

22 October 2013

Delivery of the “Working Smarter” Programme – Theme 2 (Improving Health including wellbeing and independence for older people)

Ward(s) All

Portfolios: Councillor McCracken, Councillor Harris, Councillor Ali

Executive Summary:

The main sections within this report provide updates for Theme 2 of the Working Smarter Programme. These are:

- Developing and delivering a Prevention Strategy
- Developing and delivering the Operating Model
- Promoting independence through Personalisation
- Getting it right at the “front door”
- Joint Commissioning with Health
- Sustainable Local Care Markets
- Active Living
- Assets based approach to local health improvements
- Service impact on health and wellbeing
- Delivery of the health and wellbeing strategy

Over the last 6 months progress has been made in most of these areas. This report summarises the action taken and the progress being made.

Reason for scrutiny:

Update requested from Scrutiny Panel.

Recommendation:

That, subject to any comments Members may wish to make, the report be noted.

Background papers:

Reports to Cabinet – 13th March 2013 “The future arrangements for personal budgets in adult social care” and 19th June 13 “Operating Model for Adult Social Care and Inclusion”

Resource and legal considerations:

As covered in the report to Cabinet on June 19th.

Citizen impact:

The work detailed within this Theme focuses on achieving a vibrant, healthy population through better, more co-ordinated partnership working and the promotion of health and leisure services across the borough.

The new operating model for Adult Social Care focuses on “prevention” and reducing demand for social care through effective early interventions.

Environmental impact:

None known.

Performance management:

A new performance management framework to support the ‘Working Smarter’ Programme in its entirety is currently under development. For each Theme within the Programme, there are defined outcomes which are detailed in the Corporate Plan [2013]. Each change activity will also define its own detailed measures which will contribute to and underpin those outcomes as defined within the Corporate Plan.

A new performance management arrangement to support the delivery of the operating model is also being developed in Adult Social Care and Inclusion. This is still in developmental /draft stage and aims to be ready by end of October

Equality Implications:

Equality Impact Assessments will be undertaken as each initiative is defined and delivered. In line with Council process, this will be in promoting equality of opportunity and to treat every citizen fairly whatever their race, religion or sexual orientation.

An Equality Impact Assessment was carried out for the purpose of the cabinet report in March 2013. The new Social Care and Inclusion operating model promotes equality of opportunity for adults with disability, through old age and continues to treat every citizen fairly whatever their race, religion or sexual orientation. Where appropriate services continue to be sensitive to religious and other requirements of customers.

Consultation:


The nature of the deliverables within this Theme has resulted in collaborative

working across the Council including working with partners such as the health community and local area partnerships including the police and WIN (Walsall Intelligence Network). Consultation and discussions are also taking place with residents on the wider changes.

The Social Care and Inclusion operating model has been developed by the Interim Executive and the Adult Social Care and Inclusion Senior Leadership Team. Key partners such as the health community; parts of the voluntary sector and providers of social care have been informed of the changes and the likely impact. A further event with stakeholders is being planned for November. Limited discussions have taken place with customers on the wider changes.


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1. Report

1. Introduction

- 1.1 The objective of Theme 2 in the Working Smarter Programme is to improve health, including the health and wellbeing of older people. The content of this work is shared between Social Care and Inclusion and Neighbourhood services. There are ten change initiatives currently underway and they are:

Social Care and Inclusion

- Developing and delivering a Prevention Strategy
- Developing and delivering the Operating Model
- Promoting independence through Personalisation
- Getting it right at the “front door”
- Joint Commissioning with Health
- Sustainable Local Care Markets

Neighbourhood services

- Active Living
- Assets based approach to local health improvements
- Service impact on health and wellbeing
- Delivery of the health and wellbeing strategy

- 1.2 Over the last 6 months significant progress has been made in most of these areas. This report summarises the action taken and the progress being made.

Social Care and Inclusion

2. Prevention Strategy and Operating Model

The Prevention Strategy has been placed at the heart of the new operating model which was agreed by Cabinet on June 19th 2013 and was put into full operation within the Directorate on September 1st 2013. It is based on the assumption that if we can get the right service to people who need help at the time of the “crisis” we should be able to address the issues that require help and set the person up in a way that they regain their independence and do not rely on the need for longer term social care. A range of services are available in Walsall to promote this model ranging from the £5.2 million that is spent on Intermediate Care for those who are discharged from hospital and need help to the Community Alarm with response service (Neighbourhood Community Officers), Community Social Workers, the housing related support services and a range of voluntary sector and community organisation contributions to helping people live independent lives outside of the formal care and support system (The Council spends circa £10 million on this range of services). The expectation going forward is that the success of this service should save the Council circa £1 million through lower use of both residential and domiciliary care for older people. There will be a smaller saving arising from this approach in younger adults’ services.

