



# Better Lives Better Outcomes:

a new strategy for sustainable  
adult social care in Nottingham



Nottingham  
City Council

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# 1 FOREWORD



## Message from Councillor Sam Webster, Portfolio Holder for Adult Social Care & Health

### **Nottingham needs a sustainable social care system to help people live better lives.**

Despite a growth in demand for health and social care services, funding to councils from Government has fallen significantly in recent years and so maximising the effectiveness of the money we spend is more important than ever.

To be sustainable we need to be:

- Supporting people to do what they can for themselves
- Helping friends and families to provide the best possible support for each other
- Providing connections to others who can help from within Nottingham's caring communities.

Where people do need more support, that support will promote wellness and maximise independence. For those who can pay for and arrange their own services, we will signpost them where necessary.

This strategy builds on the work which we are already doing to support citizens in Nottingham. At the heart is the development of a financial strategy to enable a sustainable social care system. Through an improved understanding of demand, we will identify how we can achieve that by:

- Identifying potential for greater investment in targeted prevention
- Continuing to work with the NHS, integrating services where we can and where this means we can better support citizens with both health and care needs
- Developing further understanding of what can be delivered through people in local communities and investing in local groups to enable them to provide support to those most in need in their communities.

We have called our strategy Better Lives Better Outcomes. We have consulted with partners and stakeholders and this reflects our shared ambition for Nottingham to be one of the best cities for adults in need of support to live well: the city for Good Lives and Good Outcomes.

A white handwritten signature of Cllr Sam Webster on a blue background.

**Cllr Sam Webster**

## 2 EXECUTIVE SUMMARY

In 2017-18, Nottingham City Council supported over 7,300 older and disabled adults, along with over 1,500 carers, spending in total over £100m on adult social care. However, adult social care services are under increasing pressure: demand is increasing due to longer life expectancies and people living with longer periods of long term ill-health, the National Living Wage is having a significant impact on care costs along with inflation and funding from national Government to local councils has been cut year on year. Nottingham faces the double impact of higher levels of deprivation meaning a greater proportion of citizens rely on state support, alongside lower levels of funding raised through council tax. The cost of providing adult social care has begun to outstrip the available resources and this is not sustainable. In 2017, the council reviewed its adult social care services and asked the following questions:

- 1) How efficiently are services being run?
- 2) Are they achieving the right outcomes for citizens?
- 3) How can we make the best use of the resources available?

This review concluded that in comparison with other local councils, services were run efficiently and were able to achieve best outcomes for citizens. However, the review also set out that they could achieve the best outcomes for more citizens more frequently and this would allow for better use of resources.

Adult social care covers social work, personal care and practical support for adults with a physical disability, a learning disability, or physical or mental illness, as well as support for their carers. This new strategy is all about a sustainable approach to supporting these groups of people, referred to as older adults

and disabled people throughout the rest of this document. It sets out our ambition to change the way we work with citizens, communities and partners so that we are able to achieve good outcomes with the resources available. It is based on a principle of promoting independence: that we will work with citizens and communities, their needs, aspirations, skills and resources, to build their resilience and independence. This is why our strategy is called Better Lives Better Outcomes.

### Better Lives Better Outcomes



The four themes in the strategy will underpin our approach and we are inviting citizens, communities and other partners to work with us in this new framework. This will mean changing the way we work together with a relentless focus on getting the best outcomes with the whole range of resources we have available between us.

**Prevention:** promoting healthy lifestyles and intervening early when people's wellbeing is at risk to avoid crisis and loss of independence.

**Community Connections:** ensuring citizens are connected to the resources and support in their local neighbourhoods so that no one is socially isolated and lonely.

**Independent Lives:** supporting personal and community resilience, strengths and resources, and reduce dependence on council funded support where possible.

**Choice and Control:** seeing the citizen in the driving seat, shaping solutions around the outcomes that matter for individuals.

This is not a quick change. It is a radical reset of adult social care in Nottingham and as such will take time and commitment to put in place. This is not something the council can do alone and we are inviting citizens, families, communities and partners across the city to play a full part in delivering Better Lives Better Outcomes in Nottingham.

Our measure of success will be the evidence of good outcomes for citizens using adult social care services and our ability to deliver these with the resources available.

# 3. THE CURRENT PICTURE: ADULT SOCIAL CARE IN NOTTINGHAM CITY

## Snapshot of Adult Social Care 2017/18



### Hospital

Total Contacts:  
1,457



### NHCP

Total Contacts: 21,046  
New Contacts: 9,263  
Safeguarding Contacts: 2,368



62.3% of new citizens signposted

Total Number of Contacts: 22,503  
Total Number of Citizens: 7,306  
Total Spend - Net: £93.059m  
Total Spend - Gross: £129.028m

Older People  
4,011



£46.083m

Mental Health  
1,017



£20.266m

Learning Disability  
1,066



£41.364m

Under 65's  
1,212



£21.315m

Carer



Supported  
1,570 carers

Total Spend - Gross

### Residential\*



Residential Long Term Services: 1,535  
Nursing Long Term Services: 351

### Community\*



Care & Support Enablement Services : 882  
Day Care: 345  
Direct Payments: 1,755  
Extra Care: 118  
Home Care: 2,240  
Residential Short Term Services: 281  
Nursing Short Term Services: 45  
Shared Lives: 115  
Transport: 732



\*Please note that this is a count of citizens who use the service at some point in 2017/18. It is possible for a citizen to use a number of services at the same time or over the period and therefore some citizens will appear in several service totals



## Adult Social Care Survey

Each year citizens in every local authority are asked for their feedback about adult social services with a standard set of questions. Nottingham City's results show the indicators

measured through the adult social care survey have largely improved across the board in 2016/17 compared to previous years in spite of a challenging environment.

ASCOF Measure	YEAR				
	2016/17	2015/16	2014/15	2013/14	2012/13
(1A) Social care-related quality of life	19.0	19.1	18.6	18.8	18.5
(1B) The proportion of people who use services who have control over their daily life	79%	77%	72%	79%	75%
(1I1) The proportion of people who use services who reported that they have as much social contact as they would like	48%	47%	37%	42%	N/A
(3A) Overall satisfaction of people who use services with their care and support	66%	68%	61%	65%	62%
(3D1) The proportion who use services who find it easy to find information about services	76%	75%	62%	68%	66%
(4A) The proportion of people who use services who feel safe	66%	70%	64%	64%	63%
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	94%	84%	80%	75%	82%

Table 1: Adult Social Care Outcomes Framework (ASCOF) survey results 2012/13-2016/17

## Citizens Survey data - comparison with respondents age 55 and over

Each year, Nottingham City Council runs the 'Your City Your Say' survey. The tables below compare the responses from all participants and older people, reflecting the experience of living in the city.

Overall how satisfied are you with your local area as a place to live?		
	All respondents	55 and over
Satisfied or very satisfied	85%	87%
Can you rely on people in your local area such as friends, family and neighbours?		
	All respondents	55 and over
Agree or tend to agree	89%	90%
Can you rely groups in your local area such as voluntary groups?		
	All respondents	55 and over
Agree or tend to agree	77%	75%
To what extent does the Council treat you fairly?		
	All respondents	55 and over
Agree to a great or some extent	82%	83%
Is it easy to understand the information provided by the Council?		
	All respondents	55 and over
Agree to a great or some extent	58%	60%
Do you know where to go for advice?		
	All respondents	55 and over
Agree to a great or some extent	63%	65%

Table 2: Your City Your Say survey results

# 4. THE CONTEXT FOR ADULT SOCIAL CARE

## a) The policy context

The local authority's responsibilities for the care and support of adults are set out primarily in the Care Act, including:

- promoting people's wellbeing
- preventing, reducing and delaying need for care and support services
- providing information, advice and advocacy to help people make their own decisions
- ensuring vulnerable adults are safeguarded from harm
- taking considered risks
- ensuring people have choice and control in their lives
- ensuring carers are supported to continue their caring role
- assessing people's needs and working with them to plan how to meet their needs
- arranging care and support where needs cannot be otherwise met

The Care Act 2014 also gives local authorities, health services and other public bodies responsibility for integration – working together for the benefit of citizens.

Other legislation gives us specific responsibilities in relation to assessment and planning when people have problems with their mental health (Mental Health Act 1983 as amended 2007) and their capacity to make decisions

for themselves (Mental Capacity Act 2005) for example. The Mental Health Act and Mental Capacity Act are both subject of a review.

## b) The changing approaches to health and care

Ways of meeting health and care needs have changed over the decades: our expectations change and different solutions are developed. One example is the shift from old-fashioned institutional care to community-based support, helping people at home where possible. The Care Act makes it clear that local councils must work to support the wellbeing and independence of all vulnerable adults, **preventing, delaying or reducing** the need for formal care services.

Nottingham prides itself on being a city where citizens should be able to fulfil their potential and we think this applies to all stages of life and to all citizens. Our strategy is about the support to older and disabled adults in our city. The council has a key role to play in this, but we also know that families, carers, communities and other organisations make a vital contribution. This is why we see this strategy as creating a vision for outcomes which we can work together to deliver.

