

<b>17 January 2017</b>		<b>ITEM: 7</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Living Well in Thurrock: Adult Social Care Transformation Programme</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Social Care and Community Development		
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>This report is Public</b>		

## **Executive Summary**

Adult Social Care is facing significant challenges leading to sustained demand and resource pressures. The Care Quality Commission's 'State of Care' report published October 2016 stated that '*evidence suggests we may be approaching a tipping point*'. Prior to the Autumn Statement, NHS Chief Executive Sir Simon Stevens stated that any extra money should go first to Adult Social Care – recognising the impact Adult Social Care services have on the NHS's ability to manage demand and the importance of finding system-wide solutions.

In Thurrock, we have historically responded well to the challenges we face, but we are finding it increasingly difficult to manage demand and the increasing complexity of that demand. Over £1 million of efficiencies were delivered during 2016-17, and £13.6 million of savings have been delivered between 2010-11 and 2015-16. We were able to raise additional resources through the introduction of a 2% Adult Social Care precept in 2016-17, but this was absorbed by pressures created by the implementation of the National Living Wage.

In 2012 we launched our Building Positive Futures programme which was designed to respond to the 'ageing well' agenda – a proactive approach designed to prevent inappropriate admissions to hospital and residential care; and to broaden the housing choices for older people. Building Positive Futures recognised the importance of influencing both 'people' and 'place' agendas.

A number of successes were achieved as part of the Building Positive Futures programme including the introduction of a strength-based approach and strength-based initiatives - creating the communities to support health and wellbeing.

Our new programme **Living Well in Thurrock** takes stock of what was achieved as part of Building Positive Futures, and refreshes our vision for the future. It presents an integrated vision alongside Thurrock Clinical Commissioning Group and aims to support people to achieve fulfilled lives. The vision and supporting programme recognises the need for a system-wide approach, and the importance of focusing on preventing, reducing and delaying the need for health and care services.

The new programme focuses on the three interdependent elements:

- Stronger Communities;
- Housing and the Built Environment; and
- A 'whole system' approach to Health and Social Care.

## **1. Recommendation(s)**

### **1.1 For the Committee to comment on the Adult Social Care Transformation Programme, Living Well in Thurrock.**

## **2. Introduction and Background**

2.1 The challenges faced by Adult Social Care nationally are well documented. These include:

- An ageing population – with people living for more years but with a greater number of years in poorer health. In Thurrock between 2001 and 2011 there was a 47% increase in those aged 85 years and above and the Office of National Statistics (ONS) predict that Thurrock's population will increased by 20.7% between 2012 and 2032;
- Increased complexity of cases for both older people and working age adults – in Thurrock, our focus on intervening at the earliest opportunity has resulted in reduced numbers of social care packages, but the cost and complexity of those packages has increased;
- Insufficient capacity within the NHS – including both primary and acute care, with areas of Thurrock being significantly under-doctored and Hospitals across Essex regularly struggling to cope with demand;
- An extremely fragile provider market – particularly domiciliary care with two provider contracts being taken back in-house over the last year (one due to provider failure);
- A health and care system established to react to rather than prevent ill-health; and
- Difficulty recruiting and retaining social care staff – in particular carers.

2.2 The recent Care Quality Commission 'State of Care' report published in October last year stated that:

*'The fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on the people who rely on those services and on the performance of secondary care. The evidence suggests we may be approaching a tipping point.'*

2.3 Locally, we are seeing the impact of the challenges on our ability to meet demand. This has included:

- Delayed Transfers of Care (DTC) attributable to Adult Social Care – having previously had an outstanding track record of very low Delayed Transfers of Care, between April and October over 994 days (out of 2467) were solely attributable to Adult Social Care;
- The recent Annual Director of Public Health report stated that the number of new service packages was reducing, but the mean cost per service was increasing. This suggested that the investment in prevention and early intervention programmes was having an impact, but that the complexity and acuity of packages was increasing – resulting in spend going up;
- Provider Failure - over the last year, we have taken back in-house two of our domiciliary care provider contracts resulting in the Department taking back over 1600 hours of care a week. This has in turn placed significant pressures on in-house capacity;
- Residential Care capacity – there are days where we have no residential care capacity or where only one bed might exist across Thurrock;
- Carer Recruitment – we face an on-going struggle to recruit carers which is made more difficult through our proximity to Lakeside and the availability of retail work.

2.4 In response to the challenges we face, we have launched a joint transformation programme with Thurrock Clinical Commissioning Group. The Programme introduces a system-wide response to the challenge and strengthens the focus on preventing, reducing and delaying the need for health and care.

