



Rutland
County Council

Rutland's Adult Social Care





What is Adult Social Care?

- Adult social care provides support in a variety of ways to people living in Rutland who have a disability, long-term illness or are otherwise vulnerable.
- Everyone has the right to live as independently as possible and we provide services that support and encourage people's independence
- The aim of social care services is to improve a person's quality of life, and that of the people who care for them.
- The support we give includes:

- Advice and Information
- Direct Payments so people can buy their own support
- Help at home
- Short-term support for people coming out of hospital until they're able to live more independently

- Services to give carers a break
- Equipment and adaptations to make it easier for people to manage at home
- Supported Living
- Residential and nursing care
- Prevention of abuse of adults at risk and protection to adults who are being abused
- Day Care



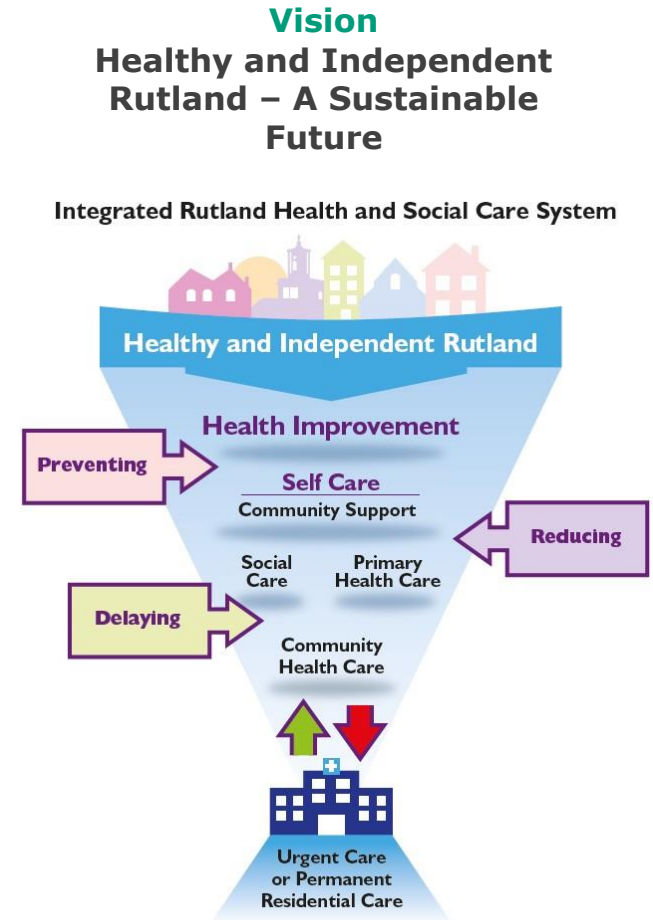
Why did we need to change?

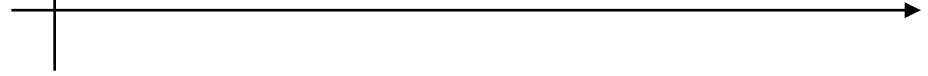
- A review of People's services in 2014 showed that Adult Social Care service was not quite where we would want it to be, the following is not unique to Rutland and many adult social care services are still like this:
 - Teams were based on professional function and employee groups, too much silo working and duplication, too many agency staff
 - Lengthy assessment processes before care was provided and a waiting list for new assessments
 - Services were reactive and prevention was rarely at the forefront of our initial contact
 - Personalisation was not high on the agenda, due mainly to a fire fighting culture and quality was a secondary consideration
 - Reviews of care packages were backed up
 - Safeguarding was not as effective as we would want
 - Unplanned admissions to hospital were on the rise as were residential care admissions
 - There were large ASC and Health delays in hospital discharge
 - People were not remaining as independent as we would like



Our work so far

- Leadership and management was stabilised
- Whole system change - focusing on cross sector **Behaviour** and **Culture** more than system and structure
- Effective **personalisation, prevention** and **safeguarding** at its heart
- Changes based on what **service users** were telling us
- **Staff led** and **staff empowered** to make strategic change quickly to solve operational problems
- **Integration** a key requirement of changes





Authority

Crack on	Crack on
Crack on	Crack on

Uncertainty



Lead to:

- More **personalised care** – with the service user at the heart
- **Reduced duplication** for the person and a greater emphasis on **quality**
- More **Prevention** focused, including pre-eligibility social care support - Not pushing the issues away until they become a crisis
- **Multi-disciplinary teams** and full **integration** with community health care
- Empowering more people to live **independently** in their own home

Olivia's Story

Olivia says:

- "The move out of residential care has completely changed my life.
- Having Personal Assistants to support me at home and when I go out has opened up a whole new world for me and I feel really positive."
- This move not only was positive for Olivia but significantly reduced the cost to the Council





