

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

SUPPORT PEOPLE TO LIVE INDEPENDENTLY (PRIORITY 9)

REPORT OF INTERIM DIRECTOR OF HEALTH, WELLBEING AND CARE

LEAD HEALTH & WELLBEING BOARD CHAMPION – CLLR JACQUI SEYMOUR

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report provides an update on progress against the Health & Wellbeing Strategy priority, “supporting people to live independently” and information about local performance against related performance measures.
- 1.2 The report also makes links between this priority and the whole Adult Social Care agenda as covered within the Adult Social Care Outcomes Framework and the wider whole system performance agenda.
- 1.3 Reference is then made to the Better Care Fund Plan as it picks this up from a whole system perspective and incorporates this priority as one of its key themes.

2. RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board are asked to note the contents of this report.
- 2.2 The Health and Wellbeing Board request to be kept informed of progress in the future, through reference to work undertaken in relation to ‘Better Care Fund Plan’ and a whole system/balanced scorecard performance approach.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

Support people to remain living independently in the community for as long as possible.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Priority 9:</i> Support people to live independently
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Protect and support our vulnerable children and adults
	Will the proposals impact on specific groups of people?	
	Yes	Vulnerable adults from all areas of service
TARGET COMPLETION/DELIVERY DATE	Ongoing, and will also be aligned to the work in the Better Care Fund Plan.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Council has approved a budget for 2014/15 of £41.265m for Adult Social Care. The current budget strategy includes savings for Adult Social Services of £10.5m to be delivered by the end 2015/16. The savings identified have been determined to contribute towards the overall savings package of £22m which the Council has to find by 2016/17 and also to bring the costs of Adult Social Services into line with that reduced budget.</p> <p>The budget total includes over £976k being funding passported by the CCG following Government allocations of funding for reablement. This funding is expended by the Council following plans agreed with Health Partners.</p> <p>The recent Better Care Fund submission to the Department of Health identified joint funding of £14.674m for 2015/16, formulated from the Better Care Fund appropriation to the CCG as part of the 2014/16 finance settlement (funds within existing budgets) and other budgets which already support joint working arrangements, including the</p>

		<p>£976k reablement funding identified above. The strategy is dependant on significant savings being made as part of the move to providing more Community based support. If these savings are not made then there is a significant risk of exacerbating current financial pressures already being experienced in the Health economy. RP 02.05.14</p>
LEGAL ISSUES	Yes	<p>The Adult Social Care Outcomes Framework (ASCOF) was first published in March 2011 and measures how well care and support services achieve the outcomes that matter most to people.</p> <p>The ASCOF for 2014 to 2015 was published on 11 November 2013 and supports the priorities for social care as set out in the Care Bill, which include supporting people to maintain their independence and their connections to the community, and ensuring that everyone has control over the care they receive.</p> <p>The ASCOF, alongside the NHS Outcomes Framework and the Public Health Outcomes Framework, supports Government ambitions for joined-up seamless services within, and between, health and social care, a renewed focus on preventing and delaying the need for care and support, and progress in delivering personalised care for both users of care and carers.</p> <p>The Care Bill will ensure that each person receiving care and support is placed at the centre of those services.</p> <p>The Bill [as at 29 April 2014] has concluded all stages in the House of Commons and amendments are due to be considered in the House of Lords on 7 May 2014.</p>

		<p>The Bill and subsequent Statute, once it receives Royal Assent, will be accompanied by relevant Statutory Instruments and Guidance, which will be issued for consultation first.</p> <p>On 10 January 2014, the Department of Health published Factsheet 19 on the Care Bill. The factsheet explains how the Bill will facilitate the creation of the Better Care Fund, by providing a mechanism that will allow the sharing of NHS funding with local authorities to be made mandatory. It is planned that CCGs will make use of their powers under Section 75(2) of the National Health Service Act 2006 to set up pooled budgets with local authorities under written agreement. Money invested in a pooled budget can only be spent with the agreement of both parties on activities that benefit both health and social care. KF 29.4.14</p>
EQUALITY & DIVERSITY	Yes	Adult social care supports all adults who may be described at times as 'vulnerable' and require support to remain independent.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Throughout the year discussions take place with many groups identified as 'vulnerable adults' linked to consultation & gathering feedback. 'Working Together' events provides opportunities for the council and CCG to gain feedback and insights from many sectors working to support individuals to remain independent.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	<p>If yes, briefly list any other significant impacts, risks & opportunities-</p> <p>See links below, outlined in the paper.</p>

