11 March 2014	ITEM: 6

Health and Well-being Overview and Scrutiny Committee

Portfolio Holder Report – Adult Social Care And Health

Report of: Councillor Barbara Rice, Portfolio Holder for Adult Social Care and Health

Adult Social Care and Health

Introduction

I am pleased to attend the HOSC meeting tonight to answer questions on my portfolio over the past year. I have used as the basis for my report the Council portfolio holder report which went to full Council towards the end of 2013. This year, my report also encompasses Public Health which became the statutory responsibility of the Council as of April 2013.

The report reflects both the breadth and complexity of my portfolio, and the change the elements within it have undergone during the last year.

I am extremely pleased with what we have managed to achieve over the last year, and will highlight the achievements I feel are most notable and of which I am most proud. Those achievements are ever greater given the current economic and demographic landscape in which we are working.

My report is split in to three sections:

- Adult Social Care;
- Public Health;
- Whole-system leadership; and

1. Adult Social Care

Adult Social Care is on a journey of transformation. This is a necessity, not an option. We know that the number of people living longer is increasing, but that an increased number of these people will live in ill-health and with a greater complexity of needs. This is putting a tremendous strain on both the health and social care system and has meant that the system, as it is now, is not sustainable. We are acting now to develop a model that utilises the resource we have to the best effect and that is able to support our residents in to the future. This includes placing an emphasis on prevention and early intervention and ensuring communities can be resilient and self-supporting. Whilst ensuring that we are utilising our collective resources in the best way, we are also maintaining a focus on retaining and increasing the independence of our residents, and this has meant challenging ourselves on how we and our partners provide support.

Key successes achieved since my last report are as follows:

Building Positive Futures

Building Positive Futures is the programme name we have given our adult social care transformation programme. There are a number of elements to this programme including:

- Creating the communities that support health and wellbeing;
- Creating the homes and neighbourhoods that support independence; and
- Creating the social care and health infrastructure to manage demand.

The Programme's main successes over the last year include:

- **Elizabeth Gardens** – our extra care housing scheme in North Grays. The scheme was developed as a joint venture between Housing, Adult Social Care and Hannover Housing Association and was opened in June 2013. The focus of the scheme is to enable residents to remain independent for as long as possible, it offers 67 units of accommodation in 1 and 2 bedroom units.

- **Derry Avenue** – as the result of a successful bid, we have obtained £1.3 million of Government funding to support the development of a 28 new properties for older people in Derry Avenue, South Ockendon. The homes are designed to be 'care ready', meaning that occupants will be able to remain as independent as possible for as long as possible.

- **Stronger Communities** – strong, resilient communities are a key part of our transformation model and will help to prevent and delay the need for service intervention. Work over the last year has included recruiting to three of four local area co-ordinator posts (LAC); and holding two workshops to launch our asset based community development (ABCD) project. It will be part of the LAC's role to identify people most at risk of needing care and support, and help to prevent that risk from being realised through the use of networks within the community.

In addition to the advances our transformation programme has made, we have been successful in the following areas:

- **Closer working with the independent/voluntary and community sector** – **Thurrock Lifestyle Solutions** - In February 2013 we transferred our 'day opportunities' for people with learning disabilities to user-led community interest company Thurrock Lifestyle Solutions. 47 staff transferred to TLS on a £1.5 million annual contract. The transfer is both transformational and entrepreneurial. It puts people with disabilities firmly in charge of the services they receive, and shows the move away from more 'traditional' models of adult social care.

- **CARIADS** - the new information and advice service for carers started in February – with its formal launch taking place in June 2013. CARIADS is

comprised of three independent organisations – Thurrock MIND, Thurrock Lifestyle Solutions, and Thurrock Independent Living Centre.

- **Integration with health** – our integrated services continue to develop. Since 2011 we have been working in partnership with our local community health provider NELFT (North East London Foundation Trust) to develop two integrated teams of Social Care and Health professionals with the aim of reducing demand for primary care, acute services and long term reliance on social care services. The two teams are the Rapid Response Assessment Services (RRAS), and the Joint Reablement Team (JRT). The RRAS is receiving on average 150 referrals per month. The intervention of the services means that on average 95% of referrals are avoiding an admission in to hospital, with 48% avoiding an admission in to residential or nursing care. The emphasis on reablement has led to improvements in outcomes for service users as well as better value for money.

- **Better Care Fund** – In June 2013 the government announced the creation of a £3.8b pooled fund that will strengthen the links between Adult Social Care and Health. It will "go live" as a pooled fund on 1st April 2015. Our draft proposals (building on the integration points above) have been submitted to NHS England on 14th February. They have been discussed with HOSC and regular reports will come back over the course of the next 12 months.

- **Placement Review Programme** – we have been working jointly with Housing to make the best of our assets by utilising vacant sheltered housing complex warden's houses for learning disabled people currently in out of borough placements. A number of people with learning disabilities have already moved in to the identified properties. This has enabled greater independence for those individuals and meant that they can be closer to family. The work has also enabled us to reduce our costs – currently in excess of £158,000.

