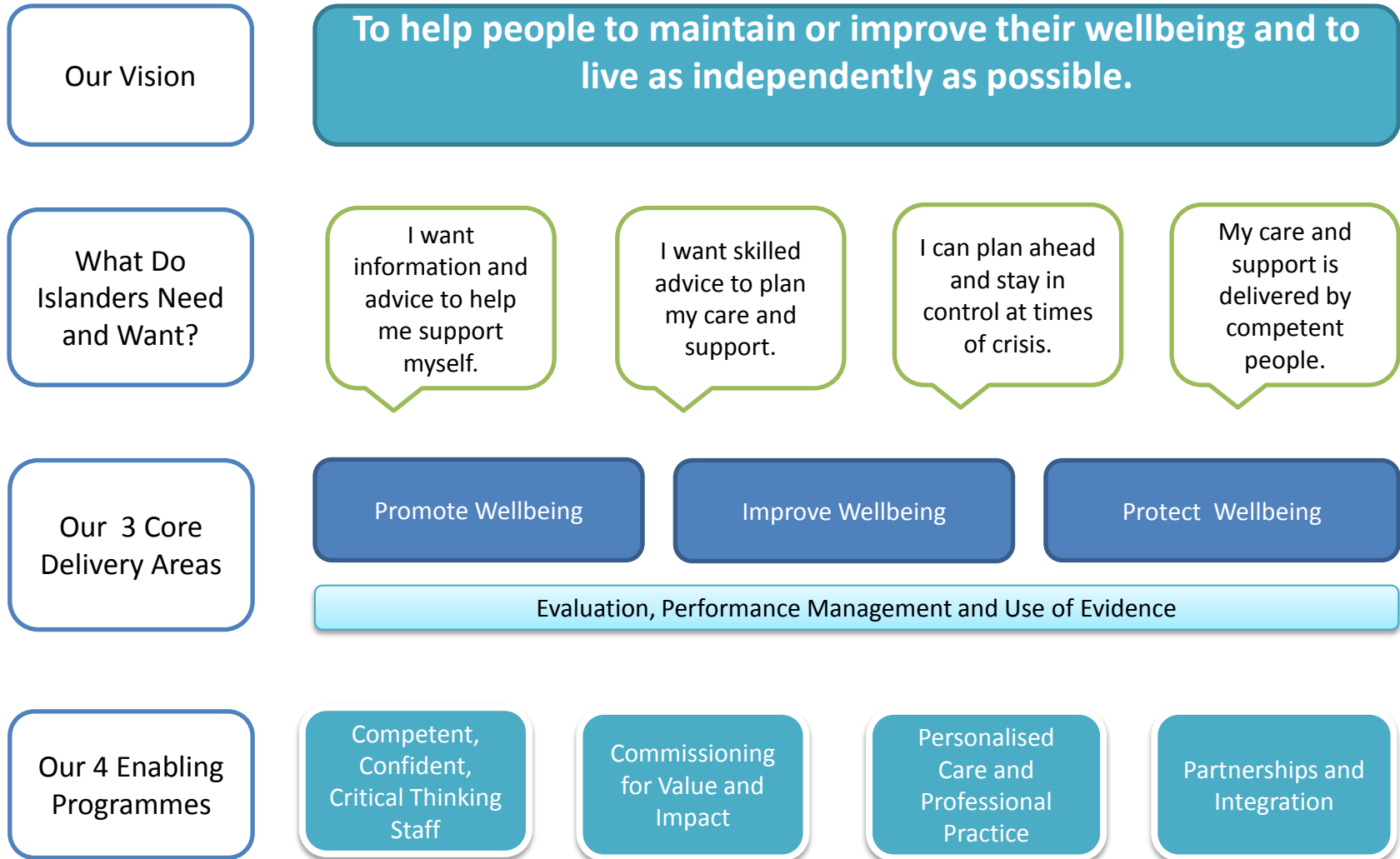


Care Close to Home: A New Strategy for Adult Social Care

APRIL 2017



Care Close to Home – the strategy for ASC



Our principles

- **Supporting people to be safe** – we work with people to help them identify and manage any risk of harm, abuse or neglect, being clear about the outcomes they wish to achieve when doing so.
- **Prevention** – we aim to prevent, delay or reduce people’s need for care and support. And even when people have complex needs and ongoing requirements for care and support, we will still focus on how we can help them have maximum levels of control possible over how they live their lives.
- **Ambitious** – we are ambitious for those we serve as well in terms of the outcomes they achieve. We are also ambitious for the department, its staff and the wider Council. We want to become a place of national best practice and innovation in ASC.
- **Responsible use of resources** – ASC is the largest spending area of the IoW Council over which there is local democratic control and contains the largest number of staff. We will make the most of the resources available to us, benchmark our performance against others and be evidence-based in how we make decisions.
- **Engaging** – we will involve those we serve (users and carers) in the development and delivery of their individual care and support. We will also involve users, carers, frontline colleagues and partners in how we develop new ways of working and make key changes to our current operating model.

