

Appendix 2: Proposed target operating model for Adult Social Care

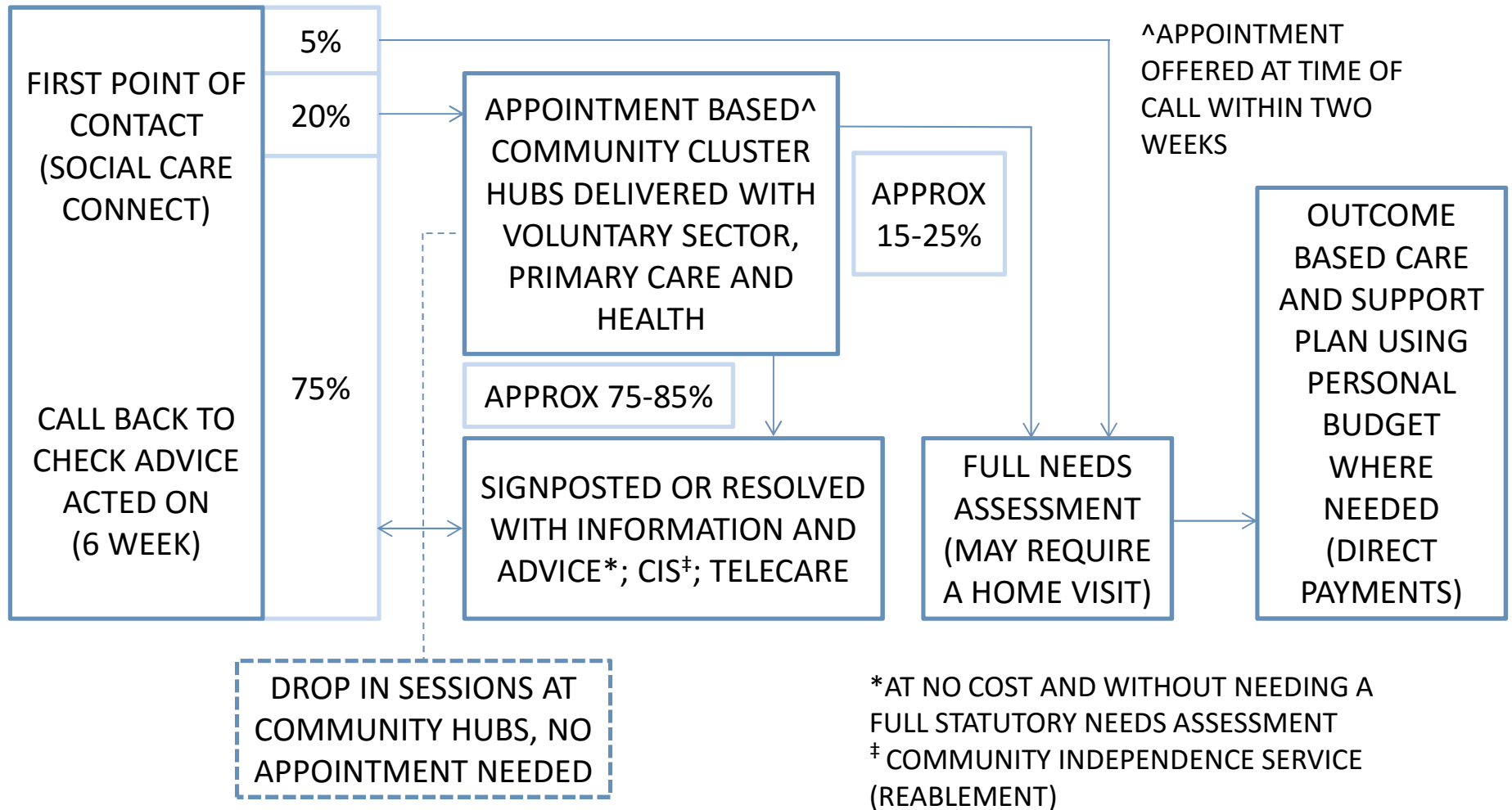
Fundamental shift in practice

MOVING FROM A SYSTEM CHARACTERISED BY TO ONE WHERE THERE IS
Doing things to/for people and creating dependence	A focus on enabling people to do things for themselves, promoting independence
Seeing the individual in isolation	An emphasis on family and social networks
Highlighting what people cannot do	Attention given to what people can do
Undertaking assessments for services which offer standard solutions	An 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

Values

- Confidence in the inherent ability of the individual
- Continuous focus on maximising independence throughout the customer journey
- Identifying what is important to the individual and what their goals are
- Supporting people to identify their own resources, those within their family and friends networks and local community assets to meet their needs in the first instance
- Providing help when people need it without the presumption of long term support
- Keeping statutory support as the final option in their toolkit, even if someone already has a support package
- Being risk aware but not risk averse
- Working collaboratively with colleagues and trusting in their abilities

