

Report to: Executive Cabinet Member
Deputy Leader's Portfolio
Executive Cabinet Member
Regeneration and Resources

Date: 30th June, 2014

Report of: Adrian Crook, Assistant Director
Integration and Provider Services

Report No:

Contact Officer: Teresa Morris
Integrated Neighbourhood Team
Project Lead

Tel No: 01204 337823

Report Title: Integrated Neighbourhood Teams Council Staffing Proposal

Purpose:

To establish the council posts required to deliver the first phase of Bolton's proposed Integrated Neighbourhood Teams targeted for older people at risk of hospital and or care admission.

The aim of delivering integrated neighbourhood teams is to

- keep residents well, physically and mentally independent and in their own homes reducing their risk of admission to hospital and/or care home
- Provide a good health and social care experience for residents and their families and carers
- Meet the challenges of rising need for health and social care services within dwindling resources
- Provide care that centred around the needs of the individual

Recommendations:

It is recommended that the Executive Cabinet Member

1. Endorses the proposal and commits the investment required for implementation;
2. Establishes the posts as requested
3. Receives further updates and evaluation prior to large scale implementation in April 2015 when a report will be produced to establish further council posts

Decision:

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**Background
Doc(s):**

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1. Executive Summary

1.1 Closer integration of health and social care has been a recurrent theme of public policy. The national framework document, [Integrated Care and Support](#) clearly signals the Government's commitment to integrated care and the willingness of national organisations to work together to ensure that policy and regulatory levers support this approach.

1.2 UK and international evidence suggests that integrating care can deliver better outcomes, improve individual experience and support cost containment, and that significant improvements can be made through a dual focus on redesigning services and supporting people to self-care. System level integrated care addresses the fragmentation of care, shifts the focus away from individual organisations and can provide powerful incentives to focus on prevention, self-care and cost reduction at a neighbourhood level.

1.3 The development of an integrated model for the delivery of health and social care across Bolton is a joint programme between Bolton Metropolitan Borough Council, NHS Bolton Clinical Commissioning Group, Bolton NHS Hospital Foundation Trust, and Greater Manchester West NHS Mental Health Foundation Trust. There is full commitment from the Council Cabinet and Boards of each of the four organisations to the delivery of an Integrated Health and Social Care system by 2015/16, which is evidenced through the strategic intentions and plans of each organisation and supported by [Bolton's Health and Wellbeing Board](#).

2. Introduction

2.1 As the population of Bolton grows older, the health and social care system in the borough is under increasing pressure from a combination of reduced resources and increasing demand for services. It is becoming increasingly clear that current models of service provision are rapidly becoming unsustainable.

2.2 Within Bolton there is a strong track record of partnership working between Bolton Council, NHS Bolton Clinical Commissioning Group, Bolton NHS Foundation Trust and Greater Manchester West Mental Health Trust.

2.3 General Practitioners and their teams are both providers and commissioners of health care in Bolton. General Practices have a track record in implementing population health programmes delivered at pace and scale and built upon year on year since the Big Bolton Health Check.

2.4 Outcomes include increases in the diagnosis and evidence-based care of the people with long term conditions such as heart disease and diabetes in primary care. That has resulted in reductions in admissions to hospital and reductions in mortality rates.

2.5 Community services are also strong and well regarded across Bolton with health and social care being considered an asset within Bolton that has the potential to form the building blocks from which a truly integrated system can be developed.

2.6 Bolton's model for integrated care will be based around the needs of individual patients with multi-disciplinary health and social care teams serve a population clustered around general practices.

2.7 The multi-disciplinary teams known as Integrated Neighbourhood Teams will include; adult community nurses, social workers, physiotherapists, occupational therapists, community psychiatric nurses, general practitioners and generic workers.

3. Aims of the Integrated Neighbourhood Team Model

3.1 The high level aims of the Bolton Integrated Care Model are to deliver integrated health and social care services for the people of Bolton which:

- Aims to keep patients well physically and mentally and independent and in their own homes (recognising the importance of family and community in promoting wellbeing)
- Provide a positive health and social care experience for patients and their families and carers and result in better outcomes for all
- Meet the challenges of rising need for health and social care services within dwindling resources

- Will be clearly centred around the needs of the individual

4. Principles to guide health and social care integration

4.1 The following principles have emerged from discussions between partners involved in Bolton's Health and Well-being Board:

- Patients and residents should receive high quality care which is centred on their physical and mental health needs rather than the needs of professionals and organisations.
- The residents/patients should be empowered to manage their own care and self-care.
- Services should be local wherever possible.
- Care should be integrated across health and social care in all settings.
- Services should be accessible, convenient and responsive.
- Information and communications should be centred around the resident or patient not the organisation or professional.
- High quality care should be accessible quickly regardless of the time or day of the week.