## c) The demographic context

In 2017/18, Nottingham City Council supported over 7,300 older and disabled adults, along with over 1,500 carers, spending in total over £100m on adult social care. There were over 22,000 contacts with adult social care, with 9,000 of these being new contacts.

## Increasing demand

The challenge to meet increasing social care needs is one that is faced across the country. We celebrate the increase in average life expectancy, but one of the consequences is that people are living longer with care and support needs and living longer with complex disabilities. This increases demand for services. We need to reshape our approach to ensure that more people are supported.

The population of Nottingham is likely to rise to 332,700 by 2024, which equates to an increase of 6% over a decade<sup>1</sup>. This population increase

is likely to be localised to Bridge, Dales, Leen Valley, Bestwood and Bulwell; the wards with the most house building. Citizens over 60 will account for half of the population increase, with the 70-74 age group experiencing the most growth in terms of the number of citizens and the number of people over 85 almost doubling<sup>2</sup>.

## Citizens over 65

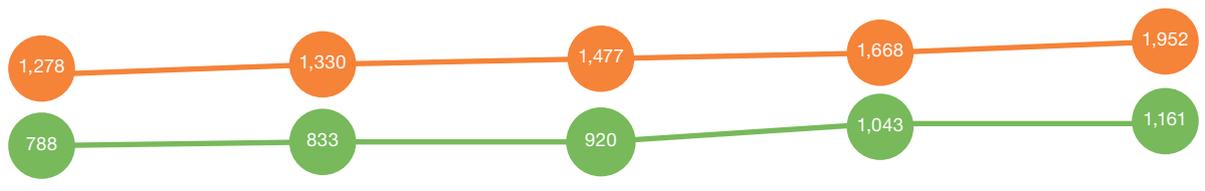
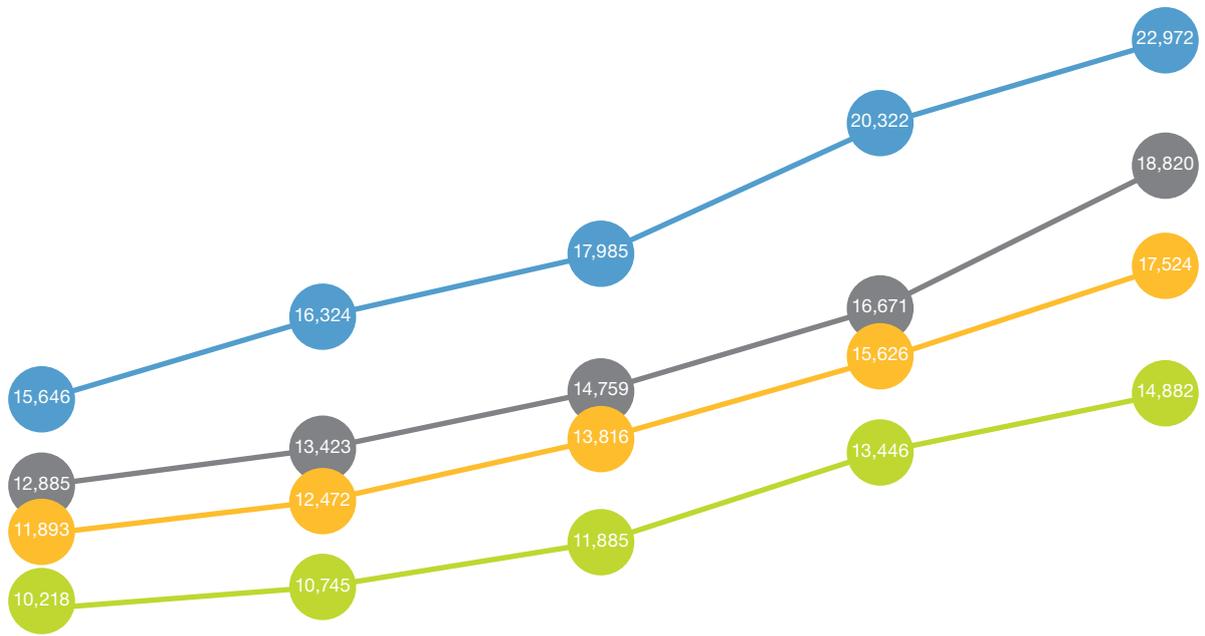
The number of older citizens in need of care is set to increase by an estimated 15% by 2025 and as much as 50% by 2035 (figure 1).

<sup>1</sup> Nottingham City Council, based on 2014 population estimates.

<sup>2</sup> <http://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/general-resources/demography-chapter-the-people-of-nottingham-june-2017/>



NUMBER OF CITIZENS



2017 2020 2025 2030 2038

- Age 65 and over and living in a care home
- Age 65 and over unable to manage self-care independently
- Age 65 and over with severely limiting long term illness
- Age 65 and over unable to do domestic tasks independently
- Age 65 and over with moderately limiting long term illness
- Age 65 and over with a learning disability

## Citizens aged 18-64

The number of Nottingham citizens aged 18-64 in need of care is set to increase by an estimated 1% by 2025 and by 4% by 2035. The

largest increase is anticipated in the number of citizens with moderate and severe learning disability, who are more likely to need high cost adult social care provision.

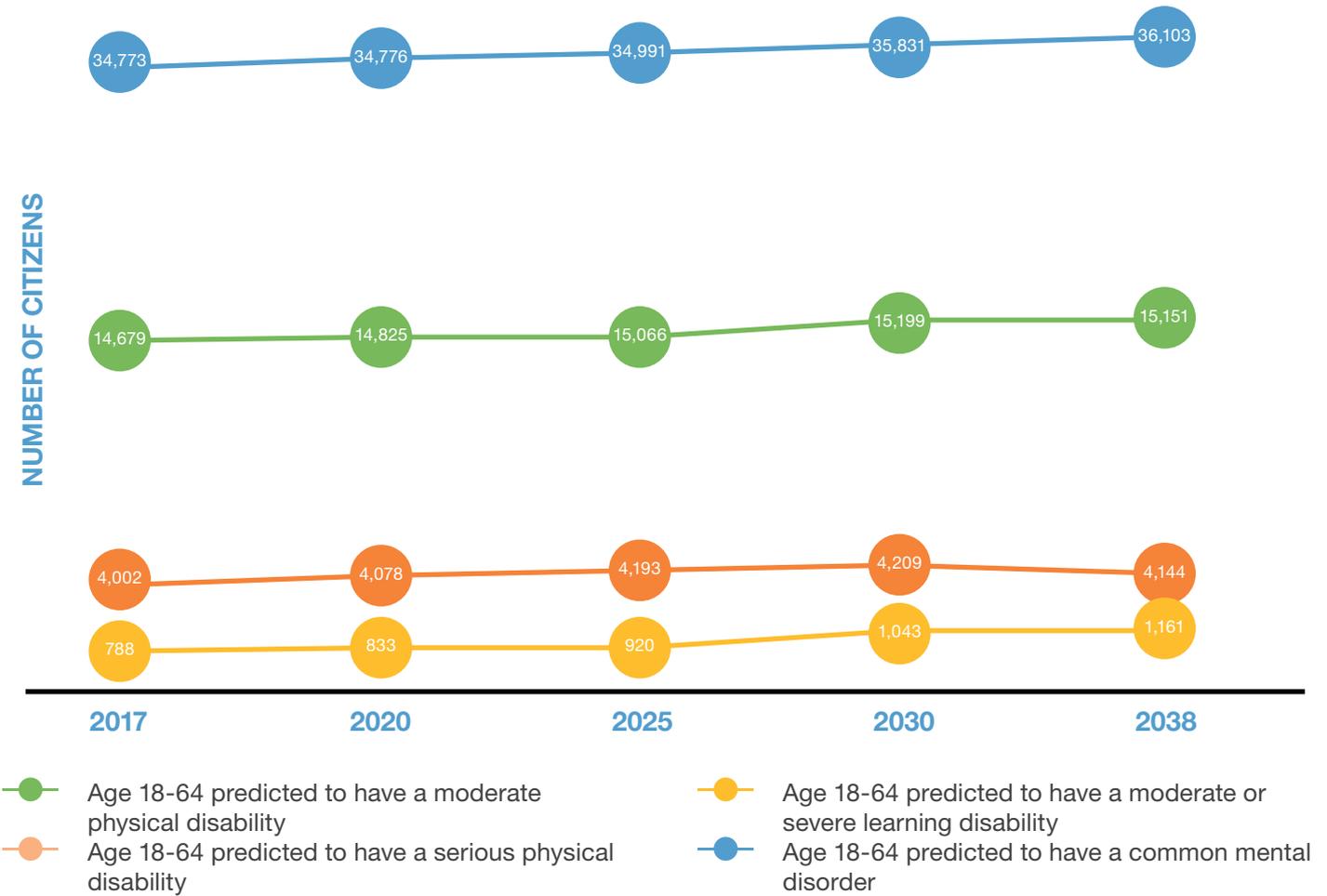


Figure 2: Estimated citizens aged 18-64 in need of care in Nottingham City (source: PANSI)

### The window of need

A key measure of health is the 'window of need', the length of time between healthy life expectancy and life expectancy, or time spent living in poor health. In Nottingham in 2014-16, the window of need was 19.6 years for males

and 26 years for females, which converts to 25% and 32% of life spent in poor health, respectively. This window is increasing over time. There is a linear relationship between window of need and deprivation as well as urbanisation.

