

1 June 2015**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR MID AND NORTH
NOTTINGHAMSHIRE****SOCIAL CARE CLINICS****Purpose of the Report**

1. To update the Adult Social Care and Health Committee on progress with developing social care clinics as part of the Adult Social Care Strategy. Social care clinics are one of several new ways of working that are being piloted to manage demand which include workforce mobilisation and auto-scheduling of fieldwork appointments.

Information and Advice**The National Context**

2. The Care Act states that an assessment must be provided to all people who appear to need care and support, regardless of their finances or whether the local authority thinks their needs will be eligible. This change means that there will be an increased demand for assessments to be undertaken. In Nottinghamshire it is anticipated that the Care Act will result in the following numbers of assessments (including eligibility, self-funders, carers and reviews):

2015/16	5,110
2016/17	9,066
2017/18	7,645

3. In order to meet this expected growth in demand it will be necessary to identify different ways in which the Local Authority can offer assessments to service users, as outlined within the Adult Social Care Strategy. Developing a clinic based assessment approach will help to alleviate some pressures of increased assessment demand by allowing fieldworkers to complete a greater number of assessments.
4. Nationally there has been a commitment to the ambition of a joined-up and coordinated health and social care system by 2018. The successful development of a clinic based assessment approach will offer opportunities for working closely with health partners, ensuring a customer centric approach to reduce multiple assessments on the service user.

Local Context

5. Performance information has highlighted a need to reduce the waiting times for service users from first contact with the customer service centre to receiving an assessment of their needs. It has been identified that social care clinics could help to reduce waiting times by service users being seen more quickly.
6. Occupational Therapy (OT) Assessment Clinics were piloted around the County in 2011/12. The learning from these has been used to inform the development of social care clinics across OT and social work. Learning included:
 - having access to suitable free locations which are easily accessible to service users
 - resolving inconsistent 3G/4G coverage required for updating records
 - administrative support to help make the appointments.
7. New technology and new working practices are now in place which will support the set-up of clinics and the process that sits around and within them much better than in previous attempts. Close monitoring of risks and quick resolution of any issues are imperative for the pilots to be successful.

Evidence Base

8. Research into other local authorities who utilise a clinic based assessment approach has been undertaken, specifically looking at Kent and Lincolnshire County Councils.
9. A visit was made to Kent County Council to gain information on a number of initiatives they have in Adult Social Care including OT clinics. Through introducing clinics Kent has found that, in terms of performance, bathing referrals are now 69% cheaper to complete and productivity has increased by 48%. The process has also reduced handoffs (the number of people involved in the assessment process) by up to 36%.

Benefits

10. Benefits for service users/carers once clinics are fully operational will be:
 - reduced waiting times for assessments – previously service users were seen within two weeks when booked into an OT Clinic
 - service users will know when they are to be assessed (date/time) earlier in the process than currently.
11. The Council will also experience benefits through workers spending less time travelling and therefore being able to utilise their time more efficiently to support service users.

Pilots

12. The department is planning to establish two pilots, one for Occupational Therapy clinics and one for Social Work clinics. This will provide an insight into how clinics can / could operate across different types of social care assessments.

13. Planning is now underway with the agreed teams, with the OT clinic pilot initially focussing on Mansfield and Ashfield and the Social Work pilot in Rushcliffe and Bassetlaw Older Adult Teams. A geographical spread across the County was seen as a key plan for the pilots and will provide an opportunity to test the effectiveness of the clinics.
14. A working group of senior practitioners and team managers from across social work and OT have been involved in the initial planning for the pilots. More detailed work with the teams involved in the pilots is currently being undertaken as operational input is vital to the success of clinics.
15. Clinics for Occupational Therapy and Social Work assessments will take place in a location easily accessible by service users such as a GP surgery, Health Centre or Day Centre.
16. Pilot clinics will not require extra staffing resource and will be delivered through existing staff within the chosen pilot teams.
17. It is planned that during the pilot phase clinics will primarily be run by experienced Community Care Officers with access (via phone) to a social worker. This reflects the complexity of the cases envisaged that will be chosen for the pilot clinics. Going forward the member of staff running the clinic will continue to be dependent on the complexity of case requiring assessment.
18. Through providing staff with a ThinkPad device and the correct functionality through Total Mobile software, the requirement for ICT support should be minimal.
19. A reminder of the appointment will be provided to the service user and/or named person 2-3 days prior. If service users do not attend their clinic appointment contact will be made with the service user and / or named person to ascertain why and whether an assessment still needs to be undertaken.

Service User engagement

20. In order to gain views from service users, social care clinics, workforce mobilisation and auto-scheduling of fieldwork appointments were all taken to the Department's Lay Involvement Group on 10th March 2015. The Group accepted the concept of clinics as a good way of seeing appropriate service users in an efficient manner.
21. Engagement is also taking place with the Arnold Golden Eagles, a meeting of 25 service users/carers in May.
22. Views of service users who attend clinics will be sought as part of the ongoing evaluation of the pilots.

Evaluation

23. An evaluation of the pilot will be undertaken after six months. It is aimed that within six months at least 100 service users will have been assessed in a clinic environment across

social care. This will ensure a large enough sample to provide an evaluation of which service user views will provide a key insight.

Key Risks and Mitigating Actions

24. The key risk is the requirement to find the right sized room in an easily accessible location. Day Centres are seen as an ideal internal location but all sites are being considered.
25. In the longer term this will ideally be alongside Health and deliver an integrated approach to clinic assessments. There are also planned conversations with Health partners over the possibility of utilising space in Health buildings around the County.

Clinic Approach with Health Partners

26. A clinic based approach has long been used in Health and the key is getting the right profile of people and ensuring that the correct service users are being seen.
27. There are early conversations ongoing with Health colleagues around a future integrated approach to social care clinics as part of the wider health and social care integration.

Timelines

28. The timelines are as follows:

Timeline	Activity
March 2015	Engagement with Group and Team Managers through local management meetings. Engagement with staff and service users.
May 2015	Engagement with Health clinical leads.
May 2015	Clinic pilots to begin.
November 2015	Pilot evaluation report and recommendations to ASCH Committee.

Reason/s for Recommendation/s

29. There is likely to be significant benefit to service users relating to reduced waiting times for assessments and to the organisation by helping to meet increased demand for assessment through the Care Act.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults,

service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

31. The OT equipment required to operate OT clinics will be purchased from the Integrated Community Equipment Loan Service (ICELS) pooled budget.
32. The staffing for the social care clinics is expected to be met from within current or already agreed resourcing for the Care Act.

Implications for Service Users

33. Service users should see reduced waiting times for assessments as well as receiving an assessment date/time earlier in the process.

RECOMMENDATION/S

- 1) That progress on the development of social care clinics be noted.

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Constitutional Comments

34. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 12/05/15)

35. The financial implications are contained within paragraphs 31 and 32 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Adult Social Care Strategy

Electoral Division(s) and Member(s) Affected

All.