5. Service Model

5.1 Bolton's Integrated Care Model sets out an intention to shift delivery of care into individuals own homes. Integrated Neighbourhood teams will be co-located multi-disciplinary teams, based in Integrated Care Hubs in a number of localities throughout the borough. The teams will be wrapped around GP clusters and as well as continuing with work which is currently core business for District Nurses, therapists and Social Workers, there will be new ways of working with people developed in order to support people in managing their own condition and preventing deterioration which will result in better outcomes.

5.2 Integrated neighbourhood Teams will be formed from primary care, social work, community and mental health service providers working at the community level to ensure integrated care management. District nursing, community mental health nurses, physiotherapy and podiatry will be an essential part of an integrated and well-targeted system of care.

5.3 Social as well as medical concerns will be proactively addressed such as debt, poor housing and isolation.

5.4 Community health services will be integrated with general practice and social work teams to support residents and patients to remain independent and safe for as long as possible. Integrated Neighbourhood teams will provide dignified, well coordinated care.

5.5 A core function of the Integrated Neighbourhood Team is a regular multi-disciplinary team meeting (MDT) where patients are selected for discussion and risk management planning at the MDT with the core team of professionals involved.

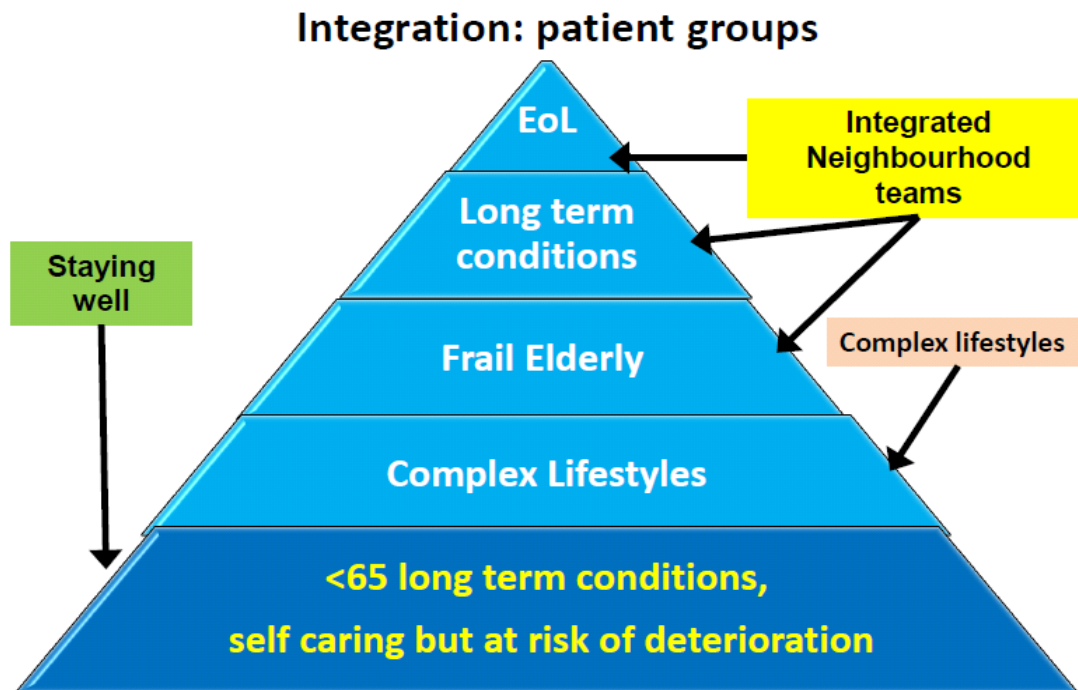
5.6 The selection of patients is led by the GP identifying individuals from the practice risk stratification lists and also other individuals considered being at high risk of deterioration which may possibly lead to a hospital admission.

5.7 The Combined Predictive Model (CPM) is a risk stratification tool which aims to predict the likelihood that a patient will be admitted to hospital in an emergency in the next

12 months. It is a national model that has been in use in the NHS for many years. The model takes primary (GP level) and secondary (hospital level) care data and outputs a risk score for each patient, regardless of whether they have accessed any secondary care resources before. The risk score is a probability score between 0 and 100, where 100 is the highest risk score.

5.8 Following application of this tool to Bolton's population data approximately 3500 people can be seen to be at high risk of admission to hospital, scoring over 50. A score of 50 means there is a 50% likelihood of the person being admitted to hospital in the next 12 months. This means a hospital admission is 6 ½ times more likely than the average Bolton Resident. The integrated neighbourhood teams will focus on those in this high risk bracket plus others where the integrated neighbourhood teams feels there is high risk of deterioration and where there is opportunity of an integrated package of care delivering improvement

5.9 The following diagram illustrates the residents and patients that will benefit from the delivery of integrated neighbourhood teams.



