

Adult Care and Public Health

Service Plan 2017-2018

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Section 1

1. Introduction

The Senior Management Team has identified four priorities which will direct the Department over the coming year. These are:

- **Community resilience** – We need to fully maximise the opportunity to improve health by focusing on the social circumstances and environments in which people live as these have a complex causal relationship to health. We want to reduce reliance on our services and build networks of support within communities which allows individuals to do more to support themselves, their family, friends or neighbours.
- **Prevent hospital admission and support hospital discharge** – continue to focus on and work with local hospitals to reduce delayed transfers of care by enabling people to return home as soon as possible. Over the next year this will include exploring how new models of care can reduce hospital admissions in the first place, but we will also develop a Discharge to Assess and Manage model.
- **Prevention and demand management** — Lead primary prevention work across the health and care system within Derbyshire, with a focus on improving health and wellbeing and reducing health inequalities. Continue to develop preventative approaches, which reduce demand on treatment and care services. Over the next year we will explore how Public Health can contribute to this through their work in terms of secondary and tertiary prevention working with Adult Care. Promote approaches to self-management through the increased use of assistive technology.
- **Financial management** - continuing to focus on our good performance in terms of planning how to achieve the Department's savings as outlined in the Five Year Financial Plan. The Adult Care net budget for 2017/18 is £209.553m. Adult Care's contribution to the cuts during 2017-18 will be £6.913m. The cuts will affect all services provided by the Adult Care Directorate excluding Public Health.

- **Learning Disability** – we will move towards a ‘progression model’ for delivery of services. We will support people with learning disabilities to achieve their outcomes by enabling them to have greater independence. This involves ensuring those with lower levels of need can move to live a more independent life as well as looking to reduce the needs for those with more complex conditions. As a consequence the costs of the services they receive will reduce.

2. Background and Policy drivers

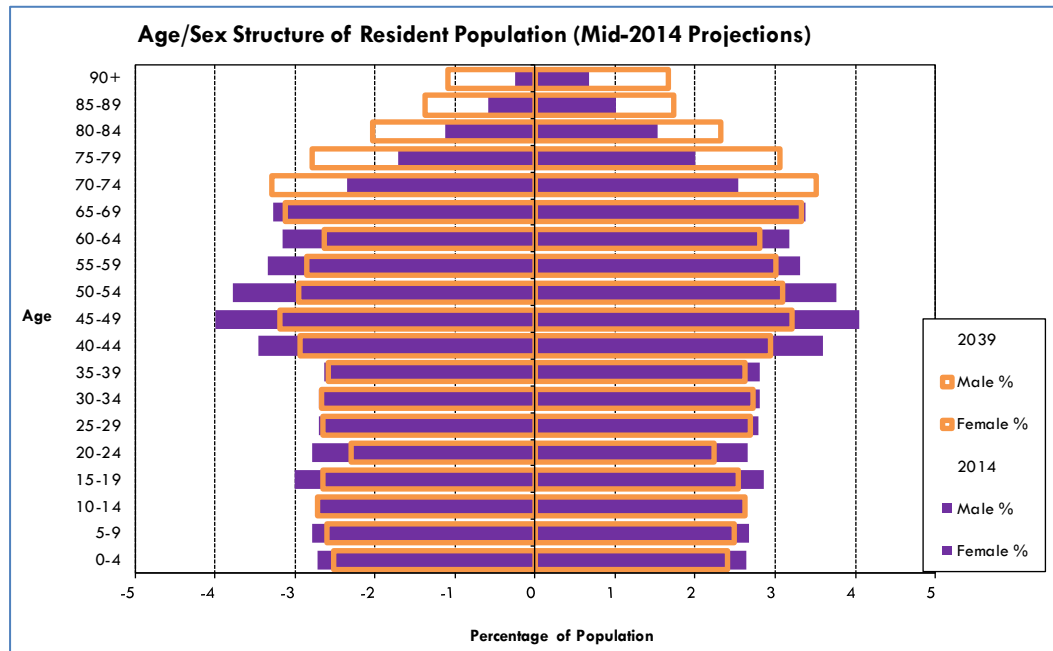
Adult Care

Adult Care provides social work, personal care, safeguarding and support services to adults who are vulnerable or at risk due to age, disability, illness or poverty. It also provides support to family carers. The service works within the legal framework of the Care Act 2014 and provides personalised services to promote the independence, dignity and control of local people. Social care staff work in close partnership with other colleagues in health, district and borough councils and the voluntary sector.

Public Health

Acts as the system leader for health and wellbeing across Derbyshire County, discharging the Local Authorities duties in regard to health improvement and reducing health inequalities. The service works to improve population health outcomes across the county working in partnership with the NHS, district and borough councils and the third sector. Public Health works strategically using the latest available evidence to identify and assess need, maximise the use of limited resources, monitor, measure and predict health impact of projects, policies and services, develop Public Health policies and influence decisions to maximise population health benefits. The Public Health Department also provides or commissions Public Health services including; stop smoking, NHS Health Checks, substance misuse treatment and recovery, health visiting, school nursing, national child measurement programme, weight management, physical activity, sexual health, workplace health and community development.

Population



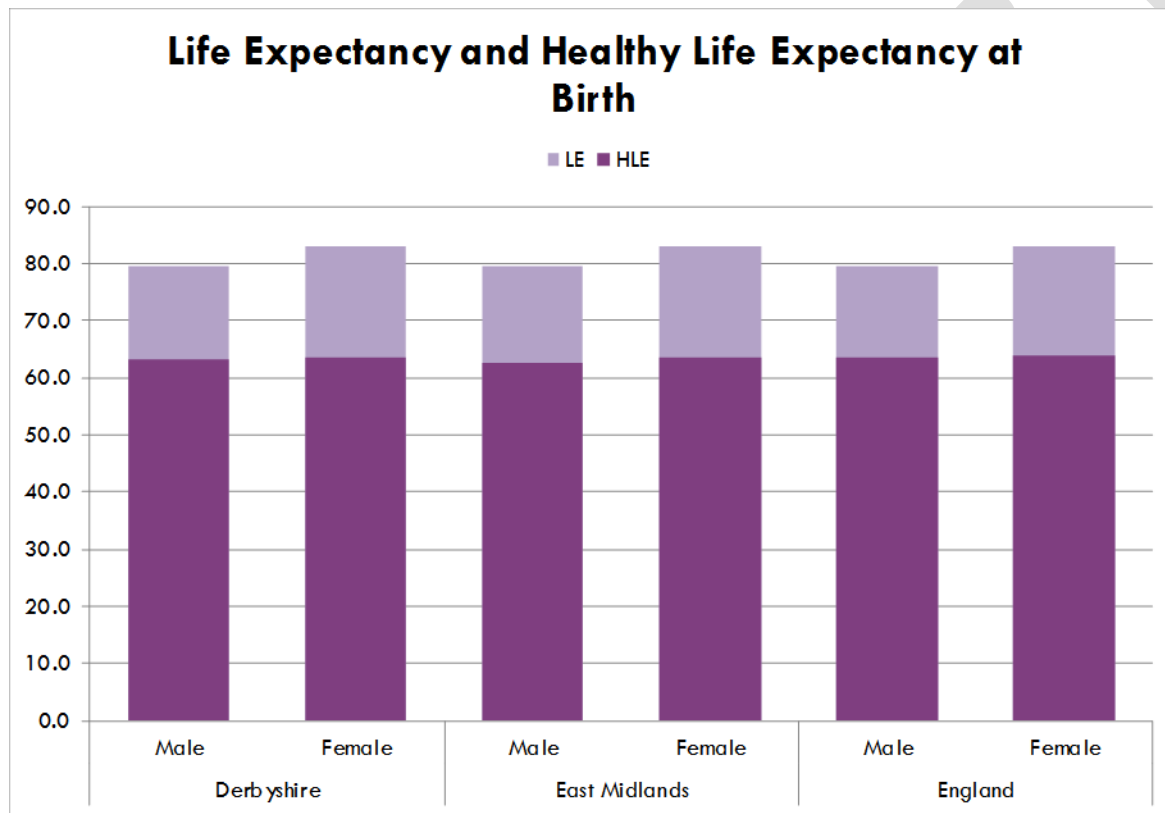
Source: Office for National Statistics (2017), 2014-based Subnational Population Projections

Derbyshire has a population of over 780,000 people. The population is currently proportionately older than England overall, with around one in five people aged 65 or over. Almost a further fifth are aged under 16, meaning 2 out every 5 people are dependent on the working age population.