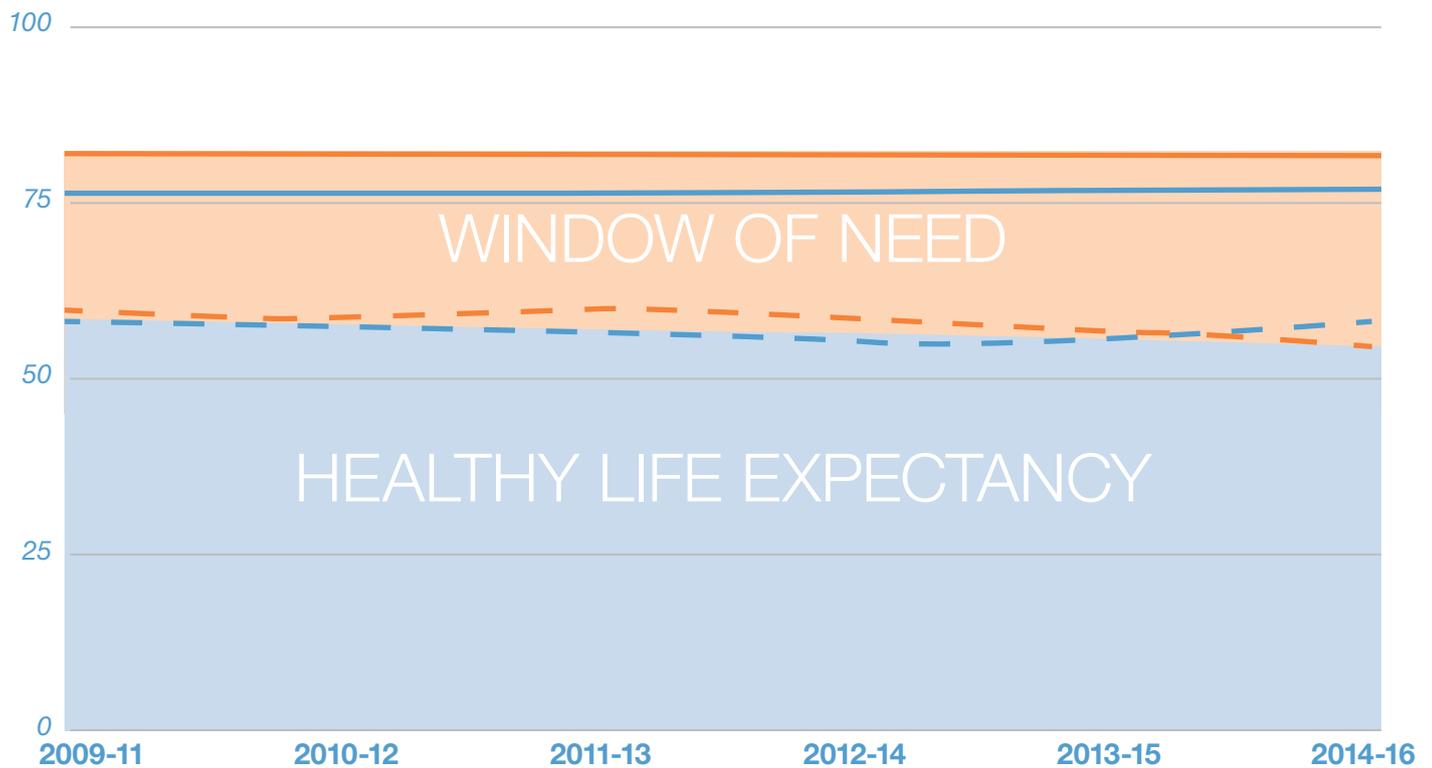


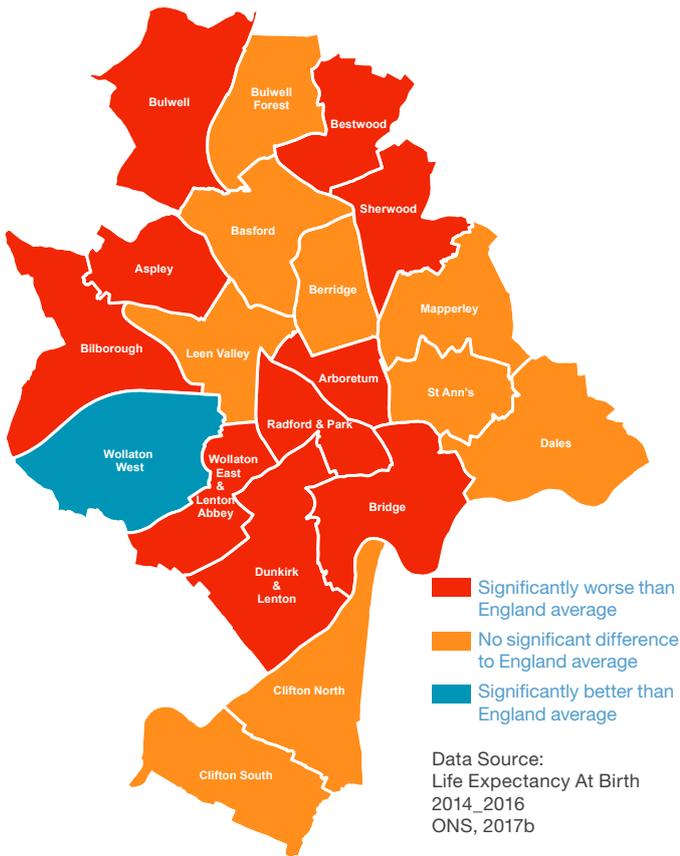
Figure 3: Life expectancy and healthy life expectancy in Nottingham

## Health Inequalities

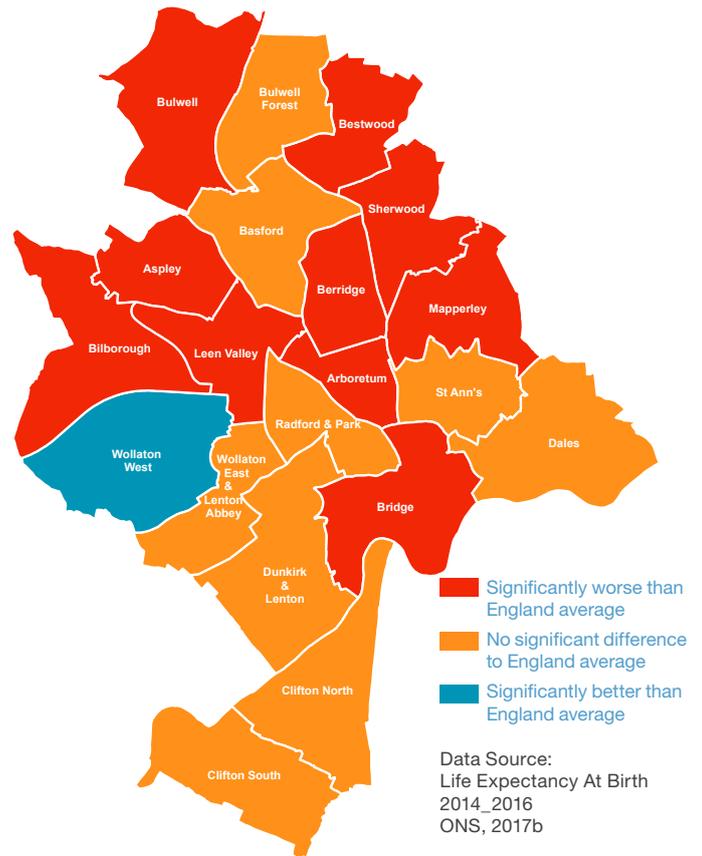
Health outcomes vary statistically significantly as a factor of geography. People living in the

poorest neighbourhoods experience poor health considerably earlier compared to those in wealthier areas of the city.

### MALE LIFE EXPECTANCY BY WARD



### FEMALE LIFE EXPECTANCY BY WARD



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Figure 4: Life expectancy in males by ward

Figure 5: Life expectancy in females by ward

## d) The financial context

Local authorities are legally required to balance their books and they have to manage funding fairly within the resources they have available. Alongside increasing demand we are now seeing substantial reductions in the budgets of local authorities and pressure on public sector funding in general. Whilst local authorities have successfully delivered major efficiencies over recent years, Government funding is not keeping pace with the cost of providing services. *Nottingham City Council has seen a reduction of 72% in its Revenue Support Grant over the past 6 years and has fallen from £126.8m in 2013/14 to £35.0m in 2018/19.* The council has addressed this by successfully

tackling efficiency through innovation and making savings. However, with even greater pressure, we need to think again about how we meet our commitments to citizens for their social wellbeing within the resources we have available.

