

Future Adult Social Care Model Principles

The emphasis of adult social care will be on developing individual and community resources designed to prevent, delay or reduce the need for care and support. The following represent our guiding principles for the future:

- Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence
- We will expect to share responsibility with individuals, families and communities for their health and wellbeing
- We will enable people to live with the risks inherent in living independently whilst ensuring they are safeguarded from significant harm
- We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence
- Where people have critical or substantial risks to their independence and they meet the national funding criteria, we will fund care and support only for as long as it is necessary
- We will promote individual health and wellbeing through joint and collaborative approaches across the public sector.
- We will encourage and stimulate an efficient, diverse, affordable and high quality social care market.
- We will always consider the eligible needs and preferences of the individual but the Council has a responsibility to balance this against the effective and efficient use of its resources, which take account of the needs of all adults eligible for social care and support.

How will this be different for service users and carers?

To achieve the principles identified, we will make a number of fundamental changes in the following areas:

INFORMATION, ADVICE AND EARLY INTERVENTION

- We will provide or ensure the availability of targeted advice and information services that enhance people's individual resilience and promote self-responsibility for their wellbeing.
- We will aim to meet people's needs at the first point of access (eg. through more use of the Customer Service Centre, clinics and health settings) in order to provide an efficient and timely service.

Now – Mrs A is 85 years old, lives alone and has recently had a small stroke. She receives a visit from a Social Worker to discuss the support she may need.

Future – Mrs A receives information and advice from the Council's Customer Service Centre. The advice helped Mrs A make an application for benefits and purchase some equipment to help her remain independent for as long as possible. She also attends a local luncheon club where she socialises with new friends.

PREVENTION

- All prevention and early intervention services will be targeted at people at risk of losing or reducing their independence
- Being healthy and independent involves an acceptance of risk. We will intervene to keep people safe when there is significant and substantial risk of harm or abuse by others, or as a consequence of mental incapacity
- We will maximise independence through targeted and timely, cost effective use of equipment and assistive technology
- We will assess carers and ensure appropriate support is available, where people are eligible.

REABLEMENT

- We will target reablement where initial indications show a critical or substantial risk to an individual's independence
- Before a decision is made about whether people are entitled to long term support from the Council, they will be provided with a reablement service

Now - Mr B is 83. He is admitted to hospital for a hip replacement operation. Post-surgery he is assessed on the hospital ward to identify the support he needs in order to be discharged and remains in hospital whilst this is completed.

Future – Mr B is assessed pre-admission to hospital and short-term reablement support and equipment are arranged for his discharge. As a result he returns home promptly and staff can see how he manages in his own familiar surroundings, and focus on Mr B doing as much as possible for himself again. This service ends after 6 weeks.

ASSESSMENT AND CARE MANAGEMENT

- Social care funded services will be arranged at the time they are required, for the period they are required, to meet specific outcomes.
- We will provide proportionate assessment and care management for people who are likely to have eligible needs and have gone through a period of reablement
- We will make more use of phone, online and clinic appointments. We will undertake home assessment visits and reviews where the level of risk and need warrants this.

Now – Six months later, Mrs A breaks her arm. Following medical intervention she is re-assessed at home by a Social Worker and provided with a care package.

Future - Mrs A's assessment takes place by telephone and during a visit to a social care clinic. She is provided with some equipment and a short reablement service until she is able to manage at home again.

- We will provide care closer to home where this meets needs and is cost effective. For those people currently placed outside of the county, we will aim to commission services in Nottinghamshire, where this is more cost effective.

Now – A year later Mr B’s physical and mental health has deteriorated. His family would like him to be admitted to residential care.

Future – Following a further period of reablement, Mr B is given a Personal Budget and pays for a Personal Assistant to support him at home. He also has some sensors fitted at home to monitor his safety.

PERSONAL BUDGETS

- The amount of a person’s Personal Budget will meet essential outcomes in the most cost effective way
- People will be expected to contribute to their Personal Budget in line with national criteria
- People will be offered the choice of taking their Personal Budget through a Direct Payment, a Managed Budget - arranged by the Council - or a mixture of the two

REVIEW

- We will regularly review people’s entitlement to a Personal Budget to ensure outcomes are being met in the most cost effective way

COMMISSIONING OF SERVICES

- Our priority will be a greater emphasis on quality, the achievement of outcomes and value for money rather than offering a choice of services. We will take due regard of the local care market, the availability of local providers and the quality of service provision.
- We will increase the supply of extra care and/or housing with support, by working closely with Health, Housing and other partners.
- We expect provider organisations to deliver quality services that keep people safe. Where they fail to do so in a timely manner, we will commission alternative services for people.
- Where providers are not meeting their contractual requirements we will support their improvement. However, we will expect them to pay us for this support.

Now - After another 12 months at home a review indicates that Mrs A now needs a higher level of support. Because of the level of her needs she is admitted to a residential care home.

Future - Mrs A is admitted to ‘extra care housing’, where she can keep her own front door and live alone with onsite support provided as required to meet her needs.

- We will fund discretionary services where there is clear evidence that they prevent, delay or reduce the need for care and support.

FINANCE AND CHARGING

- Where a fee can be levied on people or organisations, we will do so and at a charge that reflects the cost of service provision
- We will ask people to pay the difference where they choose care and support which is more expensive than care that can be procured by the Council
- We will provide advice and guidance to people on other funding that might be available if their preferred service is more expensive than similar care and support that can be procured by the Council

Now - Mr C is 45 and has a moderate learning disability and mental health issues, which require support. He currently receives a Personal Budget and wishes to attend a day service outside of the county.

Future -This is more expensive than a service close to home which the Council feels can adequately meet his needs. Mr C and his family decide to pay the difference for him to attend his preferred day service.

STRUCTURES AND PROCESSES

- We will further streamline our systems and processes to achieve more efficiency
- We will continue to adapt to changes to adult social care outlined in the Care Bill
- We will ask the most appropriate agencies and providers to undertake support planning and arrange services
- We will integrate our structures with health and other agencies where it will produce better outcomes and more cost effective services

Now – Following the assessment involving Mr C working with a Council Social Worker, his support plan – which shows how his support will be provided to meet his outcomes – is also developed with the Social Worker.

Future – Mr C's support plan is developed by him in conjunction with the Personal Assistants (PA) who provides his care and support.