5.10 Work has been in progress since April 2014 on the first phase of implementation of Integrated Neighbourhood Care Teams which began with two GP practices in the west of the borough. Investment has been agreed through the Better Care Fund to ensure

sufficient resources are available to progress this new way of working. This report identifies the new council posts to be established to deliver phase one of this new way of working

6. Investment Agreed

6.1 The Better Care Fund (BCF), previously known as the Integration Transformation Fund, was announced in June 2012 as part of the 2013 spending round. The BCF plan requires local areas to formulate a joint plan for integrated health and social care and to set out how the single pooled BCF budget will be implemented to facilitate closer working. The funding is intended to help in the management of pressures and improve long term stability. The fund is an important enabler to take the integration agenda forward, and to be a significant catalyst for change.

6.2 It is intended that integrated care will become the norm by 2018.

6.3 The fund provides for £3.8bn nationally in 2015/16 to be spent locally on health and social care to drive closer integration and improve outcomes for patients, service users and carers. In 2014/15 £859m is planned to transfer from the NHS to adult social care with a further £242m to support preparation for the BCF in 2015/16.

6.4 The NHS England planning guidance for 2014/15 to 2018/19 ['Everyone Counts'](#) emphasises the need for a modern model of integrated care around the patient. The early focus will be the integration of care around the most frail, often elderly patients but will be important for all those who receive complex care. It is important that patients experience care which is joined up and is a single tailored package for them.

6.5 The BCF allocation partly builds on existing funding streams, as shown in Table 1.

Table 1: Composition of national BCF allocation (approximate)

Better Care Fund	2013/14 (Billion)	2014/15 (Billion)	2015/16 (Billion)
Transfer from NHSE to social care to support adult social care services/have a health benefit	£0.90	£1.10	£1.10
Carers Breaks	£0.13	£0.13	£0.13
CCG reablement fund	£0.30	£0.30	£0.30
Capital Grant & disabled facilities grants	£0.35	£0.35	£0.35
New funding to support integrated care (for adult social care) Funded from NHS budget			£0.90
New funding to support integrated care (performance related) Funded from NHS budget			£1.00
Total	£1.68	£1.88	£3.78

6.6 The new 2015/16 funding is to be funded from NHS budgets and, in part, is expected to cover demographic pressures in adult social care and some of the costs associated with new duties from April 2015 of the Care Bill. Most of these costs result from new entitlements for carers and the introduction of a national minimum eligibility threshold.

6.7 An element of the Fund is performance related (£1bn nationally), summarized in Table 2. Half will be available on 1 April 2015 based on progress against four of the six national conditions (see section below) and on 2014/15 performance on three measures. The other half is to be available in October 2015, based on further progress against national and local measures.

6.8 The 2015/16 funding will be allocated to local areas into pooled budgets under Section 75 joint governance between CCGs and councils. The national BCF allocation represents the minimum amount to be included in pooled budgets. CCGs and councils are free to extend the scope of their pooled budget to support their health and social care integration strategic intentions

Table 2: BCF Performance related elements

When Paid	Payment amount	Paid for
April 2015	£250m:	Progress against four of the national conditions: <ul style="list-style-type: none"> • protection for adult social care services • providing 7-day services to support patients being discharged and prevent unnecessary admissions at weekends • agreement on the consequential impact of changes in the acute sector; • ensuring that where funding is used for integrated packages of care there will be an accountable lead professional
	£250m	Progress against the local metric and two of the national metrics: <ul style="list-style-type: none"> • delayed transfers of care • avoidable emergency admissions.
Oct 2015	£500m	Further progress against all of the national and local metrics

6.9 Table 3 shows the announced BCF allocation for Bolton

Table 3: The BCF allocation for Bolton

Better Care Fund	2014/15 (Million)	2015/16 (Million)
Transfer from NHSE to social care to support adult social care services/have a health benefit	6.3	6.6
Carers Breaks	0.7	0.7
CCG reablement fund	1.7	1.7
Capital Grant & disabled facilities grants	2.1	1.8
New funding to support integrated care (for adult social care) Funded from NHS budget		7.7
New funding to support integrated care (performance related) Funded from NHS budget		2.6
Total	10.8	21.1

6.10 There is an expectation that the 2014/15 BCF funding will assist in making progress against the 2015/16 national conditions and performance measures, especially as some of the 2015/16 funding will be dependent upon performance in 2014/15.

6.11 For 2014/15, the funding transfer to social services to support adult social care services will only be released if there is a jointly agreed and signed-off two-year BCF Plan. As in previous year's this funding must be used to support adult social care, which also has a health benefit and its use be agreed by Health and Wellbeing Boards.

