

## **TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 9 DECEMBER 2015**

### **UPDATE ON THE WELLBEING AND PREVENTION STRATEGY (WPS)**

**REPORT OF: CLIVE JONES (TELFORD & WREKIN COUNCIL) ASSISTANT DIRECTOR FAMILY, COHESION AND COMMISSIONING AND ANNA HAMMOND (CCG) DEPUTY EXECUTIVE COMMISSIONING & PLANNING (INTEGRATED CARE).**

**LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND / CLLR PAUL WATLING**

## **PART A) – SUMMARY REPORT**

### **1. SUMMARY OF MAIN PROPOSALS**

- 1.1 The original intention of the Wellbeing and Prevention Strategy (“WPS”) was to set out the Borough of Telford & Wrekin’s (the Council) local approach to promoting wellbeing and independence of an individual under s1 of the Care Act 2014 (the “2014 Act”). However locally the Council has recognised the benefits of an all age approach to promoting wellbeing and prevention and as such the strategy has been extended to incorporate children and families as well as adults. This change of strategy will allow the Council to remove duplication from the system, apply similar principles across both services, and set out a more cohesive approach to transition from children’s into adult’s services.
- 1.2 More recently it was decided that the WPS should become a partnership document and as such the Deputy Executive Commissioning & Planning (Integrated Care) for the CCG has been drawn into discussions.
- 1.3 As the scope of the document has grown, the risk of overlap with other strategies, in particular the Health and Wellbeing Strategy (“HWBS”) has increased and consequently the likelihood that the WPS may lose its sense of purpose and worth. As such the distinction between the two strategies is set out as follows:
  - The revised HWBS will set out a reduced number of priorities which describes what it is that the Council and its partners want to achieve.
  - The delivery of the HWBS will be supported by work programmes setting out what needs to be done.
  - The WPS will become the how; a set of guiding principles that we will use to inform our action plans. They will translate into tangible activities that should be at the heart of our preventative approach to tackling the HWBB priorities.
- 1.4 A public survey ‘Are you healthy, safe and independent?’ (See Appendix 5) has been delivered by the Community Participation Team which aimed to open up a conversation with the community to find out from people what helps them and what difficulties they have in keeping healthy, safe and independent. The findings of the survey will be used to sense check our wellbeing and prevention principles to ensure that our approach can meet the needs and manage the expectations of people in the borough of Telford and Wrekin.

The findings of the survey will also help to inform Health and Wellbeing Strategy priorities, the Public Health Annual Report, the Safeguarding Adults Board Strategy and our Commissioning Strategies.

## 2. RECOMMENDATIONS

- 2.1 Board Members note the update and acknowledge progress since receipt of the last Board report on this priority.
- 2.2 Board Members provide feedback and comment on the principles and emerging themes from the 'Are you healthy, safe and independent?' consultation
- 2.3 Board Members commit to ensuring that the principles are embedded in the delivery of the new HWBB priorities.

## 3. IMPACT OF ACTION

By committing to using these principles to deliver the new HWBB priorities there is assurance that all action plans, service reviews, commissioning strategies, specifications, workforce development plans etc reflect a preventative approach. It will inform how resources are used to ensure that all services promote independence and thereby manage demand away from high cost services.

## 4. SUMMARY IMPACT ASSESSMENT

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	Supporting People to Live Independently
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Vulnerable Children and Adults Health and Wellbeing Children and Young People
	Will the proposals impact on specific groups of people?	
Yes	<p><u>Age and Disability:</u> The documents referred to within this report support the delivery of a fair system of social care where the resources that are offered, relate to the level of assessed needs that an individual may have.</p> <p><u>Deprivation:</u> Contributions towards the cost of care will clearly relate to an individuals ability to pay.</p> <p><u>All protected characteristics:</u> The policies which support the system of Adult Social Care will promote equality of opportunity and maintain parity in access to services, challenging inequalities where they exist.</p> <p>Wellbeing will be promoted through the development of universal services which provide something for everyone.</p>	
<b>TARGET COMPLETION/DELIVERY DATE</b>		