3. Promoting Independence through personalisation

Only those people who cannot be fully helped in the way described above will receive a social work assessment for longer term care and support. Even for these people we are working to look at how we can ensure that we continue to deliver services in a way that promotes their independence and reduces where feasible their reliance on state funded support. Those who do receive an assessment and are eligible for services will have a personal budget which they can spend on meeting their care and support needs. The personal budget may be taken as a Direct Payment (currently about 25% of those receiving care) or as a “managed account” where the Council makes the arrangement for people to get the services they need. (This was agreed by Cabinet on March 13th 2013). Within this approach the Council is still looking to help people to be supported in their own home and to therefore reduce the use of residential care as the place where care is provided. To enhance this approach extra-care housing is available for older people and supported living schemes are available for younger adults with care needs. The Council spends circa £55 million in meeting people’s long term needs and a further £8 million in the assessment and care management and allied support staff to help ensure this is managed effectively. The new operating model expects to reduce the requirement for complex assessments of people’s needs (as more of people’s needs will be met before they require that assessment). A reduction in the expenditure on Assessment and Care Management is expected in 2014.

4. The Front Door

Adult Social Care and Inclusion operates two main front doors.

- The major access to services is through the response-centre at Streets Corner. Here staff receive a combination of new referrals from people needing help and messages for our staff who now work remotely and are out with service users in a way that means that are not available to take calls from existing service users. This system does not always work as effectively as it should so the Directorate has asked the colleagues in the Resources Directorate who have learnt how to apply the Vanguard method to have a look at the way in which the service is set up to make recommendations as to how it may be more effective.
- The other front door is in the Manor Hospital (and other Hospitals used by Walsall residents). Work has been undertaken as part of the new operating model to ensure a faster and smoother discharge from hospital. For those who need further care and support beyond hospital we have increased the capacity of our Intermediate Care Services. We are now monitoring the success of this service to ensure that it can meet people’s needs efficiently and effectively. We continue to report no delayed discharges from the Manor Hospital. The investment in the front door needs to be sustained but we continue to seek more efficient and effective ways of ensuring that we are responding to customers appropriately.

5. Joint Commissioning

For several years now Walsall Council has operated a joint commissioning service with the NHS (known locally as the Joint Commissioning Unit or JCU for short). This was a joint service with the Primary Care Trust and in the new health structures it now operates jointly with the Walsall Clinical Commissioning Group (WCCG). It takes all responsibility for the commissioning, needs assessment (with public health), procurement and contract monitoring (with support from the Corporate Procurement Team; the Quality Team and the Safeguarding Team) of services provided for adult social care in Walsall. Recently the WCCG and the Council jointly commissioned a review of the working of the team from Birmingham University (Health Services Management centre). This review has made a number of recommendations as to how we might take forward this joint unit. The main recommendation in a very positive report is for the Unit to work more closely with some clinicians (particularly GPs and Public Health) and for it to offer more strategic solutions to the challenges faced by the health and social care economy.

6. Sustainable Social Care markets

One of the responsibilities of the JCU is to ensure that there is a sustainable market of providers that can meet people's longer term needs in Walsall. At one level this is successful and there are many small providers operating within the Borough. At a different level a combination of the Council looking to keep prices down and the operating model changing the way in which people are helped might mean that the market begins to look more fragile in the future. One mechanism that the JCU is using to help the local market is to publish a "Market Position Statement" for each of the major areas in which people might need care and support in Walsall. These statements will be presented to Cabinet in October and will be used to help local providers determine the needs that they might want to support going forward.

Neighbourhood Services

7. Active Living (Sport & Leisure services)

The purpose for this activity is to encourage "more people to be more active, more often" and thereby have improved physical and mental health, a better quality of life and enhanced life chances.

The Move-it scheme is a referral mechanism from the NHS to a range of providers, including the council, who offer opportunities for more physical exercise. Officers have been using the Vanguard methodology to improve this system to get more people to be regular users of our leisure centres, particularly the gyms. This has been a significant success and continues to exceed expectations with 5,316 registered users as at 31.08.13 and 8,749 Move-it visits in August 2013. This project was recently short listed for a major national award by the Association of Public Service Excellence.