PART B) – ADDITIONAL INFORMATION

INFORMATION

1. Context

1.1 The national priorities adopted for Adult Social Care and set out in our Local Account for 2012/13 are (for more detail see Appendix 1):

- Domain 1 - Enhancing the quality of life for people with care and support needs
- Domain 2 - Delaying and reducing the need for care and support
- Domain 3 - Ensuring that people have a positive experience of care and support
- Domain 4 - Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

1.2 There are a set of national indicators relating to each of these domains, through the Adult Social Care Outcomes Framework (ASCOF). Every local authority has to provide data for these indicators (21 separate indicators – see Appendix 2) which are in the public domain, allowing benchmarking, peer challenge, etc; and are reported locally by the Council through the Local Account on an annual basis.

1.3. The Health and Wellbeing Board through the Health & Wellbeing Strategy 2013/14-2015/16, identified 'Support people to live independently' (See Appendix 3 – page 10 of Strategy) as one of its key priorities with the intention of improving four main outcomes:

- Proportion of people using social care who receive Self Directed Support (A Domain 1 indicator)
- Proportion of older people who were still at home 91 days after discharge from hospital into re-ablement services (A Domain 2 indicator)
- People receiving re-ablement services who need no support at the end of their re-ablement phase (A Domain 2 indicator)
- Delayed transfers of care from hospital (A Domain 2 indicator)

1.4 Whilst this report focuses on these 4 specific outcome indicators, it would be advisable in the future for the Health & Wellbeing Board to have a focus on all of the ASCOF outcome indicators that the Council will be benchmarked against. Taking a balanced scorecard approach would also look at performance relating to activity figures (currently more eligible people with high cost needs are requiring social care support compared with the number of people leaving the system) and spend against available budget (there are severe pressures in the system, with robust action required to ensure that spend on adult social care is brought within budget at financial year end).

1.5 A whole system/balanced scorecard approach would consider this information alongside specific NHS & Public Health outcome frameworks

to give a whole system approach. Later in the report we make the link to the Better Care Fund Plan, which has a number of nationally prescribed performance measures some of which are ASCOF indicators.

2. Performance against Outcomes Framework

2.1 The Health and Wellbeing Board 6 month Performance Monitoring Report provided information on performance related to the outcomes above and some additional ones. At the time of preparing this report, end of year data for 2013-14 is not available, but will be provided to the H&WBB in due course.

2.2 Proportion of people using social care who receive self-directed support:

- 2010/11 outturn: 30.2%
- 2011/12: outturn: 36.62%
- 2012/13 outturn: 58.8%
- National comparator 2012/13: 55.5
- Performance at 6 months (2013-14) 63.8%
- Estimated out turn for 2013-14: 60%
- Overall classification: Getting Better.

2.3 On the face of it we appear to be performing well in this area with most people now being made aware of the value of their personal budget, with a resource allocation system incorporated within the community care assessment process. However, we know that in terms of the process there is much more that needs to be done to embed a more personal and individual approach. We need to support assessment staff to give up control, encourage service users to take more self control of the support planning process once they know what their personal budget allowance will be, to find more cost effective support solutions than is current practice. At the same time commissioners need to initiate capacity building approaches to develop community based, lower cost support options, than the traditional care options.

2.4 Proportion of people using social care who receive direct payments:

- 2010/11 outturn: 5.4%
- 2011/12: outturn: 5.8%
- 2012/13 out turn: 8.1%
- National comparator: 16.5%:
- Performance at 6 months (2013-14): 8.8%
- Estimated out turn for 2013-14: 8.8%
- Overall classification: Getting Better

2.5 Direct payments is where a person chooses to receive their personal budget directly into their own care account and control the use of that budget themselves, in agreement with the local authority. You will see from the figures that over the last 4 years we have fallen away from the national performance, with only a relatively small improvement likely to be

reported in 2013/14. The low performance is compounded by relatively low numbers of people using their direct payment to employ their own Personal Assistants, demonstrated to be the most cost effective and personal approach.

