



Adult Social Care Strategy 2024 - 2029

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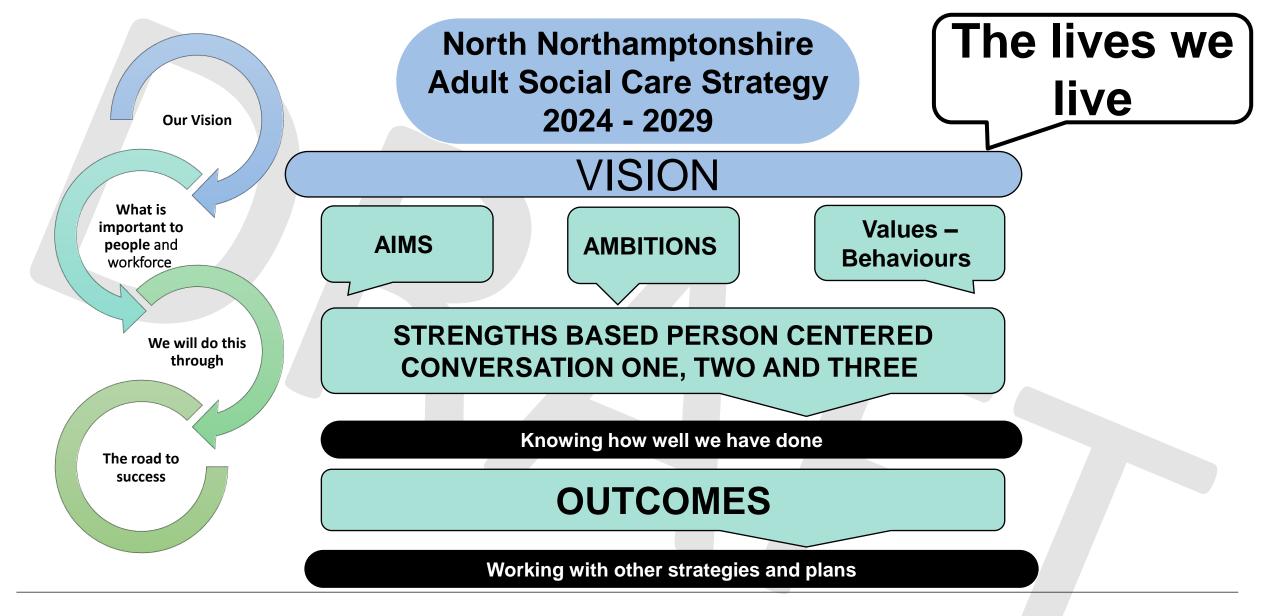
Adult Social Care Strategy 2024 - 2029

The lives we live

Introduction

- This is the five-year strategy for adult social care provision and commissioning covering 18-year-olds to adults, including progression transition from 14 years onwards
- It will support a new vision for adult social care and commissioning based on a Strength Based approach
- It is based on collaborative engagement and co-production with local partners, people working in social care, and people who draw on care and support, recognizing people have the knowledge and experience to improve the way we deliver care.
- National through to local context









The lives we live

Northamptonshire

North Northamptonshire

North Northamptonshire Council

NNC ADULT SOCIAL CARE



National Context

National



The Care Act 2014

Came into effect in 2015 and represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support

An Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.



The Care Act 2014 Cont.

- Health and Care Act developing integrated care systems
- **People at Heart of Care White paper**
 - People have choice, control and support to live independent lives.
- 2. People can access outstanding quality and tailored care and support.
- 3. People find adult social care fair and accessible.



NORTHAMPTONSHIRE LOCAL **Northamptonshire** CONTEXT **Integrated Care** Northamptonshire Strategy live your best life



