities and their families. Development of the plan will involve stakeholders in the co-design and co-production of provision.
- Seek approval for the expansion of the Shared Lives scheme in order to further promote the scheme and support more people in a Shared Lives setting, expanding the current customer base to address a wider range of support needs, i.e. address issues of loneliness and isolation and help people recover after hospital treatment or mental ill-health.
- Work with providers to ensure that commissioned services are of a high quality, with appropriately skilled staff and are able to support people with complex needs, in line with the Adult Social Care Market Position Statement 2019-2021.

### Partnership Working

- Work collaboratively with other Council departments, e.g. Public Health, Children's services, Place to capitalize on opportunities and initiatives that will support the Living Well agenda.

### Workforce Review

- Implementation of the agreed workforce model which will provide the right structure, functions, staff roles and sharing of skills to effectively deliver Living Well services with an emphasis on:
  - Supporting people to make **positive contributions** - being active members of their communities and networks, being in or working towards paid employment or taking part in activities that add meaning to their lives.
  - Supporting people to be as **independent** as possible - providing the right support at the right time, resolving issues early with effective and timely interventions, and aspiring to the most independent form of accommodation possible with their own front door.
  - Supporting people and their carers to have a good **quality of life** – ensuring that our approaches are personalised to the individual and their family and that our staff are supported to do their jobs well.
  - Supporting best **use of resources** – ensuring that our Adult Social Care budgets are spent effectively and consistently to provide the best outcomes for people and that our staff are spending more time working with people than on processes.
- Aligning Living Well services with key partners such as health, housing and the voluntary sector through local Primary Care Networks, providing greater opportunities for place-based working with local citizens.



## **Other Options Considered**

39. The model and key priorities for Living Well services have been developed with the consideration of many other options; however, the priorities proposed are deemed to be the most appropriate in relation to best practice, improved outcomes for individuals and delivery of the departmental plan and Adult Social Care Strategy.

## **Reason/s for Recommendation/s**

40. There is considerable opportunity to improve the delivery of services to people with disabilities. Implementation of the new Living Well model and delivery of the key priorities will be the route to supporting people with appropriate, effective and responsive services that improve their outcomes and improve their experience of services.

## **Statutory and Policy Implications**

41. 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**

42. There are no financial implications arising from this report. As priorities are taken forward, any issues requiring Committee approval for funding will be the subject of further reports as appropriate.

## **Implications for Service Users**

43. The new model of Living Well services is intended to support people with a holistic, multi-speciality and multi-disciplinary response in their own locality, building on integration and reducing duplication to ensure that people with disabilities have access to the right advice and support when they need it.
44. The key priorities set out at **paragraph 38** aim to support people with appropriate, effective and responsive services that improve their outcomes and improve the customer experience.

## **RECOMMENDATION/S**

- 1) That Committee approves the future strategy and key priorities for Living Well services as detailed in **paragraph 38**.

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**Constitutional Comments (EP 07/01/20)**

45. The recommendation falls within the remit of the Adult Social Care and Public Health Committee.

**Financial Comments (DM 23/01/20)**

46. The required Workforce model was agreed at Committee in November 2019 and can be funded through existing Adult Social Care & Public Health budgets.
47. There are no further financial implications arising directly from this report, and as confirmed in **paragraph 42**, any service developments with financial implications will be subject to further reports.

**HR Comments (SJJ2 22/01/20)**

48. There are no HR implications arising from this report. As priorities are taken forward, any issues that impact on employees and require HR support approval will be the subject of further reports as appropriate.

**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 Strategic Needs Assessment  
[Nottinghamshire Insight JSNA 2019](#)

[Review of the Staffing Structure within Adult Social Care – report to Adult Social Care and Public Health Committee on 11th November 2019](#)

[Younger Adults \(18-64 years\) Housing with Support Strategy – report to Adult Social Care and Public Health Committee on 4th February 2019](#)

Adult Social Care Market Position Statement 2019-2021  
[Nottinghamshire County Council Adult Social Care Market Position Statement 2019-21](#)

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

All.

ASCPH698 final