

SUPPLEMENT TO THE AGENDA FOR

Health & Social Care Overview and Scrutiny Committee

Friday 11 October 2013

10.00 am

The Council Chamber, Brockington, 35 Hafod Road, Hereford

8. ADULT WELLBEING ORGANISATIONAL PRIORITIES 13 - 17

Pages

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MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	11 OCTOBER 2013

TITLE OF REPORT:	Adult Wellbeing Organisational Priorities 13 - 17
REPORT BY:	Interim Director for Adults Wellbeing

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a report on the Adult Wellbeing Organisational Priorities 13 - 17

5. Recommendation

THAT: The report be noted

6. Alternative Options

There are no relevant alternative options.

7. Reasons for Recommendations

7.1 To ensure that Committee are fully informed about the organisational priorities

8. Financial Implications

8.1 There are no financial implications to this report.

9. Legal Implications

9.1 There are no legal implications to this report.

10. Background Papers

10.1 None identified.

ORGANISATIONAL PRIORITIES: Adults and Wellbeing

1. What are we trying to achieve?

By 2016, the council will have a different role in the delivery of services due to changes in Government policy, reductions in resource and different public and community expectations. Against this background the Council will provide services to eligible residents in a manner that has direct financial advantage to the Council and longer term health and wellbeing advantages for our residents.

Our Specific Aim

To enable residents to live safe, healthy and independent lives and to maintain service provision, to those with need, within the available resource

To deliver transformational change that is affordable, our objectives will be to achieve the following

- **Safe, healthy and independent lives**
We will shift from providing long-term institutional services to providing enablement focused and time-limited support, which helps people retain or regain independence in the community.
- **Choice, Control and affordability**
We will ensure that users of services decide how their needs will be met within available resources through Personal Budgets and a resource allocation system
- **Integrated Delivery**
We will work with our health and housing partners, voluntary sector, networks and communities so that our collective resources, talents, and approaches help keep people safe, healthy and independent and a roof over their heads
- **Supportive local communities**
We will achieve sustainable change by supporting individuals and communities to help themselves and each other.
- **Different for Less**
We will use current, evidence based approaches to services, which are more efficient and effective.

2. What will we do – Our Transformation plan in summary

Priority 1 - Reducing Demand

- **Universal Services** – To improve the general health and wellbeing of local residents we will work jointly with communities, our partners and service providers to ensure that community resources are used effectively. We will work together to provide comprehensive information and advice about the care and support and broader housing options that are available to residents.
- **Information, Advice and Guidance** - We will put in place coordinated and accessible face to face, telephone and web based comprehensive information, advice, guidance and welfare benefits support to enable residents to identify for themselves how their needs can be addressed.
- **Homelessness Prevention** –we will ensure that a range of housing options and advice services are available so that, together with our housing partners, we prevent homelessness and its associated impacts wherever possible.

- Carer Support – Increase the services available to carers to support them in their caring role and in their everyday lives, including specialist information and advice services. We will involve carers in the design and implementation of new health, housing and adult social care services
- Community Capacity and Prevention – Commission preventative services that help people to lead independent active lives and reduce the pressures on statutory services. We will recognise Herefordshire’s rural community based approaches to well-being such as care farms, land and art therapy and voluntary sector projects
- Lifetime Homes and Affordable Housing – Facilitate housing developments within Herefordshire that provide a range of choices for Herefordshire’s residents and enable vulnerable people to live independently for as long as possible.

Priority 2 Targeted Care & Support

- Personal Budgets – Ensure that all community based adult social care service users have a Personal Budget. Service users will have the option of taking this budget either as a Direct Payment, Individual Service Fund, Pooled Budget or a combination. Council managed Personal Budgets will only be authorised on an exception basis.
- Homelessness and Housing Related Support – Deliver advice and support to residents to help them secure accommodation, live independently including through e.g. Handyperson and Advice Services which help ensure homes remain healthy and safe thereby supporting independence for longer. Reablement – Deliver a specialised reablement service to help people to maximise their ability to live independently and within their own home either as part of hospital discharge or prevention of admission or readmission
- Telecare – Increase the telecare and assistive technology provision within Herefordshire. Telecare must become part of the core prevention offer for people who are at risk of hospital admission or when residents are discharged from hospital. This will maximise independence. We will encourage those who fund their own care to use telecare services as part of their own health and social care plans.
- Safeguarding Adults – Support vulnerable adults to remain living within their communities and those living in care homes by putting in place a robust system of protection for those who are at risk of exploitation or harm and do not have capacity to make decisions for themselves
- Home and Community Support – Commission a range of community based interventions, including domiciliary care, day opportunities or building based day support for people with complex care needs using a framework approach. This will provide service users and carers with choice and flexibility and also promote a higher level of diversity in the market including micro providers and larger organisations
- Transport – Work with a wide range of transport providers, both publicly funded and community based to deliver a transport plan that takes into account the needs of older people, and those with a disability, and enables them to access main stream transport opportunities through initiatives such as travel training. We recognise that for some people there will always be a need to access, with support, building based day opportunities outside of their local community,

