

ASC Improvement Plan 2024

Next Steps

January 2024



Member Session Outline

12:30	Welcome and purpose	Cllr Barbara Brownridge
12:45	Update on the ASC Target Operating Model	Jayne Ratcliffe
13:15	Q&A	Cllr Barbara Brownridge Jayne Ratcliffe
14:00	Session Ends	

Our vision for Adult Social Care

Supporting you to be independent,
healthy, safe and well.

How we will work to deliver the vision

Person Centred and Strength Based

- We will treat people as equal partners and with compassion, aiming for the best outcomes within the available means
- We will use a strengths-based approach in all our dealings with the public to support them to safely look after themselves
- We will use positive risk taking to support people to take control of their lives
- We will be clear and consistent in our communications with the public

Resilient

- We will be creative and innovative
- We will ensure staff have the tools and skills to do the job
- We will support each other, helping to maintain our own wellbeing and that of the team in which we work

Accountable

- We will follow departmental and council policies and procedures in all that we do
- We will offer and receive constructive challenge to help improve the way we do things
- We will explain why we are doing things and evidence our decision-making

Working Together

- We will work in partnership together with people with care and support needs, carers, service providers, the NHS, voluntary groups, and the wider population to deliver effective health and social care outcomes

Our approach will be underpinned by strict adherence to professional standards and statutory responsibilities

Working together

Adult Social Care in Oldham – Supporting you to be independent, healthy, safe and well

Adult Social Care, working with the rest of the Council, the voluntary sector, local communities and NHS partners will encourage and enable you, your family and community to stay healthy, safe and well. The aim will be to enable you to live as independently as possible. Where you need support, we will help you to identify the best solutions. If you need more help but are not able to arrange your own care, the support we agree with you will help you to live the best life you can with the help you have around you.

Working together we will:

Encourage and enable you to stay well

We will encourage you to do as much as you can with support from your family, friends and community networks

We will work with other organisations to ensure you can access advice, find out about local support and other services to help you look after yourself in your community

We will work with the local community, the rest of the Council, the voluntary sector and NHS partners to make local places healthy and safe

Support you to help yourself

We will provide information and advice about where you can find help when you need it

We will empower you to take control of your life

We will help you to find support that increases your ability to manage any care needs you might have

We will help connect you to your local community

Work with you when you need help

We will ensure you have access to social care services that meet your needs and are affordable to the Council

We will ensure that if you need support, you will receive an assessment and services to enable you to live as independently as possible

How we work

- We will provide you with good quality information and advice to enable you to make informed choices about your care and support
- We will communicate clearly and consistently
- We will work together with people with care and support needs, carers, service providers, the NHS, voluntary groups and local communities to develop effective social care services

A shift in practice...

Moving from a system characterised by...	...to a system where there is
Doing things to/for people and creating dependence	A focus on enabling people to do things for themselves, promoting prevention, self-help and independence
Seeing the individual in isolation	An emphasis on family and other networks within the local community
Highlighting what people cannot do	Attention given to what people can do
Undertaking assessments for services which offer standard solutions	A strength-based assessment conversation which provides more in-depth understanding of the person and offers tailored solutions
Arranging support managed by the council	A use of creative solutions family-first or through a range of voluntary and community sector services
A large amount of care for people with long term conditions being provided in institutional settings	A priority for providing support, when it is needed in the home, wider family network or local community

Based on principles agreed with you

Service Design

- ❖ Strength-based assessments will be used throughout the service
- ❖ Services will be legally and regulatory compliant
- ❖ Good understanding of needs of all client groups across whole service
- ❖ Alignment to Place Based Hubs and Primary Care Networks
- ❖ Operate within available financial resources

Residents

- ❖ Services will be resident first and listen to feedback
- ❖ Residents will be empowered to self-help where they are able
- ❖ Each stage of the customer journey will be outcome focused and person centred.
- ❖ Residents will be supported across the life course – from transitions to end of life.

Workforce

- ❖ Well trained, skilled and resilient workforce, which is fit for the future.
- ❖ Staff receive good induction and supervision, and have appropriate systems and tools for their roles
- ❖ Clear workforce succession planning, with improved recruitment and retention

Digital Design

- ❖ Fit-for-purpose, integrated systems, linked to council's customer services strategy
- ❖ Effective and efficient case management system (Mosaic), with improved flow across portfolio areas
- ❖ Use of technology at all points of contact