2.6 Locally there is a dedicated work being undertaken to significantly alter the care pathway, to ensure that support planning (other than in an emergency) takes place after the individual's personal budget has been identified, with appropriate support planning expertise in place and the development of a Personal Assistant Register.

2.7 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services (those offered intermediate care):

- 2010/11 outturn: 77.9%
- 2011/12: outturn: 74.4%
- 2012/13 out turn: 53.7%
- National comparator: 81.4%
- Performance at 6 months (2013-14 TBC)
- Estimated out turn for 2013: Not stated
- Overall classification: Worsening

2.8 Performance in this area dropped dramatically in 12/13 and though it is likely to have improved slightly in 13/14 it will be significantly below the national average. However, nationally there are concerns about the comparability of this indicator from one local authority to another. The deterioration in performance since 2010/11 will be connected to some extent with the significant drop in people being funded through the health system (Continuing Health Care) and the increasing pace of hospital discharge meaning that increasingly frail and ill people could not be sustained in or returned to their own home within the 91 day window. At the same time (12/13) the Council decided to look to every person requiring ongoing public funding for community care services, to go through an initial period of enablement. This was on the basis that this would reduce long-term care costs. This may not have been the right decision with evidence suggesting that enablement should return to being a targeted service.

2.9 Enablement is one of the key themes of the Better Care Fund Plan and a commissioning led review of the existing services will be undertaken with the CCG as part of the Plan (see Section 3 below).

2.10 People receiving re-ablement service who need no support at the end of their service

- 2010/11 outturn: Not stated
- 2011/12: outturn: 37%
- 2012/13 out turn: 34.9%
- National comparator: not stated
- Performance at 6 months (2013-14) 39.1%

- Estimated out turn for 2013: 39.1%
- Overall classification: Getting Better

2.11 Whilst this appears to have been improving in 2013/14, we have no benchmarking information to compare with and need to examine what this data is telling us, with more rigour as part of the review reference at 2.9 above.

2.12 Delayed transfers of care from hospital

- 2010/11 outturn: Not stated
- 2011/12: outturn: 8.6%:
- 2012/13 out turn: 5.3%
- National comparator: 9.5%:
- Performance at 6 months (2013-14) 5.74%
- Estimated out turn for 2013: 5.74%
- Overall classification: Getting worse.

2.13 Locally we have always performed very well against this indicator, putting this down to good joint working relationships within the hospital, and availability of joint rapid response/intermediate care (now known as enablement) services. Performance is likely to have dipped slightly last year, not helped by some delays as a result of disagreements between the Council over a health contribution towards some individuals continuing care costs. Availability of beds suitable for people with mental health or dementia related needs is also a problem at times.

2.14 Clearly the Council's funding situation could place this performance under further pressure in 2014/15, with both the activity relating to an overspend in 13/14 needing to be reduced and a further reduction in this year's budget of £5m. Again this is a key component of the Better Care Fund plan, with joint requirements to ensure flow through the hospital system whilst also reducing admissions in the first place.

2.15 The proportion of carers who report that they have been included or consulted in discussion about the person they care for.

- First collected in 2012/13 out turn: 72.8%
- National comparator: 72.9%
- Performance at 6 months (2013-14) Not stated
- Estimated out turn for 2013: Not stated
- Overall classification: not given

2.16 Another important aspect of supporting people to live independently is the support family carers receive to carry on caring. Improving carer's health and wellbeing (all age) is of course one of the Health & Wellbeing Board's priorities. A bi-annual survey of family carers has to be undertaken by each local authority. The survey provides a wide range of information which informs the Carers Strategy and the data feeds into two of the ASCOF indicators under Domain 3 - Ensuring that people have a positive experience of care and support.

- 2.17 The next carer's survey is due to take place early in 2015. This will provide important benchmarking information ahead of the Care Bill becoming law from April 2015, which will put family carers on an equal footing with the person they are caring for.