<p><b>FINANCIAL/VALUE FOR MONEY IMPACT</b></p>	<p>Yes</p>	<p>The principles of the wellbeing and prevention strategy should have the result of reducing the dependency on long term care. The reduction in demand and reducing the cost of long term care remains a key part of the plans to deliver Social Care Cost reductions in both Children's and Adult's services. The delivery of these savings targets are significant in the delivery of the Council's budget strategy, and results from pressure on Council budgets arising from cuts in Government Grant over recent years.</p> <p>The Council is committed to meeting the requirements of the Care Act, and there is sufficient grant including that contained within the BCF for the Council to meet its 2015/16 expected commitments. The funding required ongoing for the delivery of these commitments will not be known until the Local Government settlement is announced later in 2015.</p> <p>The principles of the strategy are already embedded within the objectives and outcomes of the BCF and the Council and CCG have around £12.5m invested in the pooled fund. The recent procurement of a comprehensive Information and Advice service will also contribute to the service delivery objectives.</p> <p>Other Council services funded from within existing base budgets within Family and Children's services also contribute to the delivery objectives.</p> <p>As the priorities of the HWBB are established the impact of changes to service delivery will be considered and evaluated and the financial consequences of changes will be reported in accordance with already established Governance frameworks to ascertain whether approvals are appropriate in the light of the development of future budget strategy.</p>
<p><b>LEGAL ISSUES</b></p>	<p>Yes</p>	<p>In accordance with section 196 of the Health and Social Care Act 2012 (the "<b>2012 Act</b>") , the functions of a local authority and its partner clinical commissioning group(s), under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 are to be exercised by the Health and Wellbeing Board, established by the local authority.</p> <p>Under the '2012 Act', local authorities and clinical commissioning groups (CCG's) have an equal and joint duty to prepare a Joint Strategic Needs Assessment (JSNA) and joint Health and Wellbeing Strategy (HWBS) for meeting the needs identified in JSNA, with the HWBS delivered via the Health and Wellbeing Board.</p> <p>In preparing a HWBS the flexibilities under section 75 National Health Service Act 2006 (as amended) (the '<b>2006 Act</b>'), such as pooled budgets, lead commissioning and integration of services should be considered ,to more effectively meet the needs identified in the JSNA. Health and Wellbeing Boards are under a duty to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated</p>

manner and provide such advice, assistance or other support as they think appropriate to encourage the making of arrangements under section 75 of the 2006 Act.

As defined at paragraph 1.3 of this report, the proposed Wellbeing Prevention Strategy (WPS) is to assist in providing a practical method of putting the HWBS into action and to widen its implementation to cater for children and families.

All strategies and statements to provisions relating to adult care and support and health will need to comply with the terms of the Care Act 2014 (“the 2014 Act”) which came into force on the 1st April 2015 if not, then the 2014 Act will supersede any parts of the strategies and statements and risk challenge.

Moreover, the work and policies described within the report are consistent with the duty in section 3 of the 2014 Act to promote the integration of care and support provision with NHS and other health-related provision. Further, duties to co-operate with other parties is contained within sections 6 and 7 of the 2014 Act.

The WPS with regard to provisions relating to adult care and support and health must give regard to the new statutory duty known as ‘the well-being principle’, at section 1 of the 2014 Act and Chapter 1 of the Care and Support Statutory guidance (“the guidance”) and also give regard to the duties regarding prevention in section 2 of the 2014 Act. This includes a duty which “involves actively seeking improvements”, in the stated aspects of well-being set out in the 2014 Act.

The Children Act 2004 , supported by relevant Regulations and Statutory Guidance ,sets out the duties of local authorities and their partner agencies to co-operate and work together when undertaking their respective statutory functions so as to improve the wellbeing of children and relevant young persons.

Wellbeing and prevention are key elements of the Outcomes Frameworks for Public Health, Adult Social Care and the NHS.

In terms of consultation and any targeting of services the Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010 (as amended), which states:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons

		<p>who share a relevant protected characteristic and persons who do not share it;</p> <p>(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	As above
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	Borough wide impact
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	<p>Care Act Consultation 2<sup>nd</sup> February to 15<sup>th</sup> March 2015 (online survey)</p> <p>Provider Workshops 26<sup>th</sup> February and 27<sup>th</sup> March 2015.</p> <p>Are you Healthy, Safe and Independent Survey September and October 2015</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes/No	<p>The Wellbeing and Prevention principles are a medium to long term opportunity to manage demand away from high cost services in response to the current financial climate.</p> <p>The risk lies in the short term and how resources are shifted from those high cost services to support a preventative approach. This requires a collaborative and whole system approach that will be critical to reducing costs, improving outcomes and Care Act 2014 compliancy.</p> <p>A priority for the Better Care Fund is to increase and build community capacity and enhance and build more community services as an alternative to hospital provision. Failure to deliver these priorities is a risk to the preventative approach.</p> <p>The Adult Social Care Statement is a significant part of the whole system approach and if we don't deliver these commitments then there are risks to the sustainability of adult social care in Telford and Wrekin.</p>