By 2039 almost half the population of 860,000 people will be in these age groups. Nearly 3 in every 10 people will be aged 65 and over.

Health Inequalities

Life expectancy in Derbyshire is similar to the England average, being 79.5 years for males and 83.1 year for females. However, life expectancy is 8.2 years lower for men and 6.2 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas.



Source: Office for National Statistics (2016), Healthy life expectancy (HLE), life expectancy (LE) and proportion of life spent in "Good" health for all ages

Healthy life expectancy in Derbyshire is also similar to that for England as a whole. Men can expect to spend 79.7% of their lives in good health, but it is notable that women can expect to spend only 76.5% of their lives in good health. It is also striking that health life expectancy remains lower than retirement age.

Public Health Outcomes Framework

The Public Health Outcomes Framework 'Healthy lives, Healthy people: Improving outcomes and supporting transparency' sets out a vision for Public Health, the desired outcomes and the indicators that will help us understand how well Public Health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the Public Health system, and groups further indicators into four 'domains' that cover the full spectrum of Public Health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

[Public Health England's PHOF data tool](#) presents data for the indicators in the framework for the most recent period available and accompanying trend data where possible.

- Derbyshire is currently performing significantly better than England in 43 indicators.
- Derbyshire is currently performing significantly worse than England in 32 indicators.

There are also significant differences between the districts and boroughs within Derbyshire, some of which are also captured within the Public Health Outcomes Framework.

It can be seen that while Derbyshire's performance overall is fairly average compared to England, performance in some of the second tier LAs, particularly Bolsover and Chesterfield, can be poor.

There are a number of significant legal changes, policies and guidance documents which will impact on Adult Care and Public Health during 2017 – 2018 and beyond. These include, but are not limited to the following:

Effective and resilient joint working across adults' and children's services to support preparation for adulthood

Adult Care and Public Health will continue to work positively with health and children's services to ensure the requirements of the Children and Families Act and Building the Right Support are met. We aim to achieve the outcome of a more positive preparation for adulthood for young people and their families.

Market oversight and provider failure/ supporting a high quality local social care system

Adult Care and Public Health will continue to develop mechanisms to effectively shape our care market. This work will include improving how we identify and mitigate risks in our care market. Working closely with other stakeholders and providers we will further develop approaches to manage provider concerns and to lessen the impact or likelihood of provider failure. The focus in 2017-18 will be to support and develop social care workforce recruitment and retention to promote sustainable quality care provision.

Safeguarding

Adult Care and Public Health will continue to play a full role in the Safeguarding Adults partnership. The partnership arrangements including the membership of the Derbyshire Safeguarding Adults Board will be reviewed in the light of the Wood Report 2015 which recommended changes to the membership and focus of Safeguarding Childrens Boards. Making Safeguarding Personal is now embedded in the Care Act and all organisations will be supported to review their practice to ensure that the implications for all staff in partnership organisations are understood. For details see

Safeguarding adults

Adult Care are committed to working in different ways with Quality Teams in Clinical Commissioning Groups to maximise the impact of their respective Quality Teams to improve responses to issues of quality in service provider settings to reduce the incidence of safeguarding issues that arise as a result of inconsistent delivery of service standards in residential settings.

Carers

During 2017-18 the newly Carers service will be implemented. The service will be provided by Derbyshire Carers Association and the value of the service is £860K per annum. This marks the culmination of intensive work over the last two years to work with carers and carers organisations and the NHS, to streamline and develop the carers offer in Derbyshire.

The service specification includes the responsibility for the early identification of carers; provision of information in a wide variety of formats; proportionate assessment and personalised support planning; the issuing of carer Personal Budgets; the facilitation of new and existing peer support groups; the provision of carer training and learning; and partnership working to promote a preventative approach across health and social care services.

A new dedicated carers Website will be live by spring 2017

2.2 The Better Care Fund

The Better Care Fund (BCF) is a single pooled budget of existing expenditure, to support health and social care services to work more closely together in local areas. The Better Care Fund allocation for 2017-18 for Derbyshire is £53,425,000.

BCF Planning will be for a two year period, 2017-19, and there are now three national conditions which the plan must meet:

- 1) That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the Health and Well Being Board itself, and by the constituent local authorities and CCGs;
- 2) A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in 2017-18 and 2018-19, in line with inflation;
- 3) That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement.

There are also four national outcome measures that will be monitored via NHS England; these are part of the suite of returns that already have to be made by Adult Social Care and the NHS. *(See page 33 of this doc)*

Derbyshire's revised BCF plan 2017-19 will be submitted to the national Better Care Support Team. Date to be confirmed; at the time of writing, awaiting the final national guidance. . This will be a refresh of the 2016-17 plan which received full approval from government on 19 July 2016. The 2016-17 plan is available on the County Council website:

[http://www.derbyshire.gov.uk/images/DERBYSHIRE%20BCF%201617%20NARRATIVE%20PLAN%20V1.3%20\(FINAL\)_tcm44-279797.pdf](http://www.derbyshire.gov.uk/images/DERBYSHIRE%20BCF%201617%20NARRATIVE%20PLAN%20V1.3%20(FINAL)_tcm44-279797.pdf)

2.3 Integration

The Adult Care and Public Health approach towards integrated care is shaped by the NHS structures within which it is being developed. There are currently 5 Clinical Commissioning Groups (CCGs); more than 100 GP practices; 12 Acute hospitals (only one of which is in Derbyshire) and 2 Community Health services NHS Foundation Trusts.

The focus is on organisational development that facilitates skilled, confident and respected Adult Care and Public Health professionals (at all levels and across all functions). Staff operate in constantly adapting collaborations – the team around the person/community.

We have focused on strengthening operational relationships at all levels and supporting frontline staff to engage and take forward improved collaboration to deliver safe, sustainable integrated care to maximise effectiveness and reduce duplication of activity.

Our development work with Acute hospitals includes co-location of registered Social Workers with Derbyshire Community Health colleagues and the integrated discharge teams both North and South of the county with a focus on discharge pathways. These arrangements are available over a 7 day period. There is excellent joint work supporting admission avoidance and transfer to assess across the county but there is scope to develop pathways and new professional collaboration that can ensure more timely transfers from hospital to appropriate accommodation that supports people to regain or maximise independence and reduce the length of stay in hospital settings. This has become the priority focus of the Derbyshire/City multi agency Board set up to maximise the effective use of Acute hospital resources.

We continue to support the development of an accredited assessor framework and shared assessment documentation, along with further development of integrated I.T solutions.

The importance of a collaborative approach to change and development which recognizes that organizational reform is not essential to innovative working has been heightened by delays in agreement around key aspects of the System Transformation Plan. What has been agreed is that Place Based work in discrete Derbyshire/City communities can deliver some of the changes that are required to make the best use of social and health care resources and social care will contribute to development and delivery of a place based response to social and health care challenges.

2.4 Transforming Care for people with learning disabilities

In October 2015, NHS England, Local Government Association and Association of Directors of Adult Social Services published 'Building the Right Support' and 'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition - Service model for commissioners of health and social care services', this was followed by further planning guidance in December 2015.

