'Who Will Care': Independent Commission in to preventing a future crisis in health and social care in Essex: Thurrock Response

Introduction

In January 2013, Sir Thomas Hughes-Hallett was asked by Essex County Council to set up an independent commission in to preventing a future crisis in health and social care.

The Commission's remit was to consider the geographical area of Essex in its entirety – i.e. including Thurrock and Southend. The involvement of the two unitary authorities in Essex was voluntary with neither unitary authority being under any obligation to take forward the recommendations made by the Commission.

We (Thurrock Council and Thurrock CCG) are not dissimilar to the rest of Essex or the rest of the Country in the challenges we face to being able to continue to provide health and social care for those that need it. This is an issue that we recognise and have been tackling for some time. We know that solutions will not always be 'local' and there will be a range of options and combinations to consider. For these reasons, we felt it was of benefit for us to be involved in providing evidence to the Commission.

Our contribution to the Commission was a meeting we convened in 7th June 2013, attended by Sir Thomas Hughes-Hallett and senior officers representing Thurrock CCG, Thurrock Council, our main health providers (NELFT, BTUH, SEPT), and Thurrock HealthWatch. The meeting also enabled us with the opportunity to provide our views on possible solutions and early findings and also allowed us to provide good practice examples – e.g. the Community Hub. It was important for us to demonstrate that we were not starting from zero, and that a significant amount of work was already in train.

The purpose of this report is to set out our response to the Commission's recommendations. In terms of governance arrangements, the agreement and implementation of any next steps and actions we decide to make will be overseen by Thurrock's Health and Wellbeing Board.

Five high-impact solutions

The Commission has identified five 'high-impact' solutions along with suggested actions. Solutions are as follows:

- **Solution 1** – Agree a new understanding between the public sector and the people of Essex;
- **Solution 2** – Prevent unnecessary crises in care;
- **Solution 3** – Mobilise community resources;
- **Solution 4** – Use data and technology to the advantage of the people of Essex;
- **Solution 5** – Ensure clear leadership, vision and accountability

Our response

Solution 1 – Agree a new understanding between the public sector and the people of Essex

'The public sector needs to be up-front and honest with us – clarifying the extent of the 'care offer' available to us. We will need to take ultimate responsibility for our own care, becoming key members of the care team – based on the premise that individual care is owned by the people of Essex. The public sector will need to provide core quality services to us, be able to answer questions and to help and encourage us to take on this responsibility whilst guiding us to, and facilitate the provision of, additional sources of support if we need them. You told us that you want to increase your ability to live independently for longer.'

We agree that there needs to be a 'new conversation' between the state and communities. Thurrock is actively supporting this conversation and in doing so developing a new relationship between us and our residents. We are focusing on developing community resilience, which includes identifying and tapping in to the plethora of assets that already exist within our communities. We have an adult social care transformation programme (Building Positive Futures – BPF) in partnership with housing, health, and communities themselves, which is centred on a strength-based rather than a deficit-based approach.

We recognise that we need to rebalance the relationship between 'the state' and residents if we are to reserve resource for those who are most in need and highlight what people can do for themselves – with or without support. Part of this approach includes moving more of our focus towards early intervention and prevention – some of which can be delivered by the community or individuals themselves. We need to be careful that despite stating that current approach is too 'service' dominated, the actions 'we' take do not reinforce this – the 'we' needs to be expanded to include communities as partners. We need to ensure that communities themselves are facilitated to identify and bring about their own solutions, rather than providing a response that will be largely handed down.

Whilst stating that we should be careful not to reinforce a 'service' dominated approach, where we need to continue to offer a service, our 'offer' should embrace newer and different forms of service delivery – such as social enterprises, user co-operatives, and supported living etc. This approach will help to provide genuine choice, and help to stimulate what is currently a fairly static market. Innovation within the market should be encouraged, and it is important that we have market development approaches in place that help do just that. We also need to utilise the tools at our disposal to promote variety and innovation – e.g. via our commissioning approaches and through the way we procure services.

The key initiatives we have in place locally, under the banner of 'Building Positive Futures', reflect our local approach to agreeing a new understanding between the public sector and our residents. BPF initiatives include: Local Area Coordination, Asset Based Community Development, and Community Hubs.