## **PART B) – ADDITIONAL INFORMATION**

### **2. BACKGROUND**

- 2.1 We recognise that for some people and families the outcomes (See Appendix 1) that we are striving to achieve for our residents will be more challenging and as such they will require additional support. We hope that they may find this support from within their families and communities. However for those who are most vulnerable we must ensure that they receive the right help at the right time.
- 2.2 In the current and ongoing financial climate, with reducing levels of public service funding from the Government, past service arrangements are not financially sustainable. The focus must shift to managing down demand; preventing people from becoming dependent on high cost specialist services or preventing the need from developing in the first place.
- 2.3 The diagram in Appendix 2 and 3 sets out the continuum of need for adults and for children, young people and families. It then maps out the individual or family journey through the range of preventative services. There are some elements of prevention that are delivered to the whole population and make up our universal offer. Conversely some individuals and

families are at a higher risk of experiencing inequalities which may lead to poorer outcomes and as such require a more targeted approach to prevention dependent on the needs identified.

- 2.4 The Wellbeing and Prevention principles as set out in Appendix 4 define our approach which embeds wellbeing and promotes prevention; it becomes a mirror that we hold up to sense check our action plans, service reviews, commissioning strategies, specifications, workforce development plans etc. Furthermore it provides a conduit for taking a more cohesive approach where we know there are gaps.

### **3. CONSULTATION**

#### **3.1 Context**

The Community Participation Team supported the Commissioning Team (Vulnerable People) with the planning, design and delivery of a consultation designed to open up a conversation to understand from local people what would prevent them from needing care and support services. The consultation centred around two key aspects of wellbeing and prevention: reducing the need for care and support in the first place by encouraging healthy and safe lifestyles and secondly, when social care needs do arise people need to be supported by family, friends and the community wherever possible.

In this way scarce health and social care resources can be directed to those that need it most, at the right time.

#### **3.2 Questions**

As a result of the brief, consultation questions were based on three aspects of people's lives:

- Being healthy and feeling good
- Being safe and secure
- Being in control of your own life

Within each of these areas, questions were developed relating to what people experience as helpful and what makes things difficult for individuals.

People were also asked to give their ideas on how their friends, family, neighbours and community groups might be able to help them achieve the best for themselves in each of these areas.

#### **3.3 Approach**

The questions were developed into a short survey. The survey was designed to be delivered individually or in small groups of service users by someone they had an established relationship with.

The survey was also appropriate for people to complete on their own, electronically via email or the website or in a paper copy.

For those individuals that were meeting with someone to complete their survey good practice principles were observed in a briefing sheet

For all response methods, details were given of where people could get support and advice from should the survey raise any issues for them.

All enquiries about the consultation were directed to the Community Participation Team who also received the completed paper responses.

Electronic survey responses were received by Delivery and Planning Team who undertook the analysis.

### **3.4 Marketing and targeting**

3.4.1 The universal / general population. Recognition was given that respondents were needed from people and organisations/ groups who had experience of health and social services. In addition feedback was needed from the general population as a whole – who may develop future needs. This was in recognition that they may develop future needs but also they may be the family/friend/community members on whom the wellbeing and prevention principles will depend.

The universal/general population was targeted in the following manner:

- Notification to every household in the July edition of Your Voice
- The Community Panel
- Social media campaign including Face book and Twitter
- Press releases/radio slots
- Promotion of the survey on the Council website and Mylife with direct link to survey
- Councillor engagement with constituents

3.4.2 Targeted groups/service user/carer groups. The Community Participation Team coordinated a programme of targeted surveying with key people and groups. Coordination involved meeting with Commissioners and the Public Health Team to develop an action plan of how to involve providers and advocates and voluntary organisations to access their key service user groups.