In line with requirements a Transforming Care Partnership has been established across Derby City and Derbyshire County. The partnership brings together 4 Clinical Commissioning Groups, 2 Local Authorities (Adult and Children's services), NHS Specialised Commissioners, Service Providers, Health Education England, the police and the Police and Crime Commissioners office.

The Derbyshire Transforming Care Plan was approved by NHS England in April 2016 and a programme of transformation is in place to implement the required changes. The plan builds on existing transformational work in the city and north of the county and forms part of the Derbyshire Sustainability and Transformation Plan. It is closely aligned with the work to implement the Autism Act 2009 and associated guidance.

Plan Outline

- Reduction in-patient beds (specified per area) linked to the development of new out of hospital/community based options
- New/extended community models including Shared Lives + an enhanced service for individuals who may need higher levels of skilled support.
- New Short term crisis accommodation to avoid unnecessary hospital admissions
- Community Assessment and Treatment available 24/7 (known as Intensive Support Service) across County and City
- Development of pooled budgets

- Specialist multi-disciplinary teams to co-ordinate and provide the right care at the right time for people in the Transforming Care programme
- Increased support for carers
- Re-modelling of short breaks
- Personal health and integrated budgets to be made more widely available
- Workforce development- Improved skills and resilience in the workforce to support people with complex needs in community settings.
- Market Shaping-Developing a creative and flexible market able to sustain person centred effective support

3. Operational Context

National and Local Population Trends

The average age¹ of the UK population increased to 40.5 years at June 2016. Back in 1974 it was 33.9 years; it has grown on each successive year since then. The reason behind the increase in average age is well-known: people are living longer into older age, more so than ever before, and because people are living longer, the total number of people in the population is growing.

In Derbyshire, in 2018, the County has an estimated resident population of 792,172 (Office for National Statistics, Subnational population projections). This figure rises at an average rate of about 0.5% every year, meaning that there will be 18,700 more people living in the County by 2023. Just like the national picture, the number of older people in Derbyshire is forecast to increase significantly; this trend is expected to continue over the next 6 years. Derbyshire's age profile is actually older than the national average and the East Midlands average too. Along with increased longevity

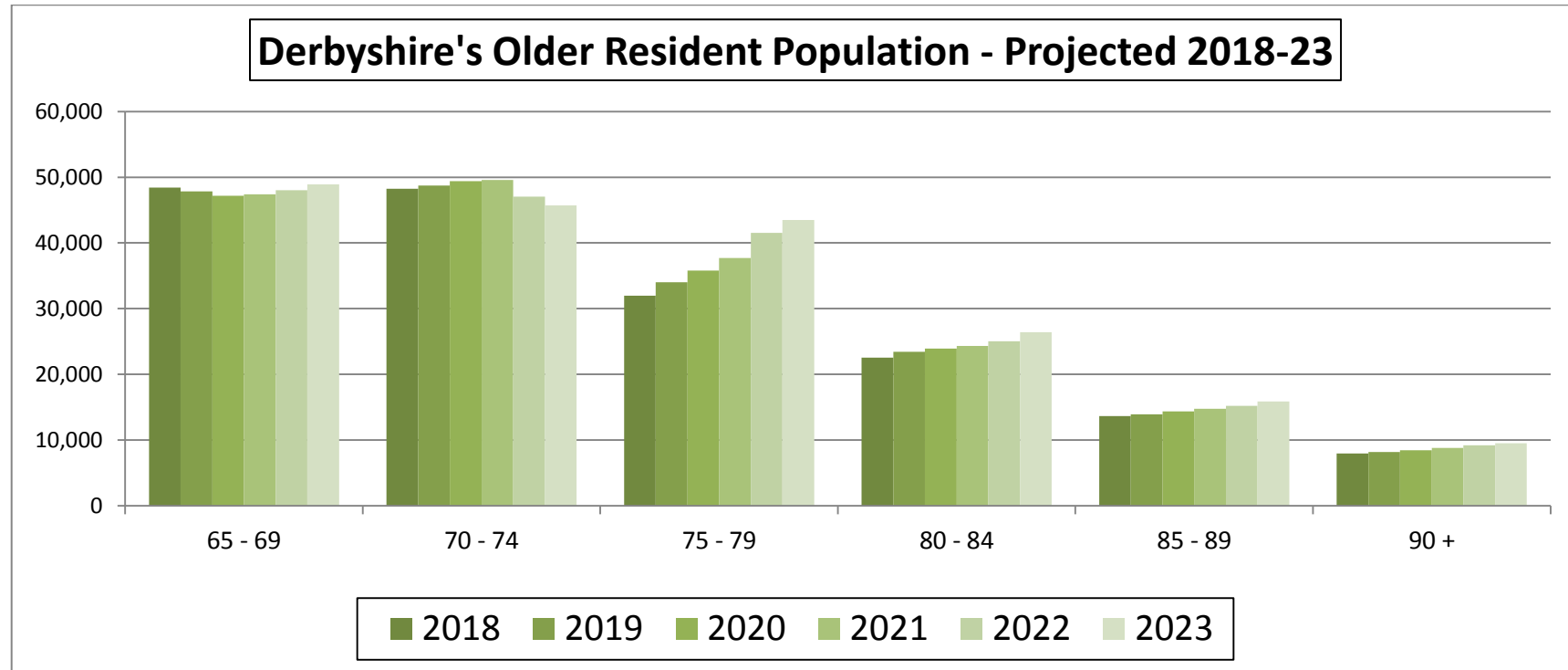
¹ Median age is the age that divides a population into two numerically equal groups - that is, half the people are younger than this age and half are older. It is a single index that summarizes the age distribution of a population.

comes a greater likelihood of having several simultaneous health problems which severely limit daily lives and this has major ramifications for health and social care services.

Table 1 Derbyshire's Older Population

Age Group	2018	2019	2020	2021	2022	2023	% Change 2018-2023
65-69	48,416	47,833	47,200	47,410	48,045	48,908	1%
70-74	48,257	48,756	49,396	49,591	47,030	45,691	-5%
75-79	31,963	34,015	35,776	37,691	41,528	43,495	36%
80-84	22,525	23,425	23,941	24,302	25,036	26,399	17%
85-89	13,656	13,937	14,369	14,754	15,205	15,889	16%
90+	7,946	8,164	8,457	8,807	9,201	9,522	20%
Total 65 and over	172,763	176,130	179,139	182,555	186,045	189,904	10%

- By 2018, 21.8% of the people normally resident in Derbyshire will be aged over 65 years.
- 2.7% of these will be aged over 85.
- This compares to 18.9% and 2.5% for the East Midlands and 17.8% and 2.4% nationally.

Figure 1

In total it is estimated that there will be an additional 6,300 older people living in Derbyshire by 2020, and a further 10,700 by 2023. The only expected decrease amongst the older population by 2023 is in the 70-74 age group (-5%). The biggest increase across the whole 6 year period is expected in the 75-79 (36%) age group which equates to an additional 11,500 people. There will be 3,800 more people in the 80-84 age group, 2,200 in the 85-89 age group, and almost 1,600 in the very oldest age group.