### **3. Issues, Options and Analysis of Options**

#### **Building Positive Futures 2012 – 2016**

3.1 **Living Well in Thurrock** recognises and seeks to respond to the significant challenges faced by health and social care – both in terms of demand management and effective use of available resource. It recognises that ‘doing nothing’ is not an option for the future.

3.2 The approach builds on our previous programme – Building Positive Futures (BPF) and also the work started by the Clinical Commissioning Group as part of their transformation programme ‘For Thurrock in Thurrock’. Building Positive Futures was launched by the Council in March 2012 and was its response to the Ageing Well agenda.

3.3 Building Positive Futures recognised the importance of influencing the wider determinants of health and wellbeing in order to prevent admissions to hospital and residential care and enable residents who required hospitalisation to subsequently return home in a safe and timely manner; and broadening housing choices for older people. The Programme introduced

three areas of work:

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

3.4 There were numerous successes and lessons learnt as part of the Building Positive Futures programme that **Living Well in Thurrock** will build on. These include:

- Elizabeth Gardens – Thurrock’s 65-flat purpose-built Extra Care Housing scheme;
- Successful bids totalling £2.6 million of capital funding have been secured over the last few years through a bidding process for national funding streams to provide: 28 specialist flats in South Ockendon designed to HAPPI standards (10 key design criteria that enable homes to adapt over time to meet changing needs), 6 supported-living flats for working-age adults in Medina Road Grays, and most recently funding to transform 8 sheltered housing flats in Chichester Close Aveley to supported living properties for learning disabled residents;
- Establishing Stronger Together Thurrock – a partnership with the voluntary and community sector designed to promote local community activities that strengthen the connections between people – e.g. Community Hubs and Time Banking;
- Implementation of Local Area Coordination – with 10 Local Area Coordinators in place with Borough-wide coverage (starting with 3 Local Area Coordinators in 2013);
- Rapid Response and Assessment Service – operating in partnership with the community health provider and aimed at preventing people from reaching crisis point and wherever possible keeping them out of hospital and residential care settings;
- Joint Reablement Team – providing short-term support designed to keep vulnerable (predominantly older) people as safe and as independent as possible; and
- The establishment of a Director of Integrated Care across Adult Social Care and North East London Foundation Trust (NELFT).

3.5 As reported under 2.3, the 2016 Annual Director of Public Health report stated that data ‘*suggests prevention and early intervention programmes such as Local Area Coordination, Stronger Together and Living Well in Thurrock are having a positive impact on reducing demand for statutory care packages...*’.

### **Living Well in Thurrock – looking to the future**

3.6 **Living Well in Thurrock** is a programme that aims to enable Thurrock people to live ‘fulfilled lives in caring communities’. The approach involves redesigning much of what we do and what we offer so that it is rooted in local communities, local solutions and strength-based approaches. Latterly, we have agreed with Thurrock CCG that our transformation programme will be an

integrated one – bringing together both Living Well in Thurrock and For Thurrock in Thurrock.

- 3.7 Given the current and immediate pressure on health and care services, the Programme's focus is on adults and predominantly older people. Whilst this is the case, many strands of the Programme are population-wide and others will be expanded over time to become population-wide.
- 3.8 The Programme is divided in to three specific elements, each consisting of a number of projects and initiatives – some that build on work previously started under Building Positive Futures. The Programme will continually evolve and expand over time. The three elements of the Programme are:
- Stronger Communities;
  - Housing and the Built Environment; and
  - A 'whole system' approach to Health and Social Care.
- 3.9 The different elements of the Programme are as follows:

**Stronger Communities** – the Programme's first element builds on the work started as part of Building Positive Futures and recognises the importance of local assets and networks in supporting people to remain supported and independent. The projects and initiatives that sit within this element include:

- Local Area Coordination – continuing to work within communities and with services to identify individuals who require additional support to achieve their version of a 'good life' and to prevent, reduce and delay the need for a service intervention. The service currently consists of 10 Local Area Coordinators who provide Borough-wide coverage and further work is being carried out to scope whether savings from Supported Housing contracts can be used to create further Coordinator roles;
- Community Hubs – work to continue to identify and develop additional Hubs as well as to support those already established – a 6<sup>th</sup> Hub in Purfleet opened in late 2016;
- Micro-Enterprises - small local services that can offer people the support they need to live the life they want. The benefit of a micro-enterprise is that they are often flexible, personable and responsive. 12 micro-enterprises have been supported as part of the initiative with many more in the pipeline;
- Community Asset Maps – building up individual maps across the Borough that show available assets;
- Shared Lives – an approach that enables adults with complex needs to live in a family setting as opposed to a residential home. A provider was recruited in November to run Thurrock's Shared Lives programme and is working to identify and recruit appropriate families and service users;
- Time Banking – over 11,000 hours have been added to the time bank. Time banking encourages people to help each other within their community. People offer services to Time bank members and can choose services they'd like in return; and

- Social prescribing – initially a 12 month pilot, two social prescribers working across four GP practices to navigate individuals to formal and informal community-based solutions.