The wider strategy for active living is seeking to re-provide Bloxwich and Oak Park leisure centres. This follows detailed research (again using the Vanguard approach) to identify what needed to be done to promote more physical activity. The research has concluded that the best way to make a large scale impact is to provide high quality, indoor leisure facilities in strategic locations. We also now have detailed intelligence about the target demographic groups and the most likely forms of physical activity. The project team have secured substantial external funding from Sport England towards this. For the capital project, following an invitation of interest, 16 returns have been evaluated. We have recently invited tenders from a short list of these firms. Tender returns will be submitted by Friday 29 November so that the information can be fed into the 2014/15 Capital and Revenue budgets. The project is also considering future governance models including the possibility of establishing a leisure trust.

Following the recent council meeting the project is also exploring what investment could be made to the Gala Baths to extend the building's useful life and encourage greater usage. This will be reported back to cabinet and to council.

8. Assets based approach to local health improvements

The council, working through the Health and Well-Being Board and in partnership with the Local Government Association, initiated a short development programme which aimed to:

- Achieve support for the development of a system level approach to tackling health inequalities and improving health and well-being outcomes
- Re-balance practice in Walsall to place a stronger emphasis on working in partnership with the public, through an asset-based approach, alongside borough-wide activities

The approach in Walsall aimed to draw on lessons from the Healthy Communities Programme (formerly part of the LGA) and which was responsible for bringing a UK perspective to the assets approach, developed in the United States. This made a strong case for an assets approach in:

- Providing new ways of challenging health inequalities
- Valuing resilience
- Strengthening community networks
- Recognising local enterprise

An assets-based approach starts with a focus on the strengths within communities, not the risks and deficits. It is about getting to know communities and building relationships, rather than devising interventions to fix problems.

From the LGA report, three recommendations were made:

- Each Area Partnership is now identifying specific local priorities in order to put appropriate action plans in place that could be addressed through an asset based approach (see below)

- Establishing peer learning networks which would include partners from across sectors and communities to strengthen capability and bring in local challenge to develop more substantial programmes of asset based working
- How intelligence systems could be developed to better capture wider sources of quantitative and qualitative data to achieve a more holistic view of the social determinants of health and the contribution of key sectors such as the voluntary and community sector

Following the LGA programme of work, each Area Partnership informed by the Health profiles developed by Public Health, identified priority areas of work and developed an action plan to deliver these.

Review meetings have been held between representatives from the Public Health department and each Area Manager to review priorities, consider actions currently underway, and make recommendations regarding future work. The focus of these meetings has been the strengthening of assets-based work to ensure that evidence-based actions are taken forward in a sustainable way.

These meetings have identified that all areas have good examples of engaging with and supporting community groups, voluntary sector and individual residents to deliver projects and programmes of work. These are focused on achieving improvements both in health outcomes and in the wider determinants of health such as education and employment.

Health profiles, which map data at community level, have been used to identify relatively small geographical areas (which are meaningful to local residents) in order to target and give a greater focus for prioritised activity.

Current activity in localities is focusing on:

- Darlaston & Bentley - addressing issues concerning young people and childhood obesity and in particular improving health and wellbeing in Rough Hay
- Willenhall, Short Heath and New Invention - addressing issues concerning health inequalities particularly within regards to obesity and teenage pregnancy/sexual health
- Walsall South - improving residents knowledge and awareness of services relating to diabetes, and improving men's health
- Pelsall, Brownhills, Rushall-Shelfield - addressing issues concerning alcohol
- Aldridge / Beacon - long term conditions/elderly/isolation
- North Walsall - addressing issues of obesity in children

9. Service Impact on Health and Wellbeing

The purpose of this activity is to gain a better understanding of how decisions made in isolation can have a significant impact on the health and wellbeing of our citizens. With the introduction of Public Health within the Council from April 2013, there has been a concerted effort in attempting to identify and 'join up' services where a common purpose is identified. Examples include:

- Rollout to Councillors and directorates of the 'Making Every Contact Count' programme
- Work on health input into Childrens Centres
- Plans to extend availability of parenting programmes across the borough
- Joint work to support efforts to reduce cost of looked after children
- Introduction of key Public Health workstreams in the Children and Young Peoples plan
- Complementary workstreams in health and wellbeing strategy (priorities for action 2013/14)
- Initiation of work with Planning to fully understand the impact of local decisions on the health and wellbeing of citizens

10. Delivery of the Health and Wellbeing strategy

Taking strategic direction from the Health and Wellbeing Board (HWB) since April 2013, the Health and Wellbeing strategy sets out the key priorities that all partners in Walsall must tackle in a co-ordinated way through every stage of life to improve health and wellbeing for our citizens. The three year strategy (2013-16) encompasses JSNA (Joint Strategic Needs Assessment) findings, shared ambitions, key priorities and measures to show improvement. In addition, 16 key recommendations for action relating to 2013/14 have been identified and subsequently individual action plans have been developed by the relevant service areas in partnership with each other. This remains a primary delivery vehicle of several partners for delivering improved health outcomes and updates will be communicated to the Health and Wellbeing Board on a six monthly basis.