7. Resources Required

7.1 An analysis of residents to be targeted with this new method of delivering care demonstrated that whilst 40% of the people identified as being at risk of care home and/or hospital admission were already known to adult social care 60% were not. This therefore represented a new and larger customer base for adult social care services. Work has been completed across health and social care to identify the additional resource required from the Better Care Fund to deliver integrated care and the new ways of working. For social care 40% of the resource required to develop these multi disciplinary teams will come from existing staffing resources but additional new staffing resources need to be established using the investment agreed by the health and wellbeing board from the Bolton's Better Care Fund Allocation.

7.2 Whilst there has been no formal notification of allocations to the Better Care Fund beyond March 2016 it is expected that the investment in Integrated Health and Social Care will continue beyond this and the CCG have reflected this in their 5 year strategic plan.

8. Posts to be established

8.1 The new council posts to be established for the first phase of Integrated Neighbourhood Teams are identified in the table below.

Post	Grade	FTE
Social Worker	8	1.5
Community Assessment Officer	7	1.5
Disability Assessment Officer	7	0.4

9. Evaluation

9.1 The Integrated Neighbourhood Team and its model of care delivery will be subject to continuous evaluation and review to further refine and shape the delivery of the targeted intervention before it is rolled out across the whole of Bolton.

9.2 Understanding what 'success' looks like from a patient or residents perspective will be central to the evaluation. Methods used will ensure that our service users are at the heart of service design and improvement.

10. Recommendation

10.1 Implementation of the first phase of Integrated Neighbourhood Teams will begin to 'shift the curve' from high-cost, reactive and bed-based care to care that is preventative, proactive and based closer to people's homes, delivered at neighbourhood level

10.2 It is recommended that **enter the name of committees here**:

- Endorses the proposal and commits the investment required for implementation;
- Establishes the posts as requested
- Receives further updates and evaluation prior to large scale implementation in April 2015 when a report will be produced to establish further council posts

Job Description

Department	HEALTH AND ADULT SOCIAL CARE
Job Title	SOCIAL WORKER – OLDER PEOPLE
Grade	GRADE 8
Primary Purpose of the Job	To assist the Adults Social Care Team to do everything possible to ensure the service fulfils its primary purpose both effectively and efficiently.
Responsible to	Team Leader
Responsible for	Developing and arranging appropriate packages of care/services for service users, their families and carers, and providing direct support where necessary.
Principal Responsibilities	<p>Provision of social work and case management support to service users, their carers and families.</p> <p>Liaison with agencies which commission or provide services to ensure service users their families/carers have access to a range of services appropriate to their needs.</p>

Main Duties

1. Prepare for social work contact and involvement
2. Work with individual families, carers, groups and communities to help them make informed decisions.
3. Assess needs and options to recommend a course of action.
4. Respond to crisis situations using appropriate legal procedural intervention.
5. Work with individuals, families, carers, group's communities and professionals to achieve change and development to improve life opportunities.
6. Prepare, produce, implement and evaluate plans with individuals, families, carers, groups, communities and professional colleagues.

7. Work with groups to promote individual growth, development and independence.
8. Address behaviour, which presents a risk to individuals, families, carers, groups and communities.
9. Advocate with, and on behalf of, individuals, families, carers, groups and communities.
10. Prepare for, and participate in decision-making forums.
11. Assess and manage risks to individuals, families, carers, groups and communities. Assess, minimise and manage risk to self and colleagues.
12. Manage and be accountable for your own work.
13. Contribute to the management of resources and services.
14. Manage, present and share records and reports
15. Work within multi-disciplinary and multi-organisational teams, networks and systems.
16. Research, analyse, evaluate and use current knowledge and contribute to the promotion of best social work practice.
17. Work within agreed standards of social work practice and ensure own professional development.
18. Manage complex ethical issues, dilemmas and conflicts.
19. Organise and maintain the effective use of information technology systems and software
20. **Customer Care** - To continually review, develop and improve systems, processes and services in support of the council's pursuit of excellence in service delivery. To recognise the value of its people as a resource.
21. **Promoting equality and diversity** - To accept everyone has a right to his or her distinct identity. To treat everyone with dignity and respect and to ensure that what our customers tell us is valued by reporting it back into the organisation. To promote and participate in the council's work to eliminate discrimination; advance equality of opportunity; and foster good relations between our diverse communities.
22. **Developing Self and Others** - To use processes and put processes in place to generate a learning environment. To focus on the strengths and requirements of all individuals and enable them to further their skills and knowledge. To actively pursue your own development. To be self-aware and role model continuous self-development.

23. **Responding to Civil Contingencies** - Bolton Council has a statutory duty under the Civil Contingencies Act to respond in the event of an emergency. If Bolton Council's Emergency Management Plan is activated, you could be required to assist, or assist others, in the continued maintenance or delivery of key Council services and of support to the community. This could require working outside of routine working hours and could entail working from places other than your normal place of work.

