

Adult Social Care Strategy

2017 – 2020

DRAFT

Adult Social Care Strategy: Promoting Independence

This Strategy acts as a single focus for improvement and change within Adult Social Care, to be delivered individually and in partnership.

DRAFT

Context

This Strategy has been prepared with regard to the Council’s overall vision and policy principles. These are set out below.

Council Vision ...

<p>Adults ... is that people can get the right level and type of support at the right time to help, prevent, reduce or delay the need for ongoing support and maximise their independence.</p>	<p>Children and Young People ...is of a great place to grow up, where children and young people are protected from harm and supported to be the best they can be in life.</p>
<p>Health and Wellbeing ... is for a place where people are supported to be healthy.</p>	<p>Environment and Housing ... is to make the Borough a better place to live and a more attractive plane to do business with clean streets, carefully tended parks and open spaces, affordable and desirable housing.</p>
<p>Strong Communities ... is for communities that are diverse, cohesive, caring and vibrant.</p>	<p>Community Safety ... is to make the Borough a place where levels of crime and fear of crime are low and people feel safe and secure.</p>
<p>Economic Regeneration and Transport ... is of an economically prosperous Borough that is dynamic, exciting and inviting with infrastructure to support the development of business start-ups, business growth, new jobs and skills.</p>	<p>Arts, Culture and Leisure ... us if a Borough where our heritage, festivals, cultural activities and leisure facilities help us attract visitors and investment, and where sport and active leisure opportunities help people sustain healthier lifestyles.</p>
<p>Our Council ...is of a Council that prides itself on being open, honest and fair. On leading by example. On having big plans and the determination to see them through. We’re facing difficult financial challenges and we can’t do all we used to do so we’re facing some tough decisions. Throughout this we’ll stay focused on delivering genuine value for money, on setting the highest standards of public service, on communicating regularly with the community we serve and on being challenging, innovative and well organised.</p>	

Council Policy Principles

Protecting the vulnerable through targeted intervention

- People who are subject to or at risk of harm
- People who are homeless or at risk of becoming homeless
- People who are financially excluded
- People whose circumstances make them vulnerable

Creating economic prosperity

Promoting equality of opportunity through targeted intervention

- Tackling health inequalities
- Meeting the skills gap
- Improving access to job opportunities
- Tackling fuel poverty
- Improving education and training opportunities
- Improving access to affordable housing
- Financial and digital inclusion

Developing strong and healthy communities

- Providing mainstream services that are available where needed
- Providing preventive services that are available where needed

Our place

Stockton-on-Tees is a Borough of wide contrasts made up of a mixture of busy town centres, urban residential areas and picturesque villages. The Borough covers approximately 20,000 Hectares (equal to 200 square kilometres or 49.4 thousand football pitches) with a population of about 194,000 people living in 84,000 dwellings.

According to the Index of Multiple Deprivation (IMD 2015), the Borough is ranked 88th most deprived out of the 326 local authorities in England. But, whilst 28% of the population live within the top 20% of most deprived areas of England, 28% live in the 20% least deprived areas.

The Borough's population has increased by 5.6% since the 2001 Census. In future, in total, the Borough's population is projected to increase by 7% in 2030, then by a further 3% in 2039. This equates to an additional 20,000 residents in 2039 versus 2014. Within that overall projected increase, the following 'age group' specific changes are [estimated](#):

Age Groups (Years)	2014 (No. People)	2030 (No. People)	2039 (No. People)	Total Projected Change 2014 – 2030 (%)	Total Projected Change 2030 – 2039 (%)
0 - 39	96,000	100,000	101,000	4%	1%
40 - 64	65,000	61,000	61,000	-6%	0%
65 – 90+	33,000	47,000	52,000	42%	11%

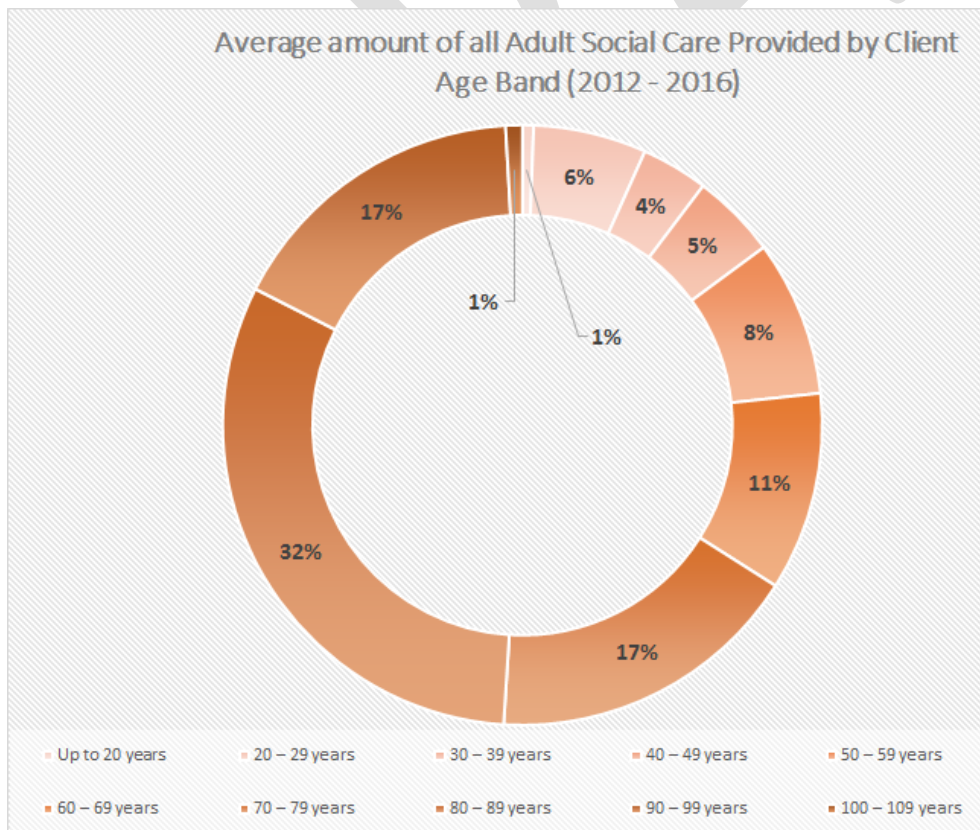
The above table shows that the overall proportion of residents in the Borough who are aged 65 – 90+ years remains the smallest out of all of those three age groups illustrated between 2014 and 2039. But, as a single proportion of the Borough's population, it is the only one projected to grow (from 17% in 2014 to 23% in 2030 and then to 24% in 2039) between 2014 and 2039. In contrast, the 0 – 39 years age range is predicted to shrink from 49% of the total population in 2014 to 48% in 2030 and 47% in 2039. Also in contrast, the 40 - 64 years age range is predicted to shrink from 34% of the total population in 2014 to 29% in 2030 and to remain at 29% in 2039.