Table 2 People aged 65 and over by District: Projected to 2020 & 2025

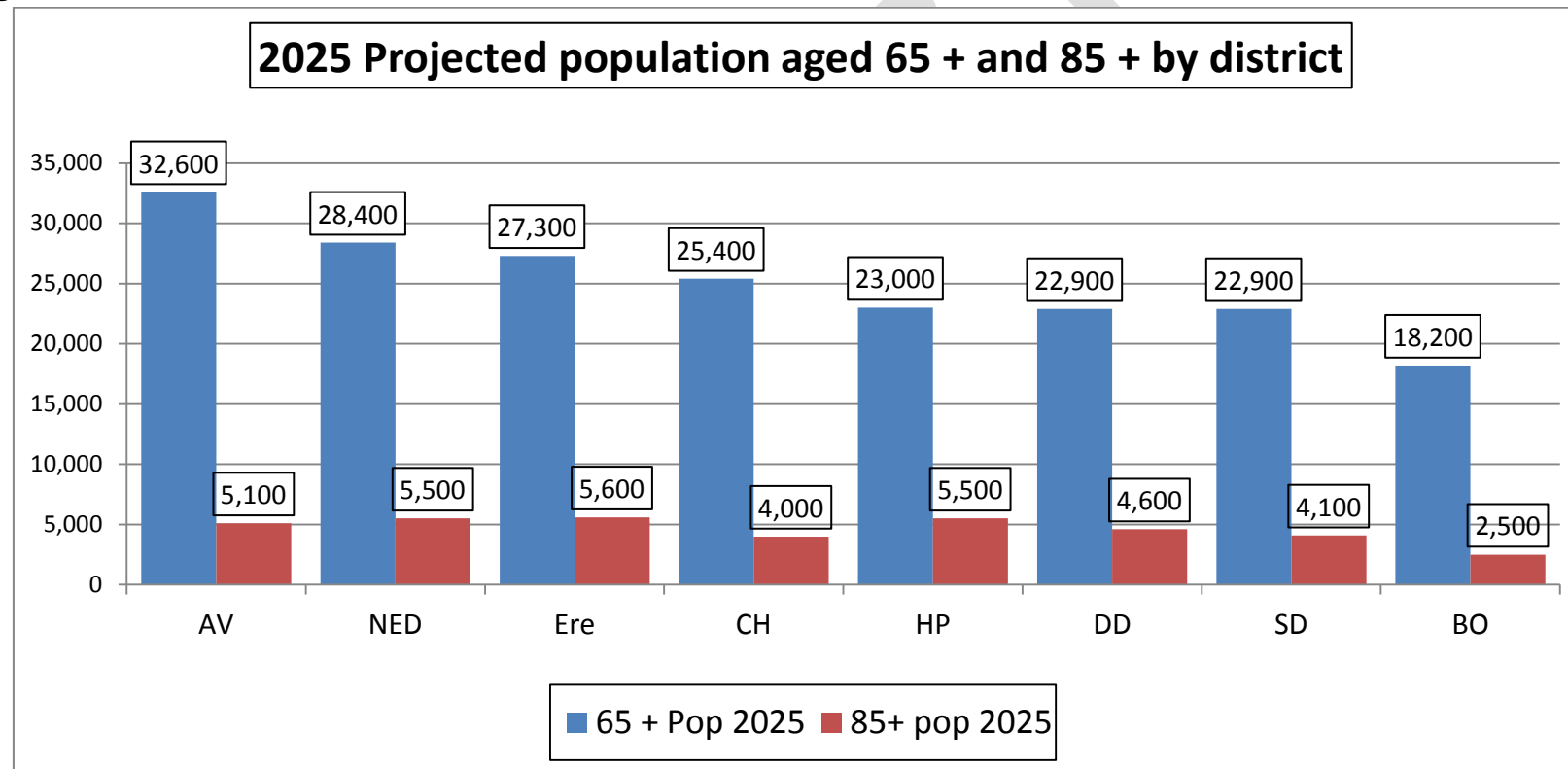
District	Population Aged 65 and over				% Change ¹
	2020	% of Total	2025	% of Total	
Amber Valley	29,350	23	32,600	25	17
Bolsover	16,350	21	18,200	23	17
Chesterfield	22,950	22	25,400	24	9
Derbys' Dales	20,450	28	22,900	31	18
Erewash	24,750	21	27,300	23	9
NE Derbys	25,750	25	28,400	27	10
High Peak	20,300	22	23,000	24	12
S Derbys	19,700	19	22,900	21	15

1. The change in numbers between 2018 and 2025 expressed as a percentage of the 2018 number.

This growth in the numbers of older people will not be uniform across Derbyshire; Growth rates vary by district. Significantly, older person growth rate is not positively correlated with population size. Specifically, the largest growth rates tend to be in the areas of lower adult population size. These also tend to be the areas which are more rural than

urban, where commissioning of services has been made more difficult by shortages of potential care staff in the local population. This problem will be made that much more acute by the growth in the local older person's populations. For example, South Derbyshire, Derbyshire Dales and High Peak are all areas with significant rural characteristics; each one will see their older person's population rise by at least 30% between 2018 and 2025.

Figure 3



The growth in the number of older people will mean increases in the following kinds of conditions:

- Dementia: 1,300 more people will have dementia by 2021, increasing from 11,986 to just above 13,300.
- Continence: 1,380 more people will have continence problems, making almost 29,800 people in 2021.
- Falls: 410 more older people admitted to hospital as a result of a fall by 2021.
- Severe Depression: There will be just under 5,070 older people with severe depression by 2021, an increase of 375 people.
- Stroke: By 2021, there will be 4,365 older people with a health condition caused by a stroke, an increase of 330 people.
- Mobility: 2,720 additional people will be unable to manage at least one mobility activity on their own in 2021.
- Self-Care: 4,750 additional people will be unable to manage at least one self-care activity on their own.

40% of older people in Derbyshire have a need for social care; this equates to about 69,100 people. National eligibility thresholds mean that of those, only about 23,500 (34%) will actually be eligible to receive a support package. There are in addition about 14,400 younger adults (i.e. 18-64) from the mental health, physical disability, or learning disabled client groups who will be eligible for service. In total then, there will be about 37,900 people in the Derbyshire population in 2018 who are eligible for public social care support.

Older people comprise about 70% of Adult Care and Public Health's client base. The remainder is made up of younger adults (i.e. 18 to 64 years) with either a physical impairment, a learning disability or a diagnosed mental health issue. Increasingly, people who receive a service from Adult Care and Public Health have a number of health impairments that affect them daily. The changes in the number of people in these younger age groups are difficult to predict. However, because of the severity and complexity of their needs, their care package costs can be very high.

Older People with a Learning Disability

Table 2 shows the age profile of older people with a moderate or severe learning disability. Although numerically low, the Adult Care and Public Health department is now supporting clients with significant needs well into their late 60s and early 70s.

Table 2 Derbyshire's Older Population with Learning Disability

Age Group	2018	2019	2020	2021	2022	2023
65-74	398	430	407	412	330	332
75-84	152	138	139	132	147	149
85 and over	65	97	80	85	82	53
Total Aged 65 and over with Learning Disability	615	664	626	629	559	534

- There are increasing numbers of clients with a learning disability living into old age.
- Over the next 5 years or so, there will be an increasing number of older aged clients with a learning disability with significant support needs.
- There are over 4,600 adults aged 18-64 with autism. The requirements set out in the new Autism Strategy mean we can expect to be required to address the needs of at least 45 people with autism during 2017-18 and beyond.

Deprivation as a determinant of the need for Care and Support

There is a high correlation between deprivation and the need for social care support.

The Indices of Multiple Deprivation (IMD 2015) tells us objectively how Derbyshire compares with other areas; as deprivation is a relative measure, it is customary to describe an area by saying whether it falls within the most deprived 10 or 20% in England. Health Deprivation and Disability is one of Derbyshire's most significant deprivation domains with 87 of its 491 areas falling within the 20% most deprived nationally. There is an area of Health Deprivation and Disability in each one of Derbyshire's Districts, but notably almost half fall within Chesterfield. Significantly, in Derbyshire, the Health Deprivation and Disability domain has deteriorated in average rankings with 32 more areas in the most deprived 20% nationally in 2015 compared with 2010. In short, there are areas in Derbyshire where the number of people affected by poor health and disability is getting worse.

Unpaid Carers

Derbyshire has a high percentage of people providing unpaid care for someone with a disability or illness; it has higher rates than England and the East Midlands. In particular, the districts of North East Derbyshire, Bolsover and Derbyshire Dales all fall within the top 10 districts in England for unpaid care provision. More than a fifth of Derbyshire's 93,000 unpaid carers spend more than 50 hours a week caring for someone. Wards with high levels of unpaid carers correspond to areas that contain large numbers of all pensioner households such as Coal Aston, Brampton & Walton, and Calver. Areas with low levels of unpaid carers tend to have high numbers of economically active residents and households with dependent children.