- **Peer Review :** Thurrock Council volunteered to be the first local authority adult social care department in the Eastern region to have a Peer Review exercise. This was undertaken in November 2013 and the report was discussed at HOSC during its meeting in February 2014 and will be going to cabinet in March. The focus of the Peer review was Choice and Control and the work we were leading around building stronger communities. The report strongly endorsed the direction of travel for the Council commenting that the work was more wide ranging than anything else seen in the country.

Our performance highlights for Adult Social Care are as follows:

- **Carers** – The first national survey of carers held between September and November 2012 gave us very positive results. This measured carer satisfaction with the support they received, their perceived quality of life, and the extent to which carers felt involved in or part of discussions about the person they cared for. We have amongst the best results nationally, which is testament to the focused work we have been carrying out on carers through the development of a carers' strategy – led by carers themselves, and also the development of the independent advice and information service – CARIADS.

- **Delayed Transfers of Care** – Thurrock has amongst the best performance nationally – with zero delays from an acute setting. The Hospital Social Work Team deserves credit for the work it does to maintain this great performance.

- **Reablement** – our reablement service is helping people to remain at home. Our reablement offer includes, in addition to the RRAS and JRT (as I have mentioned previously), an ever expanding range of assistive technology options. We are actively ensuring that more people stay out of hospital, and fewer people end up in a residential or nursing care setting.

Challenges

Some of the areas of challenge we face are as follows:

- **Care Bill** – if enacted, the Care Bill will have significant implications for the Council. The Bill includes the Government's response to the Dilnot Review recommendations. This includes the introduction of a £72,000 lifetime care cap; financial help from the Council for those in residential care with assets of up to £118,000; and free care to those already receiving a care package before adulthood. To meet the additional cost pressure, the Council will need to look at a range of options which may result in difficult decisions being made.

- **Demography and Complexity of Need** – people are living longer, but also living for longer with higher health and care needs. The complexity of the needs people requiring social care have is also increasing. For example the number of people with conditions such as dementia and autism are increasing, as are the number of people living with one or more long-term health conditions. This will continue to put pressure on the system. We are preparing for this challenge through an integrated approach with health, our transformation work, and also ensuring that our strategy for dealing with conditions such as dementia is clear and up to date.

- **Health Reforms** – health reforms have provided a complex health system. We have had to navigate our way through these changes over the last couple of years. We enjoy a good relationship with Thurrock CCG, and our Health and Wellbeing Board has established the forum for 'whole system' health and social care discussions to take place. Due to the geography of the new arrangements, our commissioning discussions are taking place not only locally, but on a south Essex and whole-Essex basis.

- **Maintaining Quality of Care** – the focus on quality must be rigorous. We constantly review our contract monitoring processes, ensuring that they are robust. We have recently established joint monitoring visits with the CCG, and have also set up a local quality surveillance group – again alongside the CCG. As part of our focus on quality, we have re-commissioned our domiciliary care contract and are working closer with our user-led organisation – Thurrock Coalition.

2. Public Health

I welcome the transfer of public responsibilities to the Council. I think the smoothness with which the transfer has taken place is in itself a mark of success. We will now harness the opportunities that public health being part of the Council brings by taking a whole-Council approach to health improvement. Our early priorities will include the re-commissioning of services linked to weight management, and engaging with businesses through the Public Health Responsibility Deal.

I hope to bring evidence of further success in my next report.

Challenges

We have a number of challenges to overcome:

- **Immunisation** – I want to ensure that the uptake of childhood vaccinations in Thurrock is in line with World Health Organisation recommendations (mostly 95%). Our performance in Thurrock is good, but only 88.8% of children who were due the vaccination in 2012/13 accessed their measles, mumps and rubella vaccination – the recommended target is 95%.

- **Health Challenges** – we have significant health challenges in Thurrock. We have extremely high rates of smoking and obesity – both of which we know result in early mortality and life-limiting diseases such as some cancers and also heart disease and stroke. The Team's initial focus will be on these areas – and this is also a focus of Thurrock's Health and Wellbeing Strategy. Public Health England's 'Longer Lives' statistics rate Thurrock as 'worse than average' for cancer, and in the 'worst' percentile for heart disease and stroke. Smoking, poor diet, and lack of exercise link to these conditions.

- **Decommissioning of Public Health Services** - when public health transferred into the Council on the 1st April 2013, contracts were transferred with little change apart from the efficiencies of 5% in recognition of reduced funding (£1.1 million shortfall). This year, notice has been served for three of the services, with a timeline for procurement of new services for April 2015. These services are:

  - Adult Weight Management
  - Children's Weight Management
  - 5 – 19 Service (School Nursing)

  Over the next six months the public health team will be engaging with many stakeholders to identify a new model that will work for our local communities for March 2014, in preparation for going to the market in July 2014. This was discussed at HOSC in February and it was agreed that the specifications will come back to HOSC in June 2014 for final comments prior to the commencement of the tendering exercise.