Our clients

Each year, on average, we deliver 17,085 adult social care service provisions.

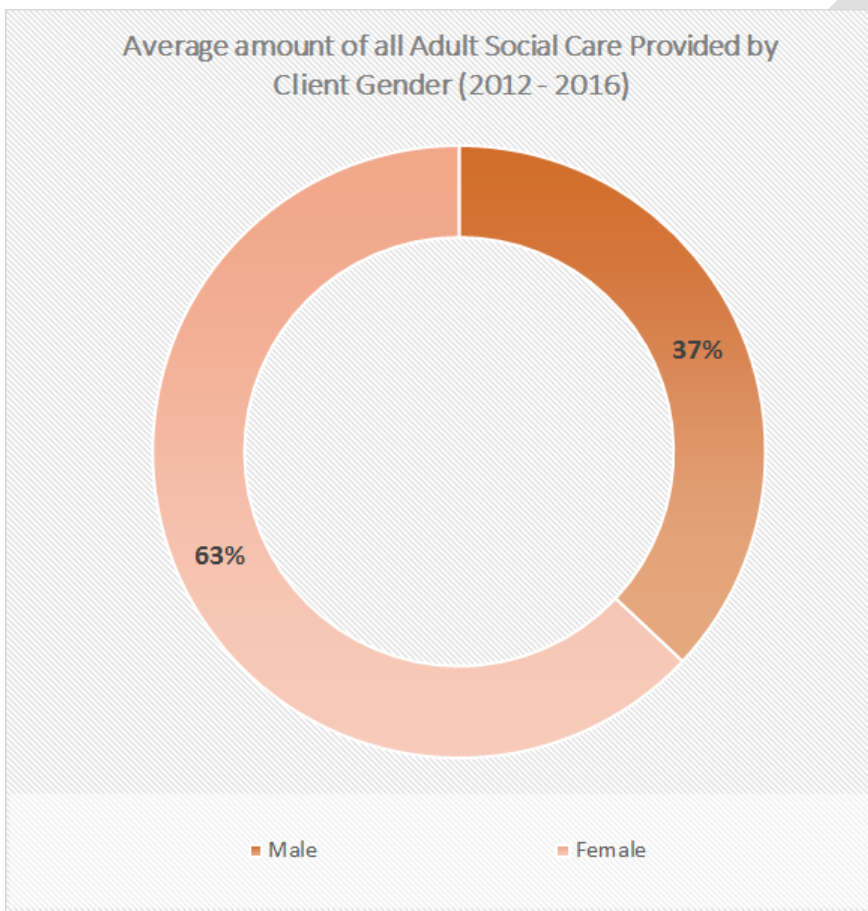
On average, we provide those services to adults aged 18 to 109. Primarily our clients are aged 80 – 89 years.

Client Ages	Average Amount of all Adult Social Care Provided 2012 - 2016
Up to 20 years	0.6%
20 – 29 years	6.1%
30 – 39 years	3.6%
40 – 49 years	4.6%
50 – 59 years	8.4%
60 – 69 years	10.7%
70 – 79 years	17.0%
80 – 89 years	31.5%
90 – 99 years	16.6%
100 – 109 years	0.9%



We provide those services to male and female adults alike. Primarily, our clients are female.

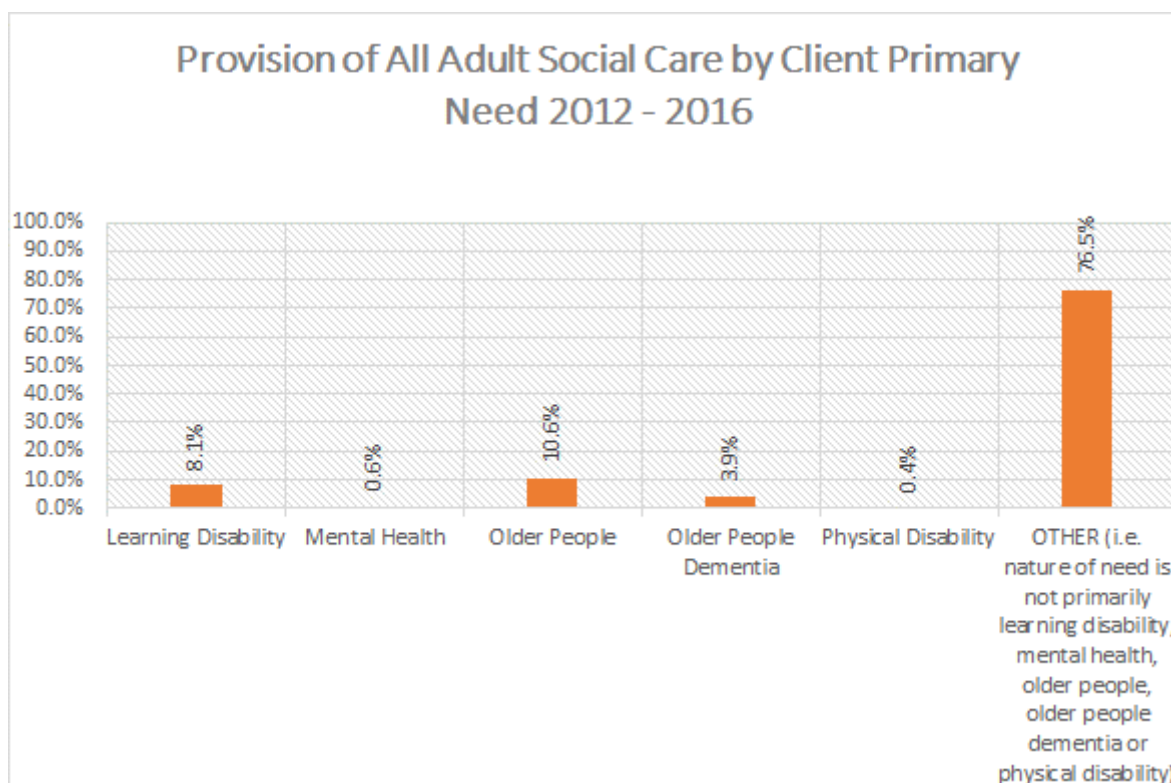
Client Gender	Average Amount of all Adult Social Care Provided 2012 - 2016
Male	37%
Female	63%



We provide adult social care services in order to meet a variety of client needs. Primarily we meet 'other' (i.e. not primarily learning disability, mental health, older people, older people dementia, sensory support or physical disability related) needs.