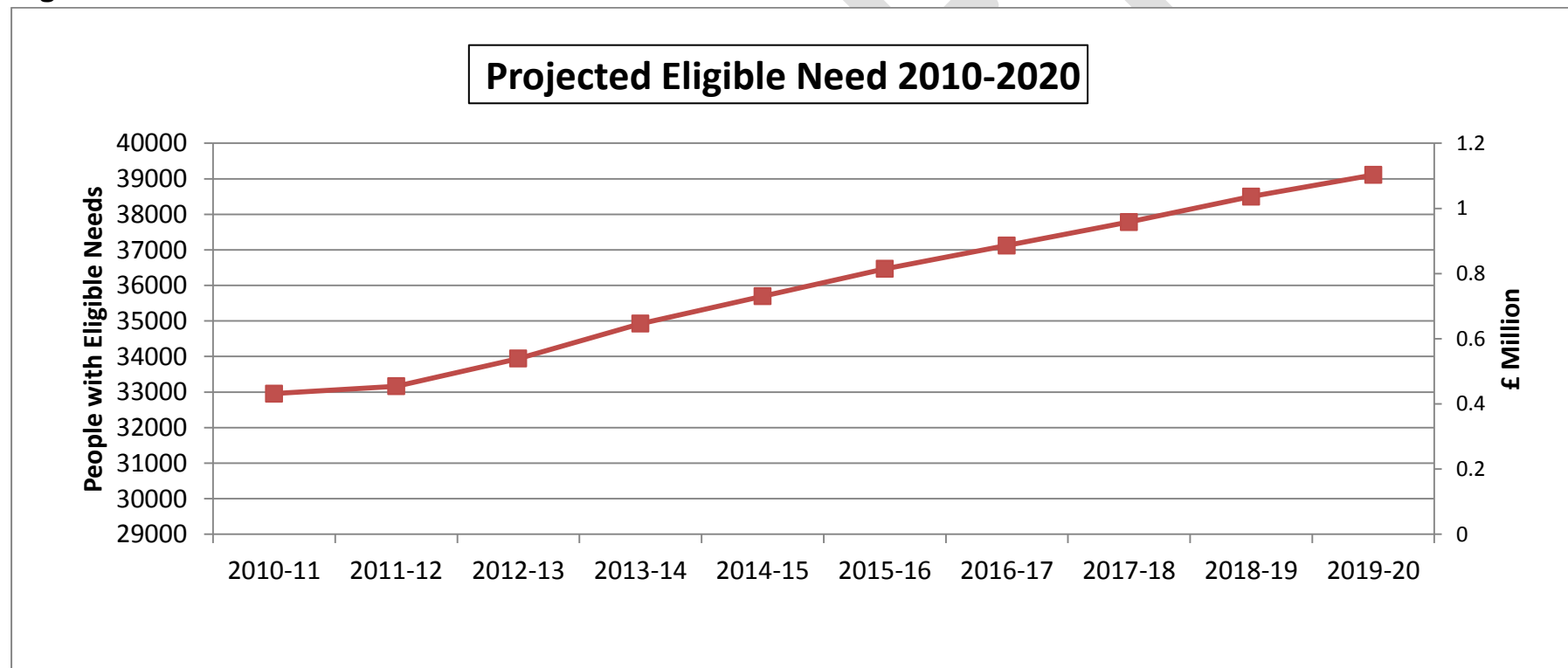
A person is a provider of unpaid care if they look after or provide help or support to family members, friends, neighbours or others because of long-term physical or mental ill health disability, or problems relating to old age.

This does not involve any activities as part of paid employment. The carer can either live with the cared for person or separately.

The Impact of Austerity

Expenditure by local authorities on adult social care in England in 2015-16 was £16.97 billion. Although spending in cash terms has risen in recent years (e.g. in 2003-04, expenditure was £12 billion), it has been falling in real terms. Adult Care and Public Health has had to make very considerable savings in the last three 3 years and the need to find further savings will continue for the foreseeable future. Figure 5 illustrates the level of projected need for Adult Care and Public Health services.

Figure 5



- We can see that need has been rising steadily year-on-year, since 2010-11. Then there were about 33,000 people who would be eligible for public support, according to the 2014 Care Act eligibility criteria. The number of people with eligible need has grown to about 37,100 in 2016-17.
- Eligible need will continue to rise; it will be 18% higher in 2019-20 (39,100 people) than it was in 2010-11 (33,000).

Joint Strategic Needs Assessment (JSNA)

Since 1 April 2008, local authorities and health partners have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). JSNAs establish the current and future health and wellbeing needs of a population, setting a path to improved outcomes and reductions in health inequalities. It is a partnership duty which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

The JSNA identifies health and wellbeing needs and makes recommendations for those that should be treated as areas for priority attention.

3.1 Equality and Diversity

Adult Care and Public Health will continue to implement the requirements of the Equality Act 2010 in relation to employment and the delivery of services. This will include work to deliver the Council's equality objectives, consultation on proposed changes to services and consideration of the impact of any such changes on different groups.

3.2 Workforce

There are continuing key workforce issues affecting the local market that include: the National Living Wage; the challenge of recruiting and retaining social care staff particularly in rural areas, and the availability of trained nurses. The latter has a direct impact on the quality and sustainability of care homes with nursing.

A joint Derbyshire/ Derby City virtual Health and Social Care Talent Academy is being developed using funding from Health Education England and the Better Care Fund. The future supply of the health and social care workforce has been identified as crucial to supporting people to remain independent in their own homes and to provide high quality residential services.

There are three priorities: Attraction and Recruitment; Traineeships and Apprenticeships; and Retention and Progression. This initiative involves joint working with the local NHS, Derby City, regional workforce input and cross-Council actions, including Economy, Transport and Communities, Careers and Children's Services.

An annual Learning and Development programme is developed by Adult Care and Public Health that can be accessed by the social care workforce across Derbyshire, including employees of the Private, Voluntary and Independent sector. Workforce strategies are also developed following consultation with and feedback from, the whole of the social care sector and interested parties.

Overview of workforce development objectives for 2017-18:

- Implement workforce planning and development for the whole of the social care sector in Derbyshire, with a focus on quality of care and dementia
- Support Derbyshire County Council's aim to be a market leader in providing high quality services
- Reduce levels of absence in Adult Care and Public Health and encourage a culture of high attendance

- Increase the number of people entering and remaining in the social care workforce
- Increase the range of training and work readiness opportunities including work experience placements, traineeships and apprenticeships
- Workforce redesign linked to services improvements for example: integration of health and care services initiatives, and service developments outlined in the Service Plan
- Human Resources implications or measures resulting from cuts to Adult Care and Public Health budgets
- Implement the Health and Safety Development Plan.

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Section 4

Delivering the Service Plan

The following section sets out how Adult Care and Public Health and Public Health will contribute to the Council's priorities, as set out in the Council Plan, focusing on improving the quality of life for the residents of Derbyshire. These are being achieved through championing the needs and aspirations of all adults and promoting wellbeing across the council, local NHS partners and other statutory organisations, the voluntary and community sector and independent sector.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Team/ Unit Delivery Plans, and individual My Plans.

In the table below, the column "We will have succeeded if by 2018..." below shows the outcomes Adult Care and Public Health aim to deliver by 2018 to achieve the Council Plan priorities. Section 5 on page sets out "How Success will be Measured".