N.B. Emergencies requiring activation of the Bolton Council Emergency Management Plan only occur very infrequently. If you are asked to respond to an emergency, your personal circumstances at the time will be taken into account.

Date Job Description prepared/updated November 2013

Job Description prepared by Tracy Stopford

Person Specification

Department HEALTH AND ADULT SOCIAL CARE

Job Title SOCIAL WORKER – OLDER PEOPLE

Stage One Disabled Candidates are guaranteed an interview if they meet the essential criteria

The Minimum Essential Requirements for the above Post are as Follows:		Method of Assessment
1. Skills and Knowledge		
1.	To be able to review, evaluate and liase with others to identify the best form of initial contact and involvement	Application/Interview
2.	Demonstrate ability to work with service users to ensure they can make informed decisions about their needs.	Application/Interview/Written Test
3.	Ability to identify and assess need, options and urgency of situation, and to plan and implement action to meet this.	Application/Interview/Written Test
4.	Develop, maintain and review professional relationships with service users to avoid crisis situations, achieve change and improve life opportunities	Application/Interview
5.	Demonstrate the ability to develop, implement, monitor and review plans.	Application/Interview
6.	Experience of work with individuals and groups to develop support networks and achieve planned outcomes	Application/Interview
7.	Ability to reduce contact and withdraw from relationships with individuals and support groups appropriately.	Interview
8.	To be able to address behaviour which presents risk to service users.	Application/Interview
9.	To have ability to assist or advocate for service users to represent their needs, views and circumstances	Application/Interview

The Minimum Essential Requirements for the above Post are as Follows:		Method of Assessment
10.	Prepare reports and documents for decision-making forums, and work with service users to help them understand the procedures, outcomes, and to be involved in decision-making forums.	Application/Interview
11.	Identify, assess and manage risk to service users whilst balancing their rights and responsibilities.	Application/Interview
12.	To be able to assess potential risk and work within risk assessment and management procedures to minimise stress and risk to self and colleagues	Interview
13.	To be able to manage, prioritise and monitor own work, based on social work practice and the use of professional managerial supervision to improve your practice.	Application/Interview
14.	To be able to contribute to monitoring the effectiveness and quality of commissioned services.	Interview
15.	To be able to maintain accurate, complete, accessible and up-to-date records and reports which meet legal and policy frameworks.	Interview
16.	Ability to work effectively within a multi-disciplinary team and systems.	Interview/Application
17.	Ability to review and update your own knowledge of legal, policy and procedural frameworks and social work models and methods, to develop and improve your own practice and contribute to team development.	Interview
18.	To be able to work within the principles and values underpinning social work practice and take action to ensure own professional development.	Interview/Application
19.	To demonstrate the ability to identify, assess and devise strategies to deal with ethical issues, dilemmas and conflicts.	Interview
20.	To have the ability to organise and maintain the use of Information Technology, systems and software.	Interview/Application
21.	Ability to support learning through presentations, coaching and/or group work as appropriate	Interview

The Minimum Essential Requirements for the above Post are as Follows:		Method of Assessment
22.	Promoting equality and diversity – Understand how knowledge of our diverse communities can help us to deliver effective services and reduce disadvantage in the borough. Listen to contributions made to service development without prejudice. Challenge behaviours and processes which do not support the council's work to eliminate discrimination; advance equality of opportunity; and foster good relations, while being prepared to accept feedback about own behaviour.	Application Form/Interview
23.	Customer Care - Listen and respond to customer need, seek out innovative ways of consulting service users and engaging partners. Network with others to develop services for the benefit of the service users	Application Form/Interview
24.	Developing Self and Others - Coach and mentor others. Be willing to share learning and encourage others to do the same. Listen to others and respond to their needs. Apply a range of development activities to develop and train staff. Endorse the principles of Investor in People. Strives for improvement and take responsibility for own development. Be self-confident and lead by example	Application Form/Interview
2. Experience/Qualifications/Training etc		
1.	CQSW/DIPSW/SW Degree or equivalent.	Certificate/Application.
2.	Some demonstrable experience of work in social care.	Application/Interview
3. Work Related Circumstances		
1.	This post has been designated an essential car user post. Applicants should have a full current driving licence and access to transport.	Interview
2.	Bolton Council is a Smoke-free Employer	Interview
3.	The nature and demands of the postholder's time are not always predictable and there will be an expectation that work will be required outside normal hours from time to time	Interview

STAGE TWO

Will only be used in the event of a large number of applicants meeting the minimum essential requirements

Additional Requirements		Method of Assessment
1. Skills and Knowledge		
1.	A knowledge of other legislation that may impact on this post.	Application/Interview
2.		
2. Experience/Qualifications/Training etc		
1.	Proven expertise in an additional, specialist area of work	Application/Interview
2.	IT Skills	Application/Interview
3.		
4.		