We would suggest that the initiatives suggested by the Commission to support the delivery of this solution are revisited to ensure that the right balance between community-driven and service-driven approaches is achieved, and that the definition of 'service' helps to encourage innovation, variety and therefore choice. We would also suggest that the anticipated impact of any action to be taken is assessed before any activity takes place.

Solution 2 – Prevent unnecessary crises in care

'A new approach to change the focus on care from 'treating disease and chronic conditions to supporting individuals earlier – preventing crises in care, improving independent living, and creating a responsibility for all of us to identify those most in need of care and support in our communities'.

We agree with this solution wholeheartedly. We are working with partners across the health and social care economy to reduce unnecessary crises and already have a number of successful initiatives in place which we will continue to build upon. Our approach to turning the tide towards prevention and early intervention, and therefore the prevention of crises, include:

- our integrated Rapid Response and Assessment Team and Joint Reablement Team (with 95% of the referrals to RRAS avoiding admission in to hospital and 48% avoiding an admission in to residential or nursing care);
- a remodelled and re-commissioned Carers' service (CARIADS) offering advice, information and support;
- an ever-increasing use of assistive technology and telecare solutions; and
- the provision of better housing solutions – e.g. extra care housing at Elizabeth Gardens and a new range of high-spec accommodation being built specifically around the needs of older people in Derry Avenue, South Ockendon.

Whilst we agree with the 'solution' proposed by the Commission, it is unlikely that the initiatives underpinning it will put a stop to unnecessary crises in care. The complexity behind why crises in care occur in the first place is missed. The suggested initiatives feel 'piecemeal' and appear to miss the systemic change required to minimise crises in care. Initiatives need to reflect and be broadened to include the powerful impact of factors sitting beyond health and social care – e.g. the wider determinants of housing, planning, isolation etc.

There also appears to be little mention throughout the report, particularly in relation to preventing unnecessary crises in care, of the vital role that primary care plays. Equitable access to good quality primary care services, in particular GP services, across Essex, Thurrock and Southend is key to preventing crises from occurring or identifying those patients who might be most at risk. The growing role of non-GP services – e.g. community pharmacists, also needs to be acknowledged in relation to how this solution might best be delivered.

Solution 3 – Mobilise community resources

'A new approach to supporting communities and people – you are Essex's most valuable assets not liabilities! This is not an excuse to make communities deliver

care 'on the cheap'. Instead it is an acknowledgement that, alongside occasions when voluntarism can and should play a greater role, there will also be instances where a local approach and local understanding of grass-roots can deliver best care, best support, best value, and greater independence for each of us.

We agree with the need to mobilise community resource – without using it as a 'cheap alternative' to what the state should provide – i.e. 'asset stripping'. We are already starting to identify and mobilise community resource in partnership with communities and community organisations. LAC and ABCD pilots are in place and will focus on utilising strengths already in existence in the community and creating robust community networks. These pilots will be evaluated after a year of implementation and rolled-out further should the pilot phase demonstrate success.

We feel that the initiatives suggested by the Commission need to be expanded upon. As they currently stand, they appear to lack sufficient ambition and alone, will not 'mobilise community resources'. The solution is right, but how the solution is translated in to deliverables is in need of review by partners.

Solution 4 – Use data and technology to the advantage of the people of Essex

'This needs a new approach to making the most of information and technology. Given advances in recent years, it is surprising that the healthcare economy has not done more to embrace the richness of health and care data as well as technology. Organisations and individuals will welcome the benefits of using data and technology better to support independent living, self-care and co-ordination and to give more convenient access to good advice.'

We agree that data and technology should be used to the advantage of our residents. The sharing and use of data across and within health and social care is an area that requires further development – with some of the barriers to data in particular needing to be unblocked at a national rather than local level.

There is a place for joint ventures, innovation hubs and market stimulation when thinking about how to deliver technological solutions – this is over and above the suggested initiatives. There is no reason why we cannot look to market leaders in technology such as Apple and Microsoft and work in partnership to develop ground breaking ideas and solutions. We also need to enable creative and innovative problem solving communities of interest. We need to relook at and expand upon how we can innovatively look at expanding the use of technology in both delivering health and social care solutions, but also the growing role of technology in prevention and early intervention.