	Average Amount of All Adult Social Care Provided 2012 - 2016
Learning Disability	8.1%
Mental Health	0.6%

Older People	10.6%
Older People Dementia	3.9%
Physical Disability	0.4%
OTHER (i.e. nature of need is not primarily learning disability, mental health, older people, older people dementia or physical disability)	76.5%



Examples of Services we provide to each different type (in terms of primary need) of client group are as shown below:

Client Needs	Examples of Services Provided
Learning Disability	<ul style="list-style-type: none"> • Day Centres • Residential Care (e.g. Short Stay and Respite) • Transport
Mental Health	<ul style="list-style-type: none"> • Residential Care (e.g. Short Stay)
Older People	<ul style="list-style-type: none"> • Day Centre • Nursing Care (e.g. Short Stay, Respite, Permanent) • Residential Care (e.g. Assessment, Rehabilitation, Respite, Short Stay)
Older People Dementia	<ul style="list-style-type: none"> • Day Centre • Nursing Care (e.g. Discharge Support, Respite, Short Stay, Permanent)

	<ul style="list-style-type: none"> • Residential Care (e.g. Respite, Short Stay)
Physical Disability	<ul style="list-style-type: none"> • Nursing Care (e.g. Short Stay, Respite, Permanent) • Residential Care (e.g. Respite, Short Stay)
OTHER (i.e. nature of need is not primarily learning disability, mental health, older people, older people dementia or physical disability)	<ul style="list-style-type: none"> • Home Care • Occupational Therapy Adaptations (e.g. Maintained and Non Maintained) • Occupational Therapy Equipment (e.g. Maintained and Non Maintained) • Residential Care (e.g. Reablement) • Self-Managed Personal Budget

DRAFT

Our vision for adult social care is ...

... that people can get the right level and type of personalised support at the right time in order to help, prevent, reduce or delay the need for ongoing support and maximise their independence.

DRAFT

Our objectives are to:



PLEASE NOTE:

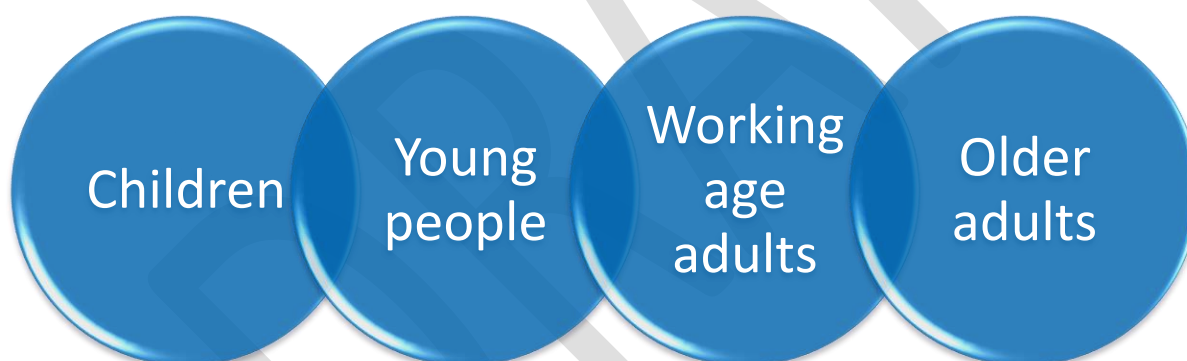
Hyperlinks are used throughout this document to provide easy access to referenced documents and sources of information.

What this means in practice ...

We focus on prevention and early intervention

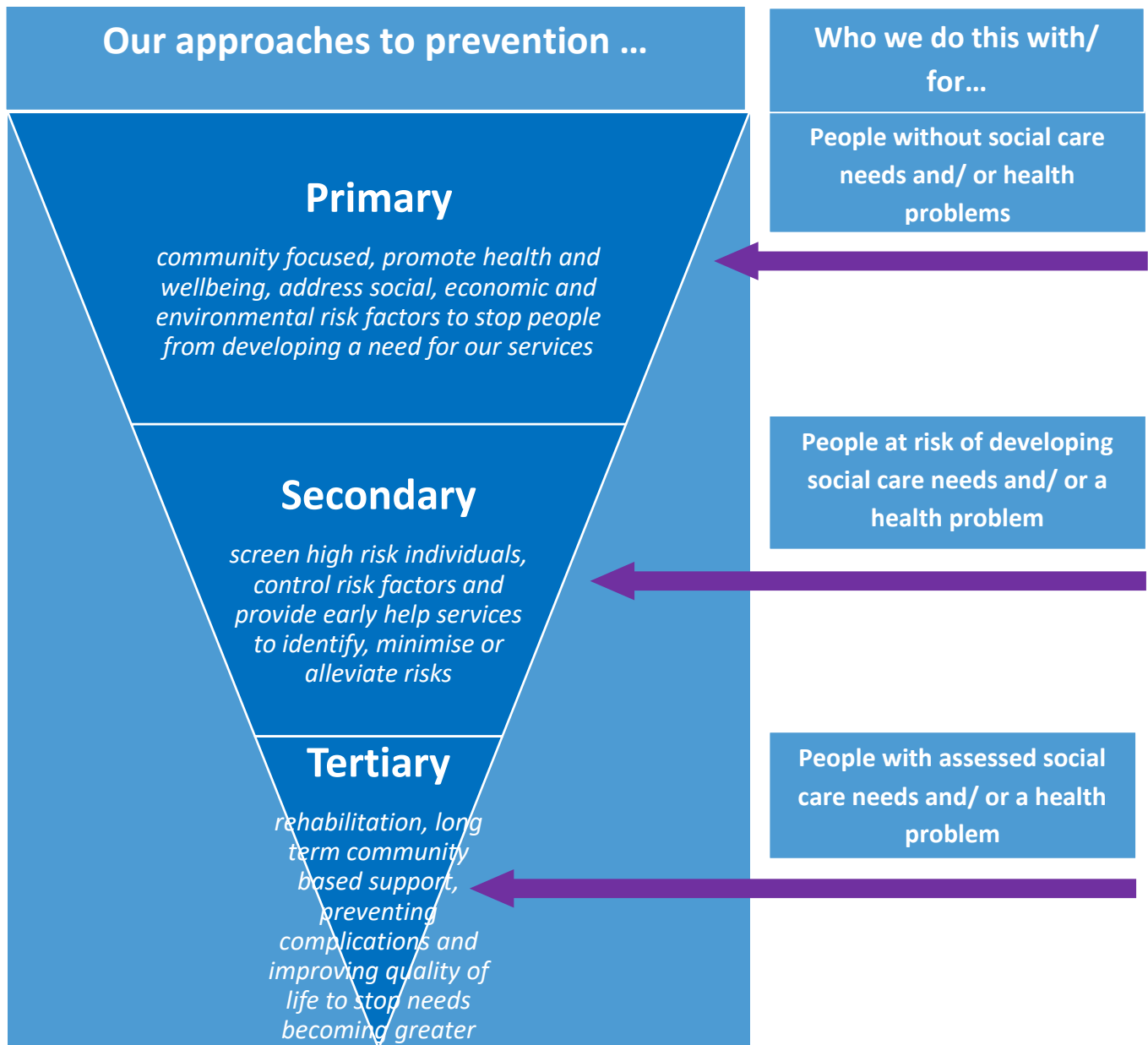
We do all we can, singularly and in partnership, to use [evidence based](#)¹ approaches to preventing, delaying and reducing the need for reliance on adult social care as much as possible. We provide support when assessments and reviews identify it is necessary.