Note to Applicants: **Please try to show in your application form, how best you meet these requirements**

Date Person Specification prepared: March 2008

Person Specification prepared by: Sue Unsworth

Appendix 2

Bolton Council



JOB DESCRIPTION

Department	ADULT AND COMMUNITY SERVICES
Job Title	COMMUNITY ASSESSMENT OFFICER
Grade	GRADE 7
Primary Purpose of the Job	To assist the Team Leader to do everything possible to ensure the Department fulfils its primary purpose both effectively and efficiently
Responsible to	Team Leader
Responsible for	The provision of an effective and efficient social work service within Adult Social Care
Principal Responsibilities	The provision of an Advice and Assessment and Care Planning Service to service users and their carers, including Community Care Assessments and Reviews.

MAIN DUTIES	
1.	To develop, maintain and improve relationships with service users and carers
2.	To contribute to planning, monitoring and reviewing the delivery of services for individuals
3.	To carry out screening and referral assessments where appropriate
4.	To participate in inter-disciplinary team working to support individuals
5.	To provide information to support decision-making
6.	To contribute to promoting the effectiveness of the Team
7.	To manage and continuously develop your own practice
8.	To support, record and facilitate meetings
9.	To organise and maintain the effective and efficient use of information technology systems and software
10.	To promote effective communication for and with individuals, their carers and families
11.	To contribute to care planning and review
12.	To support individuals to represent their own needs and wishes at decision-making forum

MAIN DUTIES	
13.	To support individuals to retain, regain and develop the skills to manage their lives and environment
14.	To contribute to the identification of the risk of danger to individuals
15.	To develop practices which are person centred and will promote choice, well-being and protection of individuals

ORGANISATIONAL COMPETENCIES	COMPETENCY
Valuing Diversity To accept everyone has a right to their distinct identity. To treat everyone with dignity and respect and to ensure that what all our customers tell us is valued by reporting it back into the organisation. To be responsible for promoting and participating in the achievement of the departmental valuing diversity action plan.	1. BM1
Caring for Customers To provide quality services that are what our customers want and need. To give customers the opportunity to comment or complain if they need to. To work with customers and do what needs to be done to meet their needs. To inform your manager about what customers say in relation to the services delivered.	BM2
Developing Yourself and Supporting Others To make every effort to access development opportunities and ensure you spend time with your manager identifying your development needs through your personal development plan. To be ready to share learning with others.	BM3
Health and Safety To operate safely within the workplace with regard to Health and Safety legislation.	BM4
Confidentiality An acknowledgement of the need to maintain confidentiality at all times and to become aware of the National, Corporate and Departmental policies on Confidentiality, and the management and sharing of information.	BM5
Limits of Authority Within the framework of Council and Departmental policies and instructions, and subject to the overriding authority of his/her line manager, the officer holding this post is authorised to undertake all duties appertaining to the areas of work outlined above, and in line with the General Social Care Council's Code of Practice/Conduct.	BM6
Energy Efficiency To promote energy efficiency throughout the service area and within own area of activity	2. BM7

Date Job Description Prepared/ Updated
Job Description Prepared By

December 2009
S Unsworth/ D Royle

Date Evaluated

Index

STAFF

PERSON SPECIFICATION

Department

ADULT AND COMMUNITY SERVICES

Job Title

COMMUNITY ASSESSMENT OFFICER

STAGE ONE

Disabled Candidates are guaranteed an interview if they meet the essential criteria

3.

MINIMUM ESSENTIAL REQUIREMENTS		METHOD OF ASSESSMENT
SKILLS AND COMPETENCY		
1.	To have the ability to develop, maintain and improve relationships with service users and carers.	Interview
2.	To demonstrate the ability to plan, monitor and review the delivery of services for individuals	Application
3.	To be able to carry out screening and referral assessments	Application/Interview
4.	To be able to participate in inter-disciplinary team working in order to support and assess individual's needs and plan, implement and evaluate individual care packages	Application/Interview
5.	To demonstrate the ability to obtain, record, store and analyse information to support decision-making, complete reports and advise and inform others	Application/Interview
6.	To have the ability to develop and support the team to contribute to and participate in team activities, and work within the team to promote its effectiveness	Application/Interview
7.	To be able to manage, evaluate and develop your own practice and adapt your practice to meet changes in your area of work	Application/Interview
8.	To be able to prepare, facilitate, record and make contributions to meetings and follow up decisions made	Interview
9.	To demonstrate the ability to organise, support and maintain the use of information technology systems and software	Application
10.	To demonstrate the ability to identify ways to communicate effectively on difficult, and sensitive issues and support individuals to communicate	Interview
11.	To demonstrate the ability to contribute to assessing the needs and preferences of individuals and support the development, implementation and review of care plans	Application/Interview
12.	To be able to support individuals to identify and access information to enable them to represent their own needs and wishes	Interview
13.	To be able to support individuals to plan, prepare and present their needs and wishes and enable them to review their experiences and	Interview

	outcomes	
14.	To have the ability to support individuals to identify, retain, regain, develop and evaluate the skills needed to manage their lives and environment	Interview
15.	To be able to contribute to recognising, and take action to deal with, risks of harm and abuse and contribute to reviewing the effectiveness of action taken	Interview
16.	To have the ability to develop and maintain effective relationships to promote the individual's choice about their care	Interview
17.	To be able to promote the individual's rights to expect and receive respect for their diversity, difference and preferences and promote the protection of all individuals	Interview