### Increasing costs

The cost of adult social care is set to increase in line with increasing demand. On top of this, increases in the national minimum wage and inflation combine to place considerable pressure on the cost of adult social care provision. It costs more over time to provide the same amount of services.

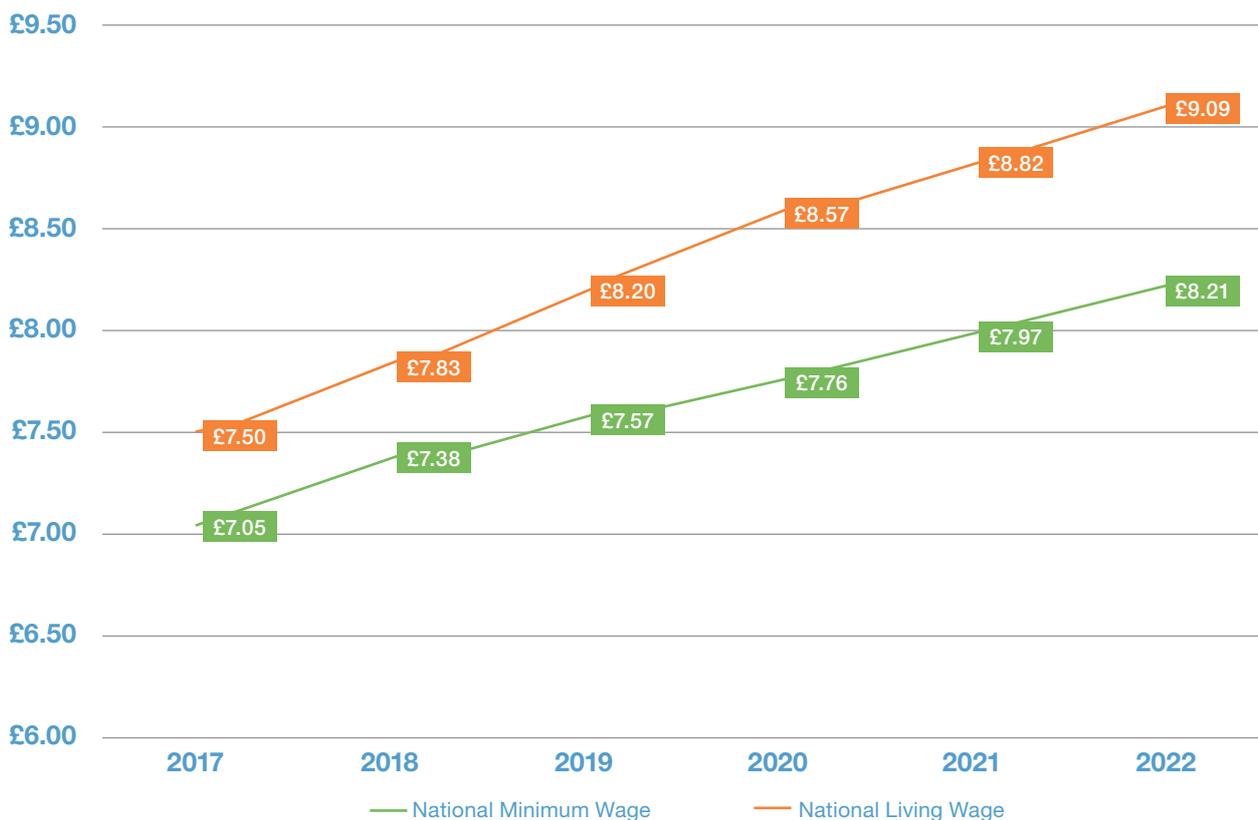


Figure 6: National Living Wage and National Minimum Wage (March 2018 forecast, Office for Budget Responsibility)

## The challenge for Nottingham City

Changes in Government funding to local authorities have impacted particularly hard on Nottingham. With the reduction in national Government funding, councils are expected to rely more on local council tax. However, in Nottingham this generates a smaller sum than other authorities with more affluent populations. In addition, Nottingham has a higher level of demand than more affluent areas. We know for example, that in areas of deprivation people develop conditions of ageing at a younger age; the 'window of need' begins earlier.

## Property value

Property value in Nottingham City is comparatively low. The median average house price in Nottingham City is £112,995, almost half of the England median house price of £236,519. This places the city at a rank of 98 out of 112 towns and cities in England and Wales<sup>3</sup>.

The average annual cost of a residential care home bed in 2013/14 was £28,500<sup>4</sup> and a

nursing home bed was £37,500. Even if the cost of care had remained the same, a Nottingham City resident owning an average-priced house could cover just over three years of residential care using the value of their property before meeting the threshold for the local authority to contribute to their care. This would be two and a half years of nursing care before meeting the threshold for local authority support. As a result, Nottingham has a very high proportion of individuals who rely on the local authority and NHS to fund all or part of their care. The standard rate for NHS-funded nursing care is £158.16 a week, which means where citizens meet the threshold for having all of their care funded and there is eligibility for NHS-funded nursing care, the local authority still covers 78% of the cost.

## Home ownership

Nottingham City has a lower proportion of households that are owned (outright or with a mortgage or loan) compared to England. There is a higher proportion of private rented and social rented households.

Tenure	Nottingham	England
Living rent free	1.50%	1.30%
Owned - owned outright	20%	30.60%
Owned - owned with a mortgage or loan	25.10%	32.30%
Private rented - other	1.40%	1.40%
Private rented - private landlord or letting agency	21.60%	15.40%
Shared ownership (part owned and part rented)	0.60%	0.80%
Social rented - other	9%	8.30%
Social rented - rented from council (Local Authority)	20.80%	9.40%

Table 3: Census 2011 households by tenure

## Council Tax

The social care funding raised through the introduction of the Adult Social Care Precept does not have equal benefit across local authorities due to the varying amounts raised through Council Tax.

Nottingham City's Band D Council Tax (inclusive of Police and Fire precepts) is one of the highest in the country, but the average Council Tax paid per dwelling is the 25th lowest. This is due to 80% of dwellings in Nottingham City being in Council Tax Bands A and B. This is the fourth highest proportion of Council Tax Band A and B dwelling in England and Wales<sup>5</sup>.

Council Tax lost to student household exemptions is a significant issue for Nottingham City where the student population is 15%, higher than the other seven Core Cities and four times the national average. In 2017/18, Nottingham City Council lost £13m in Council Tax due to exemptions from student households. This challenge has been exacerbated by Government cuts to compensation for the Council Tax lost from exemptions, which reduced to £5m, leaving a funding shortfall of £8m.

## Deprivation and social mobility

In the district level Index of Multiple Deprivation, Nottingham is ranked 8th most deprived out of 326 towns and cities in England by the Average Score measure and 10th using the Average Rank measure. This compares with ranks

of 20th and 17th in the 2010 index and 13th and 12th in the 2007 index, which shows that Nottingham's position relative to other districts in England is deteriorating.

Out of the seven separate domains that make up the Index of Multiple Deprivation, Health and Disability is the domain in which Nottingham performs worst.

According to the Social Mobility Index 2017, the median weekly salary of employees who live in Nottingham City, both full-time and part-time puts Nottingham 308th out of 324 local authorities. This leaves residents of Nottingham struggling to pay their bills and unable to save money to pay for their future care needs.

A consequence of the deprivation in Nottingham is that there are fewer people funding their own care and support and more citizens need to use state funded care. For example, we estimate there are around 400 people funding their own home care in Nottingham which is about 18% of the market.

## Unemployment

In addition to low pay, Nottingham also has higher than average unemployment. Figures for December 2017<sup>6</sup> indicate the rate of unemployment in Nottingham stood at 3.1% of the working age population. The England average for the same period was 1.9% and for the East Midlands was 1.6%. This also means fewer people are able to save for future care needs.

<sup>3</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/townsandcitiesanalysis>

<sup>4</sup> Laing Buisson 'Paying for Care' 2013/14

<sup>5</sup> <https://www.gov.uk/government/statistics/council-tax-levels-set-by-local-authorities-in-england-2018-to-2019>

<sup>6</sup> <http://www.nottinghaminsight.org.uk/d/192722>

## e) The impact of adult social care on the local economy

Given the pressures on funding social care it is easy to overlook care as a major part of the local economy.

In 2016, the adult social care sector provided 10,900 jobs split between the local authority, independent sector providers and direct payment recipients. The social care sector accounts for 3.7% of employment in Nottingham City comprising residential care (1.4% of employment) and non-residential social work (2.3% of employment)<sup>7</sup>.



Figure 7: Size and structure of the adult social care workforce

Future years will see a growing demand for care and support services, with a wide range of roles and forms of organisation – from large national providers, to local businesses, charities and commercial businesses, through to individuals working independently as Personal Assistants. Care can offer an accredited and professionally qualified career structure.