Rutland
County Council



Changing People's Lives

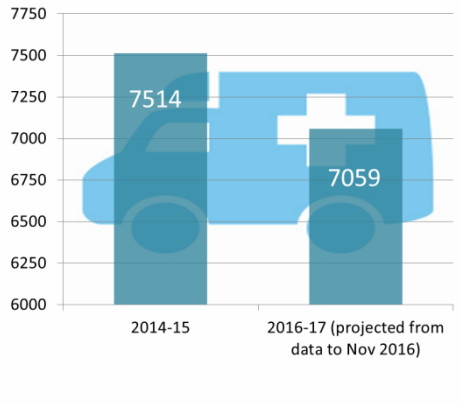


Rutland
County Council

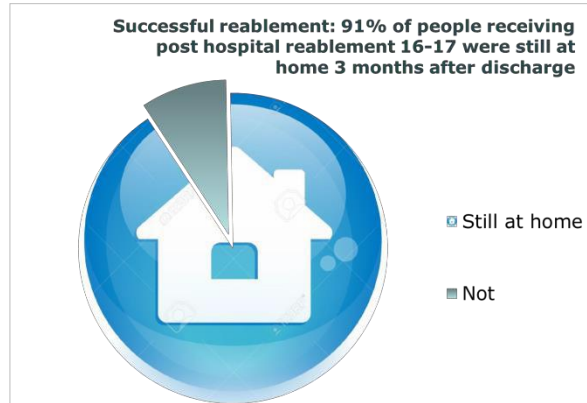


3. Sustained Outcomes

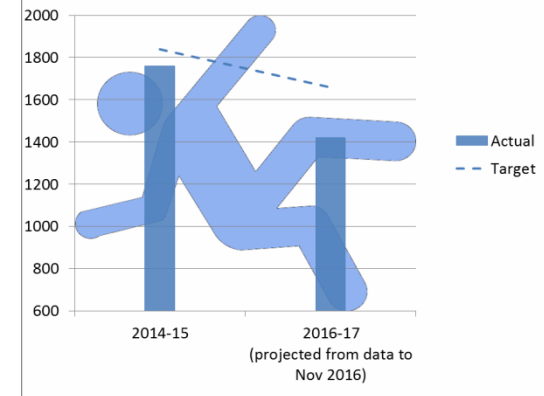
Emergency admissions of Rutland patients per 100,000 population - down 6% from 2014-15



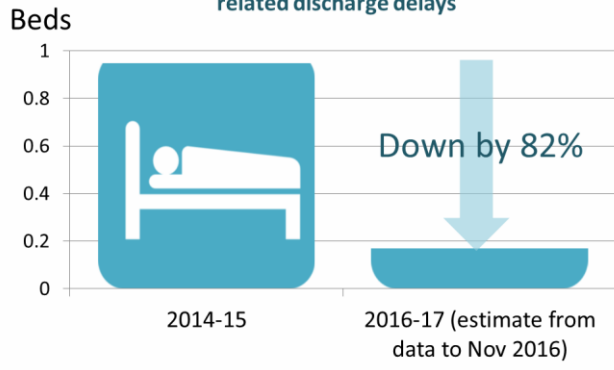
Successful reablement: 91% of people receiving post hospital reablement 16-17 were still at home 3 months after discharge



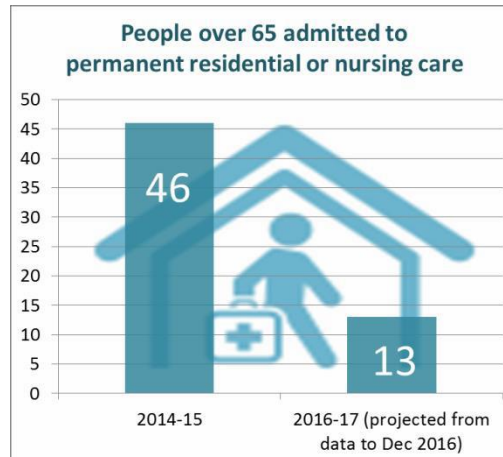
Falls injuries are falling, per 100,000 people aged 65 and over - down 19% from 2015-16



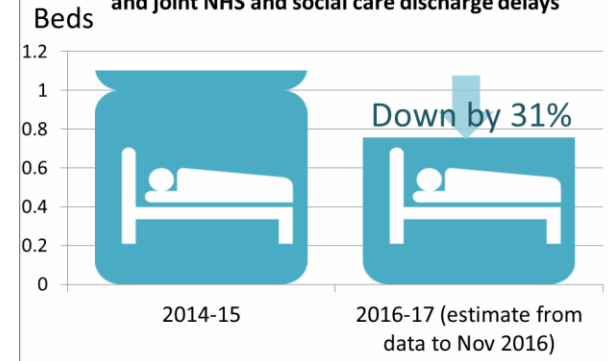
Average number of hospital beds taken up per day by Rutland patients due entirely to social care related discharge delays