11. The working smarter objectives.

- (i) Staff feel empowered and involved in change

The new Social Care operating model has been developed by the Senior Leadership Team in Adult Social Care and Inclusion and though there is a process that has introduced staff to the new way of working and some positive comments have been received from staff about the approach (alongside some concerns) it would be disingenuous to suggest that the process has "empowered staff". A new newsletter has been launched in the Directorate to coincide with the introduction of the new operating model (though it has a wider communication function not just about the changes). Early indications are that staff appreciate the new emphasis on communicating with them and receiving their comments back.

Within Neighbourhoods, staff are involved in the development & implementation of schemes. Through effective engagement with all stakeholders across the borough including partners such as the NHS, police, voluntary/community sectors and housing providers, solutions to local priorities are being identified and addressed, particularly on the use of sustainable assets within communities.

There has also been greater recognition amongst Council staff of how their day to day work impacts upon health and wellbeing and a better appreciation of the need to jointly work across services to achieve common outcomes.

(ii) Improved services to residents

The aim of the new operating model is to help people get the right service at the right time offering effective interventions that should overall reduce longer term demands for social care. The new performance measures will test whether this objective is met in the future.

The initiatives set out above will contribute towards greater synergies across service areas and we have already started identifying where gaps in existing local service delivery may exist. Through engagement with partners and residents, the teams are looking at how services are commissioned at a local level. Further measures will be developed throughout this process and will be used as a baseline for assessing progress.

The Health and Wellbeing strategy (HWS) focuses on improving health and wellbeing outcomes rather than specific services. Each section within the HWS identifies measures to show overall improvement in health and wellbeing for Walsall.

(iii) Saving the Council money

The new operating model is expected to reduce longer term demands on adult social care and thus overall save the council money. It is too early (given that the full operating model only came into existence on September 1st) to be clear if this objective is being met yet.

Health and social care integration is a key aspect of the work of the Health and Wellbeing Board and it is acknowledged that through the interventions associated with the strategy then financial savings will result as a consequence of closer partnership working and targeting resources more effectively.

The key opportunity to reduce costs to the Council is by reducing demand on services through greater independence and improved healthy life expectancy, more people living healthier lives for longer. Although quantified savings are yet to be established, given the health service cost of inactivity in Walsall is £2,245,749 per annum – the highest per-capita cost in the Midlands (West & East) – the potential savings are substantial.

By better utilising our community assets to deliver local services, it is anticipated that demand of council and partner service will reduce in the future, therefore enabling service design within the council to reflect actual demand.

12. Challenges and Opportunities

Adult Social Care and Inclusion will be severely challenged to sustain its current delivery as the reduction in resources available to the Council begins to hit. There are some further opportunities through partnerships with the health community, the housing and the voluntary sector to make best use of these scarce resources

and developing those partnerships will be critical. Integration with Health has become a Government priority and that will feature strongly in Walsall through the role of the Health and Well-Being Board.

13. Conclusion

- 13.1 Adult Social Care and Inclusion is now challenged by the significant reduction in resources that are made available to its services. We have looked to sustain this operating model and approach to prevention going forward in the expectation that this is the most effective way of reducing costs through effectively managing demand for services – getting the right service to people at the right time. The success or otherwise of this approach will be demonstrated in the coming months. Alongside the changes a new performance model is being developed to help us sustain the right services going forward. The Council should continue to invest in services where it is clear that they do offer genuine prevention in reducing the need for longer-term care. Where the evidence does not suggest that this is happening then there are likely to be reductions in those services in the future as the council's budget continues to reduce.
- 13.2 Following the transition of Public Health into the local authority on 1st April, the focus has shifted from transition to transformation, working with colleagues across all directorates in the council to identify synergies and duplication where resources can be used more effectively or services redesigned to deliver improvements in health and wellbeing. As stated above, the most effective way of reducing costs and saving money is through more effective services which identify peoples needs early and meet those needs more effectively by ensuring that services are based on good evidence of effectiveness and robust monitoring of outcomes. This is the key purpose of a Public Health approach.

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