

## Redefining Your Council – Adult and Health Portfolio as at June 2016

<b>Progs.</b>	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Strategy &amp; market development</b> – preventing &amp; reducing care needs by promoting independence</li> <li>• <b>Integration with health</b> – implementing joined-up working practices and initiatives with health</li> <li>• <b>Public Health Outcomes</b> – working with key stakeholders to establish how to allocate the current budget</li> <li>• <b>Care Act Implementation</b> – implementing the changes needed for the next stage of the Care Act</li> <li>• <b>Direct Services Provision</b> – developing different ways of delivering services</li> </ul>	
<b>Benefits to be delivered</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Better and more joined-up working with partners (e.g. health) to improve outcomes for service users</li> <li>• More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand</li> <li>• Providing services that are creative, sustainable, value for money and legally compliant</li> </ul>	
<b>Key achievements in last 3 months</b>		<b>Expected delivery over next 3 months</b>
<ul style="list-style-type: none"> <li>• A comprehensive Team Manager Development Programme ‘New Ways to Better Outcomes for all’ has been launched to help managers support teams to further deliver the ASC strategy change.</li> <li>• New performance dashboards for team managers to measure the outcomes of their teams have been finalised.</li> <li>• As part of the wider communication strategy with health, a letter, outlining the Adult Social Care Strategy has been sent to all GP practices as well as MPs and Members, along with information to help them advise the public.</li> <li>• All Older Adult teams are now using Social Care clinics for assessments and most Learning Disability teams have also started to run review clinics. The Gedling team saw 21 service users across 2 days with 2 members of staff. Typically a member of staff would review 2 to 3 service users a day if a home visit is required.</li> <li>• The scheduling of appointments pilot has been rolled out to most older adult’s occupational therapy teams during July. Where scheduling is in place it is improving the numbers of people who are assessed within the 28 day time scale.</li> <li>• A review of the care and support plan has been completed, the aim is to ensure the new support plan is easy to understand, encourage more people to complete their own support plan and enable the social care worker to work alongside the individual and family to find the best solutions to maximise independence.</li> <li>• A trial is underway to improve responses to existing social care</li> </ul>		<ul style="list-style-type: none"> <li>• Phase 2 of the ASC Strategy to be initiated and work to focus across four key workstreams. <ul style="list-style-type: none"> <li><u>Support planning</u> <ul style="list-style-type: none"> <li>• To improve support planning with service user outcomes based on opportunities to maximise people’s independence</li> <li>• Embedding of the new support plan which will promote short term goals and enable independence to be promoted</li> </ul> </li> <li><u>Community independence workers</u> <ul style="list-style-type: none"> <li>• A new community independence worker role to be introduced to build upon the strengths of the person and their network and maximise the use of alternatives to paid for support to meet needs.</li> </ul> </li> <li><u>Learning disabilities</u> <ul style="list-style-type: none"> <li>• Building on existing work, this is a targeted strand to ensure that people with learning disabilities have a support plan that focuses on maximising the person’s potential for greater independence. A new service targeted at people with learning disabilities will be introduced to maximise independence, improve outcomes and reduce costs.</li> </ul> </li> <li><u>Building Community Resources</u> <ul style="list-style-type: none"> <li>• Being taken forward as part of the Age Friendly Nottingham Approach within the Community Empowerment &amp; Resilience Programme of work (see the Place Portfolio Update)</li> </ul> </li> </ul> </li> <li>• Work to link the clinic and scheduling projects together is underway to enable service users to book onto clinic appointments at the first point of access utilising the scheduling system.</li> <li>• An evaluation of the carer’s online process will be completed highlighting</li> </ul>

## Appendix B

<p>customers by resolving more of them at the front door and avoid unnecessary handoffs. This will create capacity in district social care teams and provide the customer with a quicker response.</p> <ul style="list-style-type: none"> <li>• On-line carer's assessment and review has been rolled out to all teams and feedback from carers has been positive. Uptake of this new service has been encouraging.</li> <li>• It has been agreed that a full system-wide review of integrated discharge arrangements will be carried out across mid-Notts (Aug to Oct 16). Currently in Nottinghamshire we are below the national average for delays attributed to Social Care.</li> <li>• Next steps have been agreed to develop a new action plan across Mid-Notts Alliance partners, to ensure that all partners are working to reduce residential admissions. NCC is leading this Workstream.</li> <li>• Launch of a new Transport policy and guidance and broadening the independent travel training offer.</li> <li>• Review undertaken of changes required arising from the latest version of the Care Act 2014 statutory guidance issued March 16 by the Department of Health.</li> <li>• The sixth and final Care Act Implementation Stocktake was completed in July and submitted to the LGA, ADASS and Department of Health. The focus of this stocktake was to show where councils are one year on from the introduction of the Care Act.</li> <li>• The stakeholder engagement group incorporating CCGs and Public Health England reviewed the use of Public Health grant and established a prioritisation framework.</li> <li>• The procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service commenced.</li> </ul>	<p>the benefits in terms of time saved and development work will have started on the next social care forms to go online.</p> <ul style="list-style-type: none"> <li>• Collaboration developed between health and social care Occupational Therapy services and Intermediate Care / reablement and referral management to identify opportunities to reduce duplication and provide an improved service.</li> <li>• Development of proposal to create Short Term Independence Service across Mid-Notts. This proposal will outline how we could bring together all the social care resources invested in intermediate care and reablement.</li> <li>• Analysing Smart Ideas feedback from operational staff and deciding which ideas have the potential to deliver savings and develop services provided by the Council.</li> <li>• Complete the procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service.</li> </ul>
<p><b>Key risks to delivery</b></p>	<ul style="list-style-type: none"> <li>• Managing demand for services when there are increasing pressures from rising demographics and increased responsibilities from legislation.</li> <li>• Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings.</li> <li>• Maintaining care provision in the face of increased costs and problems with staff recruitment and retention.</li> <li>• Enabling alternatives to paid support through the development of community based support in order to reduce demand.</li> </ul>