**Housing and the Built Environment** – this element of the Programme focuses on influencing the built environment – which includes the development of housing options for people as they grow older and specialist housing to promote independence and control. This includes:

- Developing the strategic remit and influence of the Housing and Planning Advisory Group – including the relationship between the people and place agendas;
- Development of specialist housing for working age adults – e.g. Chichester Close (8 units), Medina Road (6 units);
- Engagement with and influencing developers – to ensure that planning applications reflect the preferred direction of travel;
- Influencing the development of the Local Plan so that it supports and underpins the direction set out as part of Living Well in Thurrock; and
- Development of four Integrated Healthy Living Centres across the Borough – providing new neighbourhood-based models of care.

**A ‘whole system’ approach to Health and Social Care** – this element is about ensuring that when they are needed, health and care services are accessible, of high quality, and responsive to personal requirements. This element also captures the integration agenda for health and adult social care. This includes:

- Integrated Healthy Living Centres (IHLCs) – in four areas of the Borough, the centres will reflect a locality-based approach. Care will be co-ordinated around the person through integrated health and care teams;
- Health and Care Integration Model – linked to the Integrated Healthy Living Centres, this is a pilot starting in Tilbury to explore the merits and scope of a health and care integrated provider model;
- Out of Hospital ‘offer’ – work will continue to identify services currently offered in Hospital that could be brought ‘closer to home’. This too will influence the shape of Integrated Healthy Living Centres;
- Single Point of Access (Thurrock First) – the development of a single point of access across adult social care, mental health, and community health; and
- Living Well @ Home – the development of a new approach to domiciliary care through creating neighbourhood-based solutions using evidence from Local Area Coordination and the Dutch Buurtzorg model to create a sustainable model for the future.

### **Next Steps**

- 3.10 The steps being taken to develop and deliver **Living Well in Thurrock** are as follows:

- Development and launch of Programme Prospectus – January - April;
- Development and launch of Communication and Engagement Plan – January - April;
- Agree integrated approach with Thurrock CCG – January;
- Develop and scope the projects and initiatives that sit under each element as appropriate – on-going;
- Confirmation of governance and reporting arrangements – March.

#### **4. Reasons for Recommendation**

- 4.1 For the Committee to be able to review and comment on the steps being taken to manage and influence demand for Adult Social Care.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 A communication and engagement plan has been developed to support and inform the delivery of the Programme.

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The Transformation Programme supports the delivery of the corporate priority 'Improve Health and Wellbeing'.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The Transformation Programme will be delivered with consideration of existing budgets and best value.

##### **7.2 Legal**

Implications verified by: **Rosalind Wing**  
**Adult Social Care Lawyer**

The Transformation Programme will help to ensure that Adult Social Care can continue to meet its statutory requirements.

##### **7.3 Diversity and Equality**

Implications verified by: **Becky Price**  
**Community Development Officer**

The Living Well in Thurrock (LWIT) programme aims to ensure that we manage demand as well as possible and that in doing so, we are able to target available resources to best effect in a way that positively influences wider health and wellbeing determinants. Doing this means ensuring that we focus on preventing, reducing and delaying the need for health and care interventions – ensuring that people can live fulfilled lives regardless of their circumstances.

Service users across all protected groups may be impacted by the LWIT programme. Positive implications include increased choice and control over the type of solution individuals receive along with how and where they access them leading to an increase in the scale of independent living within users' own homes and communities across Thurrock. Positive implications also relate to preventing and delaying the need for a service in the first place. Failure to implement the programme could mean negative impacts – for example a reduction in services offered or how they are offered and restrictions about the type and accessibility of services available. It could also mean that demand for services continues to increase. This could lead to higher levels of dependency and complexity of cases. Implementation of the LWIT programme aims to address inequality in service provision and increase the scale and scope of the positive benefits outlined.

**7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

**8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

**9. Appendices to the report**

None

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