

ADULT SOCIAL CARE, HEALTH AND HOUSING OVERVIEW AND SCRUTINY PANEL

11 SEPTEMBER 2018

SUPPLEMENTARY PAPERS

TO: ALL MEMBERS OF THE ADULT SOCIAL CARE, HEALTH AND HOUSING OVERVIEW AND SCRUTINY PANEL

The following papers were circulated at the above meeting.

Gill Vickers
Executive Director: Delivery

Minutes And Matters Arising Arising from the Actions Log update, Action 1. Additional data supplied By Rohan Wardena, Transformation programme Lead: Adult Social Care, Health and Housing relating to the conversations approach reporting Sustainability Transformation Partnership (STP) To Integrated Care System (ICS) Update Sir Andrew Morris OBE Hon FRCP, Lead for the Frimley ICS provided the panel with the Frimley Health and Care System Plan On A Page.



ADULT SOCIAL CARE CONVERSATIONS REPORTING EXTRACT

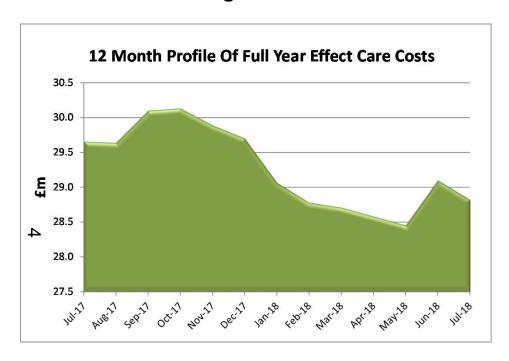
Management information for July 2018 - DATA EXTRACT IN DRAFT

Care Management	Timeframe	ACT	СМНТ	CMHT OA	CTPLD	CTASD	Total
New contacts received in the month	F	77	17	33	8	2	137
Of which: First Conversation (Client)	F	66	7	12	2	2	89
First Conversation (Carer)	F	1	1	13	1	0	16
New Assessments completed	F	43	5	21	0	3	72
ω Second conversation	F	40	3	13	0	2	58
Third conversation	F	3	2	8	0	1	14
New Assessments in draft	F	1	2	4	0	0	7
Second conversation	F	0	0	1	0	0	1
Third conversation	F	1	2	3	0	0	6
Current long term support services	S	404	48	215	279	50	996

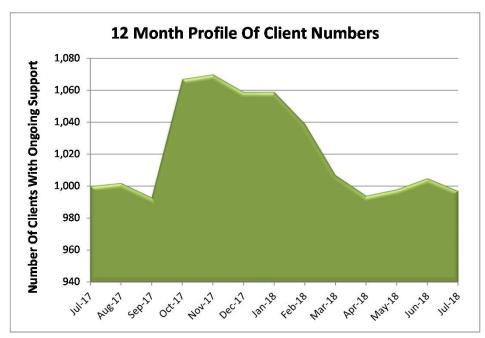
Timeframe Key: F= Full Month Data, S = Snaphot at Month End

ADULT CARE COSTS & NUMBER OF CLIENTS - 12 MONTH PROFILE

Care Costs Including Client Contributions



Clients With Ongoing Support Needs



National

MIGRAD BLINGIGHT

Frimley Health and Care System Plan On A Page



Five Year Priorities

Transformation Initiatives

Ballymore solution (Survey)

change to improve wellbeing, increase Priority 1: Making a substantial step prevention, self-care and early detection

long term conditions condition outcomes including greater self across all providers for people with single management and proactive management Priority 2: Action to improve long term

support madet including a comprehensive S. Care and Support: Transform the social care capacity and demand analysis and market

variation to improve outcomes and maximise 6. Reducing clinical variation: Reduce clinical value for individuals across the population

Enablers

Estates

emergency care, including integrated Priority 4: Redesigning urgent and

timely care in the most appropriate place working and primary care models providing

1. Provention and Self-care: Ensure people have responsibility for their own health and wellbeing the skills, confidence and support to take

integrated decision making hubs to provide single 2. Integrated care decision-making: Develop points of access to services such as rapid response

model of general practice provided at scale 3. GP Transformation: Lay foundations for a new improve resilience and capacity including development of GP networks to

4. Support Workforce: Design a support workforcs that is fit for purpose across the

Local

prolonged hospital stays

complex physical and mental health long management of frail patients with multiple Priority 3: Frailty Management: Proactive

term conditions, reducing crises and

record that is accessible to professionals across 7. Shared Care records implement a shared sare

citizens across the population,

outcomes and maximise value for inequalities across pathways to improve

Priority 5: Reducing variation and health

Cross cutting Programmes

Urgent and Emergency Care Mental Health and Disabilities Learning

Cross cutting Programmes

Cancel

Children and Young People

Maternity

Enablers

Workforce

Analytics

Digital & Technology

Comms & Engagement