Partners of the Adult Safeguarding Board and the CCG were also recruited to distribute and ensure completion of the survey.

The Director of Health, Well being and Care requested all social care staff completed 5 surveys with service users and carers they had direct contact with.

3.4.3 In addition to staff helping us encourage service users and residents to complete the survey, we wanted to hear from staff in their own right as residents what their thoughts and ideas were. An internal communications campaign supported us to do this.

3.4.5 Target Intervention Areas. Given the established links between poor preventative health and areas of deprivation, we wanted to make sure we heard from people in those areas within the Borough that are known to have higher levels of deprivation.

We were supported in doing this by members of the wider Community Participation Team in the 6 targeted intervention areas. These colleagues approached local people in community centres and at residents' groups to get this information.

### **3.5 Analysis**

The consultation was always viewed as a way of initially starting up a conversation with the community about a new approach which is at odds with the previous language used by the

Council. Therefore rather than offering up a tick box menu of options (which would have been easier to analyse) the questions were deliberately open ended to reflect the fact that the Council doesn't hold the key to wellbeing and prevention, local people do and we needed to draw out their thoughts and experiences.

As such there was no expectation that there would be definitive solutions but a series of emerging themes which would:

- Help to shape public facing messages about the role of the Council within the Borough
- Identify themes which require a more in depth conversation with local people
- Create a pool of local intelligence which can be viewed through different lenses of the Council (and its partners). For example work life balance is emerging as a potential barrier to building community capacity which perhaps requires the co-operation of local employers to provide appropriate working practices and policies.
- Sense check the principles which our desk top exercise have identified as key to promoting wellbeing and prevention.
- Help the Council and its partners translate vision and what it needs to achieve into tangible actions which are meaningful to local people.

There were 980 responses to the consultation which are available in full at the following link <http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Meeting/MTM1Mg%3d%3d> and the below summarises emerging themes:

### 3.5.1 Being healthy and feeling good:

74% responded to say they feel healthy and good or very healthy and very good. More males (79%) than females (72%) stated they felt healthy and good.

The things that people told us about what helps them to be healthy and feel good can be themed in the following ways:

- Exercise, diet, walking and hobbies 68%
- Self or others 48%
- Good work life balance 26%
- Practical support such as GP and health support/appointments, medicine, money or income and good weather 19%

Things that make it difficult to be healthy and feel good include:

- Disability and illness 29%
- Practical issues such as poor diet/over weight, money/cost, getting older, poor transport/, difficulties accessing health/medical appointments/facilities, loneliness/isolation, poor weather, lack of community groups, lack of sleep 27%
- Time issues such as lack of time in general, work commitments, caring responsibilities or a poor work life balance 20%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- No suggestions/ideas or no difficulties identified or they can't help 37%
- General help and support 17%
- Practical support such as help with chores, childcare, sharing of information and financial support 10%

- Social support such as do things together, keeping in touch, opportunities to socialise, help to get out more 10%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties or suggestions or they can't help or help not wanted 70%
- Social support and opportunities such as community or social groups, health hub and community fitness, befriending, sport and leisure and volunteering opportunities 29%
- Practical support such as chores, advice and support, transport and food banks 12%

### 3.5.2 Being safe and secure

90% responded to say they feel safe and secure or very safe and secure. Females (91%) feel safer than males (86%).

79% of those with a long-standing illness or disability told us they felt very safe and secure or safe and secure compared to 93% who do not have a long-standing illness or disability.

The things that people told us about what helps people to feel safe and secure can be themed in the following ways:

- Personal support such as family, strong community and neighbours, self, friends and colleagues, pets and carers 63%
- Practical support such as security systems, availability to emergency services, secure place of work, money or income, equipment or assistive technology 40%

Things that make it difficult to be safe and secure include:

- Practical issues such as lack of police presence or action, local environment (roads, lighting), lack of money or job security 17%
- Fear of others and crime and scams 14%
- Unsafe community or neighbourhoods 10%
- Disability and illness 9%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- Practical support such as general help and understanding, more police, home security, help with childcare and know who to contact in an emergency 15%
- Social support such as look out for each other, communication and be there to talk to 13%
- Community and voluntary groups such as good neighbours or neighbourhood watch, more community or voluntary groups 13%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions 43%
- Social and community support such as safe place schemes or groups, neighbourhood watch or community groups, advice and support and education groups, work together and communicate and increase community spirit, reduce isolation 28%
- Practical support such as better policing, improve or repair the local environment, help with transport 15%

### 3.5.3 Being in control of your own life

71% responded to say they were in control of their own life with a further 24% stating they had some control of their own life. 5% of respondents had little control or no control of their life.