Whilst we focus on adults of all ages, we know that to become an adult, of any age, each of our residents must first of all be a baby, a child and then a young person. With this in mind, we do not wait until a person becomes an adult to help maximise their independence. Instead, with regard to the objectives of the [‘Stockton-on-Tees Health and Wellbeing Strategy’](#) and using [evidence about those who are at risk](#), we work in partnership with other Council teams and services and organisations outside of the Council that work with and for children, young people and adults of all ages.



¹ Using the [Stockton-on-Tees ‘Joint Strategic Needs Assessment’ \(JSNA\)](#)

The diagram below summarises our primary, secondary and tertiary prevention based approaches to maximising independence across the Borough’s adult population. This approach transfers directly to our actions on the ground.



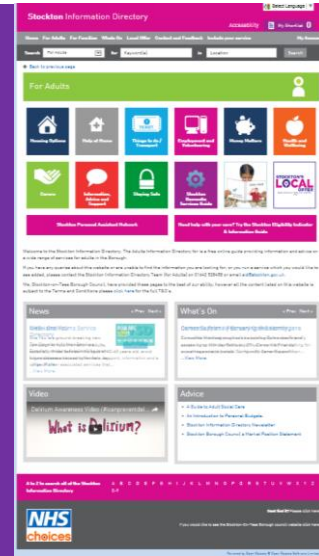
In practice, this means:

Primary Prevention

- Ensure that information, advice and guidance is accessible, responsive, wide ranging and can support people outside of the statutory social care services. For example:

The Stockton Information Directory is a free online guide providing information and advice on a wide range of services for adults in the Borough, including:

- Housing
- Help at home
- Money matters
- Transport



Provided in partnership by Stockton Borough Council and North Tees and Hartlepool NHS Foundation Trust, the **Multi-Disciplinary Service (MDS)** is an integrated health and social care team.

The MDS provides short term early intervention and prevention to help people (aged 65 and over, who live in the Borough of Stockton-on-Tees and who are not under the care of a social care professional) remain safely in their own home in order to prevent avoidable hospital admissions and referral into long term social care. Its clients do not need a Care Act Assessment to receive the service. Instead, the process starts with a Well-being Facilitator completing a comprehensive wellbeing assessment. The facilitator then works with the client to produce an integrated, personalised, support plan. That plan may include a referral to other health, social care and voluntary sector services and is coordinated by the Well-being Facilitator.

Secondary Prevention

- Promote better health and wellbeing by working with families, communities, voluntary groups and partners to help ensure that people can benefit from services, facilities or resources which improve their well-being. For example:

We have delivered the 'Warm Homes Healthy People' initiative since 2012. It aims to help and support residents whose health conditions make them more vulnerable during the winter months.

The initiative can provide the following type of help:

- Emergency heating
- Energy debt advice
- Welfare benefits advice and assistance
- Home handyman service
- Installation of smoke alarms and carbon monoxide detectors



Tertiary Prevention

- Use approaches, equipment and technology to provide less intrusive and more cost effective care. For example:



Intermediate Care & Reablement Home Care Services

People sometimes need to temporarily draw upon community-based support services. For example, when a person experiences a permanent disability or temporary illness, a fall at home, a crisis at home or a change in circumstances relating to their Carer.

At these times, our **Intermediate Care & Reablement Home Care Services** can support people by focusing on a personalised approach to improving their well-being.

The support service is provided for up to six weeks. It works by supporting people in their own home to, for example: regain skills and confidence in completing everyday tasks and activities such as making meals, washing and dressing; gain new skills to manage at home; and, help them get back on their feet after a stay in hospital. The Service can also put people in touch with other support services.

Our **Telecare** services use information and communication technology to support and assist people in their own home.

Telecare helps minimise risks such as a fall, can be used to alert people to gas leaks and floods and can also support people's health and wellbeing - all of the time and/or during emergencies. Examples of what we can provide include:

- Flood detectors
- Bed occupancy sensors
- Fall detectors
- Property exit sensors

DRAFT

We work with individuals, their families and carers

Our approach is firmly based on a philosophy of working with individuals and communities to recognise and use their strengths to build their resilience. This approach is pivotal to and permeates through all that we do.

The starting point is the meaningful conversation we have with each individual who approaches us with a query or request for assistance. This helps us understand an individual's life circumstances and identify how they may best maximise their independence. We then work with individuals and their families to produce a personalised approach or plan for them to regain, retain and maintain as much of their independence as possible.

At the same time, we use our Evidence Base and work with partners and communities across the Borough to identify and support those at risk of needing social care and/or health service support at whole population level and also in geographic 'hot spots' across the Borough. We do this by using our Evidence Base to help design, support and promote services that are provided by us, other Council services, health and/or the voluntary community sector. All such services seek to promote and maximise adult independence across the Borough.

When individuals have an assessed need for adult social care, we provide a personalised plan of services and support. This tends to usually be the case for people with particularly complex needs, who are unable to live independently and whose families and communities are unable to provide all of the support they need. In this respect, our key Client Groups may be considered to be:

Adults at risk of abuse and neglect

Adults with Dementia

Adults with mental health issues

Adults with sensory loss

Adults who are older and who lack independence

Adults with Autistic Spectrum Disorder (ASD)

Adults with learning disabilities

Adults with physical disabilities

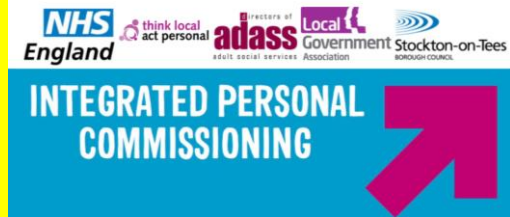
Carers

Young people moving from Children's to Adults' Social Care

In practice, this means we:

- Work with the voluntary community sector (VCSE). For example:

Integrated Personal Commissioning (IPC) – **Your Voice, Your Choice** - is a new voluntary approach to joining up health and social care for people with complex needs.

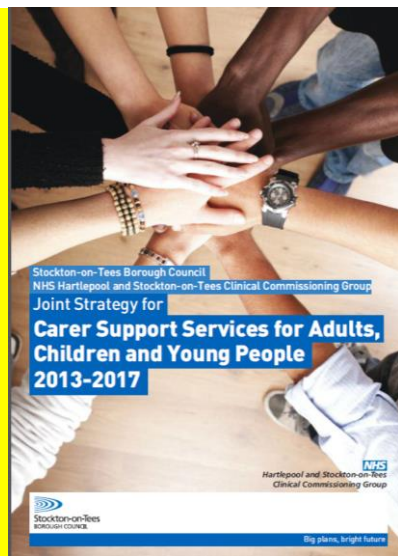


Your Voice, Your Choice offers people with complex needs the ability to tailor their support and care in ways that are effective, beneficial and meaningful to their lives. It gives individuals a say in the way their care budget is spent to achieve better health, care and independence.