A Derbyshire that works:

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
<i>A skilled and confident workforce</i>	
Continue to offer training to the private, independent and voluntary sector.	<ul style="list-style-type: none"> Implement workforce planning and development for the whole of the social care sector in Derbyshire, with a focus on quality of care and dementia
Work collaboratively with Adult and Children Services to reduce the risk and burden of flu amongst eligible frontline staff.	<ul style="list-style-type: none"> 40% of eligible employees will have had the flu vaccination

A Healthy Derbyshire

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
Healthier communities with reduced health inequalities	
Continue to support smokers to quit smoking; particularly encouraging more pregnant smokers to quit smoking and stay smoke-free	<ul style="list-style-type: none"> Support 2500 smokers to quit smoking with the community stop smoking service Support 100 pregnant smokers to quit and stay smoke free Expand tobacco control work in Derbyshire by reviewing the tobacco control alliance structure to meet future demands and by increasing the number of voluntary smoke free play areas to 5.
Work to reduce levels of obesity in Derbyshire	<ul style="list-style-type: none"> Have at least one borough/district include a policy to restrict new applications for fast food and take away premises or limit opening hours in specific locations e.g.

	<p>within a radius of a school, or in areas of high obesity.</p> <ul style="list-style-type: none"> • Have all boroughs and districts signed-up to the healthy planning statement for all new housing developments • Improve access to tier 2 weight management services in the areas with highest need, measured through service data. Target 1300 completers with 30% from areas most in need.
Develop and adapt services to continue to meet sexual health need across Derbyshire	<ul style="list-style-type: none"> • Established fully the integrated sexual health service model in line with National Guidance and Standards • Increased uptake of services by Derbyshire residents equating to the year's KPI: 30,500 residents
Commence and implement the new integrated substance misuse (drugs and alcohol) service for adults in Derbyshire	<ul style="list-style-type: none"> • Successfully delivered the new integrated substance misuse service implementation plan • Achieved the overall service monitoring targets with the two key priorities being waiting times (90% access service within 3 weeks of presentation) and successful completion non-representation (linked to national comparators: upper quartile / within 1% of national performance)
Work with housing partners to improve housing related health outcomes e.g. affordable warmth	<ul style="list-style-type: none"> • Derbyshire Housing and Health System Group established with full engagement from Districts/Boroughs, Derby City Council, NHS organisations and Housing Providers • Established at least one new programme of delivery as a result of the group being established • Evidence of dissemination of best practice across Derbyshire, evidenced by audit of practice in January 2018
Develop a mental health prevention framework to improve	<ul style="list-style-type: none"> • Mental Ill Health prevention framework developed and implementation started

mental health and wellbeing in Derbyshire	<ul style="list-style-type: none"> At least one programme of work taken forward as a result of implementation of the framework
Work with partners to deliver and implement the newly commissioned Recovery and Peer Support Service for people with mental ill health	<ul style="list-style-type: none"> People with mental ill health are able to access timely 1:1 targeted support and peer support opportunities in their local area that helps them to overcome issues impacting on their daily lives, better manage their mental health condition and promotes social inclusion
Work with partners to deliver and implement the newly commissioned Independent Advocacy Service	<ul style="list-style-type: none"> Vulnerable people are able to access local advocacy support at a time when they need it to enable them to represent themselves and have their voice heard in important decisions that impact on their lives
Work with schools to enable a whole school approach to health and wellbeing	<ul style="list-style-type: none"> Deliver Food For Life in 10 new schools, (including 1 special school)
Establish a Health Champion network through Derbyshire Healthy Workplaces to support organisations to improve the health and wellbeing of their workforces.	<ul style="list-style-type: none"> Health Champion workplace network established with 100 people trained and 15 workplaces involved

A Safer Derbyshire

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
Resilient and safe communities	
Work with children and adult safeguarding partners to protect vulnerable people and improve the quality of services that are needed to support them.	<ul style="list-style-type: none"> • People continue to express that they feel safe in their communities and that where they occur people tell us that safeguarding interventions make them feel safer. • That we can demonstrate that services are supported to deliver service to registered standards and that where standards are not achieved that providers are supported to put plans in place to achieve them.
Ensure that the views of people experiencing abuse are at the centre of plans to protect them.	<ul style="list-style-type: none"> • People tell us at the end of Safeguarding interventions that the plans in place to protect them have achieved what they said was important to them at the beginning of social care involvement.
Reduce the proportion of offenders who go on to re-offend; and develop further social care support for people in prison and being released from prison to reduce the likelihood of reoffending.	<ul style="list-style-type: none"> • People with sensory impairment who are in prison will have the same access to appropriate service provision as that provided in the community as a whole • We have ensured that all those within prison are provided with an assessment

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
People supported in hard times	
Continue to deliver against “Feeding Derbyshire” priorities and actions to support people who are in food poverty	<ul style="list-style-type: none"> • Establish 8 additional super kitchens within Derbyshire whilst maintaining the current number as a minimum • Create up to 8 new school breakfast clubs
Continue to support people to deal with their social and financial problems through Citizens Advice in GP surgeries, children’s centres and other venues across Derbyshire	<ul style="list-style-type: none"> • Working at a local level to ensure residents have access to behaviour change services including Citizens Advice Bureau, stop smoking services and weight management services.
Maximise household income, working with partners across the public, charitable and voluntary community sectors and increase the potential income of 4,000 pensioners through a targeted Welfare Rights campaign.	<ul style="list-style-type: none"> • Successfully delivered the income maximisation campaign for older people of pensionable age and demonstrated success through collected quantitative and qualitative data.

Sustainable and Green communities	
Work with partners to look at how we maximise the use of green space to increase levels of physical activity within our communities.	<ul style="list-style-type: none"> • Increased use of and accessibility to green space within Derbyshire, measured via Public Health Outcomes Framework • Increased physical activity levels within Derbyshire, measured via active people's survey, local service performance measures.
Work in partnership to deliver the air quality action plan, with a focus on: encouraging behaviour change (where appropriate), monitoring, regulation and effective transport and infrastructure planning to reduce pollution.	<ul style="list-style-type: none"> • Work in partnership with all Districts and Boroughs, Derby City Council and relevant partners to deliver on the air quality action plan via the Derbyshire air quality steering group • Collate and monitor current activity to address air quality at Borough, District and County level. • Established a range of measures to support the air quality improvement agenda including; active travel interventions – have established at least one pilot site to test this approach, have piloted 20mph limits in at least one borough/district within Derbyshire.

A Derbyshire that Cares

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
Thriving children, young people and families	
Further develop a joined up service for families with health visitors and children centre staff working in one team.	<ul style="list-style-type: none"> • Improved health outcomes in the 0-5 age group, based on Health Visitor service monitoring data (increased numbers of babies are breastfed; improved child development at the age of 2 years) • Established an integrated working model between Childrens Centre staff and Health Visitors • Improved school readiness with fewer children commencing school with poor communication and social/self-help skills and difficulties with emotional security.
Enable young people to make healthy lifestyle choices	<ul style="list-style-type: none"> • Reduce the number of unplanned under 18 year old conceptions
Further improve support for young people with additional needs to prepare for adult life and to achieve better employment and housing outcomes through joint working across Council services and our partners.	<ul style="list-style-type: none"> • Increase the proportion of adults with learning disabilities in paid employment • Increase the proportion of adults with learning disabilities who live in their own home or with their family

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
Independent and supported older people	
Undertake work with health partners to prevent older people sustaining injury due to falls	<ul style="list-style-type: none"> • We have established an evidence based falls pathway across Derbyshire, with a focus on prevention
Develop the Dementia Re-ablement service in all areas of Derbyshire to ensure people with Dementia and carers can access short term, specialist support focused on ensuring their independence and wellbeing.	<ul style="list-style-type: none"> • We will work in partnership with the NHS Clinical Commissioning Groups to implement the Dementia Re-ablement service in all areas of Derbyshire, increasing the number of services from 3 to 8.
Further reduce avoidable hospital admissions and re-admissions and delayed hospital discharges, and reduce admissions to long-term residential and nursing home care.	<ul style="list-style-type: none"> • We have new service pathways in place delivered by place based teams which support people outside hospital where a referral for hospital based services or admission is not necessary. • The proportion of older people being admitted to residential care settings has reduced.
Work in new ways with health partners to provide integrated health and care for patients in their usual home setting when	<ul style="list-style-type: none"> • We can point to Place based interventions which show improved communication and co-ordination of social and health services which accelerate timely transfers out of hospital settings. • That there is evidence that average length of stay in hospitals for particular

they no longer need to be in an acute hospital.	<p>conditions has reduced because there is confidence in community based support arrangements.</p> <ul style="list-style-type: none">• Training and support opportunities have increased
Encourage more people with the requisite skills to work in the care sector to support people to live independently	<ul style="list-style-type: none">• Continue to work with other organisations to increase the number of people in the sector with the appropriate skills
Accelerate co-location of front line staff with NHS partners to ensure that people have joined up care and to achieve efficiencies	<ul style="list-style-type: none">• That the number of people being supported by co located teams has increased and there are reported benefits.• We will continue to co-locate Adult Care staff with health professionals within acute hospital settings and integrated community teams to support the transfer of care.