Integrated Care Northamptonshire Strategy Ive your best life

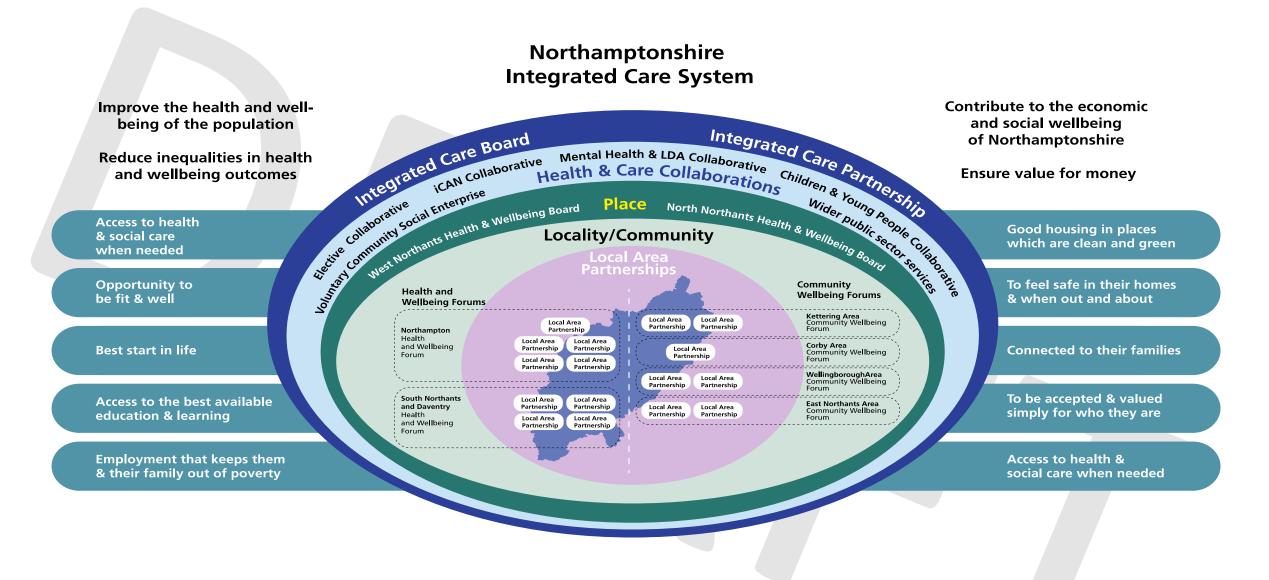
Shared vision

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

Shared aims

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire.







NORTH NORTHAMPTONSHIRE CONTEXT

59,500 people

Growth in size of 13.5% since 2011

69% live in urban areas, 31% in rural areas



North Northamptonshire

North Health and Wellbeing Strategy

Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reduce inequalities.

Identify an agreed shortlist of shared priorities and outcomes for improving local wellbeing and health inequalities.

Support effective partnership working that delivers improved health outcomes.

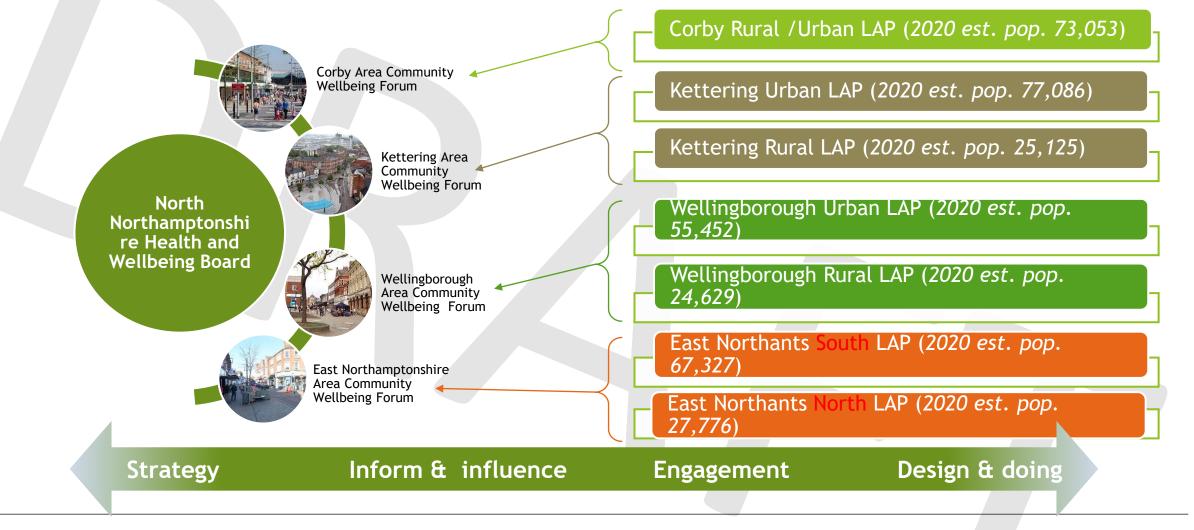
Provide a framework to support innovative approaches which facilitate necessary change, given the shifting needs of local communities in the wake of the pandemic & current economic climate



ANEWSense OF PLACE North Northamptonshire **Place Development**



Area Community Wellbeing Forums Local Area Partnerships





North Northamptonshire Council North Northamptonshire Co NNC

NNC



North Northamptonshire Council





NNC ADULT SOCIAL CARE CASE FOR CHANGE

WORKING WITH PEOPLE

PROVIDING SUPPORT

ENSURING SAFETY

LEADING THE CHANGE

NNC Adult Social Care



Operational challenges

Inconsistent strength- based person-centred service approach	Rising demand continues	Duplication between ASC services and inappropriate referrals /handoffs	Increasing waiting lists Safe sustainable oversight management of the waiting well
Market supply and quality gaps and some provider competition	Multiple segregated visits by different teams with non NNC providers	Variable front end public access to information, advice and sharing	Fit for purpose buildings and facilities and timely available housing



Process challenges

Limited place based / outcomes based contracts and commissioning	Sustainable financial model of care	No single payroll platform/system has multiple transactions and handoffs	Limited funding policy frameworks
Inconsistency of data availability	Limited development of digital and AT solution	Limited integrated commissioning NNC, health, VCSE, police, PH	Limited macro and micro commissioning that is population needs based

