

Redefining Your Council – Adult and Health Portfolio as at September 2016

<p>Progs.</p>	<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 	
<p>Benefits to be delivered</p>	<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 	
<p>Key achievements in last 3 months</p>		<p>Expected delivery over next 3 months</p>
<ul style="list-style-type: none"> • Development of Nottinghamshire’s Sustainability and Transformation Plan (STP). The STP sets out how public sector organisations will work together over the next five years to close current gaps in Health and Wellbeing, Care and Quality and Finances. • The support plan, the tool used to plan the care and support required by individuals, has been re-developed to improve support planning with service users. It is outcomes based and looks for opportunities to maximise people’s independence. The process has been co-produced with service users, carers and staff. • A new community independence worker role has been designed, to help maximise people’s independence by linking them to support available in their local community. Recruitment to these posts will take place shortly so that this work can progress further. • Ways have been identified to further improve working practice in Learning Disability services. This includes establishing a team of Promoting Independence Workers who will work directly with individuals to help them improve their independent living skills and to access the community independently. • Productivity has increased by 13% in older adults services through the use of new ways of working. These include: staff being able to work in a more mobile way by using tablets; the scheduling of appointments for individuals earlier in the customer pathway; the increased use of social care clinics and the introduction of a hub 		<ul style="list-style-type: none"> • Submission of STP and embedding of the promoting independence and self-care approach in the STP Workstreams. • Training for Managers on how to use the new support plan to be rolled out with additional training for staff due in early 2017. • Training for frontline staff on risk assessments to ensure people are supported to live independently and allowed to take risks while being protected from significant harm. • Start work on the progression model, which identifies opportunities for people with a learning disability to progress towards a greater degree of independence. • A review of the Ways of working programme will be undertaken to look at where greater benefits can be achieved and what else can be done to help people work more effectively. This will include opportunities to expand the scheduling of appointments, greater use of mobile devices in different settings and work to ensure that an enquiry is resolved at the earliest opportunity for individuals. • A trial of the Three Tier model to test out benefits. This model looks at having three conversations with people when the first enquire about Care and support. The first conversation is around how we can help people to help themselves, the second is how we can help people for only as long as they need it and then a third conversation about ongoing support that is needed and how independence can be maximised. • Greater Nottingham Health and Care system will have an agreed joint

<p>working model that means that different pieces of work are completed by different people to free up assessment capacity. This means that waiting lists have been reduced, people can be seen in a timelier manner and increases in demand area such as safeguarding can be supported.</p> <ul style="list-style-type: none"> • Scheduling of appointments rolled out to three Older Adults Social Work Teams and in Rushcliffe, Newark and Gedling Social Care Clinic Appointments can be booked in this way. As a result additional clinic appointments have been made available in Gedling to meet the demand for this new service. • The Smart Ideas, staff suggestion scheme continues to provide ideas on how services could be improved. A recent suggestion that has been taken forward from a member of staff was an idea on creating an information leaflet for patients in hospital about Social Care, the number of options available and how to maintain independence. This is now being included as part of a wider communication campaign with Health colleagues in hospitals. • The procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service was completed, with engagement from a panel which included CCGs and Children's Services. This new service will bring together care provided from Health Visitors and School Nurses as well as the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme (which measures and weighs children at Reception and in Year 6). 	<p>missions / values statements and performance measures for the integration programme commencing within the Rushcliffe Vanguard area.</p> <ul style="list-style-type: none"> • To have an agreed programme of sharing adult social care information for Nottinghamshire with our health partners for the purpose of delivering direct care. • In Mid-Nottinghamshire, the Integrated Discharge Review will have been completed with a recommended option for implementation, to improve how people in hospital are supported as effectively and seamlessly as possible to get home and be able to remain at home safely. • From the 31st October all older adults' occupational therapy teams across the county will offer scheduled appointments. Auto scheduling of appointments means people get an appointment for an assessment booked much earlier than previously. Generally for teams that operate this system people are offered appointments within 14 days which is a significant improvement on the 28 day agreed target. • A strategy and action plan to reduce residential admissions in Mid-Nottinghamshire will have been produced and approved by all Better Together Alliance partners. • Take forward identified areas where further integration between Health and Social Care across Nottinghamshire could contribute towards better outcomes and future savings. One area identified is a focus on the best pathways for service users on discharge from hospital. • Approval sought from ASCH Committee for the reconfiguration of all the social care resources in Mid-Nottinghamshire and Bassetlaw which support people to recover their independent living skills. These staff are currently line-managed by a number of teams and the reconfiguration proposes to join these teams together to avoid being fragmented and to be responsive to demand. The reconfiguration will create a new Short Term Independence Service (STIS). Consultation has been held with staff to share information and determine next steps as well as success factors with the view to implementing the new STIS in the next quarter. • Award contract and commence the mobilisation phase of the 0-19 Healthy Child Programme and Public Health Nursing Service in preparation for the new integrated service commencing from 1 April 2017, in order to ensure a smooth transition.
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**Key risks
to
delivery**

- Managing demand for services when there are increasing pressures from rising demographics and increased responsibilities from legislation.
- 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.
- Enabling alternatives to paid support through the development of community based support in order to reduce demand.
- Assessing impacts and ensuring that local adoption of nationally proposed health models support the Adult Social Care strategy and do not increase demand for social care services.