It is aimed at individuals with high levels of need, who often have a combination of health, social care and support needs and for whom a personalised approach would help address barriers and problems identified associated with more traditional types of care provision.

Stockton-on-Tees is the only Borough in the North East of England which is part of the first wave of demonstrator sites for the Integrate Personal Commissioning (IPC) Programme.

- Support Unpaid Carers. For example:



Providing care for another person can be a rewarding and fulfilling experience. There are times, however, when it can be physically and emotionally demanding.

As set out in our Carers' Strategy, we are committed to supporting Carers to have good physical and emotional health and wellbeing in order to enable them to continue to support their relative or friend for as long as they are able and willing to do so.

When we are made aware that an individual provides or intends to provide care for another adult, subject to the Carer's agreement, we carry out a Carer's Assessment. The Assessment identifies what support the Carer needs and we work with the Carer to ensure their personal needs are met.

- Provide specialist support to those who require it and advice and information to those who care for them and the wider community. For example:

The Halcyon Centre provides care, support and stimulation for adults, including older people and those living with Dementia. It also provides support and information to Carers and the community.

It is a friendly and welcoming environment, with seven spacious rooms and a large dining area as well as outdoor spaces including raised allotment beds, a wildlife garden and a specialist sensory garden.

In 2013, the Centre was awarded Government funding to support the cost of transforming it into a centre of excellence in dementia friendly design and care.

The LiveWell Dementia Hub (which is located to the rear of the Halcyon Centre) provides facilities to offer the general public information and advice about dementia and related issues, alongside a memory clinic and activities for various groups working in partnership with the VCSE sector.

Halcyon Centre



DRAFT


We work in partnership

For our prevention focused work to be successful, an integrated, whole system, approach needs to be taken with all of our partners and stakeholders, both within and beyond the Council. This means we work in partnership, both internally and externally:

Internal Partnership Working	External Partnership Working
<p>Other Council Services and Teams. This includes, for example:</p> <ul style="list-style-type: none"> • Children’s Services • Community Services • Housing • Public Health • Planning • Sports Development 	<p>Individuals, their families and their carers</p> <p>Communities across the Borough</p> <p>The NHS (particularly day to day health care providers such as GPs and providers of long term care in community settings)</p> <p>Housing providers and services</p> <p>Private sector organisations</p> <p>VCSE groups and organisations</p>

Internal Partnership Working

Our approach involves all appropriate Council services. Particularly notable examples of this include:

<p>We promote the maximum possible independence for people with assessed social care needs. This includes considering how people travel to activities, facilities and services which are part of their care package. We assess if they can travel independently or require travel support.</p> <p>Most people who access Day Centres in the Borough require travel support. This may be provided to them by the Council’s Community Transport team. That team does not sit within the Adults and Health Directorate. We work closely with them to ensure quality of provision for our clients.</p>	 <p>IMAGE to be secured</p>
---	--

External Partnership Working

Particularly notable examples of this include:

Supported Living, also known as extra care or housing with care, can take a number of forms. These include:

- Extra Care Housing
- Sheltered Housing
- Assisted Living
- Close Care
- Continuing Care Environments
- Care Villages

This type of accommodation allows people more independence than a care home along with additional care for extra piece of mind. This could include resident management staff, mobility facilities and community alarm services.



The '**Five Lamps Home Care Service**' is a highly innovative, new, 'not for profit', home care service which has been developed by us with Five Lamps, a charity which delivers a range of social and financial inclusion services.

Supporting people in the Thornaby and Ingleby Barwick areas of the Borough, **Five Lamps Home Care** is working as a regulated home care provider to provide an effective and safe home care service to meet the needs of service users and enhance wellbeing and independence. Examples of duties carried out by the Team include: helping service users to dress, wash, eat, get out and about in the community and to enjoy activities.

Importantly, this project is also helping us to better understand how such a novel, 'not for profit', approach could be applied across other areas of Adult Social Care and the scale and variety of benefits it may yield as a result.

All of our partnership working, whether strategic or operational, is informed primarily by:

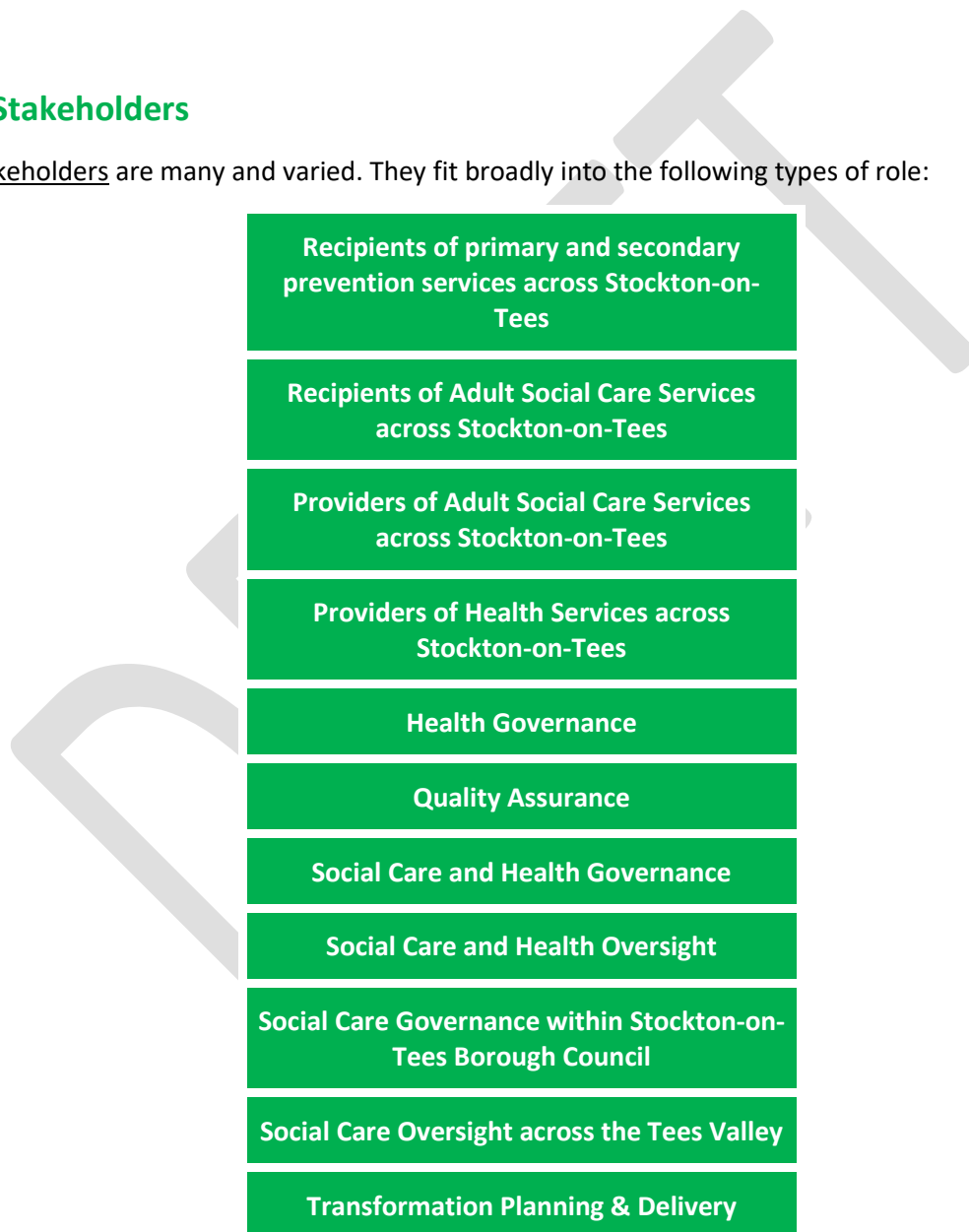
- The Stockton-on-Tees Joint Strategic Needs Assessment (JSNA)
- All of our key stakeholders
- The Council Plan, the Council's Medium Term Financial Plan (MTFP) and a number of other key local Strategies and Policies