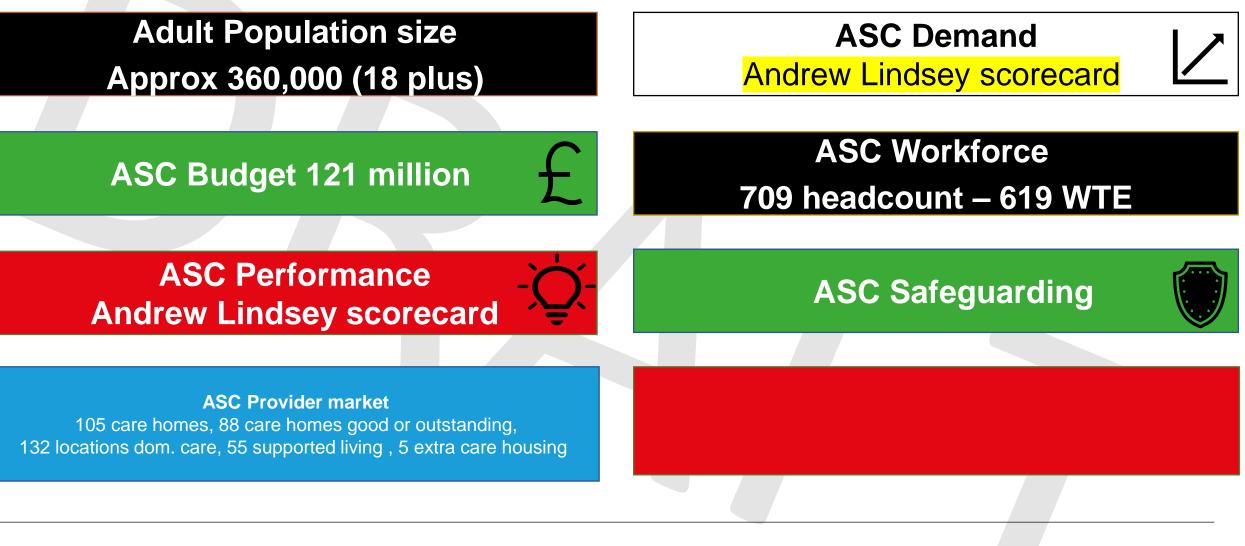


People and workforce challenges

Varying cultural appetite for change and continuous improvement	Inequitable people and carer recognition and outcomes	Workforce resilience variable and teams disconnected	Public knowledge and expectation of ASC outdated and confusing
Further devolved responsibilities to ASC managers and professionals in communities	Co-production and safeguarding is not embedded	Continuous improveme nt in wellbeing and staff morale	Recruitment and retention of skilled workforce



Data Intelligence





THE VOICES OF OUR WORKFORCE





What does strengths-based practice/working mean to you personally and as a team?

Theme 1 Team focus – drawing upon strengths and skills within teams to deliver the best outcomes for people. Having the right resources to do this Theme 2 People focus – working more closely at a local level in a co-productive way with individuals. Building on people's strengths and assets to reduce the need for social care intervention

Theme 3 Community focus – ensuring collaborative working with the voluntary and community sector and building those relationships to draw upon support for our people



Do you believe that we have a vision for a strengths-based way of working? If yes why? If no why?

Yes - 26 responses

- Reablement have always worked in this way
- It is enforced and practiced in Adult Social Care
- 3 conversations, community based working, community hubs and LAPs are evidence of this and promote strengths based working
- Vision needs to be strengthened across NNC and Health
- Service plans and priorities are geared to improving services in that way
 - Some people have the vision. Needs

No - 23 responses

- No coherent cross-partner narrative of strengths-based ways of working that is comprehensible to our wider communities
- Not for people living with dementia, services dismantled
- We are not inclusive, no easy read info etc
- Culture of providing services, no joined up working, poor links in communities, IOM's not effective, layers of process takes away from identifying strengths, short staffed, caseloads, complex work
- Cannot be effective without skill mixes in teams



How do we connect people to their communities?

Co production, asking people with lived experience what they need

Recruit dedicated resource for consultation and engagement

Understanding the local community and what they want. Where are the gaps? Local Area Coordination model to complement and supplement Local Area Partnerships

Maximise all communication avenues to work together and understand what is available and how to access

Invest in community infrastructure Coordinated events / drop in sessions with a monthly programme, link through voluntary sector / charities /Care providers

> Means to connect people – transport, volunteers, befrienders, AT libraries, schools, food banks

Promotion/getting out in the communities

Central hubs

North Northamptonshire Council

How do we use our resources and influence to move this forward?

Processes

- Monitoring providers and measuring outcomes
- Develop a clear pathway
- Clear governance structure
- Simplify the system to improve processes
- Provide equipment and work together as a whole council to better use resources
- Adapt resources to support individuals needs, make documents more accessible
- Utilise and pool resources
 better. Avoid duplication

Community

- Work closely with local communities, build trust and relationships
- Influence providers to adapt services to meet identified support needs
- Fund community connector roles
- Design new services where there are gaps in community resources
- More integrated teams with community focus

Communication and Engagement

- Engagement, collaboration and coproduction
- Improved communication and engagement with all stakeholders
- Promote services in weekly bulletins, local advertising and hold events at day centres

Finance

•

- More funding and training for all staff
 - Devolvement of
 budgets focussed
 on Place-based
 issues. An
 additional
 emphasis on
 Social Value in the
 contract evaluation
 and award stages
 for Social Care
 services.



Any other comments?