The adult social care sector in the East Midland region contributed £3.7 billion to the English economy in 2016/17. Approximately half of this sum is the wage bill of the sector. The sector is projected to grow by 32% by 2030 if demand continues on the current trajectory and the workforce expands proportionately to meet this increased demand. For Nottingham City, projected sector growth equates to an estimated additional 3,488 employees, growing to 14,388 in 2030).

<sup>7</sup> Business Register of Employment Survey, Office for National Statistics (2016 source data).

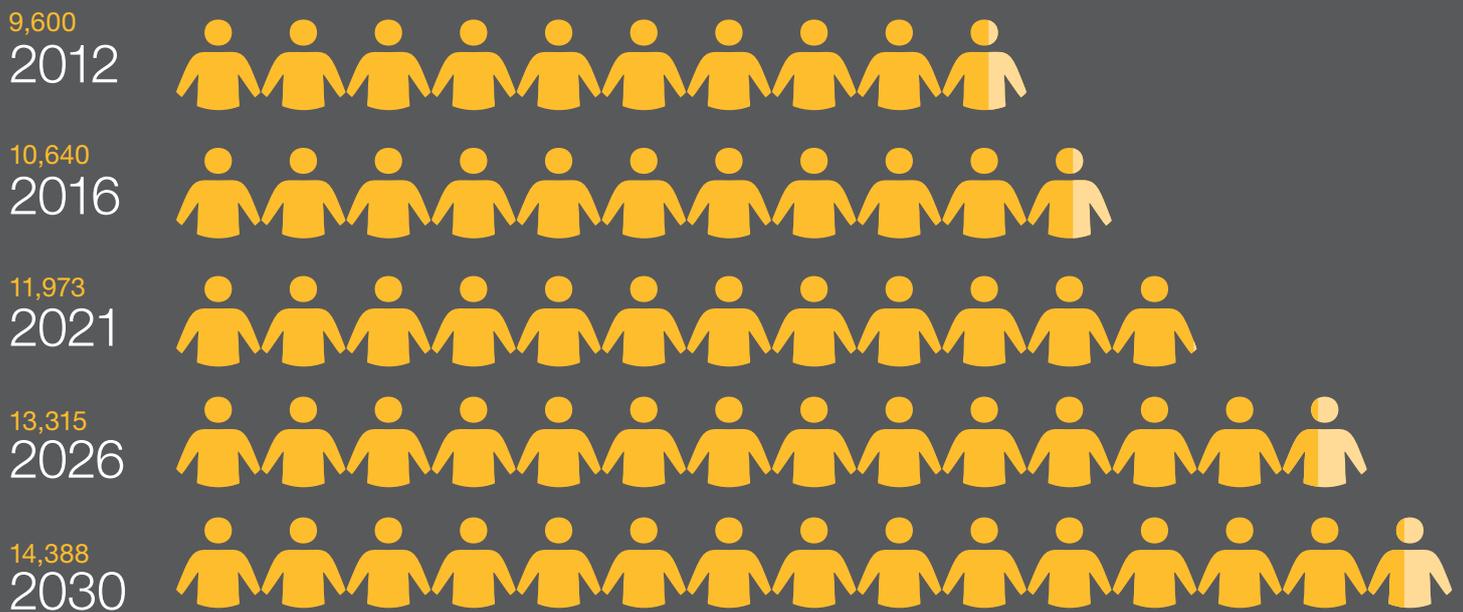


Figure 8: Projections of adult social care workforce growth in Nottingham City (Projected workforce based on Skills for Life EM Projection)

Recruitment and retention in social care provider services is a major block in securing adequate supply of care in Nottingham, particularly in home care. The turnover rate of adult social care employees in Nottingham is 28%, which is in line with the regional average. Over half of new employees were recruited from within the sector, retaining skill and experience.

### In summary

The context for adult social care nationally is one of growing demand which is outstripping the available funding. However, there are particular factors in Nottingham, set out above, which mean that this impact is felt more acutely. To meet our commitments and ambitions to support older adults and disabled people in Nottingham we need a new approach to adult social care. This is why we are setting out a new strategy.

# 5. THE STRATEGY FOR ADULT SOCIAL CARE IN NOTTINGHAM

## OUR VISION

Our vision is that all older and disabled citizens in Nottingham will be enabled to live as independently as they can, be connected into their communities and that where formal care and support is needed it helps to retain and restore independence. No one will live in residential care unless all other options have been exhausted.

## OUR CULTURE

Our approach is strengths-based and enabling: our starting assumption is that everyone has assets which they bring and we will seek to promote independence. We are working with citizens, recognising individuality and diversity and that people are the experts in their own lives. We are working to a social model, understanding and tackling the social factors that influence health and wellbeing and recognising a wide range of solutions. We believe that an independent life is a better life and we challenge ourselves and others to be creative in finding ways to achieve outcomes so that we reduce reliance on formal care and support services where possible. We look for solutions which represent value for money and work within the resources the council has available.

## THE STRATEGY FOR ADULT SOCIAL CARE

Our strategy for adult social care will ensure we use the resources we have available – citizen and community assets as well as the resources

the local authority has – to ensure that citizens in Nottingham who have care and support needs are able to have a good quality of life and are as least reliant as possible on formal care services.

Our approach to adult social care is founded on four themes which reflect the principles set out in the Care Act: Prevention, Community Connections, Independent Lives, Choice and Control. This is not about processes but about real conversations to understand what will work best. These themes and way of working underpin our approach in adult social care. We are clear that these are essential to reducing reliance on formal support and care, so that we can ensure people achieve the outcomes they want within the resources available. This reflects the local authority responsibilities for adult social care as defined in legislation as well as the financial responsibilities that councils have to balance their budgets.

### Better Lives Better Outcomes



1. **Prevention** is at the heart of the council's offer. It is clearly set out in Nottingham's Health and Wellbeing strategy '*Happier, Healthier Lives*' which aims to increase healthy life expectancy in Nottingham and make it one of the healthiest big cities, as well as reducing inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy. The council provides a range of services that promote health such as our parks and leisure offer, places to come together

such as libraries and community centres or those that protect people from harm such as services that deal with rogue traders or anti-social behaviour in our community protection services. Our approach is underpinned by acting to 'prevent, reduce or delay' need for care and support, which is set out in the Care Act. We see early intervention to avoid crisis as key to preventing need from increasing unnecessarily.

Mr and Mrs K had both developed dementia. Mr K became aggressive towards care staff making it very difficult to continue to provide them both with the care they needed. JackDawe clinicians spent time with Mr and Mrs K and their family to understand more about their background and their behaviours. A much fuller understanding was reached using the 'ABC approach' of what triggered Mr K's aggression. A plan was put in place which included reducing the number of visitors to the home, treating undiagnosed depression, adjusting information giving and supporting Mrs K while Mr K was otherwise occupied. This reduced Mr K's difficulty in his wife receiving care and therefore reduced his violence towards staff. The couple could therefore continue to be cared for together and at home, which was their preference.



2. **Community connections** and friendship can reduce need and promote wellbeing far better than any service-based intervention can. We know that loneliness is damaging for health and wellbeing and drives the need for care and support services. We are developing our Community Together Surgeries across the city so that at the first point of contact we can maximise the individual's and the communities' assets

as the solution to any problems they are encountering. Communities already provide a range of support from looking out for neighbours to more organised arrangements such as self-help group or voluntary, faith-based or charitably based action. Community Together Surgeries can connect those most in need to those willing and determined to help.

Ms P's GP contacted Health and Care Point, concerned about how she was managing her medication and health conditions, including diabetes and obesity. Working with Ms P and her Personal Assistant, Health and Care Point made a referral to a Community Activator. The Community Activator was able to link with the Disability Sport Network and arranged for Ms P and her PA to have 3 months free access to a local leisure centre where she has been swimming and using the gym. Ms P had not been out of the house for some time, and this built her confidence and motivation to manage her health needs and improved her community connections.





Mrs A attended a Community Together Surgery as she was feeling unmotivated, very low and cut-off from everyone. She has Fibromyalgia, Chronic Fatigue Syndrome and mental health needs. She had a conversation with a Community Connector and was given information on the Wellness in Mind service, Samaritans, Recovery College courses and referred for a home health and fire check. Mrs A was also introduced to a coffee morning group where she made some new social connections and some shared their experiences of courses they had completed at the Recovery College. The group all met up for another event, and Mrs A joined her new friends for a meal that evening.

At her first meeting with the Community Connector, Mrs A said she would like to volunteer with people with mental health issues. The Community Connector contacted Larkhill Centre and organised a meeting with the music for health group coordinator, where she is now volunteering. She has also signed up to start piano lessons with another group member and has registered to start courses at The Recovery College.