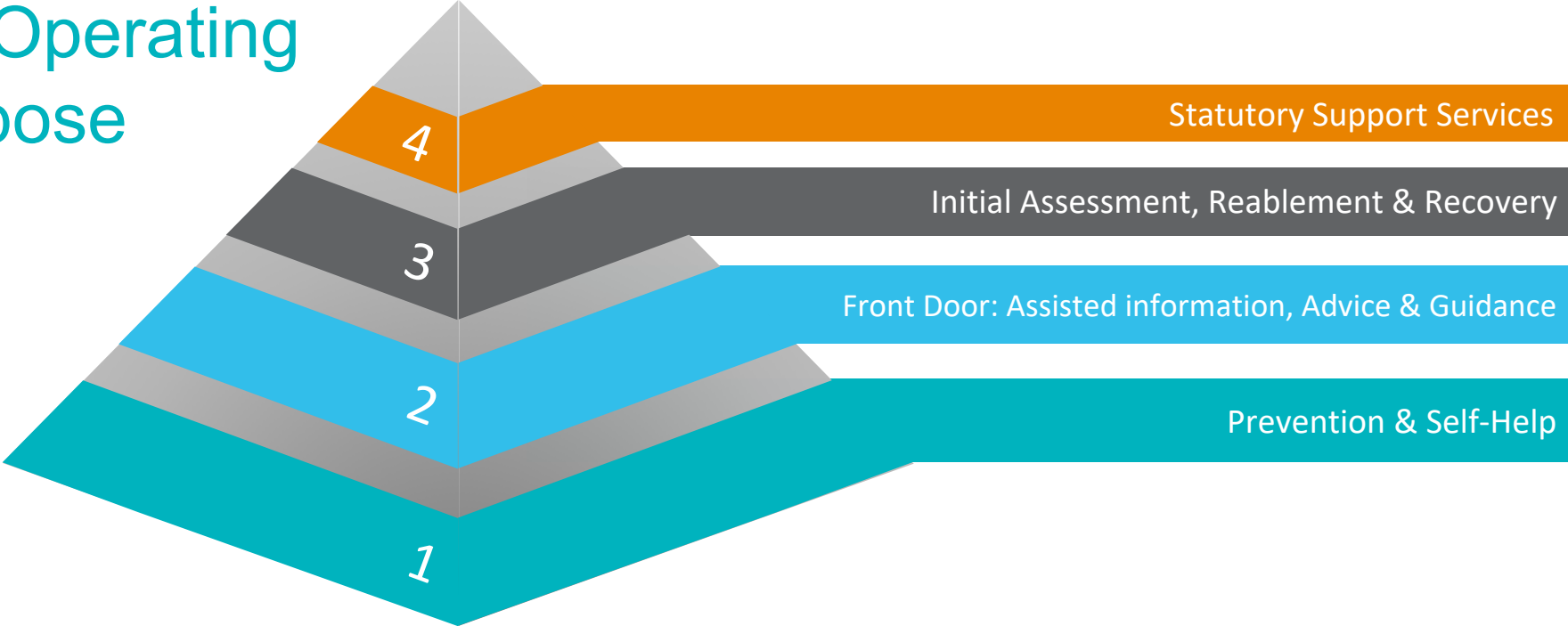
Culture

- ❖ Enabling, strength-based and solution focused culture across the service
- ❖ Strong sense of taking personal and team responsibility and being accountable to residents
- ❖ Excellent communication within Adult Social Care and across wider system

Processes & Insight

- ❖ Processes will be streamlined and efficient, with people 'connected' to the next step, not 'handed off'
- ❖ Resources will move around the person, not person moving around system
- ❖ Service development is informed by data and resident feedback

ASC Target Operating Model - Purpose



1

Prevention and Self-Help

Provide residents with access to information and prevention services, that empower them to make informed decisions and to take control of their own lives.

2

Front Door: Assisted Information, Advice and Guidance

Provide assisted information, advice, guidance and access to available resources and support, to maximise residents' independence, prevent, reduce and delay a need for long-term or crisis care.

3

Initial Assessment, Reablement & Recovery

Deliver short term, intensive and outcome focused interventions, that are based on a person's strengths and connected to community resources, so that residents are safe and remain independent in their community and, where possible, don't need long-term support.

4

Statutory Support Services

Help people to find the right solutions to their support needs, enabling them to be as independent and safe as possible, focussing on the most vulnerable people (with the most complex needs), whilst meeting statutory duties and responsibilities

ASC Target Operating Model Support Offer



1

Prevention and Self-Help

- Prevention and self-help
- Online information and advice
- Self-triage
- Multi-disciplinary neighbourhood hubs
- Voluntary & Community Sector support
- Universal services
- Health Service links
- Carers Support

2

Front Door: Assisted Information, Advice and Guidance

- Multi-disciplinary Team including Care Coordinators, Social Workers, Therapists, Carers Team and Sensory Team
- Initial triage, navigation and redirection
- Referrals to reablement
- Provision of equipment and assistive technology
- Signposting and referral to community partners and voluntary community sector
- Prevention of admission to acute settings
- Referral to Adult Social Care and Safeguarding
- Links to Hospital, Out of Hours and MASH

3

Initial Assessment, Reablement & Recovery

- Provision of short-term step-up support to enable residents to remain at home
- Provision of short-term step-down services following hospital discharge
- Preventing and reducing the need for more complex support
- Assessment for and referral to longer term support when needed
- Care needs, eligibility and financial assessments for initial support
- Safeguarding concerns assessed and ended of further enquiries through MASH
- Redirection to other services

4

Statutory Support Services

- Longer-term social work-based support in one of five neighbourhood teams
- Assessment, planning, review and evaluation of resident needs using a strength-based approach
- Preventing and reducing the need for more complex support
- Specialist support services including multi-disciplinary teams supporting longer-term mental health, learning disability and/or autism
- Provision and review of commissioned services
- Redirection to other services

Resident experience

Current experience...	...future experience
Information and advice not up-to-date	Clear, relevant information, regularly updated
Not able to easily get through to someone who can provide advice and support	Easy to get in touch via multiple channels (phone, internet etc) including in person at community place-based hubs
Initial contact not staffed by people with the relevant knowledge and experience to resolve issues	Adult Social Care, sensory and occupational therapy experts to join customer calls at first point of contact
Long waiting lists at each stage – initial contact; care assessment, review, financial assessment, carers assessment	If necessary, appointment within two weeks in community placed-based hub, confirmed at time of first call
Not knowing where you are in the process or how long you have to wait	Next step arranged at time of call, clarity over where you are in the process and the timescale involved
Care and support not always available when or where it is most needed	Right care and support, at the right time, in the right place
Not knowing what to expect from us	People primed to think about independence and to prepare for appointment or assessment
High expectations leading to dependency on council commissioned services	Residents are enabled to make informed decisions and take control of their own lives

Resident Journey