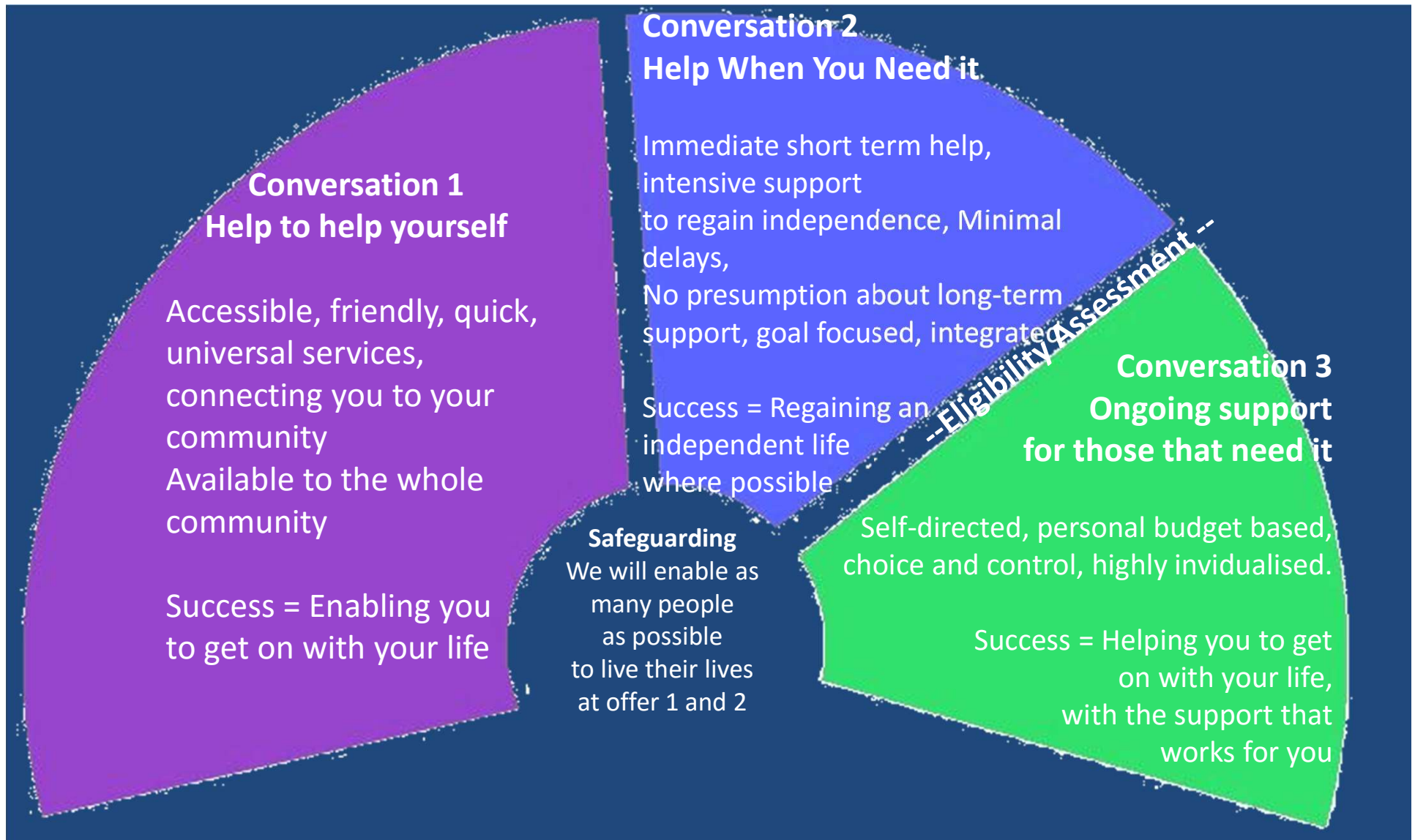
Target Operating Model



Customer experience

CURRENT	FUTURE
Information and advice (Southampton Information Directory) not kept up to date	Clear, relevant information, regularly updated
Not able to get through easily to someone who can provide advice and support	Easy to get in touch via multiple channels (phone, internet, webchat etc.), including drop-in to community cluster hubs (two 'front doors')
Initial contact not staffed by people with the relevant knowledge and experience to resolve issues	Adult social care, safeguarding and Occupational Therapist experts to join customer calls at the first point of contact
Long waiting lists at each stage – SPA, CIS, Care and Support Teams	If necessary, appointment within two weeks at community hub, confirmed at time of first call
Not knowing where you are in the process or how long you will have to wait	Next step arranged at time of call, clarity over where you are in process and timescale (courier-style tracker)
Not knowing what to expect from the assessment process	People will be primed to think about independence and to prepare for appointment or assessment
High expectations leading to dependency	Solution-focussed and independence-centred conversations

Three Conversation Model



A city of opportunity where everyone thrives



SOUTHAMPTON
CITY COUNCIL

Organisational design

Current

Customer Services Team (CSL)
Single Point of Access Team (SPA)
Integrated Social Care and Health Teams
Hospital Discharge Team
Care and Support Teams – East, West and Learning Disability
Safeguarding Team
Review Team
Out of hours emergency service

Proposed

“Front door”	
“Social Care Connect”	Hospital discharge – acute and community hospitals
Integrated Community Independence Service	
Integrated Mental Health Service	
Integrated LD Service	
Community Wellbeing Team – cluster based	
Quality Assurance and Safeguarding hub	
Out of hours emergency service	
Saving	

Reablement/active recovery – existing service delivered with Solent NHS Trust

Reconfiguration of existing service under a new partnership agreement with Southern Health NHS Foundation Trust

New service with CCG continuing healthcare team and Southern Health NHS Foundation Trust

Safeguarding policy and coordination; Principal Social Worker for Adults; Quality; Deprivation of Liberty Safeguards (DOLS)