General staff to complete phone assessments

Allow staff to innovate

Too much communication from different sources. It's positive but overwhelming

ASC strategy should not be depicted by financial pressures facing NNC Making it work and the commitment of the council as a whole to ensure this happens

Some of the services that are commissioned for care delivery need to be dementia specific as the skills required and the time to provide support is significantly different

Be aware of any applications of strength-based working to help see if we are delivering on it. Also seeing a clear statement on why we should, why is it important. How does it help us deliver a comprehensive service addressing all

issues.

Don't lose focus on ensuring that current services are robust and delivered with quality



Working together with the people we support and the providers that support them, all working towards the outcomes of the individual.

It means working effectively together with other professionals, agencies and people in order to achieve better outcome for people I'm working with and improve quality of services that we are delivering.

Involving those with lived experience in developing policies, practice and improvements to the services we offer.

What does co-production mean to you? Not just consultation but having people with lived experience (experts by experience) involved in the development, running and reviewing of services.

Working together for the benefit of all

Including the 'service users' in the production of a service and legislation. Should be underpinning to everything we do.



In Adult Social Care / and or health, it's a way of working, that includes people that use the service, to enable equal partnership in developing and designing and reviewing the service. It's beyond being consulted, informed, educated or opportunity to give feedback.'

Involving people in their care journey and ensuring their voice is heard and documented, or to be involved in the development of services'

It's where you and other services, agencies, customers and families work together to achieve a better service or outcome, listening and taking on board each areas ideas. What is your understanding of co-production? Co-production is about listening to and valuing the views of people with lived experience equally to those with learned experience. Developing equal partnerships with people with lived experience and working jointly to find solutions. When individuals can influence and shape how support and services are received and also designed.

> Co-production is where, within a business, a group of people from various services come together to influence the way services are designed commissioned and delivered. It would mean engaging with communities, providers and partnerships at the earliest stages of service design, development, and evaluation.



THE VOICES OF OUR PEOPLE

Compliments

Complaints



Compliments

Not only did K give her expert advice on what aids & equipment that would help me live independently & safer she also encouraged me to be more confident & embrace my disability. When she left I not only knew I was going to get some equipment to support me I also felt very uplifted & more confident about my disability Daughter sends a thank you due to the securing of her Mums placement and the constant up dates from myself through the process of agreeing funding. She is delighted her Mum did not have to go through the trauma of moving when she has lived at Clanfield since 2017.

Both you and C have shown such understanding; it really has felt very reassuring. You have both listened carefully and had HH's best interests at the centre of everything. I hope you will work with us again at some point in the future.'

Mr SF the father of one of people MM's has been supporting wanted it to be noted that he is extremely happy with the support from M and the provider; noting that they have been professional and always working in his son's best interest. He has found the review process so much more fluid with M involved and praised her professionalism and the ongoing support she is giving to the whole family.



Complaints

Surely, we should have been advised about costings beforehand so that we could budget accordingly.

We have not received any communication either verbally from a Social worker or via a letter from your department stating what the Community Care Package includes.

Someone made a mistake in not informing me about anything.

At no point whatsoever were we advised that we would have to contribute towards the 'fully funded' costs.





NNC Adult Social Care



Practice Framework

□ A commitment:

How we will work with the people of North Northants
How we will check that we're doing a good job
How we will be supported to do our jobs

 Originally designed by the PSW in Doncaster; developed by the East Midlands PSWs and adopted by all the Councils in the region
 Reviewed by colleagues across social care teams and OT in NNC and amended so that our vision and behaviours run through it
 Launched by the Principal Social Worker for Adults and Service Manager for Therapy at 8 events in June 2023, the plan is to review this with colleagues and with people who access our services, in line with the development of the ASC Strategy





Why?

We want every person in North Northamptonshire to have the best opportunities and quality of life

e C	t;	Wellbeing and independence	Information and advice	Active and supportive communities	Flexible and Integrated care and support	When things need to change	Workforce
Care Practi	What?	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	The people who support me
		Everybody		People with urgent needs for support		People with longer term needs for support	
	Who?	We listen to people to understand what matters to them. We make connections and build relationships to improve people's wellbeing and independence		We don't make long term plans in a crisis. We work with people until we are sure there is no immediate risk to their safety, health or wellbeing and they have regained stability and control in their life.		If people need longer term care and support, we work with them to understand what a good life looks like for them. We make sure they have resources and support to live the life they choose and do the things that matter to them as independently as possible	
Adult Social Framework	How?	We're kind and respectful	We're trusting	We're transparent, efficient and we demonstrate our behaviours		We're supporting	We're trustworthy
		We respect and understand people as individuals. We don't make snap decisions	We trust people know what's right for them. We listen and we keep an open mind	We know and follow the law, ethics and best practice. We are always open to improvement	We are open about our procedures, making them clear so people know what they can and cannot expect	We connect and engage well with people. We respond in a timely manner	We are honest about what we are going to do. When we say we are going to do something, we do it.
		We know the language we use matters, we use plain, respectful and kind language					
with thanks to Bryony Shannon	So?	Better experiences and better lives for people		Improved morale and satisfaction for our workforce		More sustainable use of resources	





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.