People over 65 admitted to permanent residential or nursing care



Average number of hospital beds taken up per day by Rutland patients due to social care, and joint NHS and social care discharge delays



Quickly returning home after a hospital stay

More people at home for longer



The way people feel they have received their care demonstrates our change

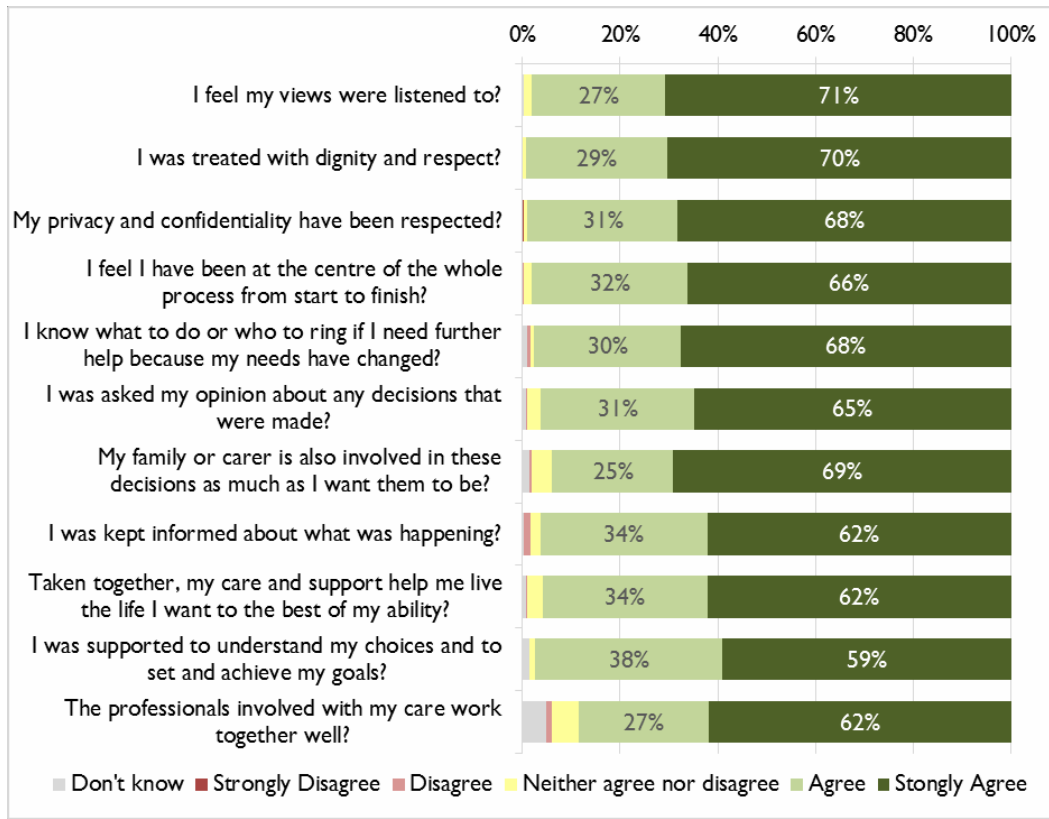


Figure 1 – Responses to questions in the Personalisation Survey for Adult Social Care services

Less agency in all teams & teams are motivated and achieving e.g. we had 46% Social Worker posts unfilled – now just one vacancy

“We are able to adapt quickly to demand and make necessary changes for optimum effect for our local community.” **Marenda - Social Worker**

“We offer a more ‘personalised’ service, unlike other authorities who may be more rigid regarding their resources” **Tina – Assistant Manager Reablement**

“People listen to views and ideas, but not only that, these thoughts are acted upon.” **Sue - In Reach Nurse**



Future Demand

- The population of Rutland is growing and ageing
- In 2014, Rutland had a population of around 38,200 people, of which around 3% (1,300) were aged 85 or older
- By 2037 the population of Rutland is projected to increase to 41,000, of which around 8% (3,300) are projected to be aged 85 or older
- Thus, it is projected that in 20 years' time, there will be 2,000 more people aged 85 or older living in Rutland than there were in 2014
- It is also projected that there will 2900 more 65-85 year olds

So are we doomed?



What might the future look like?

- **Integrated community wellbeing offer** providing support for the population to stay well, change unhealthy behaviours and manage own health & wellbeing
- **A re-imagined model for Homecare** delivery, potentially building on innovative European models, such as the Buurtzorg model, which empowers small self-managed teams of highly trained professionals to deliver all the care that service users need
- **A Rutland specific Multi-Speciality Community Provider** commissioned to provide community based health and social care
 - *An integrated workforce spanning primary, secondary and social care*
 - *A combined focus on the personalisation of care with improvements in population health outcomes*
 - *Alignment of clinical and financial drivers with appropriate shared risks and rewards*
- **Rutland health and social care 'hub'** where an increased number of services are available in under one roof so that need can be quickly assessed and the appropriate care put in place