**Mrs A said “It’s been a wonderful experience. I can’t believe how quickly my life has changed, I have made new friends and I am now volunteering. I can’t believe it. Thank you.”**

**3. Independent Lives** are more fulfilling lives. To this end, all the service interventions we put in place are enabling in nature. Our reablement service and occupational therapists have expert skills in helping people to access equipment that supports independence, and to regain their skills and confidence to remain independent. We are focusing on building skills with people who may never have had the opportunity to develop them, for example supporting people with a learning disability to learn skills to live more independently. Our focus is on real and meaningful employment or

voluntary opportunities for working age adults through the work outlined in our 'Health, employment and disability' strategy. Equally where employment is not an option we can signpost people to benefits they are entitled to which may help them meet some of their needs. We will only support a move into residential care where all other options have been exhausted and we are driving the development of alternative Supported Living arrangements. Finally, we will continue to review interventions and where the person has increased their independence, we will reduce these and any care provided accordingly.

Ms C has a learning disability and has been attending a day service for many years. She was supported to start volunteering at a local charity shop and is now able to do this independently of support. She has also become more independent at home, meaning she is better prepared for increasing independence when her parents are no longer able to care for her.

Mrs B was 92 and couldn't manage at home following her hip surgery. She was supported by the reablement team, initially 4 times a day for personal care, dressing, medication and meals. At first providing direct care, the team provided a long handled sponge, shoe horn and sock aid, a trolley and perching stool to assist mobility and replaced an alarm pendant with a falls alarm. After 6 weeks Mrs B was able to be independent of formal care. She said not only had reablement improved her quality of life, but it had helped her make social contacts, for example joining her local Knit and Natter group.



Mr S, 24 years old, has a mild learning disability and Autism. He moved into a supported living shared house in March 2018. Prior to moving, he lived with his mother. Mr S has worked with his support workers and staff at the day service to build on his independent living skills and confidence. He now attends a work placement two days per week and a specialist day service, and will now be moving into his own flat in a brand new supported living service, just a few minutes' walk from where he is living now. He is able to prepare meals with minimal support, maintain his home environment and travel independently. He has broadened his social networks and staff report that he is very helpful to those who need help or advice.



**4. Choice and Control** We focus on the outcomes that matter to the individual. People should be able to define what they want to achieve and have choice and control over what happens to them and how support is shaped to meet their needs. This needs to be balanced against

ensuring support is proportionate to need and efficient use of limited resources. Where people are at risk of harm, in protecting them from abuse and neglect we will keep their desires and wishes at the heart, so the outcomes that they want are achieved.

Due to problems with long standing alcohol use, a decision was made under the Mental Capacity Act 'Best Interests' that Mr A needed long term residential care. With the support of the residential home, on reassessment Mr A had regained capacity and was supported to return home with a minimal package of support.



Ms G was discharged into residential care after being detained due to potential risks to self, fire risk and untreated mental disorder as seen in her complex delusional beliefs and hoarding in her property. Ms G was adamant she wanted to return home. A Care Act assessment showed that while she did have severe and chronic mental illness she was able to manage living at home. Following a Blitz Clean, which was discussed with the citizen, Ms G was returned home with no care package, which was her preferred outcome.



## 6. KEY AREAS OF FOCUS IN IMPLEMENTING OUR STRATEGY

### a) Information and advice

We know that there are times in life, particularly in older age, when people find they need some help or need to make changes to stay independent: things such as travel, mobility in the home, managing financial affairs or making social contacts. In addition, citizens may need to arrange care and support for themselves or a family member. The range of information and advice can be overwhelming. We think that citizens should know they can come to the council for signposting to trusted sources of advice on a range of issues, including how to source care and support.

AskLiON [www.asklion.co.uk](http://www.asklion.co.uk) is the city's community online directory and the go-to place for information and advice about our local communities. We will continue to develop this website to provide the information that helps citizens to connect to local community resources, find trusted sources of advice and choose the services they want to use.

### b) Place-based planning

Independent lives are lived in Nottingham's diverse neighbourhoods and communities. To succeed in achieving good outcomes for citizens, we need to work with the people and the resources in local areas, to understand what people need, what works for them and what the available opportunities are. Nottingham City Council invests in neighbourhoods through local libraries, community protection officers and a whole range of activities and services. There is a

whole range of other resources in our local neighbourhoods, from community and voluntary groups, police and health services, through to local businesses.

We want to develop place-based plans with local areas where we can identify the key ingredients to support independence and work out how we bring these together in the best way for the citizens in each local area.

### c) Supporting carers

A carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without his or her support. A young carer is someone under 18 who does this. Local authorities have clear responsibilities towards carers.

In 2017, adult social care supported 1,570 carers (6% of Nottingham's carer population). Support included the provision of information, advice and signposting and indirect support to carers through financial support to the citizen cared for in direct payments and personal budgets. The number of carers supported by adult social care increased by 33% in 2017/18 compared to 2015/16<sup>8</sup>.

Taking on the responsibilities of caring can have a major effect on an individual's life, often leading to isolation and exhaustion. For adult carers it can affect their ability to work and may lead to ill health and for young carers it can hold back their educational progress and limit their social development.

<sup>8</sup> Adults Social Care National Data Collections, Short and Long Term Return (2015/16 and 2017/18).

Carers play a significant role in supporting some of our most vulnerable people in society. Not only does this positively affect the quality of the life of these people, but also significantly reduces the demand for services, both in the reduction of care packages for those living in the community as well as avoiding or delaying the use of residential care.

Whilst there has been improvement within this area over the last five years there is a recognition that more is required to identify, advise and support the wellbeing of carers within the city. The City Council is committed to a local conversation with carers to revise and develop the Carers' Strategy, to ensure a robust local offer that is driven by carers' experiences, needs and the outcomes they seek in their caring role.

#### d) Whole Life Disability

Following the Strategic Learning Disability Review and the SEND Reforms programme, which has included consultation and co-production with children, young people, adults and their families, the council has committed to creating a Whole Life Disability programme. The aim is to support children, young people and their families in a way that continues to promote independence and self-determination.

The Whole Life Disability service is based on a progression approach and will enable disabled children, adults and their families to have necessary and appropriate support for improving and maintaining independence irrespective of their age at the key points in their life. It will reduce the impact of transition between different ages and stages of life by working with individuals, their families and others who support them, to create a seamless experience. Starting at birth, it will ensure that disabled people and their families will have

access to the right information and support to enable them to be actively included within their local communities. It will ensure they are supported to start developing the skills they will need to lead a more independent life through employment or becoming active contributors in their community. A strengths-based approach will be adopted that takes account of informal as well as formal networks of support to link people into their own community capacity rather than wrap services around them.

By taking this whole life approach, we can ensure that we support people when they really need it, but in ways that will ensure they can be as independent as possible.

#### e) A new plan for our care provision

Nottingham City Council provides an extensive range of direct care and support services including reablement, day services, specialist home care, residential and respite care. We are committed to our own services playing their full part in Better Lives Better Outcomes and ensuring that what they offer to support citizens is driven by outcomes and supporting independence. For example, our new Nottingham Pathway team supports people with a learning disability to develop the skills and confidence to meet their outcomes within their local communities, whether that is moving from residential care into supported living or taking on voluntary work and joining a community group as an alternative to attending a day service.

As part of Better Lives Better Outcomes we will continue to develop Nottingham City Council's own direct care and support services, building on the changes they have already put in place to create the most impact for wellbeing.

## f) Care and support providers

The City Council may have responsibility to fund care and support services for people who have eligible needs, as defined in the Care Act 2014, and who cannot afford to fund them, as defined by a means test. The council is also responsible for ensuring there is a market of care services available in the city, which is sufficient, diverse, and of good quality, regardless of who is funding the services.

Providers of care and support are crucial in helping us to deliver Better Lives Better Outcomes. We have set up new contracts that commit providers to meeting the outcomes that support people's independence. This means

that people will be helped to develop or regain the skills that make a difference to their lives. We will be working with care and support providers to ensure that the services we arrange for people are focused on promoting independence and outcomes, and that they always offer best value for money.

## g) Quality Matters

In March 2017, there were 145 CQC regulated services in Nottingham of which 84 were residential and 61 were non-residential. The Care Quality Commission ratings of services show that care services in Nottingham City are generally good quality although they fall slightly below the average for England.