The Stockton-on-Tees Joint Strategic Needs Assessment (JSNA)

The JSNA identifies, defines and identifies the wider health and well-being needs of the people of Stockton Borough. It brings together - in one place - information, statistics, data and analysis. It enables the widest spectrum of partners and organisations (whether public, private or VCSE) to have the intelligence they need to ensure health and social care strategies, commissioning and service delivery work together for better provision of services for areas of greatest need.

Our Key Stakeholders

Our key stakeholders are many and varied. They fit broadly into the following types of role:



Key Local Strategies and Policies



We deliver our statutory duties

Some legislation is key to all that we do and how we do it. Other legislation governs our work with specific client groups. In particular, the Care Act 2014 provides the context and direction for all that we do.

The Care Act 2014

In very general terms, the Care Act helps improve people's independence and wellbeing. In view of that, it gives Local Authorities the following universal responsibilities:

- **Prevent reliance on adult social care and/ or delay people deteriorating in such a way that they then need ongoing care and support**
- **Provide information and advice to people so that they can make good decisions about their care and support**
- **Shape and stimulate the market of care and support services to ensure high quality, appropriate services are locally available**

More specifically, the Care Act 2014 sets out that Local Authorities must:

- Make sure that people in their area:
 - receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
 - can get the information and advice in the they need to make good decisions about care and support, including identifying where people can get independent financial advice about care and support
 - have a range of provision of high quality, appropriate services to choose from
- Identify unmet need for health and social care
- Identify unmet needs of Carers
- Promote individual wellbeing² and integration between health and social care functions
- Provide after care under Section 117 of the Mental Health Act 1983 (as amended in 2007)

² The Act defines wellbeing as social and economic wellbeing, personal dignity, control over daily life, participation in education, work or social activities, relationships with other people, having suitable accommodation, protection from abuse and neglect.

- Provide discharge from hospital services which are aimed at reducing needs and helping people regain skills
- Regulate care providers
- Ensure that safeguarding arrangements act to help and protect adults
- Work with their communities and provide or arrange services that help keep local people well and independent

Other legislation which governs our work includes:

**Mental Health Act 1983 (as amended
in 2007)**

Data Protection Act 1998

Mental Capacity Act 2005

Freedom of Information Act 1998

Health and Social Care Act 2012

Human Rights Act 1998

Children and Families Act 2014

Equality Act 2010

A particularly notable example of how we work within the above legislation is:

Deprivation of Liberty Safeguards

The Mental Capacity Act (2005) is the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

For a person to be deprived of their liberty, they must be:

Subject both to continuous supervision and control

&

Not be free to leave

If a person lacks capacity to consent to care arrangements involving a Deprivation of Liberty, authorisation is needed from either the Court of Protection, or through the Deprivation of Liberty Safeguards (DoLS) in the Mental Capacity Act 2005.

The DoLS make the Managing Authorities (i.e. care homes or hospitals) to request authorisation of a Deprivation of Liberty. Such requests must be made to a Supervisory Body for authorisation of the DoL where it has been identified that a person who lacks capacity is being, or risks being, deprived of their liberty. We are the supervisory body for the Borough of Stockton-on-Tees.

When a DoLS application is made to us, our DoLS Team arranges for a number of assessments to be completed. When the completed assessments have been returned, a Senior Manager checks the assessments. If appropriate, the Deprivation of Liberty will be authorised.

DRAFT

We are safeguarding adults

We treat all people as individuals, with dignity and respect and safeguarding adults is a priority for us. This means, working alone and in partnership, we prevent and stop both the risk and the experience of abuse and neglect in order to protect adults' rights to live in safety, free from abuse and neglect.



The Teeswide Safeguarding Adults Board is the statutory body that sets the strategic direction for safeguarding. The Board is responsible for protecting and promoting an adults' right to live an independent life, in safety, free from abuse and neglect in the Boroughs of Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees. The Board is led by an Independent Chair and has strong links with a number of local partnerships including Local Safeguarding Children Board's (LSCBs), and the Community Safety Partnerships across Tees.

Population wide, we work with individuals to enable them to understand and manage risks appropriately. At the same time, we provide arrangements to keep adults safe from significant harm. We also work to raise population level awareness of what safeguarding is and what to do when a safeguarding issue is taking/ has taken place or is believed to be taking/ have taken place.

We take any information about a safeguarding concern seriously and are sensitive and understanding to the concern. All safeguarding concerns should be made directly to our First Contact Team who then pass the concern to our Adult Safeguarding Team.

That Team then undertakes an enquiry (e.g. a conversation with the affected adult or with a representative of that person if that person lacks capacity to have a conversation) to decide whether or not something needs to be done to help and protect the affected adult.

If action is needed, a social worker from our Adult Safeguarding Team will gather further information from the concerned person and the adult.

The adult in question is always involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse.

Please [click here](#) for more information about how we keep adults safe.



We continue to work closely with the NHS

The landscape of health and social care service provision is changing rapidly. We are committed to helping lead and shape, engage in and support all work to bring that about, appropriately and effectively, in the Borough.

There is a national drive towards integrated working between health and social care in future. We are, however, already doing this in highly transformative ways in some areas. All of our work in this regard is founded on the following building blocks:



A key example of how we work with the NHS is:

Registered with the national Care Quality Commission ([CQC](#)), the **Rosedale Centre** is a short-term residential Discharge Support, Rehabilitation and Assessment Centre. It is funded jointly by the NHS and Social Care via the Better Care Fund.