3. Better Care Fund

3.1 Background of the Better Care Fund

- 3.2 The Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provide more effective pathways and better outcomes and value for patients/service users. The Department of Health guidance suggests a step change in current arrangements to share information, share staff, share money and share risk. Overall, the intention of the Better Care Fund is to support people remaining independent for as long as possible and reducing access to acute services by 'growing' the community capacity to respond effectively.

- 3.3 Submissions in relation to Better Care Fund were made by the CCG and Council on 14 February and 4 April 2014. The 4 April submission has been signed off regionally. Though there is a recognition of the challenges that will have to be overcome in working with the acute health sector, to release funding into the community, to support more people in the community more cost effectively and allow the health and social care system to meet the needs of an increasing number of people within reducing overall budget.

- 3.4 Considerable work is now taking place to establish a firmer foundation to the Better Care Fund Plan being implemented from 2015-16 and some summary information is outlined below.

3.5 Objectives of the Better Care Fund

- 3.6 The Better Care Fund will be used to transform the health and social care system in Telford and Wrekin, promoting greater independence for patients and service users and improving on current areas of integrated care. The target focus for the Better Care Fund is to transform public services for adults needing high levels of health or social care support, particularly frail older people at risk of and/or suffering as a result of:

- Falls
- Dementia
- Long term conditions/End of Life
- High risk of admission to hospital or care home
- Discharged from hospital with a need for rehabilitation and/or enablement

- 3.7 The aims are:

- Delivering the best possible health and social care outcomes

- Promoting self-help and self-care wherever and for as long as possible
- Enabling those at increased risk of hospital, nursing or residential care admission to have systems in place to get help at an early stage
- Ensuring financial efficiency

3.8 The thematic objectives are to:

- Building Community Capacity in Telford and Wrekin
- Enhanced community services for Telford and Wrekin as an alternative to hospital provision

3.9 Outcomes and Deliverables

3.10 Five nationally set performance measures will be used to monitor progress for the BCF with associated metrics:

- Reducing non-elective hospital admissions, re-admissions and length of stay
- Reducing permanent admissions to residential and nursing care (an ASCOF indicator)
- Patient experience
- Reducing delayed transfers of care (an ASCOF indicator)
- Improving the effectiveness of re-ablement/rehabilitation services (an ASCOF indicator)

Further information on work undertaken to support people remaining independent is given in appendix 1.

4. PREVIOUS MINUTES

- 13.03.2013 – Report to the Shadow Health and Wellbeing Board on HWB Strategy Development and JSNA.
- 17.07.2013 – Report to the Health and Wellbeing Board on the Joint Health and Wellbeing Strategy: Developing our Partnership and Outcome Frameworks
- 22.01.2014 – Report to the Health and Wellbeing Board on 6 month performance report: Health and Wellbeing Strategy Outcome Measures

5. BACKGROUND PAPERS

- TW Adult Social Care Local Account 2012/13:
http://www.telford.gov.uk/info/100010/health_and_social_care/1565/local_account

- Health and Wellbeing Strategy 2013/14 to 2015/16:
http://www.telford.gov.uk/downloads/file/4123/hwb_priorities_consultation_may_2012

Report prepared by Kit Roberts, Better Care Project Manager, 01952 389990

Appendix 1 – Page 11 of T&W Adult Social Care Local Account 2012-13: Our Priorities

Our priorities, which are in line with the National priority outcomes, for this year are:

1. Enhancing the quality of life for people with care and support needs

- People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs.
- Carers can balance their caring roles and maintain their desired quality of life.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

2. Delaying and reducing the need for care and support

- People have the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

3. Ensuring that people have a positive experience of care and support

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

4. Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

- People enjoy physical safety and feel secure.
- People are free from physical and emotional abuse, harassment, neglect and self harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