3. Whole-System Leadership

Health and social care is undergoing momentous change. The change is both structural and cultural. There is a great emphasis placed on working across the whole system, and the Council has a leadership role in making this happen. Examples of how we are embracing the whole system agenda and our role as system leader include:

- **Health and Wellbeing Board** – Thurrock's Health and Wellbeing Board was formally established as a Committee of the Council in April 2013. I am delighted to be its Chair. The Board's role is to act as system leader to improve health and wellbeing. In the last year, the Board has developed its first Health and Wellbeing Strategy. It has also established an ambitious agenda, based on priorities that need most focus. This includes improving the quality of primary care, and improving the quality of secondary care. A purpose of the Board is to ensure that local needs are met, and that the quality of services provided is of a high standard. The Board's role and responsibilities are growing, and it will have a key role in signing off how the new social care integration funding is to be spent. I am conscious that the Board, and a number of organisations sitting on it, is new and that it may take time to demonstrate how collective effort is leading to better outcomes. I am however very pleased with its progress and confident that its focus is on the right areas.

- **Health and Wellbeing Strategy** – This year has seen the establishment of our first Health and Wellbeing Strategy. The Strategy has identified areas we most need to focus on to ensure that our residents have the best health and wellbeing, and that any current inequalities in health and wellbeing are reduced. Our Strategy covers the entire population but has priorities specific to both children and adults. We were very clear that we did not want to dilute issues specific to children. Working across the whole-system is a key element of the Strategy. No one organisation can work in isolation to improve or maintain the health and wellbeing of a population. The Health and Wellbeing Board has a key role in holding partners to account for the delivery of the Strategy, and ensuring where appropriate, that partners work together and are mindful of the impact of their actions on each other.

- **Learning Disability Health Checks** – one of the ways in which we have been able to demonstrate our role as system leader, has been the way in which we have actively championed the right of people with learning disabilities to a health check. The number of learning disability health checks carried out in Thurrock has been low – and this is clearly not acceptable. Through the Health and Wellbeing Board and through our representation on the CCG Board, we are pursuing this issue. I am confident that this year, people with learning disabilities will receive a health check if they want one.

- **CCG Validation** – Clinical Commissioning Groups (CCGs) have been established as part of health reforms. We have a co-terminous CCG covering our boundaries. CCGs have responsibilities for commissioning the majority of health services – with the exception of primary care and some specialist services. I am pleased to report that the Council has been a main stakeholder in the CCG's validation. This signifies the importance of local authorities to the

health agenda. Relationships with the CCG are good, and we are working together to plan where and on what items we should work jointly.

- **Basildon and Thurrock Hospital** (BTUH)– we have shown the robustness of our leadership role over Basildon Hospital. In addition to the work carried out through our Health and Wellbeing Overview and Scrutiny Committee, the Council has been able to both hold the Hospital to account and also identify how the role of partners in supporting its improvement. Some of this has been facilitated through the Health and Wellbeing Board. The Board has featured the Hospital on its agenda on a number of occasions and will continue to do so until quality of care is of a consistently good standard and sustained. I recognise that improvement at the Hospital can only be achieved if everybody plays their part. BTUH now appears to be improving and recent CQC reports have been more favourable. The Keogh Review put the hospital into special measures but the hospital is hopeful that this status will be removed in the near future.

Challenges

There are inevitably challenges ahead. I think those that are our greatest challenges in this complex agenda are as follows:

- **Quality and capacity of Primary Care** – for me, this is a key priority and I have made sure that it is a priority for our Health and Wellbeing Board. If we do not act now, we face a potential crisis. Thurrock has a large number of small practices, and it also has a large number of GPs at or nearing retirement age. Access to primary care across Thurrock is inconsistent. We know that if people cannot get appointments with their GP, they are more likely to attend Accident and Emergency, which then places additional pressure on secondary care. The pre-draft Primary Care strategy came to HOSC in February. HOSC will be formally consulted later in the year when the formal consultation starts.

- **Quality of Secondary Care** – I have already mentioned the difficulties at Basildon Hospital. The quality of secondary care is also a priority for us. This has been well documented and we continue to use all our collective resources to ensure that improvements are made and sustained. The challenge for both primary and secondary care settings, as with adult social care, is the impact changing demographics have on the system. A focus on prevention and early intervention is key to addressing some of the issues that exist both now and in the future, and we are fully involved in or are able to influence related work streams.

- **Integration** – whilst fully committed to pursuing integration with health, there are challenges to overcome. Challenges range from IT systems and data sharing, to culture and governance. A number of areas are taking part in an ‘integration pioneer’ programme, the purpose of which is to try to find solutions to problems that have prevented integration from progressing in the past. We want to use our BCF submission as a starting point to see much greater integration locally.

- **System Fragmentation** – the health system is made up of a number of layers and complexities. The danger is that this leads to a fragmentation – providing another challenge to integration. One of the key benefits of the Health and Wellbeing Board is that it is here that different elements of the system come together and identify how local needs can best be met.