People are admitted to the Rosedale Centre on a voluntary basis for a period of up to six weeks. Admission usually takes place after discharge from hospital and gives people more time to recover, ensuring they are not rushed or pressured to make important decisions.

Support Workers, with the help of NHS Occupational Therapists and Physiotherapists, work alongside clients to give care and support and encourage people to be as independent as possible. Their aim is to maximise a person's level of functioning and this often means that people are given a personalised exercise programme.

People staying in the Rosedale Centre will also be supported to think carefully about their future support needs. There are different ways of providing this. Many people return to their own homes to live independently, whilst others need regular assistance or support with Telecare. Some other people will need longer term residential care provided in a residential care or nursing home. Alongside their families, our social work team can provide people with professional help and assistance in making



important decisions about their move on from the Centre. Once those decisions are made, they are confirmed at a Review Meeting.

Along with Support Workers and Therapists from the Centre, any family members who people want to have in attendance will be invited to that Review meeting. Once the meeting is concluded, planning will take place to organise either a return home (with a personalised support and care plan) or a move into a Care Home that the person wishes to move into.

Better Care Fund

As we approach 2020³, a key area of our work with the NHS and the voluntary community sector is the development and delivery of the Stockton-on-Tees Better Care Fund (BCF) Plan. This is directly linked to and underpinned by our objectives of prevention and partnership working.

Our BCF plan has been developed by us and the NHS with close regard to the Care Act 2014, evidence of our population's social care and health needs, our vision for adults across the Borough (encapsulated in this Strategy), our 'Council Plan' and the Council's Medium Term Financial Plan (MTFP). The following strategic plans - which together form the basis of the move towards national and local integration of health and social care – have also influenced the Plan:

- [The NHS Hartlepool and Stockton-on-Tees Local Digital Road Map \(LDR\) Narrative 2016/17](#)
- [The NHS Sustainability and Transformation \(STP\) Plan 2016 – 21](#)
- [NHS Hartlepool and Stockton-on-Tees \(HaST\) Clinical Commissioning Group: Planning & Commissioning Intentions](#)

Sustainable Transformation Plan (STP)

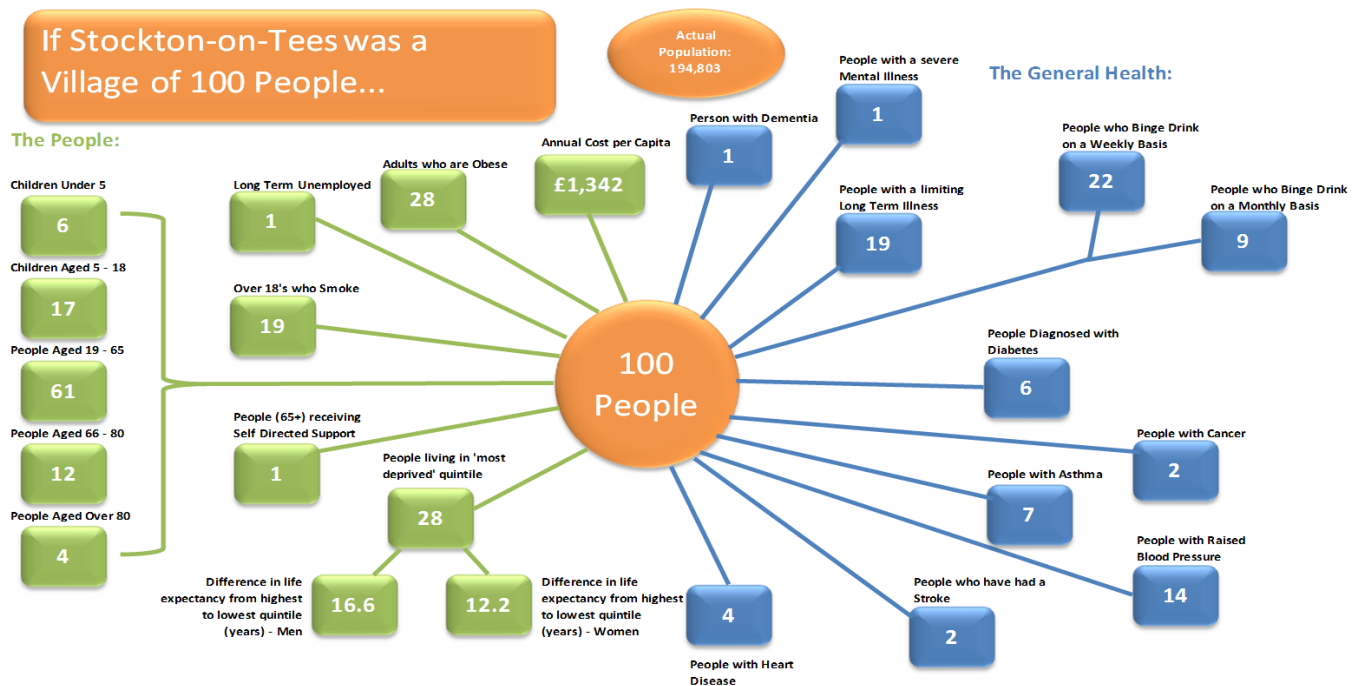
NHS England has set out that Sustainability and Transformation Plans (STPs) must be developed by NHS organisations by 2021 in order to tackle three key improvement challenges:

- Health and wellbeing of the population
- Quality of care that is provided
- Efficiency of NHS services

³ This is the date by which Government has stated that plans for the integration of health and social care services across England must be delivered.

We are highly committed to engaging in the development of the Sustainability and Transformation Plan (STP) for our local area. The STP which covers Stockton-on-Tees identifies four priority areas:

- Preventing ill health and increasing self-care
- Health and care in communities and neighbourhoods
- Quality of care in our hospitals – “Better Health Programme”
- Use of technology in health care



SOURCE: Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)

Moving forward, we will continue to work with our partners to develop the STP; ensure best use of the Better Care Fund in planning services to promote independence; and, develop resilient community based hubs including GPs, community health staff, social care and voluntary community sector.

We maximise the use of scarce financial resources

In very plain terms, whilst we have a financial resource available to us, it is becoming increasingly scarce. We must aim to maximise the value from each and every £ we spend, whether that is individually or in partnership. In itself, paucity of financial resource does not however determine what we do.