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







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



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

The lives we live



Changes to the Adult Social Care Outcomes Framework (ASCOF) for 2023 to 2024

Objectives

- 1. Quality of life: people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.
- 2. Independence: people are enabled by ASC to maintain their independence and, where appropriate, regain it.
- 3. Empowerment information and advice: individuals, their families and unpaid carers are empowered by access to good quality information and advice to have choice and control over the care they access.
- 4. Safety: people have access to care and support that is safe and which is appropriate to their needs.
- 5. Social connections: people are enabled by ASC to maintain and, where appropriate, regain their connections to their own home, family, and community.
- 6. Continuity and quality of care: people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff.

SHARED VALUES

Our values and behaviours will help us achieve our vision.



'A place where everyone has the best opportunities and quality of life.'

live □ Kind and respectful □ Trusting □ Transparent, efficient and we demonstrate our behaviours Supporting

The lives we



Values and Behaviours

SHARED BEHAVIOURS

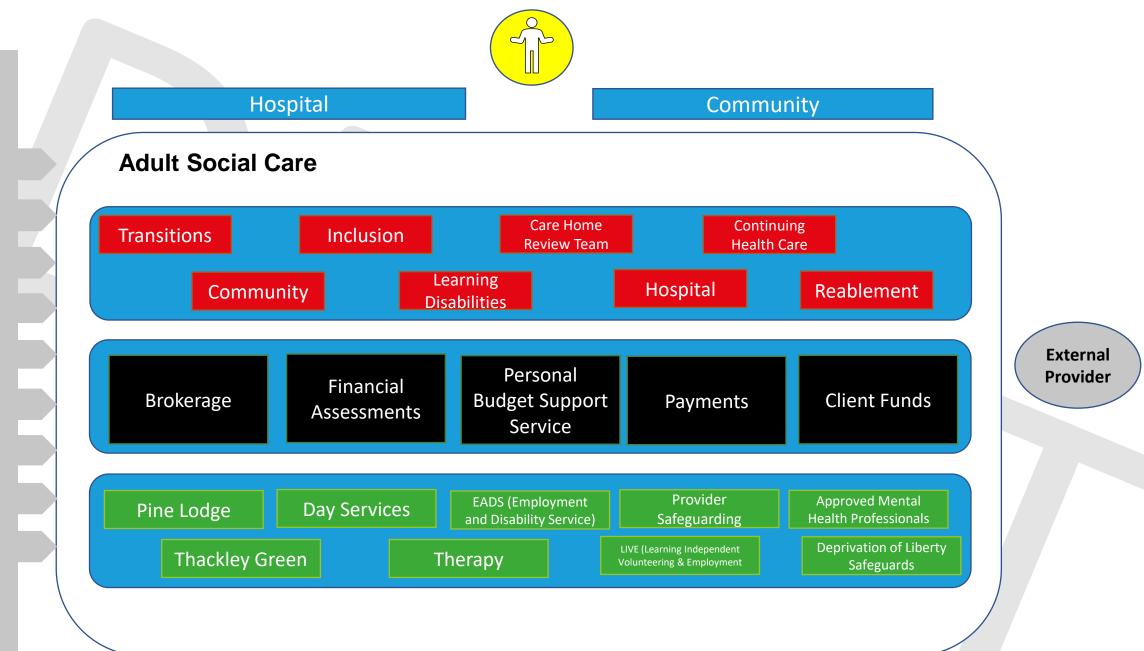
The lives we live

- 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
- Be honest about what we are going to do and say when we are going to do it, we do it.