96% of females stated they were in control or had some control of their lives compared to 92% of males.

Those who report they are in control or have some control seems to increase with age, rising from less than 50% for those aged under 25 years, up to 75% for those who are aged 65 and over.

Of those who report having a long-standing illness or disability 14% state they have little or no control compared with 2% for those who state they have no long-standing illness or disability.

When asked who or what helps you to be in control of your own life the themes can be grouped as follows:

- Personal support such as family, friends/colleagues, carers, strong community or neighbourhood 37%
- Self 34%
- Practical support such as money or income, transport, faith, GP and health support/appointments, equipment, personal alarm 24%
- Being independent 23%

Things that make it difficult to be in control of their own life include:

- No difficulties/suggestions 41%
- Practical issues such as lack of work life balance, lack of money, lack of or poor transport, lack of independence, being in education 22%
- Disability and illness 21%
- Others such as family, caring responsibilities, children, having carers, friends 9%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions, they can't 53%
- Social and emotional support such as family and friend support, just being there, listen and offer advice, better work life balance, better community groups, keeping in contact 30%
- Practical support such as help with shopping and transport, care support, financial support, help with education, police 10%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions, they can't 29%
- Practical support such as advice and education, support groups, transport, help with shopping and household chores, organise activities and hobby groups, financial support and advice, health or disability groups, help with childcare, independence and confidence support groups, police 19%

### 3.5.4 General Themes

One of the issues through all sections of the survey is long-standing illness or disability. This is the largest reason why people don't feel healthy, safe or in control of their life. The survey does not identify if the illness or disability is why people feel as they do or if the illness or disability prevents the person participating in activities which might help them feel healthy and good, safe and secure or more in control. Each of these two issues would need to be addressed differently and an emerging theme which we may need to explore further.

When asked how family, friends, neighbours, community or voluntary groups could help with difficulties of being healthy, safe and secure and in control of their own life, in the main respondents told us they had no difficulties, suggestions or ideas or didn't think they could help.

However, the findings also suggest that having personal support is a key theme to keeping people safe and secure and feeling in control of their own life.

A key number of respondents indicated 'time' as an issue in relation to difficulties in being healthy and feeling good, for example lack of time in general, and work commitments, caring responsibilities or a poor work life balance.

People have told us that they would value help with chores, shopping, gardening, housework and transport. Apart from these practical tasks people in general just want friends and family to listen more and give advice. Given the national and local promotion of the benefits of telecare, little mention has been made throughout the survey regarding assistive technology or equipment in general.

Responses indicate people do not really know what help is already available in the community. The suggestion being that community and voluntary groups are advertised more widely. Accessibility is another issue with the need for services to be available at times and places which suite more people, including evenings and weekends and services should be offered in local communities and not in locations which people can not get to.

## **4. Wellbeing and Prevention Principles and Commissioning**

- 5.1 It is the intention that all commissioning strategies will be reviewed together with the CCG in the context of the principles, ensuring that commissioning intentions embed wellbeing and promote a preventative approach.

Having completed the Commissioning for Better Outcomes (University of Birmingham) self assessment, commissioners across the Council and the CCG will address any shortfalls in our approach via the following strands of work which will underpin our practice to ensure that commissioning is:

- Person Centred and outcomes focussed
- Inclusive
- Well lead
- Promotes a sustainable and diverse market place.

- 5.2 The intention would be that commissioners and senior leaders across the Council (Including Public Health) and the CCG seek to collectively address any shortfalls identified through the self assessment process with partners reporting progress up through the Strategic Commissioning Group.

**6. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

N/A

**7. PREVIOUS MINUTES**

Health and Wellbeing Board May 2014  
Health and Wellbeing Board 11<sup>th</sup> March 2015

**8. BACKGROUND PAPERS**

Telford and Wrekin Local Account 2013-2014  
Adult Social Care Service Commitment 2015-2016  
Telford and Wrekin Information and Advice Strategy  
Are you healthy, safe and independent? Survey Results (Appendix 5)

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