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
Adults with physical and learning disabilities leading independent and fulfilling lives	
Undertake a review of Learning Disability employment support services to improve employment opportunities	<ul style="list-style-type: none"> • We have developed a Disability Employment strategy; made recommendations regarding the future of the Disability Employment Team and the future direction of the Community Projects.
Expand the Shared Lives scheme	<ul style="list-style-type: none"> • We have increased the number of Shared Lives carers and the number of placements by 10% and have an Action plan in place to develop the scheme in line with identified need.
Work in partnership to implement the Transforming Care Plan (TCP) ensuring people with complex learning disabilities and/or autism are well supported in times of crisis.	<ul style="list-style-type: none"> • Working in partnership we will co-ordinate and provide the right care at the right time for people in the Transforming Care programme • Reduced admissions to secure care settings
Procure a British Sign Language / Deaf Communication Support service, and two services in the north and south of the county for people who are hard of hearing.	<ul style="list-style-type: none"> • New services will begin on 1 January 2018. Service specifications will be outcome focussed and a range of measures will be set to promote prevention and wellbeing.

Support more people with autism to develop skills and confidence to manage daily life and live well.	<ul style="list-style-type: none">• Commission new services to support people living with Autistic Spectrum Disorder (ASD)• Increase levels of staff skills and understanding of ASD (target 50% of all assessors to have received training by 2018)
Grow the number of Safe Places around the county for people with Learning Disabilities and promote the use and take-up of Keep Safe Cards.	<ul style="list-style-type: none">• Increased the number of Safe Places around the county by 25 and the number of Keep Safe Cards issued by 100.
Improve carers satisfaction with information, advice and assessment services; and establish a new dedicated website for carers	<ul style="list-style-type: none">• Satisfaction levels will increase from 42% to 48%.• The improved communication and information offer to carers will help to increase satisfaction levels.

Council Plan Priorities:	Adult Care and Public Health: We will have succeeded if by 2018...
An ambitious and dynamic council	
Work alongside health partners and local communities to improve and reshape local health and care services through developing approaches to joined up care.	<ul style="list-style-type: none"> • Support the implementation of Joined up Care and work to develop 'proof of concept' at place level which can then be rolled out across the county. • Develop a clear offer around DCC's contribution to place using the rationale outlined in the Joined up Care business plans
Communities at the heart of decision making	
Facilitate co-production with the Stakeholder Engagement Board to develop communications material on how client information is stored and shared.	<ul style="list-style-type: none"> • Communications material has been co-produced on how client information is stored and shared.
Continue work to ensure people from all communities in Derbyshire have a voice and are able to shape services.	<ul style="list-style-type: none"> • We have in place a new model for engagement of people with learning disabilities

Section 5

How Success will be Measured - Adult Care

This section sets out “How Success will be Measured”; and the indicators are mainly those set out in the Department of Health document “Adult Social Care Outcomes Framework – Handbook of Definitions”; and as required, Adult Care and Public Health-related measures from the NHS and Public Health Outcomes Frameworks.

Adult Social Care Outcomes Framework (ASCOF) definitions are being reviewed and new definitions are due to be released soon.

The Better Care Fund measures are also included below.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Team/ Unit Delivery Plans, and individual My Plans.

ASCOF Thematic Outcomes	MEASURES	Target 2015-16	Achieved 2015-16	Target 2016-17	Achieved 2016-17	Target * 2017-18	Commentary
Personalisation	Social care-related quality of life (ASCOF 1A)	NOT SET	19.3	TBC	TBC	19.3	The 2015-16 score is an improvement from the previous year which was 19.1 and is the highest score achieved by Derbyshire from 2010-11 onwards.
	The proportion of people using adult social care services who have control over their daily life (ASCOF 1B)	NOT SET	75.3	TBC	TBC	75.3	This result is an improvement from the previous year which was 75%. The number of respondents also increased from 420 in 2014-15 to 526 in 2015-16.
	Proportion of people using social care and family carers who receive self-directed support (ASCOF 1C) [NATIONAL TARGET]	78	92.1	84	TBC	95	National target was originally set at 100% and then reduced to 70% however this may change with the new definitions
	Proportion of people using social care and family carers who receive direct payments (ASCOF 1C Part 2)	22	23.3	25	TBC	30	From a low of 7% in 2011 the percentile has been on an upwards trajectory to the latest score of 23%.
	Proportion of adults with learning disabilities, known to the council with eligible needs, in paid employment (ASCOF 1E)	6	1.7	3.2	TBC	3.2	2015-16 target was 6% which was unrealistic but present performance at 1.7%, therefore a lower target of 3.2% will set out our ambition.
	Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1F)	16	9.4	12	TBC	12	2015-16 target was 16% which was unrealistic but presently stands at 9.83%. MH enablement services should improve the measure. Measures clients on CPA
	Proportion of people who use services who reported that they had as much social contact as they would like (ASCOF	NOT SET	47.2	55	TBC	57.5	This is an improvement on 2014-15 performance which was 42%. This current result is also the highest score achieved from

	11 Part 1)						2010-11 onwards.
	Making Safeguarding Personal. Where an individual has expressed their desired outcomes and these have been partially or fully met.		85		TBC	90	Performance for 2016-17 not yet available. 85% achieved their outcomes as a result of safeguarding either partially or fully in 2015-16.
Prevention	Permanent admissions to residential care homes, per 100,000 population (ASCOF 2A Part 1 – Younger Adults)	22	12.9	20	TBC	12	In 2014-15 Derbyshire achieved a figure of 23.8, so the 2015-16 score is a very positive result. This current score is also below the national average of 13.3.
	Proportion of older people (65 and over) offered re-ablement/rehabilitation services following discharge from hospital (ASCOF 2B Part 2)	2.8	1.9	TBC	TBC	3	The score for Derbyshire has remained stable from 2014-15 which was also 1.9%. This score remains below the national average of 2.9%.
	Welfare Rights Measure 1 relating to benefit take up	NOT SET	£18.9m	£19m	TBC	£21m	Annualised benefit gains confirmed for Derbyshire residents through the work of the Welfare Rights Service
	Welfare Rights Measure 2 relating to welfare benefits advice offered	18,200	24,837	27,000	TBC	30,000	Work on referral pathways and increase in client contacts lead to more instances of benefits advice and income maximisation offer.
Quality	Overall satisfaction of people with adult social care services:						
	- Service Users (ASCOF 3A)	NOT SET	70.1	TBC	TBC	71	The current score is an increase from 2014-15 which was 69% and is the highest score achieved by Derbyshire from 2011 onwards.
	- Carers (ASCOF 3B) Biennial survey	45	TBC	NOT SET	TBC	47	Between 2012 and 2015 average percentile equated to 45, the full dataset will not be available until early June 2017