In Thurrock, we are trying to make the most of the data and technology we have available – whilst acknowledging that this is an area for improvement. Ways in which we are currently utilising data and technology to support independent living and self-care include Caretrak, Assistive Technology and Telecare. We are also helping residents to gain better access to information through our Community Hub in South Ockendon. It is likely that this model will be rolled-out to other communities and is a vital part of Thurrock's strategy to ensure that residents can access the information they need. It is a model with enormous scope for prevention and self-management.

We need to remember that in deprived areas, there are still a good proportion of people who do not own or have access to a computer, so our response to using data and technology to the benefit of our residents needs to be mindful of this fact. The use of data and technology to the advantage of our residents will also continue to be considered as we implement the requirements of the Care Bill, and as we move forward the health and social care integration agenda. It is likely that the Integration Transition Fund will be a key enabler.

Solution 5 – Ensure clear leadership, vision and accountability

'Clear leadership and accountability are the only ways to deliver better, more co-ordinated care. We recommend that implementation of our suggested solutions should be the responsibility of an Essex care partnership of commissioners and providers operating across Essex. This will bring together key partners from the public, private and voluntary sectors to procure and provide cradle to grave, co-ordinated, convenient care for each individual. Every incentive must be aligned better to allow this to happen, with a clear vision that brings everyone together. If successful, this care partnership could take on broader responsibilities.'

Our approach to providing clear leadership, vision and accountability across the health and social care economy is through our Health and Wellbeing Board. We must work to ensure that our Health and Wellbeing Board remains at the forefront of providing leadership across the whole system. Whilst our Health and Wellbeing Board is the appropriate place for us to set the vision and provide leadership and accountability locally, we recognise that the health and social care economy is a complex place, and that solutions will need to be provided and delivered on a number of different levels – for example across Essex, Southend, and Thurrock, or across South Essex. We do not believe that this will be best achieved through an Essex-wide 'care partnership'. We also need to ensure that when we talk about the 'whole system', we include partners such as housing and planning and recognise their vital role in both responding to and preventing needs. The Health and Wellbeing Board is an ideal place to do this.

As we develop our plans for integration across health and social care, we will all need to identify where it makes sense to join up and at what level. We are all in the process of developing our plans for how the Health and Social Care Integration Transition Fund (ITF), and the fund will be a catalyst for our work on integration – both locally and on a broader geographical scale. We are committed to working with partners at whatever level and wherever geographically in order to achieve the best and most cost effective outcomes for our residents. Thurrock, Southend, and Essex Health and Wellbeing Boards have already committed to holding a joint meeting to progress some of these discussions.

We need to recognise that achieving integration is not going to be straight forward – regardless of whether the right building blocks are in place and whether strong leadership exists. There will be a number of challenges and barriers to overcome, not least the cultural shift that needs to take place if we are to fully achieve integration. We must be careful not to simplify what is going to require momentous change on a number of levels.

Conclusion

We welcome the opportunity the Commission has provided us to examine how we can ensure a health and social care economy that is sustainable in to the future. We also welcome the recognition of the growing role that communities and individuals themselves will play, and the strengths they hold – but need to be careful that we do not promote a 'top down' approach to developing community-based solutions.

The Commission's report enables us to continue with the discussions that we have all started, and provides us with a number of ideas to consider. We need to be as ambitious as possible, and also consider the impact initiatives are likely to have before deciding upon any course of action. For us, the initiatives underpinning each solution are more a menu of possibilities rather than 'must dos'.

Moving forwards, we must ensure that our discussions do not exclude key partners – e.g. we need to acknowledge that solutions to the problem may sit outside the remit of health and social care. The provision of and variety of housing that supports people throughout life and in to old age is an essential plank.

We need to be careful not to use a 'broad-brush' approach. We need to recognise that whilst all partners are facing the same conundrum, we are not all in the same place. We also need to acknowledge that the needs and priorities of our communities will differ, but that there will also be congruity.

As partners, both locally and across Essex, Thurrock and Southend, we now need to consider where it makes sense to join up and on what. We also need to make use of our combined capacity to generate further ideas and areas of innovation. We look forward to do this with our partners across Essex, Thurrock and Southend.