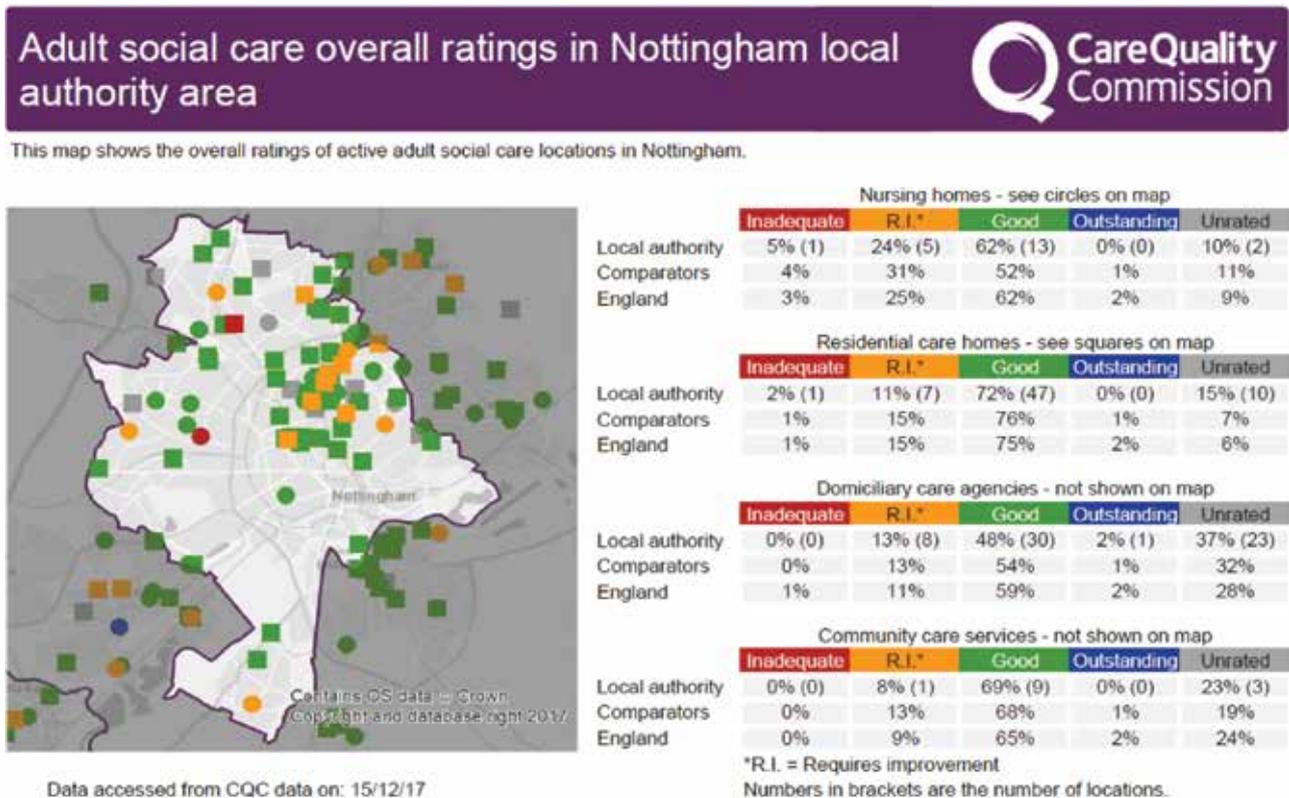


Figure 9: CQC Adult Social Care Overall Ratings in Nottingham local authority area

We will be resolute in driving out poor quality services and will pay providers sufficiently to ensure the workforce are provided with a decent wage and terms and conditions, whilst managing the market effectively to drive out unreasonable cost. At a time when resources are stretched, the City Council works closely with the Care Quality Commission and our Clinical Commissioning Groups to maintain a robust oversight of quality in care and support services through the Quality Improvement Framework shared data tool. This allows us to identify concerns early through shared intelligence and to work with providers accordingly to ensure local services are safe, effective, caring, responsive and well led.

## h) Housing

A good home is the underpinning of independence and wellbeing. We think that adults with care and support needs should have the opportunity to have their own home if they are able to take on a tenancy and only live in residential care where all other options have been exhausted. We are committed to developing solutions that support young people with disabilities to find a home and to have the skills or support to manage it.

*Quality Homes for all, Nottingham's Housing Strategy 2018 – 2021*, sets out the commitments which the City Council is making in relation to housing. It specifically recognises the importance of appropriate housing for people with care and support needs, especially older adults and adults with disabilities. There is a commitment to improve access to suitable housing including the development of bungalows and lifetime homes for older people, developing new independent living schemes, tackling fuel poverty and homelessness and better supporting tenants to engage with their communities.

Nottingham City Homes (NCH) provides housing for around one fifth of households in the city. We work closely with NCH to respond to the housing needs of older and disabled adults, to address the care and support needs of tenants and to engage with local communities. NCH has housing specialists working within the integrated hospital discharge teams, to address housing needs of people who are admitted to hospital, therefore supporting a swift and appropriate discharge home. NCH provides an assistive technology and contact centre service through Nottingham on Call and housing adaptations supporting citizens to maintain their independence and safety at home.

We see the right home as key to good outcomes and will ensure housing needs are considered as part of supporting people to maintain or establish their independence and outcomes.

## i) Employment

For a successful, local economy, we need to draw upon all of the skills and talents in Nottingham. Too often we fail to see the assets disabled people can bring to the workplace. It is vital that we give everyone the opportunity to develop to their full potential and that we create an inclusive city where disabled children and adults are not marginalised.

At a time of unprecedented financial pressure on the public sector and economic uncertainty, it is essential that those people who are furthest from the employment market, because of a life-long or acquired disability, are neither forgotten nor left behind.

Nottingham's *'Health, Disability and Employment Strategy'* for disabled people sets out a vision for Nottingham as 'a city that is inclusive, understanding and ambitious for people with mental health needs, long term conditions and disabilities to achieve their full potential and benefit from employment opportunities'.

We will embed employment in our approach to promoting Better Outcomes for adults, including recognising the importance for carers to sustain or gain employment.

## j) Digital and technology in adult social care

Our everyday lives are transforming through the use of digital technology and we think that this same technology can transform the way we offer care and support to citizens. We want to make sure we are making the best use of the opportunities technology creates in our work with citizens by:

- Making information easily available across services and to citizens
- Enabling people to interact with services through digital channels
- Promoting independence and wellbeing through digital technology and devices
- Working better with the health services through analysing data together
- Using technology to support colleagues in their work, so they can spend the maximum time focusing on their work with citizens and can have the information they need at their fingertips.

We will also work with care and support providers to ensure their services make good use of technology to promote dignity, quality and efficiency.

## k) Working with the health services

Adult social care has long established partnerships with local NHS bodies and we have integrated some services where this means we can better support citizens who have health and care needs:

- Nottingham Health and Care Point provides an integrated contact centre across health and care
- Care Delivery Groups have social workers embedded with GP practices across the whole city
- We have a £36m Better Care Fund pooled fund with the NHS
- We arranged joint packages of care with the NHS for over 500 citizens in the last year, including for people with learning disabilities/autism and behaviour which challenges within the Transforming Care programme

Effective work with the NHS supports outcomes in adult social care and we will continue to work closely with our NHS partners to ensure we achieve the right outcomes for citizens and sustainable approaches through working together. Greater Nottingham has been an early adopter of full system integration under the Sustainability and Transformation Partnership. We will work with our local health services to develop further integrated health and care in the way that best meets the needs of Nottingham citizens.

Our priorities for this work over the next 3 years will include:

- Continuing to support urgent and emergency care by further strengthening our integrated discharge arrangements e.g. having housing experts in the hospital so everyone's housing needs are addressed.
- Using data to support better clinical and practice decision-making, reducing variation.
- Identifying funding sources to support further innovation.
- Continuing to strengthen our ability to identify people at risk and to intervene with effective solutions.

## l) Approach to funding

People's entitlement to local authority funded services is established in law and we will always honour these entitlements and make them clear to citizens.

We will work relentlessly to get the best value we can from the funding we have for social care. This doesn't simply mean paying low prices, it means paying the right prices. So while we will always expect good value, Nottingham will also make sure its funding of care services means employees can be paid properly. We will seek efficiencies or technology to remove unnecessary cost from our processes to ensure the front line services are our priority.

We will also ensure that we use our available funding fairly between citizens. As set out in the law, this will be based on need, on what other support options are available and on people's ability to fund their own care. We will consider value for money in all care and support we fund, whether this is services we pay for or

through Direct Payments where citizens make their own arrangements. We will expect to meet needs in a cost effective way. We will regularly review needs and care and support plans, so that we can adjust arrangements over time.

We will ensure social care resources only fund social care. We will work with our partners in the NHS to ensure where both parties are funding, we have an appropriate agreement of who pays what. We will work closely with the NHS and other partners to make sure we are investing smartly together.

## m) Nottingham City Council promoting health and wellbeing as an employer

Nottingham City Council employs over 6,000 people, over half of whom live in the city of Nottingham. It takes seriously its responsibilities to promote the current and future health and wellbeing of its employees, recognising that as a major employer it has the opportunity to contribute to reducing health inequalities in the city as well as benefiting both the individual employee and the organisation. Initiatives include:

- Supporting smoking cessation
- Providing counselling services and musculoskeletal rehabilitation
- Undertaking health promotion initiatives: healthy hearts, diabetes screening, cholesterol and blood pressure checks, stress management, back training, cancer awareness.
- Referral to weight management and activity hubs
- Being an accredited Mindful employer

- A range of work life balance initiatives, including flexible working, purchasing additional leave, childcare schemes, carers support
- Alternative ways to travel to work, supporting cycling and walking.

Council colleagues also take their own initiative – leading activity groups, such as Zumba classes, in their own time, supporting and motivating colleagues to get fit together. Our strategy encourages all employers in the city to consider what they can do to support the health and wellbeing of their employees.



