

North Northamptonshire Adult Social Care Strategy

Report Title	Development of the North Northamptonshire Adult Social Care Strategy	
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Appendix A New Sense of Place and ASC strategy development

Appendix B Executive Summary draft ASC strategy Version 13

Appendix C Draft ASC strategy Version 13

Appendix D Draft person journeys Version 13

1. Purpose of Report

1.1. To provide an overview of the development of the North Northamptonshire Adult Social Care (ASC) five-year strategy.

2. Executive Summary

- 2.1. The North Adult Social Care (ASC) strategy is being co-produced with the NNC ASC workforce and this paper provides an overview of the development to date as outlined in **Appendix B & C.**
- 2.2. The following headlines describe key elements of the strategy and the approach taken in its development:

The National statutory requirements of the Care Act are threaded through to local requirements, with recognition of its development in the recent Association of Directors of Adult Social Services (ADASS) annual conversation visit feedback.

The draft strategy is a framework that brings together all current developmental work and sets a five-year direction of travel for the people of North Northamptonshire.

It is a document that has 'a way of working at its heart' and will be embedded into day-to-day operations as we move forward.

A co-productive approach has been taken with the NNC ASC workforce and the people who use the services to enable a solid engagement.

System partners have started to be involved through the North Place Board. This will expand as we move into the next phase of development.

A five-year vision, aims and ambitions including values and behaviours, have been developed based on the output of the staff practice framework outputs.

An outline of the case for change based on the as-is way of working, with a focus on ASC demand reduction and value for money.

The future proposed person-centred strengths based operating model (the future way of working). The proposed outcomes framework will be based on the recent National Adult Social Care outcomes framework (ASCOF).

The opportunity to embed sustainable co-production with partners, communities and people who are involved in ASC services has been placed at the heart of the strategy.

An alignment with the North Place Development model – A New Sense of Place (Local area partnerships – LAPS and Support North Northamptonshire Voluntary Community and Social Enterprise (VCSE) collaborative initiative).

The roadmap articulating the next steps and progressive wider partner involvement and ownership.

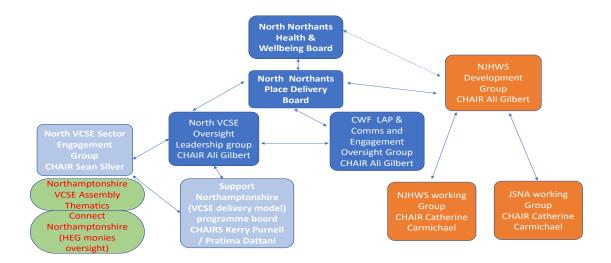
Implementation planning of what this means operationally will be developed with staff in early 2024 to implement a sustainable model over the coming years, within the required budgetary envelope.

3. Recommendations

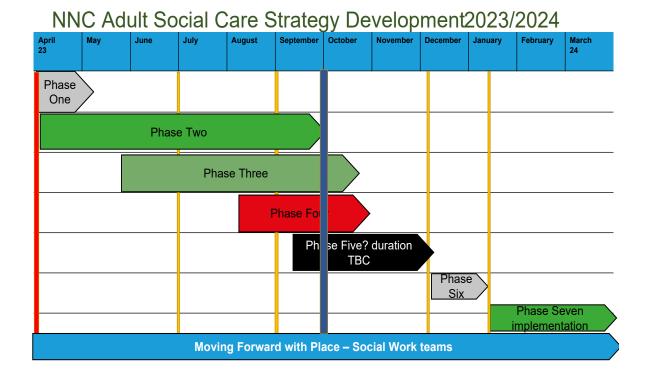
- 3.1. It is recommended that:
 - 3.1.1 The progression of the development of the draft North Adult Social Care strategy is noted and discussed.
 - 3.1.2 That partners are asked to share the development to date within their organisations and work to develop the strategy further.

4. Report Background

- 4.1. The North Adult social care strategy is under development through a coproductive approach. **Appendix B** reflect provides and executive summary of the work to date with **Appendix C** providing further detail.
- 4.2. **Appendix A** reflects the connectivity with the wider North Place Development A New Sense of Place
- 4.3. The **Governance** supporting its development is reflected below.



4.4. The developmental **phased approach** is outlined below and reflects the time for the ASC workforce to own and shape the emerging strategy.



- Phase 1 Research national/local strategy and best practice.
- <u>Phase 2</u> Developmental design of the future ASC operating model.
- <u>Phase 3</u> Developmental design of the future coproduction strategy.
- <u>Phase 4</u> Development consultation strategy / outcomes framework.
- <u>Phase 5</u> Informal Consultation / engagement period.
- Phase 6 Final strategy developed NNC and system governance.
- Phase 7 Embedding of the new way of working.
- 4.5. The shared vision, aims, ambitions and outcomes, as far as the draft strategy has been developed, are described below (Appendix B & C)

4.6. Shared Vision

People will be enabled to lead the lives they wish to live, having the best opportunities to achieve the outcomes that are important to them.