Priority 3 Managing the Provider Market

- Market Management – Reshape the provider market through a three year commissioning plan thereby enabling service users and carers to exercise choice and control. Providers, large and small will be able to develop sustainable business models, and we will seek economies of scale through encouraging local partnerships and consortiums.
- Specialist Housing Supply and Independent Living– Coordinate a range of supported and specialist housing across Herefordshire with specific reference to increasing extra care for older people and people with a physical disability in partnership with private developers and affordable housing providers. We will also encourage private developers to build mixed developments to balance the housing market creating lifetime communities, to reduce overcrowding, the use of temporary accommodation, increased housing choice for older people and vulnerable households.
- Cost of Care Package Reductions – Review and renegotiate costly support packages while retaining good quality outcomes for service users
- Safe, Warm and Affordable Houses to live in – Support the development of affordable housing in communities, taking forward interventions that reduce fuel poverty and through Disabilities Facilities grant funding enable people to maximise their independence and reduce reliance on social care through housing adaptations

Priority 4 – Increased Integration

- We will work with our partners to identify and eliminate the critical and specific issues that prevent greater integration thereby improving outcomes and reducing costs;
- Integrated Commissioning – we will work with our NHS commissioning partners to develop an integrated commissioning plan, which reflects the joint priorities that are identified through in the JSNA and is supported by a joint investment and disinvestment model.
- Integrated Pathways – working with our statutory and voluntary sector partners we will ensure that individuals and households access information and advice on the benefits and services available to them through an integrated ‘one stop’ model which considers all of their health and wellbeing needs. We will develop integrated responses that prevent hospital admission and facilitate hospital discharge through simple information sharing and data sharing agreements
- Care Closer to home and Urgent Care – working with our NHS, housing and carers and service users, at the point of delivery. Adult social care and NHS professionals working together in neighbourhoods can provide a rapid response across primary and secondary care to enable people to receive care and clinical interventions as close to home as possible.
- Integrated Workforce Planning and Development –The residents of Herefordshire should have access to an adult social care service that supports them to live as independently as possible for as long as possible delivered by a workforce that is well trained and passionate about safeguarding the interests and rights of vulnerable people.

Success Measures – How will we know our plans are having an impact?

Benefits for Residents	Success Measures
<ul style="list-style-type: none"> • More effective and efficient prevention and early intervention via an improved universal offer of information, advice and guidance • Increased choice and support and care due a range of personalised support in the market • Increased independence and ability to live independently through a range of self help • Networks and communities able to plan and develop local services to meet local need • Improvements in support for carers • Better value for money housing provision, DFGs etc, % increase in the provision of affordable housing for vulnerable groups 	<ul style="list-style-type: none"> • Increasing the number of people supported by social care to live at home to ??? by 2015 • Reducing the proportion of the social care budgets for older people, people with learning disabilities, adults of working age with physical and/or sensory disabilities and mental health problems spent on residential care by 10% • Reducing the % of older people being discharged from hospital into residential care from 2% to less than 1% by 2015 • Increase the % of people who say, when surveyed that they have as much control as they want over their daily lives as they want to 90% by 2015 • Increasing the % of residents receiving a community care assessment within 28 days of first contact to the West Midlands average by 2015 • Increasing the percentage of older people still at home 91 days after hospital discharge following a period of rehabilitation/intermediate care to % by 2015 • Achieving 100% take up of personal budgets (for eligible service users) by April 2015 • Maximising the number of users receiving personal budgets and using them to purchase their individual support plans • 70% of support plans containing elements of assistive technology or social capital • Achieving a reduction in the Adults Well Being budget of 20% by the 31st March 2016 • % decrease in number of rough sleepers •