

## **Health and Wellbeing Board**

**9 December 2013**

### **Adult Social Care's contribution to the Health and Wellbeing Strategy**

**1. Purpose**

This report covers the contribution that Adult Social Care is making to the Health and Wellbeing Strategy

**2. Recommendation**

That the contents of the report are noted and particular attention is paid in future development of the strategy to ensure that Adult Social Care's contribution and needs is better reflected in future strategies for the Health and Wellbeing Board

**3. Report detail**

3.1 There is only one single objective laid out in the Health and Wellbeing Strategy related to Adult Social Care that is:

"To ensure co-ordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge focusing on recovery and re-enablement".

3.2 This is measured by a couple of measures which include  
Proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services  
The current performance for this financial year against this measure is 79.12% which would be seen as an average performance. (This is 144 people out of the 182 who returned home). The majority of those not at home had a re-admission to hospital – which either meant that their discharge was premature or that their treatment plan at home was not successful the data does not show us which of these applies.

3.3 The other measure is the numbers of delayed transfers of care that are experienced by the NHS where the delay is attributable to Adult Social Care. The number of delays from hospital where social care is reported as being responsible (this is all data for which the NHS sends the information without any check from social care on its agreement or accuracy) is very low at 31 people for the first 6 months of the year. The majority of these people attended Royal Wolverhampton Hospital (10) and Dudley and Walsall Partnership Mental Health Trust (8). The number of reported delayed discharges from The Manor Hospital for this period was 4. This gives an performance figure of 3.18% which would be seen nationally as an excellent

performance. Most of these delays relate to awaiting the right placement for the person after their hospital episode.

- 3.4 Overall the Health and Care System works collectively to support timely discharges from hospital. Over the last year the Council has invested an additional £750,000 in its Intermediate Care Community (domiciliary care/reablement) Service to facilitate the timely discharge of patients. This investment came as part of a new operating model in Adult Social Care which came into full operation on September 1<sup>st</sup> this year. This investment brings the total investment that the Council makes into joint work with health to over £6 million a year – which is 7.5% of the total of Adult Social Care spend in Walsall. Most of this spend is tied up in the Section 256 agreement that the Health and Wellbeing Board signed off at its last meeting.
- 3.5 The main area of disagreement is about the intended destination of the patient – with health often wanting to use a residential or nursing bed to speed the discharge where social care does not always think this is appropriate and where the beds that are used do not offer a formal intermediate care/recovery based service. Work continues with all parties to resolve this difference of opinion.
- 3.6 There has been less work undertaken on how the joint health and care system can assist in avoiding admissions to an acute bed. This is now become a priority for the Integration Board which has recently been established (and was discussed at the last – October 13<sup>th</sup> Health and Wellbeing Board). We are looking to create stronger links between Primary Care (GPs), Community Health Services and Social Care Services to support those older people and those with long-term conditions that are most at risk of a hospital admission.
- 4.1 There are other parts of the strategy that may indirectly refer to Adult Social Care. These include Section 5 – broad health and well-being; section 10 on promoting good health and Section 11 on reducing the burden on disease, disability and death. As the report is currently constructed and given the growing limitations on our service there is little to report on progress from Adult Social Care in these areas. The responsibilities that are held in the Directorate for mental health services relates to those who have chronic episodes of poor mental health and who experience crisis in a way that they are at risk of an admission to a specialist hospital. We respond effectively to people's crisis rather than work on the factors that might reduce crisis occurring. There have been discussions in the Directorate as to how we can contribute to the Public Health Programme – Making Every Contact Count and it is still within our ambition to deliver that agenda in partnership. Finally many of the customers who use adult social care have a long-term condition which has arisen from a chronic illness and is experienced as a disability. The focus of Adult Social Care is on helping a person retain their independence through that condition. Discussions are taking place with health partners how we can better identify those who become “at risk” with these conditions and how we might take a joint approach to helping them reduce the risks.

- 4.2 Much of the commissioning for Adult Social Care is undertaken by the Joint Commissioning Unit (JCU) that sits across both the Clinical Commissioning Group (CCG) and the Adult Social Care and Inclusion Directorate in the Council. At the meeting of the Health and Wellbeing Board on July 22<sup>nd</sup> the CCG reported its commitment to the Health and Well-Being Strategy. Much of that report covered the work of the JCU in its commissioning activities in mental health; older people and learning disability services. That exercise is not repeated in this report.
- 5.0 In the future the Health and Wellbeing Board may wish to consider both the progress on integration between Adult Social Care and Health Services in the Borough (which are already one its priorities) but also to explore further the features of the health system which may be able to assist in reducing demands on social care – this might include considering the factors that are most common in older people’s admission to residential care – dementia care; incontinence and falls prevention.
- 6.0 Conclusion

The Health and Wellbeing Strategy (HWS) makes limited reference to the work of adult social care. This should be rectified as the strategy is updated and improved for its second iteration in 2014. There is an onus on the Adult Social Care and Inclusion Directorate to ensure that their contribution is made to the future strategy. The Board is asked to ensure that the contribution and the needs of Adult Social Care is better represented in future strategies for Health and Wellbeing in the Borough. As an important part of progress towards this the Director of Public Health and Head of Joint Commissioning have agreed to embark on a programme of work to ensure closer working between the two teams in time for the next iteration of the JSNA and HWS.

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