5. Delivering transformation and managing resources

Appendix 2

	Telford									Previous year for comparison									
	Indicator	2011-12 (Final)	2012-13 (Prov)	2012-13 Nat Avg	2012-13 Comp Avg	2012-13 WM Avg	2012-13 Quartile		2012-13 T10/L10	2011-12 (Final)	2011-12 Nat Avg	2011-12 Comp Avg	2011-12 WM Avg	2011-12 Quartile		2011-12 T10/L10	2013-14 Projection		
1A	Social care-related quality of life	18.3	18.4	18.8	18.9	18.8			✓		18.3	18.7	18.9	18.8			✓		N/A
1B	Proportion of people who use services who have control over their daily life	75.7	74.7	75.9	75.8	75.1			✓		75.7	75.1	75.5	74.5			✓		N/A
1C(1)	Proportion of people using social care who receive self-directed support	36.2	58.8	55.6	58.3	49.2		✓			36.2	43	45.4	36.4			✓		60.0%
1C(2)	Proportion of people using social care who receive direct payments	5.8	8.1	16.4	15.9	16.6			✓	Bottom 10%	5.8	13.7	11.8	14			✓	Bottom 10%	8.2%
1D	Carer-reported quality of life	.	8.0	8.1	8.4	7.9			✓		.	.	.	.					N/A
1E	Proportion of adults with learning disabilities in paid employment	4	4.0	7.2	5.1	5.6			✓		4	7.1	5.1	6.3			✓		4.1%
1F	Proportion of adults in contact with secondary mental health services in paid employment	6.1	9.9	7.7	6.3	10.9	✓				6.1	8.9	8.1	10.3			✓		N/A
1G	Proportion of adults with learning disabilities who live in their own home or with their family	66.7	63.9	73.3	81.3	66.4			✓		66.7	70	79.6	65.4			✓		65.0%
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	36.5	81.1	59.3	64.0	62.3	✓				36.5	54.6	61.6	51.2			✓		N/A
2A(1)	Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	21.2	11.6	14.9	14.5	18.2		✓			21.2	19.1	17.4	18.3			✓		N/A
2A(2)	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	723	681.9	708.8	749.3	701		✓			723	695.9	795.7	645.5			✓		N/A
2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	74.3	53.7	81.5	80.4	79			✓	Bottom 10%	74.3	82.7	80.2	81.1			✓		63.0%
2B(2)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	3	3.5	3.3	4.8	4.4		✓			3	3.2	3.5	4			✓		N/A
2C(1)	Delayed transfers of care from hospital per 100,000 population	8.3	5.3	9.5	6.5	11.6	✓				8.3	9.7	6.8	13.5			✓		8.2
2C(2)	Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	4.1	2.6	3.3	1.6	5.6			✓		4.1	3.7	2.5	7.4			✓		2
3A	Overall satisfaction of people who use services with their care and support	66.4	58.9	63.7	65.6	64.1			✓		66.4	62.8	65.6	63.3	✓				N/A
3B	Overall satisfaction of carers with social services	.	48.4	42.7	46.9	42.1	✓				.	.	.	.					N/A
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	.	72.8	72.8	75.8	71.2			✓		.	.	.	.					N/A
3D	Proportion of people who use services and carers who find it easy to find information about services	72.9	69.1	71.5	74.4	71.7			✓		72.9	73.8	76.5	72.1			✓		N/A
4A	Proportion of people who use services who feel safe	55.2	61.2	65	65.8	64.1			✓		55.2	63.8	64.9	63.1			✓	Bottom 10%	N/A
4B	Proportion of people who use services who say that those services have made them feel safe and secure	62.7	74.4	77.9	76.4	78.4			✓		62.7	75.5	74.4	74.4			✓		N/A

Appendix 3 – Extract from page 10 of T&W Health & Wellbeing Strategy 2013/14-2015/16

Priority 9 – Support People to Live Independently

Why is it important?

Maximising people's independence is shown to prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly and intensive services.

The Government's aim is for people to live independently for as long as possible, ensuring that people who need care and support have as much choice, control and freedom over decisions and services as they want.

What is the situation in Telford and Wrekin?

- 48% of people who completed a period of reablement in 2010/11 did not require any ongoing social care support.
- There are pockets of good practice but these services are not joined up, are complex to navigate and patchy, leading to inequity in access
- Where investment has taken place, there is evidence of reduced on going costs
- Only approx 30% of people who would benefit from re-ablement are currently accessing the service