Pillar One: Promote Wellbeing

- **Rationale:** Through encouraging and enabling people to look after their health and well-being, we avoid or delay the demand for adult social care and maximise independence
- **Because:** Many elders and disabled adults can manage their own care and support needs and continue to live at home safely and with dignity. But to do so, they may need help and advice – including how to access community facilities, retain or get a job, apply for benefits, identify aids and adaptations for use at home and achieve or maintain a healthy lifestyle
- **Meaning the delivery of:** Information and advice, signposting to assured early/alternative help offers for those people not eligible for ASC (incl by First Response and SPOC), joint work with VCS (e.g., as Trusted Assessors) and public health

Pillar 2: Improve Wellbeing

- **Rationale:** Through providing short term support, people can regain their maximum level of independence possible after an illness, operation, accident or crisis and we avoid carer breakdown.
- **Because:** Only 2% of all elders currently benefit from reablement but what we do provide works well;
- **Meaning:** The delivery of: aids, adaptations and TEC as default starting point in any care and support; a new community based reablement offer (in addition to more convalescence available via the independent sector); new home based respite service for carers; new rehabilitation and reablement pathway implemented via 3 Integrated Locality Services so that people are engaged in reablement work pre and post hospital.

Pillar 3: Protect wellbeing

- **Rationale:** Through providing ongoing person centred adult social care we enable people to live their lives as they wish, safely and with dignity, in their own homes wherever possible.
- **Because:** This part of the PIP pertains to ongoing expenditure by ASC in the form of care management assessment and planning and consequential direct payments and care packages (either in the person's own home or in residential or nursing care homes).
- **Meaning:** Increase of DPs via person centred professional practice, aids and adaptations and TECH as default starting point; introduction of Shared Lives; development of Extra Care Housing schemes; ADAM LIFE implementation, making safeguarding personal implemented, quality assurance of care in independent sector, priming the PA market, increased use of domiciliary care, introduction of domiciliary support services working alongside registered home care.

Pillar 4: Competent, confident, critical thinking staff

- **Rationale:** No matter the eloquence or ambition of our plans, it is at the frontline that we impact directly on the lives of those we serve. Our staff matter – in their own right and how they impact on the lives of those we serve.
- **Because:** There is a direct correlation between our investment in our staff and the outcomes we secure for those we serve. Our L&D budget for 16/17 was only £97K across the whole of the department and we struggle to recruit (and retain) staff. Equally, we need to use evidence from elsewhere in raising our professional standards and thereby outcomes for those we serve.
- **Meaning:** A revised L&D strategy for staff; a request for additional resources; implementation of Active Support principles and care delivery in our residential and respite units; revised approaches to recruitment (Apprenticeships, employment of good students, secondments).

Pillar 5: Commissioning for Value and Impact

- **Rationale:** The majority of social care is not delivered by us, but by independent providers and the VCS. We have a duty to facilitate a diverse, sustainable and high quality market for our whole population – regardless of whether we fund that care, or not. And we need to reduce (significantly) our existing reliance on bed backed care.
- **Because:** Commissioning is the primary way in which we shape local provision, based upon assessed needs and preferences and value for money.
- **Meaning:** A comprehensive Market position statement; join up with the CCG; increased commissioning capacity (e.g., commissioners for Extra Care Housing and Supported Living, the VCS and secondment from independent providers); an outcomes focussed Improved Better Care Fund; using the additional funds for ASC in a way that will help get care closer to home; detailed, outcomes focussed, commissioning strategies in place for all client groups.

Pillar 6: Personalised Care and Practice

- **Rationale:** Making sure that people are fully involved in the development and delivery of their own care is synonymous with high quality social care. By using “asset based” approaches, we focus on what a person can do, identify the person’s strengths and use meaningful community networks of friends, neighbours and family.
- **Because:** Users (and carers) are the best experts about their own care needs.
- **Meaning:** Making Safeguarding personal action plan is implemented in full; implementation of “Active Support” principles across our in-house residential care and respite units; more use of advocates (for those people lacking competency or unable to verbalise); new models of care rolled out – delivered in new ILS teams and development of new roles; focus on user expressed outcomes facilitated by changes to PARIS; reconfiguration of existing care management teams (e.g., joint community LD team with health, extension of ILS membership and Integrated Access Hub).

Pillar 7: Partnerships and Integration

- **Rationale:** In order to improve population health, people's experience of health and care and control costs, health and social care should be integrated by 2020.
- **Because:** We are one of only 23 national vanguard sites for integration (My Life a Full Life). MLFL sets out compelling vision for the future organisation and delivery of integrated health and social care services – the focus is on breaking down barriers between different services and organisations and making the “shift to the left” (i.e., avoiding and reducing the need for intensive, high cost, bed backed provision in hospital or residential/nursing care).
- **Meaning:** Each of the Transforming Community Services initiatives being implemented in full. Second (of 3) ILS currently being developed – with third in place by end of August. This will affect care management teams. Integrated Access Hub in place (bringing together 111, out of hours SW duty service, AMHP out of hours service, Wightcare out of hours).