	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	NOT SET	TBC	NOT SET	TBC	70	Between 2012 and 2015 average percentile equated to 68, the full dataset will not be available until early June 2017.
	The proportion of social care users and carers who find it easy to find information and advice about services (ASCOF 3D1)	NOT SET	78	TBC	TBC	78	2014-15 Derbyshire achieved 72.8% therefore the current score is a very positive improvement and is higher than the national average of 73.5%.
	Increase the number of Dignity Challenge Awards achieved	325	350		TBC	Option 1 – 100 Option2 – 18	Option 1 awards achieved in 2016-17 = 51 Option 2 awards achieved in 2016-17 = 9
Better Care Fund	Permanent admissions to residential care homes, per 100,000 population (ASCOF 2A and Better Care Fund measure) Part 2 - Older Adults	664.9	730.7	NOT SET			Better Care Fund Targets to be confirmed
	Proportion of older people (65 and over) who are still living at home 91 days after discharge from hospital into rehabilitation, intermediate care or rehabilitation (ASCOF 2B and Better Care Fund measure)	82.5	77	NOT SET			
	Delayed transfers of care from hospital; all days delayed (Better Care Fund measure)	964	598.89	TBC			
	Total non-elective admissions into hospital (general & acute), all-age, per 100,000 population	2819	2,825.50	TBC			

Budget Cuts	Deliver agreed budget cut targets	£24,216,376	£24,216,376	£18,245,000	TBC	£12,000,000	
Market/ Workforce Development	Able to provide care and support with skill, compassion and dignity in care by ensuring all Adult Care front-line care staff achieve Care Certificate	100	100	100	TBC	100	
	We have provided new apprenticeships for young people (cumulative total)	55	52	62	TBC	TBC	
	Adult Care sickness absence (%)	10	13.19	10	TBC	10	

* Some targets may need to be adjusted post June 2017 when 2016-17 performance data is available.

How Success will be Measured - Public Health

Measures of Performance	Target	Achieved	Target	Achieved*	Target**
Description	2015-16	2015-16	2016-17	2016-17	2017-18
<u>Percentage of people that received a NHS health check of those offered</u>	-	54%	60%	54.6% (to end of Q2)	60%
Percentage of eligible council workers receiving the flu vaccinations	20%	22%	30%	31%	40%
The number of families receiving the Universal Healthy Child Programme	-	-	98%	TBC	98%
Number of people managing to stop smoking, four weeks after starting the community stop smoking programme	-	1300	1000	1 April-30 Sept: 574 quitters	2508 (to contract end 30.11.17)
Number of people completing a 12 week weight management programme	1302	1480	1250	973 (to end December 2016)	1302 (to contract end 30.11.17)
Proportion of total number of people accessing sexual health services who are Derbyshire residents. Baseline set in Year 1 and target to increase year on year from 2016-17 onwards	-	-	63%	63%	60%
<u>Under 18 conceptions per 1000</u>	-	16.1	16.2	16.2	16.1
Percentage of Derbyshire drug and alcohol treatment clients waiting three weeks or less for first treatment intervention.	90%	99%	95%	TBC	95%

Number of families helped by CAB through GP practices and Children's Centres	-	13,247	9,921	TBC	9,161
The percentage of attendees on Suicide Prevention and Mental Health Awareness training who have been followed up at 6 months and report that attending the training has had a positive impact on their work	N/A	N/A	75%	TBC	75%

*To be confirmed after end of financial year,

**May be updated once prior years data has been updated.

Appendix 1: Approved Budget 2017- 2018

Adult Care and Public Health

	Employee Related £	Premises Related £	Transport Related £	Supplies & Services £	Agency £	Transfer Payments £	Unallocated Budgets £	Controllable Recharges £	Gross Budget £	Income £	Grants £	Net Budget £
Purchased Services	0	0	1,891,220	0	176,716,226	0	0	29,216,099	207,823,545	(51,615,864)	0	156,207,681
Assistive Technology & Equipment	29,790	0	1,600	10,830,490	793,215	0	66,799	(7,734,372)	3,987,522	(3,259,842)	0	727,680
Social Care Activity	19,042,331	3,270	532,180	285,261	54,458	37,335	(137,442)	(3,256,731)	16,560,662	(76,766)	0	16,483,896
Information & Early Intervention	2,393,862	22,787	90,539	2,570,605	4,137,813	64,164	0	(3,257,201)	6,022,569	(106,010)	0	5,916,559
Commissioning & Service Delivery	3,670,910	2,832	43,250	203,710	34,000	0	0	1,396,704	5,351,406	(2,653)	0	5,348,753
Housing Related Support	0	0	0	0	4,949,762	0	0	(557,628)	4,392,134	0	0	4,392,134
Derbyshire Discretionary Fund	0	0	0	0	0	1,445,234	0	0	1,445,234	0	0	1,445,234
Direct Care	51,110,558	1,529,233	1,704,955	3,657,502	35,653	2,809	(1,320,456)	(46,083,576)	10,636,678	(1,487,192)	0	9,149,486
Better Care Fund	0	0	0	0	5,480,721	0	0	31,744,526	37,225,247	(31,744,526)	(5,480,721)	0
Unallocated Budgets	1,064,885	3,023	0	0	1,800,000	0	(2,749,741)	(326,759)	(208,592)	0	0	(208,592)
Business Support												
Finance	3,318,197	0	25,680	2,800	0	0	0	(120,720)	3,225,957	(129,647)	0	3,096,310
Human Resources	2,451,138	46,818	58,000	31,846	0	0	0	(61,425)	2,526,377	(195,262)	0	2,331,115
Performance & Efficiency	626,732	1,000	9,500	771,574	0	0	0	73,815	1,482,621	0	0	1,482,621
Administration	2,982,108	102,525	15,500	223,512	0	0	0	0	3,323,645	(144,000)	0	3,179,645
Public Health	3,281,093	200	46,275	37,383,750	593,519	0	53,077	529,605	41,887,519	(269,519)	(41,618,000)	0
TOTAL BUDGET	89,971,604	1,711,688	4,418,699	55,961,050	194,595,367	1,549,542	(4,087,763)	1,562,337	345,682,524	(89,031,281)	(47,098,721)	209,552,522

Appendix 2: Public Health Approved Budget 2016-17 Ring-fenced Public Health grant for 2017-18 £41.618m.

	Employee Related £	Premises Related £	Transport Related £	Supplies & Services £	Agency £	Transfer Payments £	Unallocated Budgets £	Controllable Recharges £	Gross Budget £	Income £	Grants £	Net Budget £
Leadership	870,326	200	8,000	4,300	0	0	53,077	529,605	1,465,508	0	(41,618,000)	(40,152,492)
Children's Public Health	283,078	0	5,000	14,991,479	0	0	0	0	15,279,557	0	0	15,279,557
Sexual Health	103,400	0	1,300	6,594,196	0	0	0	0	6,698,896	0	0	6,698,896
Wider Determinants/Health Protection	272,691	0	10,000	1,598,270	0	0	0	0	1,880,961	(30,000)	0	1,850,961
Substance Misuse	261,248	0	4,500	6,385,868	593,519	0	0	0	7,245,135	(239,519)	0	7,005,616
Localities	615,595	0	5,675	2,292,401	0	0	0	0	2,913,671	0	0	2,913,671
Lifestyle	548,921	0	10,800	5,445,608	0	0	0	0	6,005,329	0	0	6,005,329
Informatics	325,834	0	1,000	71,628	0	0	0	0	398,462	0	0	398,462
TOTAL BUDGET	3,281,093	200	46,275	37,383,750	593,519	0	53,077	529,605	41,887,519	(269,519)	(41,618,000)	0

Public Health is currently undergoing a full review of Service provision and budgets. This is expected to be concluded by the end of November 2017 and will take effect from 1 December 2017. Therefore the above figures are a best estimate at the current time.