

Adult and Health Portfolio as at September 2017

Progs.	<ul style="list-style-type: none"> • Adult Social Care Strategy & market development – preventing & reducing care needs by promoting independence • Integration with health – implementing joined-up working practices and initiatives with health • Public Health Outcomes – working with key stakeholders to establish how to allocate the current budget • Care Act Implementation – implementing the changes needed for the next stage of the Care Act • Direct Services Provision – developing different ways of delivering services 	
Benefits to be delivered	<ul style="list-style-type: none"> • Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other) • Better and more joined-up working with partners (e.g. health) to improve outcomes for service users • More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand • Providing services that are creative, sustainable, value for money and legally compliant 	
Key achievements in last 3 months		Expected delivery over next 3 months
<ul style="list-style-type: none"> • An updated Adult Social Care Strategy has been developed with input from over 85 employees and service users. The strategy retains the key principle of Promoting Independence whilst giving a more defined structure to how the strategy can be applied in practice. • Following Committee approval in September work commenced to redesign the review process – this includes the policy, guidance, workflows and processes. • Decision made to extend the Notts Enabling Service and work commenced to recruit the required staff. • The new ways of working projects have been evaluated and the findings show that overall the early increased productivity evidenced last year has been sustained or improved. Overall the number of assessments and reviews completed for older adults has increased by around 30% since May 2015. This productivity has been channelled into responding to safeguarding, increased number of reviews and increasing the number of cases seen within the 28 day timeframe. 		<ul style="list-style-type: none"> • Following consideration, amendment and approval at Committee the Strategy will be used to further support transformation in Adult Social Care. • Work to redesign the reviews process will continue, it is expected to take at least six months to implement the new approach to reviewing. The emphasis will be on prioritising work to promote independence and ensuring as proportionate an approach to reviews as is appropriate. • The data on commissioning trends across teams for Older Adults has been combined with contextual information to understand where any unwarranted variations exist to help understand where teams can identify opportunities for improving practice. • Notts Enabling Service north and south teams will be established and work will have begun to make progress towards the objective of offering 800-900 younger adults with a learning and/or physical disability a period of reablement focussed support a year. This focussed support will aim, where possible to make them more independent and less reliant on formal support. • The Three Tier pilot, which is trialling an approach that looks to resolve people's needs by having different, more solution focused conversations is due to be extended from November. This will involve having a pilot team at the first point of contact looking to work with people as soon as they approach the department for support. The aim of the pilot is to help people be more independent for longer.

Appendix 3

<ul style="list-style-type: none"> • Our savings partner – Newton Europe – have completed a diagnostic of ASCH. This work has involved a comprehensive analysis of data, workshops with staff to look at existing practice and reviewing ASCH's existing options for change. This work has been undertaken in partnership with the Transformation Team and involved staff at all levels of the department. • The first phase of an integrated discharge pilot was completed in September 2017 at Kings Mill Hospital. The purpose of this was to trial a new way of supporting people with complex needs to be discharged directly home from hospital. • A discrete set of Social Care data on known service users aged 75 years or more has been released into a data warehouse called ehealthscope and updated on a daily basis since August 2017. The data is processed by Rushcliffe CCG alongside other data from primary, community and acute health services. The information is available to primary care staff, to support more informed decision-making and provision of direct care to patients. All Information Governance requirements have been addressed. • Public Health are considering future commissioning intentions beyond 2018 as current contracts for Public Health commissioned services begin to expire. The intention is to look for creative options to deliver future services that will deliver value for money Public Health outcomes. 	<ul style="list-style-type: none"> • Further work is now being undertaken to validate the findings and the opportunities identified by Newton Europe. • The results of the discharge pilot will be analysed to inform decisions on the next steps to be taken. • New arrangements will have been trialled countywide to improve how health and social care staff work together more closely within each acute hospital setting to ensure the safe and early discharge for all patients across Nottinghamshire. • Work is underway with community health colleagues for social care to have access to physiotherapy within the Short Term Independence service to support the review process. It is anticipated that this will improve the outcomes for individuals who can be supported back to independence and potentially free up some homecare capacity. • Nottingham Trent University and PeopleToo will have delivered their evaluation report into the impact of the social care role within integrated care teams across Nottinghamshire. This will provide evidence about the cost-effectiveness of the social care input as well as other non-financial benefits, and will make recommendations about future development of the integrated care team model. • Proposals for future Public Health commissioning intentions are due to be considered by ASC&PH Committee in December 2017.
Key risks to delivery	<ul style="list-style-type: none"> • Pressures from changing demographics and increased responsibilities from legislation may increase demand for services. • There will not be the community based support available to provide alternatives to paid support in order to reduce demand. • Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings. • Maintaining care provision in the face of increased costs and problems with staff recruitment and retention. • Adoption of nationally proposed health models may increase demand for social care services, it is important to assess their impacts to ensure that they are implemented in a way that supports the Adult Social Care strategy.