THE WAY WE WORK NOW - what we want to change





Commissioning / Contracts

Making Safeguarding Personal

External Partners

THE WAY WE WORK NOW – what we want to change

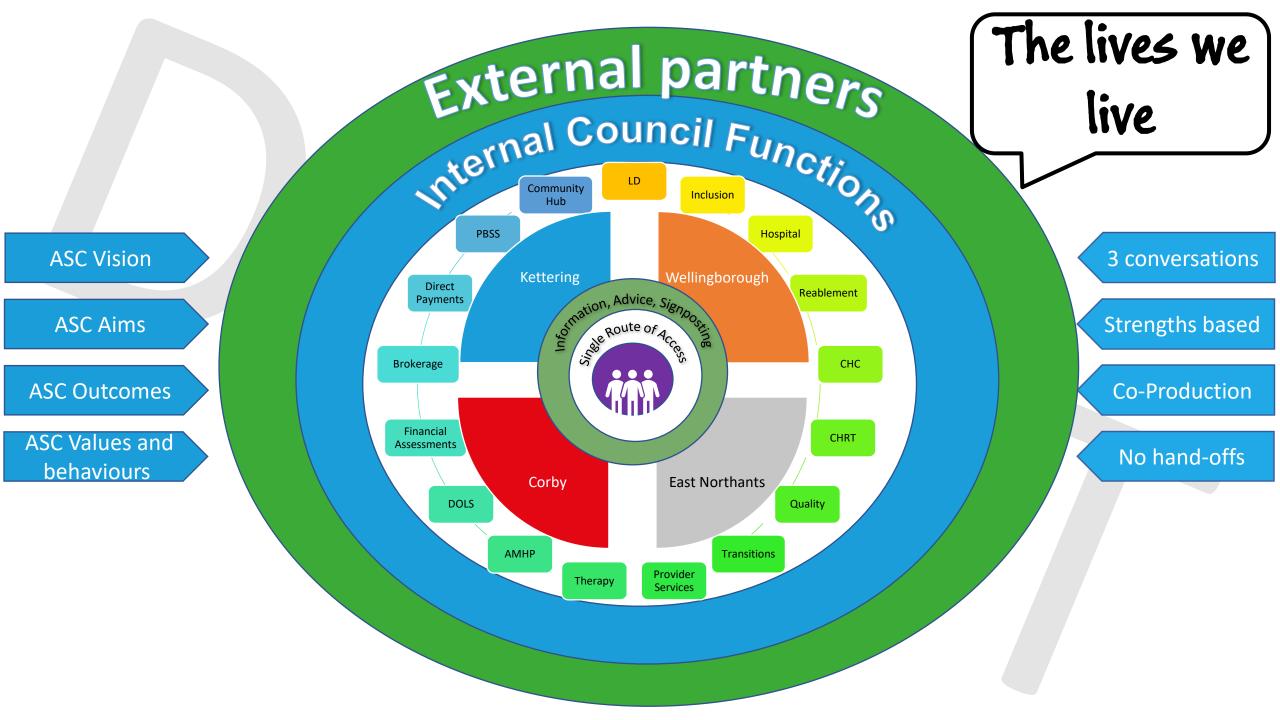
- □ Two routes of access into ASC services
- □ No formal triage filter for conversation 1
- □ Hand offs between services
- □ Not all services are trained to focus on a strength-based approach
- Limited population needs focused /place-based approach for providers, commissioning and contracting. Reliance 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
- □ Co-production is limited