MINIMUM ESSENTIAL REQUIREMENTS		METHOD OF ASSESSMENT
	CORE ORGANISATIONAL COMPETENCIES Valuing Diversity <p>Listen, support and monitor the diverse contributions made to service development without prejudice. Challenge behaviours and processes which do not positively advance the diversity agenda whilst being prepared to accept feedback about own behaviour. Recognise people's strengths, aspirations and abilities and helps to develop their potential. Understand how Valuing Diversity can improve our ability to deliver better services and reduce disadvantage.</p>	Interview
	Caring for Customers <p>Listen and respond to customer need, seek out innovative ways of consulting service users and engaging partners. Network with others to develop services for the benefit of the service users.</p>	Interview
	Developing Self and Others <p>Ability to question, and request training and development that links to the post, to seek opportunities that add to skills and knowledge, to respond positively to opportunities that arise. And to support others' learning and share learning with others.</p>	Interview
	Health and Safety <p>The ability to identify risk to self and others when undertaking work activities and appropriate actions needed to minimise risk.</p>	Interview
	Confidentiality <p>To acknowledge the need to maintain confidentiality at all times and to become aware of the National, Corporate and Departmental policies on Confidentiality, and the management and sharing of information.</p>	Interview

MINIMUM ESSENTIAL REQUIREMENTS		METHOD OF ASSESSMENT
	Knowledge/ Experience/ Qualifications/ Training etc Knowledge of Services To Adults With Disabilities and Older People Demonstrate an awareness of Social Care Values and Anti-Oppressive Practice Knowledge and skills in the protection of vulnerable adults and risk management	Application Interview Application/Interview

MINIMUM ESSENTIAL REQUIREMENTS		METHOD OF ASSESSMENT
	Work Related Circumstances This post has been designated an essential car user post. Applicants should have a full current driving licence and access to transport. A policy of no smoking will apply. The nature and demands of the postholder's time are not always predictable and there will be an expectation that work will be required outside normal hours from time to time	Interview Interview Interview

STAGE TWO Will only be used in the event of a large number of applicants meeting the minimum essential requirements

ADDITIONAL REQUIREMENTS		METHOD OF ASSESSMENT
	Skills and Competency An awareness of the Carefirst System	Application/Interview
	Knowledge/ Experience/ Qualifications/ Training, etc NVQ Level 3 or equivalent qualification in care or administration Specific work experience in relevant service area	Application/Interview Application/ Interview

Note to Applicants: **Please try to show in your application form, how best you meet these requirements**

Date Person Specification Prepared/ Updated

December 2009

Person Specification Prepared By

S Unsworth/ D Royle

Index

STAFF

Job Description

Department	ADULT AND COMMUNITY SERVICES
Job Title	DISABILITY OFFICER – PHYSICAL DISABILITY SERVICE
Grade	GRADE 7
Primary Purpose of the Job	To do everything possible to ensure that the Department fulfils its primary purposes both effectively and efficiently to physically disabled people. The specific responsibilities to the post relate to providing a technical and practical service to physically disabled people.
Responsible to	Team Leader – Physical Disability Service
Responsible for	N/A

Principal Responsibilities

Main Duties

1. To assess the needs of physically disabled people and to provide or recommend such aids to daily living/adaptions and/or other technical/practical/professional services so as to enhance maximum personal independence.
2. To participate in the organisation and administration of the work of the post so that the job of providing the service gets done.
3. To provide Management information to assist in the setting, implementing and monitoring of the Department's Strategies and Services.
4. To communicate and to work with other professionals, agencies, organisations and volunteers to meet the needs of the service users.
5. To undertake assessment of need with a view to providing aids to daily living and adaptations where necessary.
6. To liaise as necessary with the Team Leader Disability Service, Health and Local Authority personnel in the processing of adaptations/aids to daily living requests.
7. To undertake risk assessments as part of the assessment process and review as

necessary.