As one resilient workforce:

We will work ambitiously in partnership with people and have a relentless focus on the strengths of people to ensure they develop, maintain and recover their independence. We will provide and/or commission high standard personalised care and support that enables people to have the best opportunities and quality of life.

4.7. Shared Aims

To provide and commission strength-based personalised care to meet the needs of individuals and their carers in the places they live.

To ensure equal access and support for those who need it.

To ensure the wellbeing of our workforce is good.

To safeguard to prevent harm and reduce the risk of abuse or neglect.

To develop integrated commissioning and brokerage to support good outcomes.

4.8. Shared Ambitions

Ensuring the wellbeing and independence of people.

People should be able to live a life free from harm, with no tolerance of abuse.

Communities are active and supportive.

To create the conditions to support and develop our workforce.

To actively engage people in co-production of adult social care services.

4.9. Shared Outcomes

Living the life I want, keeping safe and well.

Having the information I need when I need it.

Keeping family friends and connections.

My support my own way.

Staying in control.

4.10. Shared Values

Kind and respectful.

Trusting.

Transparent, efficient and we demonstrate our behaviours.

Supporting.

4.11. Shared Behaviours

Respect and understand people as individuals.

Trust people know what's right for them. We listen and keep an open mind.

We know and follow the law, ethics and best practice, always open to improvement.

Be open about procedures, making them clear so people know what they can and cannot expect.

We connect and engage well and respond in a timely manner.

Honest about what we are going to do and say when we are going to do it, we do it.

4.12. The Way We Work Now

The case for change has many dimensions and is outlined in **Appendix C**, with **Appendix D** providing interactive person journeys for the current service offers.

The following provides an overview of the changes proposed to the current ASC service from a staff and user lens:

Two routes of access into ASC services.

Demand continues to increase and waits for reviews continues.

No formal triage filter for 'conversation 1' i.e. listening hard to people, and their families to understand what's important and working with them to make connections and build relationships in order to help them get on with their life independently.

Hand offs between services.

Not all services are trained to focus on a strength-based approach.

Limited population needs focused /place-based approach for providers, commissioning and contracting. Reliance on historic contractual approaches with limited market capacity in many areas.

Carer and family support and recognition limited.

Limited Information, advice and sign-posting at the main routes of access.

Multiple IT systems and duplication, repetitiveness and hand-offs.

Making Safeguarding Personal (MSP) is not embedded in all services consistently.

Co-production is limited.

4.13. The Potential Future Way of Working

There is an emerging future model evolving, which builds on the place-based approach with communities and where people live.

The key components are outlined as:

Person centered strength-based safe care.

Single route of access into adult social care with the right allocation to community places / hubs.

Information, advice and signposting embedded – conversation 1.

Carers, friends and families involved most of the time when appropriate.

Strengths based three conversations embedded with entire ASC workforce.

Co-production embedded.

Safeguarding culture owned by all to provide a person-centered outcome based on making safeguarding personal.

Reduction of handoffs between services supported by the right technology.

Appropriate and timely housing and accommodation offers.

Needs based population commissioning, contracting underpinned by integrated brokerage and commissioning based at Place.

Reducing demand and enabling timely reviews.

A strong market that meets the needs of the population.

Provide quality social care services through contracting, clear accountability, regulatory compliance with value for money and continuous improvement embedded.

Appropriate skill and competency of all staff with clear career development opportunities available to all in support of staff wellbeing, recruitment and retention of people.

Connected digital technology.

5.0 Next Steps

The intention is that the final strategy will be approved by the end of February 2024, with implementation planning underway with a view to initiate implementation in March 2024. **Appendix B & C** provides an overview of The roadmap and steps to achieve this.

6.0 Issues and Choices

The strategy is based on National best practice and confirmed through local co-production.

7.0 Implications (including financial implications)

8.0 Resources, Financial and Transformation

The intention is to implement the strategy within the allocated budget, with the intention to implement the key elements of strengths-based working.

9.0 Legal

There are currently no legal implications.

10.0 Risk

To continue ownership of the implementation of the strategy with our workforce within the budget allocated.

11.0 Consultation

There is currently no identification of a need for formal consultation.

12.0 Consideration by Scrutiny

None

13.0 Climate and Environmental Impact

There are currently no identified climate or environmental implications.

14.0 Community Impact

There will be embedded co-production with communities and an alignment with the New Sense of Place Community model.