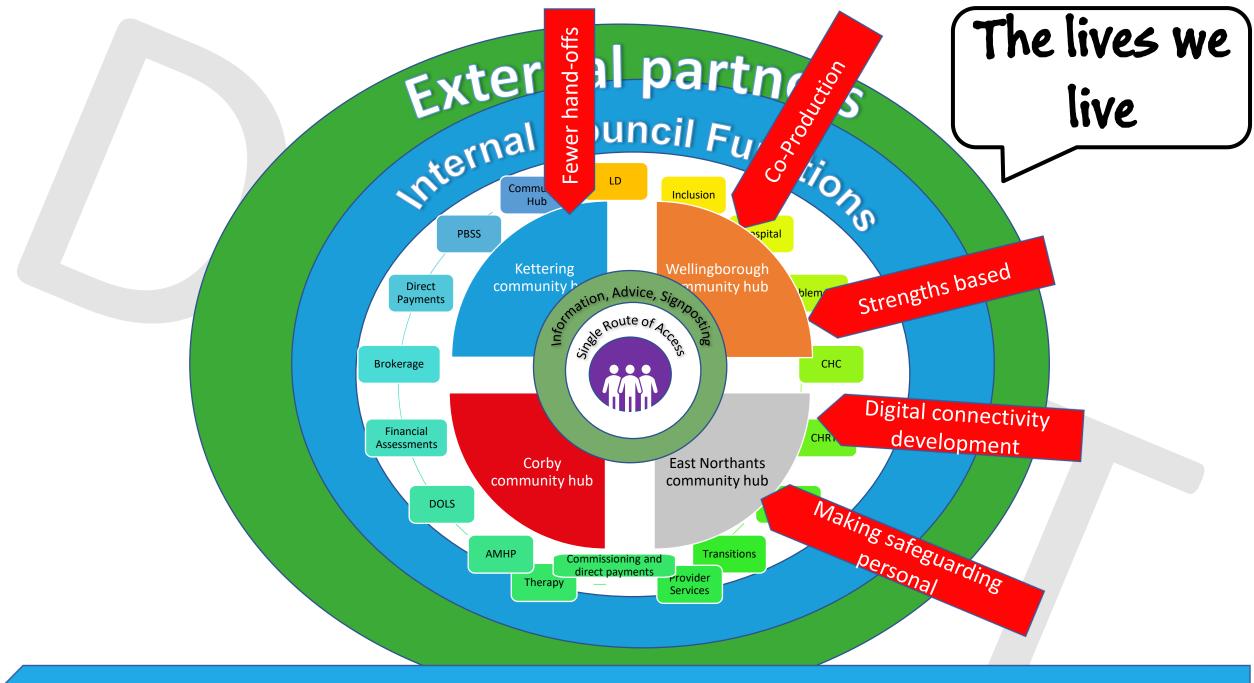


OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

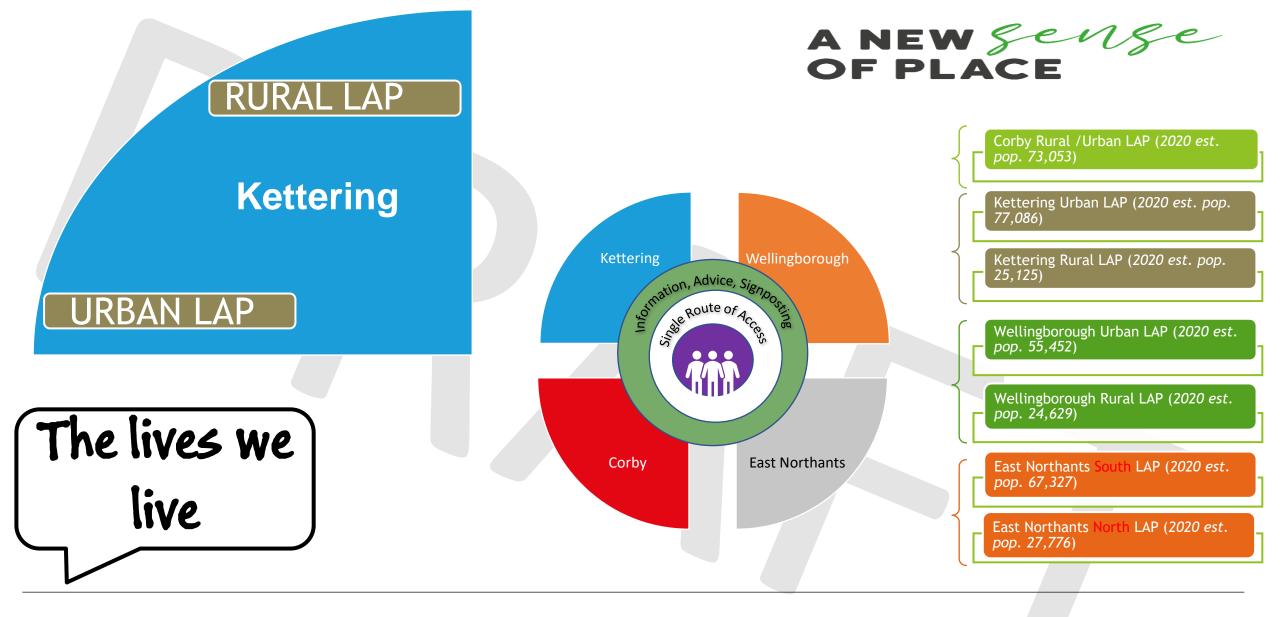








3 conversations





OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

- 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 and families involved all the time
- □ 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 and integrated brokerage





OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

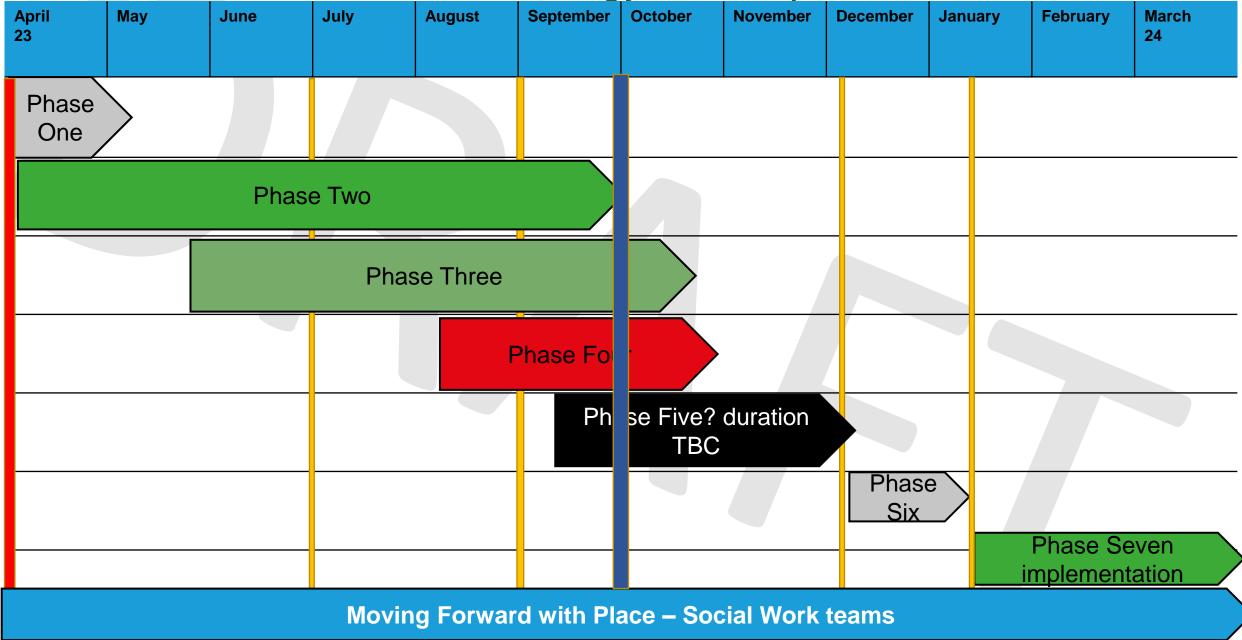
□A strong market that meets the needs of the population