8. To fit minor pieces of equipment.
9. To provide guidance and advice to clients and their families when aids to daily living and/or adaptations are provided.
10. To provide information to clients and their families relating to the nature, availability and location of services and facilities available to physically disabled people.
11. To maintain appropriate, adequate records of assessment and other client contact.
12. To maintain records for ensuring effective stock control of aids to daily living provided to clients.
13. **Customer Care** - To continually review, develop and improve systems, processes and services in support of the council's pursuit of excellence in service delivery. To recognise the value of its people as a resource.
14. **Promoting equality and diversity** - To accept everyone has a right to his or her distinct identity. To treat everyone with dignity and respect and to ensure that what our customers tell us is valued by reporting it back into the organisation. To promote and participate in the council's work to eliminate discrimination; advance equality of opportunity; and foster good relations between our diverse communities.
15. **Developing Self and Others** - To use processes and put processes in place to generate a learning environment. To focus on the strengths and requirements of all individuals and enable them to further their skills and knowledge. To actively pursue your own development. To be self-aware and role model continuous self-development.
16. **Responding to Civil Contingencies** - Bolton Council has a statutory duty under the Civil Contingencies Act to respond in the event of an emergency. If Bolton Council's Emergency Management Plan is activated, you could be required to assist, or assist others, in the continued maintenance or delivery of key Council services and of support to the community. This could require working outside of routine working hours and could entail working from places other than your normal place of work.

N.B. Emergencies requiring activation of the Bolton Council Emergency Management Plan only occur very infrequently. If you are asked to respond to an emergency, your personal circumstances at the time will be taken into account.

Date Job Description prepared/updated	16 th August 2012
Job Description prepared by	Michele Tynan

Person Specification

Department ADULT AND COMMUNITY SERVICES

Job Title DISABILITY OFFICER – PHYSICAL DISABILITY SERVICE

Stage One Disabled Candidates are guaranteed an interview if they meet the essential criteria

The Minimum Essential Requirements for the above Post are as Follows:		Method of Assessment
1.	Skills and Knowledge	
1.	Awareness of the difficulties experienced by disabled and elderly people.	Application Form/Interview
2.	Ability to conduct an assessment of need for the possible provision of appropriate equipment/ adaptations.	Application Form/Interview
3.	Ability to problem solve thinking imaginatively in developing solutions to meet peoples needs.	Application Form/Interview
4.	Ability to communicate effectively with a wide spectrum of members of society and an awareness of issues relating to working with the ethnic communities of Bolton.	Interview
5.	Ability to liaise and co-work with own colleagues/agencies and members of staff from other disciplines.	Interview
6.	An ability to organise workload and set priorities in order to complete the work as efficiently and effectively as possible.	Interview
7.	Ability to communicate effectively in writing and maintain appropriate records.	Application Form/Interview

The Minimum Essential Requirements for the above Post are as Follows:		Method of Assessment
8.	Promoting equality and diversity – Understand how knowledge of our diverse communities can help us to deliver effective services and reduce disadvantage in the borough. Listen to contributions made to service development without prejudice. Challenge behaviours and processes which do not support the council's work to eliminate discrimination; advance equality of opportunity; and foster good relations, while being prepared to accept feedback about own behaviour.	Application Form/Interview
9.	Customer Care - Listen and respond to customer need, seek out innovative ways of consulting service users and engaging partners. Network with others to develop services for the benefit of the service users	Application Form/Interview
10.	Developing Self and Others - Coach and mentor others. Be willing to share learning and encourage others to do the same. Listen to others and respond to their needs. Apply a range of development activities to develop and train staff. Endorse the principles of Investor in People. Strives for improvement and take responsibility for own development. Be self-confident and lead by example	Application Form/Interview
2. Experience/Qualifications/Training etc		
1.	Three years experience of working with disabled in any care setting.	Application Form/Interview
3. Work Related Circumstances		
1.	A policy of no smoking will apply	Interview
2.	The nature and demands of the postholder's time are not always predictable and there will be an expectation that work will be required outside of normal hours from time to time.	Interview
3.	An understanding of the need for confidentiality.	Interview
4.	This post operates under the flexible hours working scheme.	Interview
5.	This post has been designated an essential car user post. Applicants should have a full current driving licence and access to transport.	Application Form/Interview
6.	Ability to cope with the physical demands of the post as some lifting is required	Application Form/Interview

STAGE TWO Will only be used in the event of a large number of applicants meeting the minimum essential requirements

Additional Requirements		Method of Assessment
1. Skills and Knowledge		
1.	Some knowledge of legislation relating to disabled and elderly people.	Application Form/Interview
2.	Basic knowledge of benefits applicable to disabled and elderly people.	Application Form/Interview
3.	An awareness of the role and function of Social Services Department in the provision of services for disabled.	Application Form/Interview
2. Experience/Qualifications/Training etc		
1.	Five years experience in working with elderly/disabled people or NVQ level 3 in Social Care/Self and environmental management skills or OT qualification	Application Form/Interview

Note to Applicants: Please try to show in your application form, how best you meet these requirements

Date Person Specification prepared: 4th March 2002

Person Specification prepared by: Michele Tynan