## 7 OUR APPROACH TO MEETING CARE AND SUPPORT NEEDS

We will always seek to resolve an enquiry at first contact where this is possible. Our Health and Care Point contact centre has a wealth of expertise and provides expert advice on sources of information and support. They will undertake a proportionate assessment to identify need and guide solutions.

We will roll out Community Together Surgeries, where citizens can meet social care colleagues in their local community to consider what their needs are, through a proportionate assessment, and how they can be met through local resources.

We recognise that many people are facing some sort of crisis when they first make contact with social services. We think that crisis is not the time to be passed around services and is not the time for making long term decisions. We will work closely with you to stabilise your situation in order to consider your longer term needs.

Whenever we work with citizens we will:

- Consider first what skills and strengths the individual has to build on to help them stay safe and independent
- Consider how family, friends and the local community are able to help
- Make sure people have access to equipment or technology where this can help them stay safe or independent
- Help people with short term support to manage a crisis or to develop the skills and confidence to remain or regain their independence





- Only after we have worked through these possibilities will we consider whether there is a need for formal care and support services. If there is a need for care and support, we will seek to plan services which help build independence and focus on clear outcomes.

### Our resilience checklist:

There are some key ingredients to maintaining a good quality of life and independence and we will develop ways to ensure these are checked at every contact:

- ✓ **Social** – tackling social isolation
- ✓ **Physical activity** – being active for health and wellbeing
- ✓ **Finances** – maximising income, planning for the future
- ✓ **Housing** – suitable home, planning for the future
- ✓ **Technology** – assistive technology, digital inclusion.

### Excellence in social care practice:

The commitment and expertise of social care colleagues is essential to achieving outcomes with citizens and using our resources to best effect. Working with citizens social care colleagues will take a strengths-based approach, which identifies the resources that are available to support the individual in meeting their outcomes. They will use their expertise to find creative solutions, to signpost to sources of support and where needed, they will assess needs, agree care, and support plans with citizens. Social care colleagues apply specialist expertise also in relation to ensuring people's rights are protected in a number of specific circumstances, including safeguarding, where capacity to make decisions is limited and detention under the Mental Health Act.

Recognising the crucial role of colleagues, supporting and developing social care practice will be a core element of delivering Better Lives Better Outcomes.

# 8 FINANCIAL STRATEGY

Nottingham City Council has seen significant reductions in funding since 2012/13 and this is going to continue into the medium term.

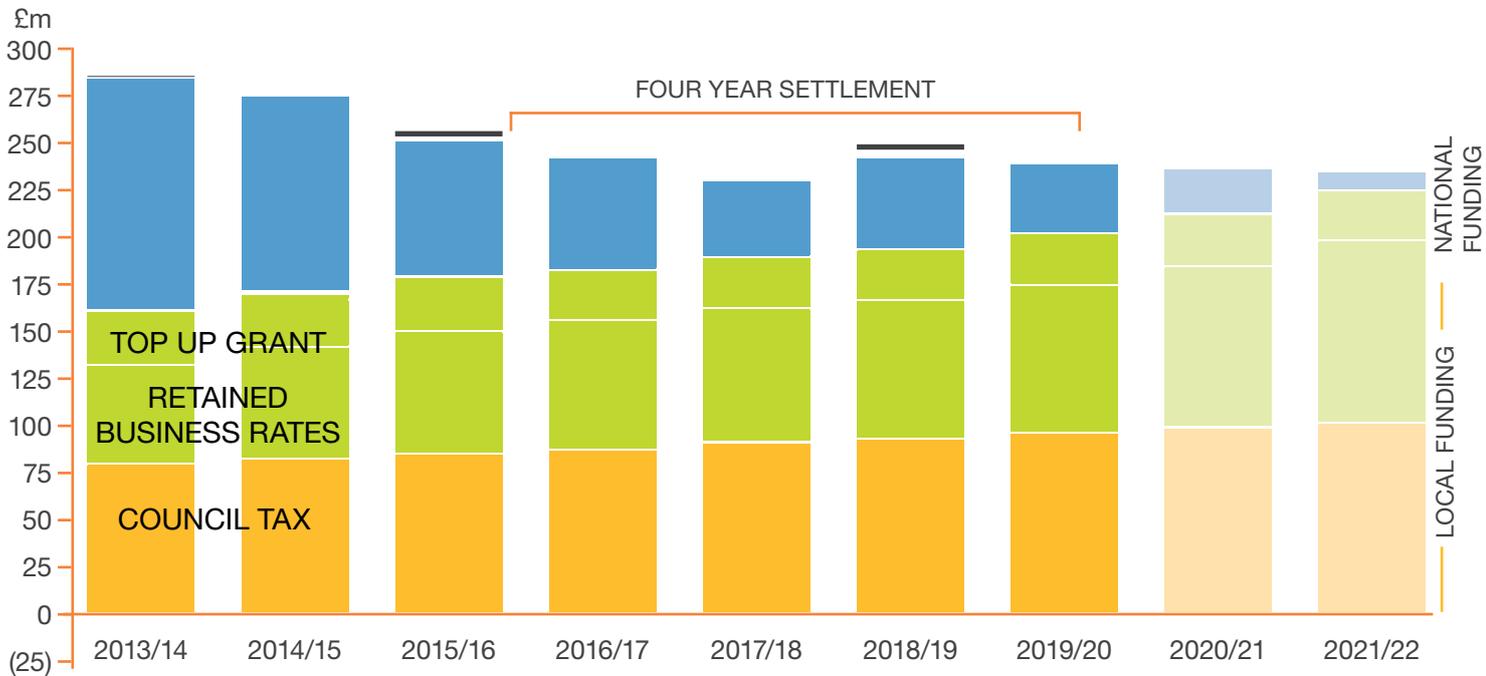


Figure 10: Nottingham City Council funding 2013/14-2021/22

Adult Social Care accounts for around 38% of the council's total net budget and as such **a sustainable financial model for this service is required** if a balanced budget is going to be determined for the future. If this does not happen, there will be a significant impact on the rest of the organisation.

The Better Lives Better Outcomes model has been developed in order to manage demand for funded care and support services and demonstrate financial viability going forward. This means:

- Taking every step we can as an authority to secure best value in the services we purchase, working with providers to ensure they are delivering excellent value in financially sustainable services

- Relentlessly challenging ourselves to be in the forefront of efficiency as an authority
- Shifting investment into prevention where we are able to release it from more institutional solutions and where there is good evidence that it prevents cost elsewhere
- Maximising external funding sources, attracting investment into Nottingham, including opportunities afforded by the Greater Nottingham partnership
- Making the case to government for Nottingham and for social care.

We can do all these things and we will, but without adequate funding from government Nottingham will be faced with making tough decisions about what type of services it can fund.

## 9 WHAT WE OFFER AND WHAT WE ASK

We believe that achieving good outcomes within the resources we have available to us will depend on a range of people working differently together. The success of this strategy is dependent on those contributions outlined below. We are setting out what you can expect of the council and what we ask of you.

### Nottingham City Council Adult Social Care

***Nottingham City Council has specific responsibilities towards people who might have support and care needs.***

#### **Our offer is:**

- We will do everything we can to help people live independently and where people do need support we will ensure it helps you live your life, meet your caring responsibilities and enables your independence.
- If you come to us for help we will treat you as someone with unique talents and strengths, which we will help you to identify and use.
- If you come to us in crisis, we will work with you to restore your independence and avoid making any long-term permanent decisions until the crisis has passed.
- We will recognise the caring nature of and innovation in Nottingham's people and communities and work hard to connect people and unblock any obstacles for our citizens who reach out to help others.

- Where people are at risk of harm or neglect we will take account of what you would like to happen in keeping you safe.
- Where services are necessary, we will ensure they are good quality.

### Our Citizens and Communities

***Nottingham's people contribute a significant amount to helping people who might otherwise need support from social care.***

#### **Our ask is:**

- Look out for others who might be vulnerable and tell us if you think someone is at risk of harm or neglect.
- Tell us about anything you are doing or want to do to help others so we can help you to connect others or unblock obstacles.
- If you approach us for support, work with us to identify your personal assets and resources as a starting point to meeting need.
- If you receive services, tell us if they aren't helping you live your life or if you have any concerns about quality.



## Our Partners

*Nottingham's health and community providers contribute a significant amount to helping people who might otherwise need support from social care.*

Develop your ability to signpost people to information and advice and resolve immediate issues so that people's needs can be met more quickly and social care can concentrate on those that really need us.

## Nottingham Employers

*Nottingham's employers can develop and offer opportunities for skills development and employment to people who might have care and support needs.*

Understand the particular strengths disabled people can bring to the workplace and embed that understanding in your workforce, employees and HR processes.





We welcome your feedback on our strategy. Please email [betterlivesbetteroutcomes@nottinghamcity.gov.uk](mailto:betterlivesbetteroutcomes@nottinghamcity.gov.uk) with any comments you have.