- 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



NNC Adult Social Care Strategy Development 2023/2024

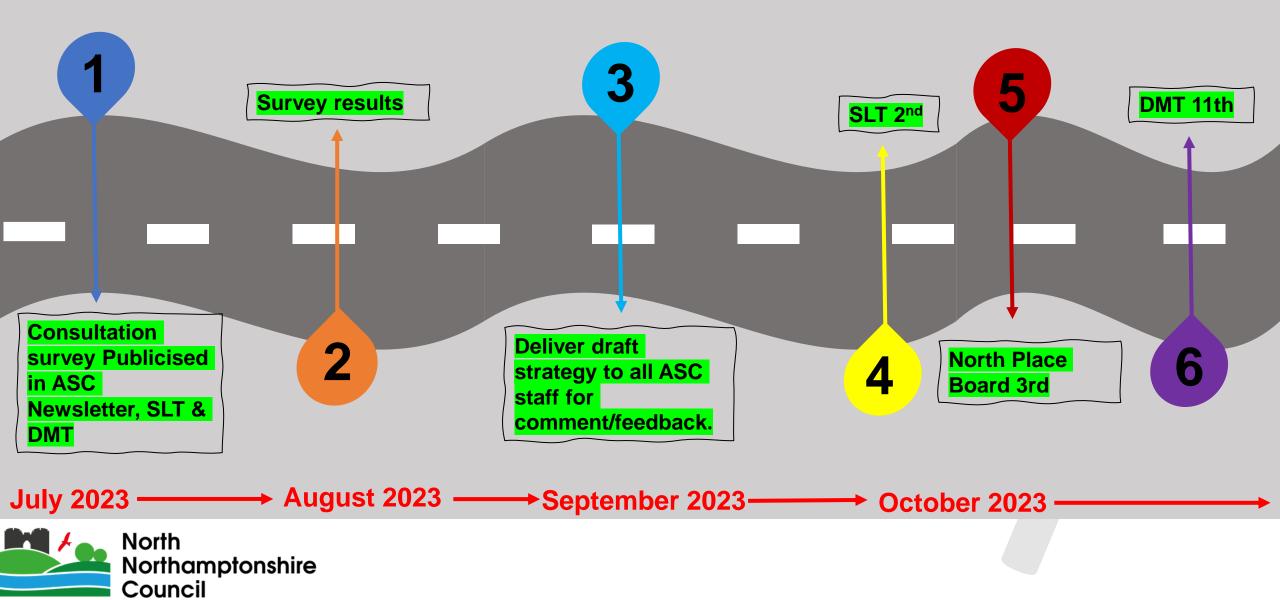


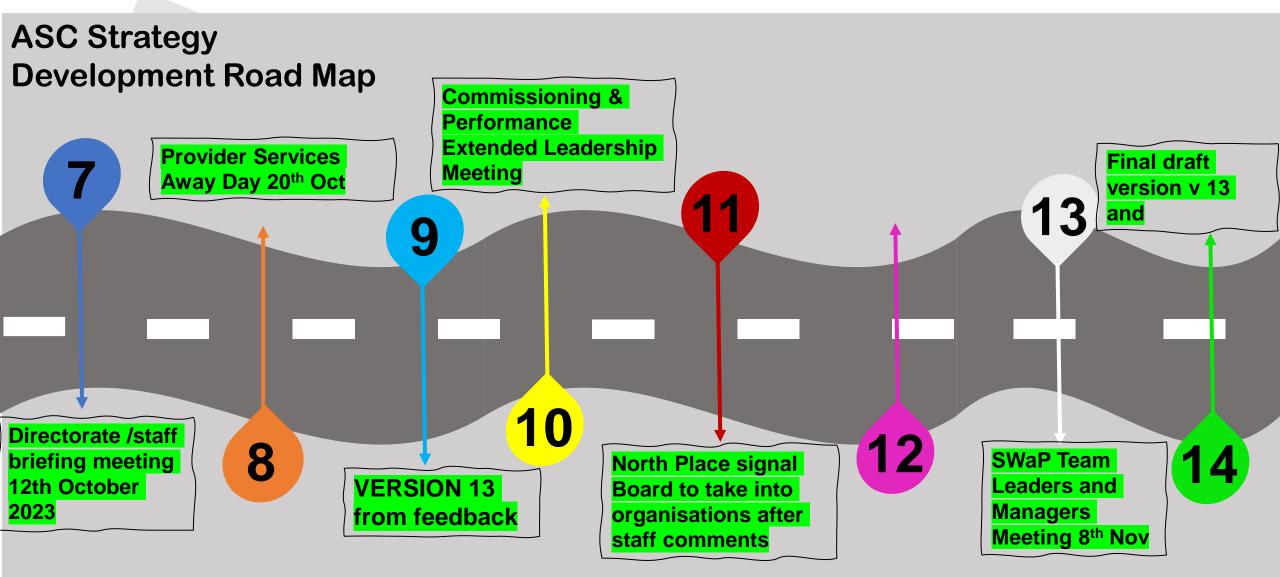
Phased Developmental Approach

- <u>Phase 1</u> Research National/local strategy and best practice
- Phase 2 Developmental design of the future ASC operating model
- <u>Phase 3</u> Developmental design of the future coproduction strategy
- Phase 4 Development consultation strategy / outcomes framework
- Phase 5 Consultation / engagement period
- Phase 6 Final strategy developed NNC and system governance
- Phase 7 Embedding of the new way of working



ASC Strategy Development Road Map





October 2023

November 2023.