The Council's Medium Term Financial Plan (MTFP) sets out how we manage our financial resources. The Council's approach to 'Smarter Working' helps ensure that what we do and how we do it is as efficient and effective as possible. In practice, this means we are:

- Using intelligence and evidence to make a bigger impact
- Being efficient and productive through working in different ways and financial sustainability

Within the Adult Services and Health Directorate, this means, in future, we will, for example:

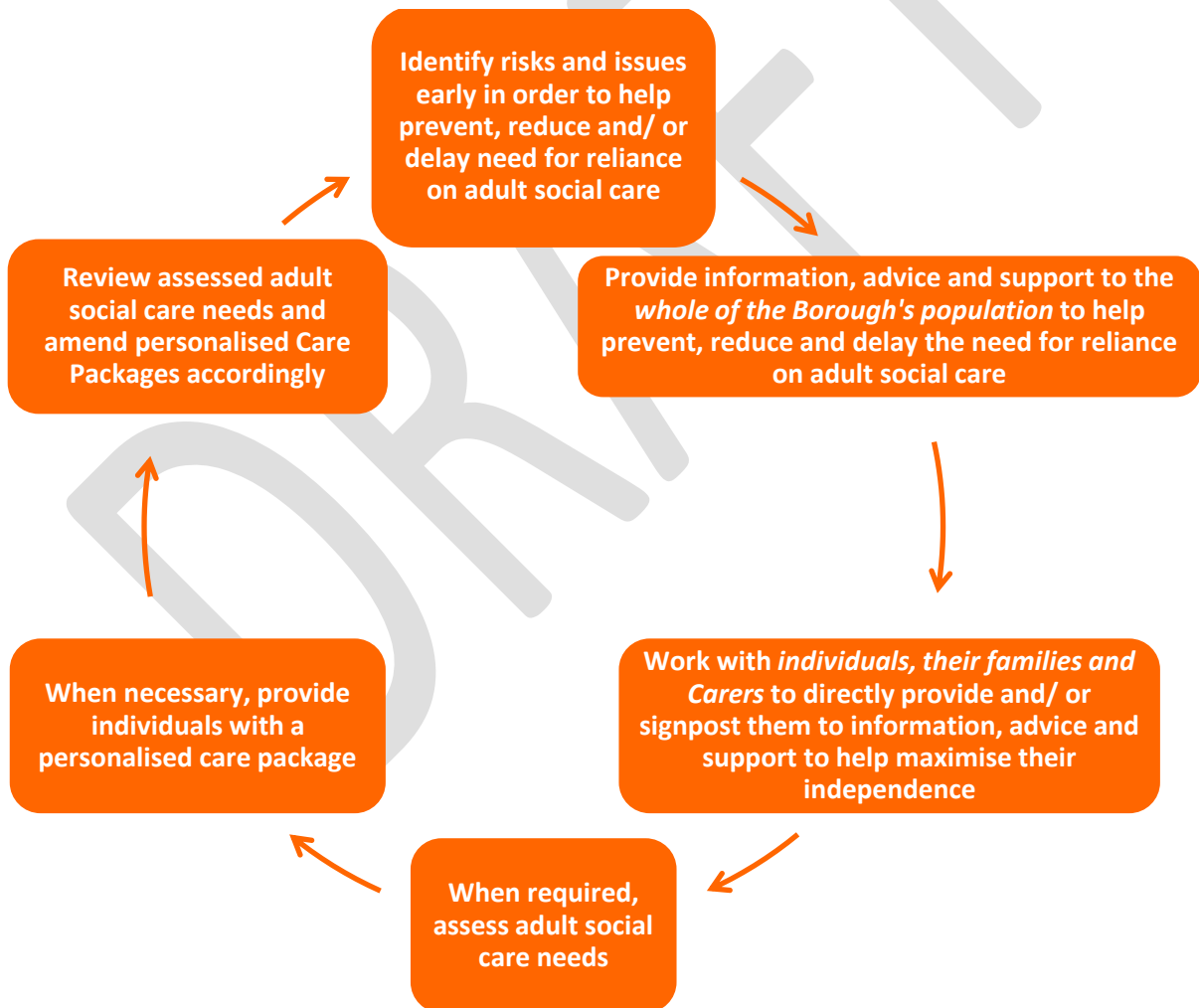
- Draw more upon evidence of existing and unmet need to design and provide support and assistance where it is most needed across the Borough, working by ourselves and in partnership to help ensure that needs are met.
- Increase the use of existing and new technologies to make it possible for our clients to access services and engage with us and our providers remotely/ digitally and, where possible and appropriate, meet assessed needs in new and different ways.
- Continue to regulate and work with those who provide care on our behalf to ensure quality of practice and constantly review people's care arrangements to ensure their outcomes are being met as appropriately as possible and in a cost effective way.

We ensure most effective and appropriate use of our own and our providers' workforces

Quality of practice is of paramount importance to all that we do, both singularly and in partnership, whether in house and/ or with external providers.

Statutory requirements and our Evidence Base determine the services we provide.

Across the Borough, our workforces (both our direct employees and our providers' workforces) act for us in more than one way. Maximising quality of practice throughout, they:



Systems, processes and practices are regularly reviewed to help maximise our clients' independence and reduce unnecessary expenditure and we regularly monitor and evaluate how our workforces meet our clients' assessed needs.

To support this moving forward we will develop a workforce development strategy.

DRAFT

Appendix 1

Our Key Stakeholders (as at February 2017)

Stakeholder Roles	Our Key Stakeholders			
Recipients of primary and secondary prevention services across Stockton-on-Tees	Borough wide adult population			
Recipients of Adult Social Care Services across Stockton-on-Tees	Adults with assessed social care needs	Carers with assessed social care needs		
Quality Assurance	Care Quality Commission (CQC)			
Service Providers	NHS (Community, Primary and Acute settings including TEWV)			
Transformation Planning & Delivery	STP Board	BCF Delivery Group	North of Tees Partnership Board	
Health Governance	HaST CCG			
Social Care and Health Governance	Adults' Health and Wellbeing Partnership	Adults' Health and Wellbeing Commissioning Group	TEWV/ SBC Partnership Mental Health Board	Health and Wellbeing Board
Social Care and Health Oversight	Local HealthWatch	HealthWatch England	Public Health England	
Social Care Oversight across the Tees Valley	TSAB (Teeswide Safeguarding Adults' Board)			
Social Care Governance within Stockton-on-Tees Borough Council	Council	Cabinet	Adult Services and Health Select Committee	
Providers of Adult Social Care Services across Stockton-on-Tees	Direct employees	Commissioned providers	VCSE	Adults' Management Team

Appendix 2

Other legislation which governs what we do

<u>Mental Health Act 1983 (as amended in 2007)</u>	Relates to our work with adults who have mental health issues
<u>Mental Capacity Act 2005</u>	Relates to our work with adults who are unable to make decisions for themselves
<u>Health and Social Care Act 2012</u>	Relates to our work with health particularly in respect of commissioning
<u>Children and Families Act 2014</u>	Relates in particular to our work with young people who are moving from children’s social care into adults’ social care
<u>Data Protection Act 1998</u>	Relates to all of our work, with all of our clients
<u>Human Rights Act 1998</u>	
<u>Freedom of Information Act 2000</u>	
<u>Equality Act 2010</u>	