

Meeting:	Health and wellbeing board
Meeting date:	20 September 2016
Title of report:	Update on priority three of the health and wellbeing strategy – quality of life, social isolation, fuel poverty
Report by:	Director for adults and wellbeing

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To review progress in delivering the third priority of the health and wellbeing strategy, covering older people, to include progress plans and challenges.

Recommendation(s)

THAT:

- (a) the approach, process, progress and barriers to success to deliver the priority be reviewed; and**
- (b) additional actions or approaches to remove any barriers to success or further improve rate of progress be identified.**

Alternative options

- 1 The alternative to pursuing the areas of work set out in this report would be for services to continue as they are now. This is not recommended, given the implications for demand for services resulting from demographic trends, which forecast a substantial increase in the number (absolute and proportion) of older people in the population, and the poor outcomes currently experienced by many older people.

Reasons for recommendations

- 2 The work set out in this report plays a key role in securing better outcomes for older people and contribute to Herefordshire's health and wellbeing strategy.

The recommendations enable the health and wellbeing board to meet its responsibilities to review whether the commissioning plans and arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy .

Key considerations

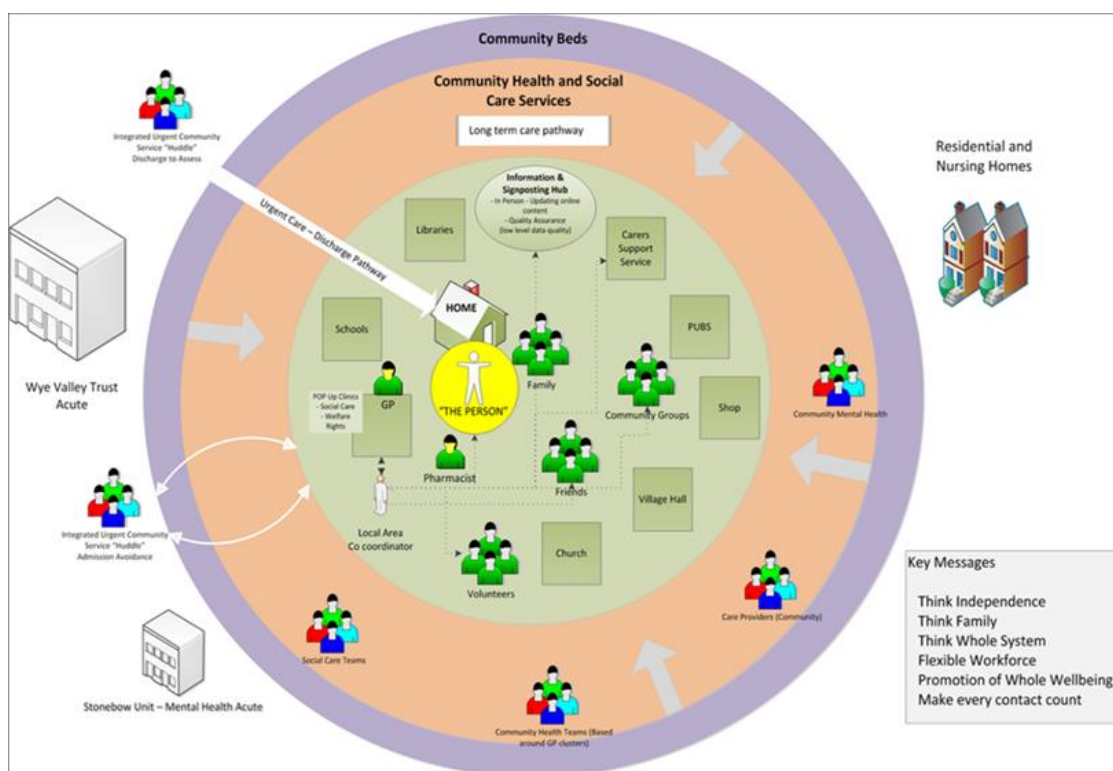
- 3 The development of these areas of work comes at a time of increased financial pressures on all agencies and organisations, including NHS, public and mental health services, as well as the council's adults' services. At the same time there is an increased pressure on resources, with higher numbers entering health and social care settings as the population ages. These significant cost pressures, with capped budgets that need to be absorbed, mean the current resourcing is not sustainable.
- 4 To make the sustainable changes that will have an impact on these numbers and incurred costs, there is a need to maximise an approach that will enable effective, early work that will not only achieve 'best value', but will facilitate and influence communities and partners to provide effective and coordinated evidenced-based help and support to older people at the earliest opportunity. It will rebalance resources across Herefordshire's multi-agency services to enable sustainable service provision that will benefit older people and their families.
- 5 The data regarding the older population of Herefordshire sets out a clear picture of need and demand:
 - 23% of residents are aged 65 years and over (compared to 17% nationally);
 - The number of 85 year olds is set to double (to 11,700) by 2031, which will mean the social care and health demand will rise;
 - The growth will continue, especially amongst the over 65 year olds, with projections of over 30% of the population by 2013;
 - Rates of dementia are increasing as the population ages and this links to the need for appropriate housing;
 - There is considerable association between people with learning disabilities (LD) and dementia, such that as people with LD increasingly live into old age, they are disproportionately likely to suffer from dementia;
 - A further 950 people aged 65+ are estimated to have LD; 150 classed as moderate or severe. Around 60 people aged 65+ receive social care support related to LD;
 - Access to services and housing conditions are the biggest issues for the county, affecting both the towns and the rural areas;
 - One in five households live in poverty; and
 - One in 20 report feeling isolated.

6 The current local circumstances give rise to the following key drivers:

- Current and future financial challenges;
- Increasing levels of demand;
- Establishing and maintaining consistent quality of service
- Acuteness, level and duration of care packages;
- The increasing complexity of care needs;
- Improving the effectiveness of the reablement function;
- Recruitment/retention difficulties in social care and the need for improved market stability and sustainability;
- Improving market capacity to meet needs in a timely manner; and
- The need for greater integration with health and local communities.

Progress plans

7 A whole systems approach to transformation is currently being taken, within which commissioning and delivery of services are the key change drivers in Herefordshire. This approach, based on the adults and wellbeing blueprint below, connects individuals with family, friends and community support networks so people can live independently and prevent or postpone the need for funded care and support services, reduce isolation and improve quality of life.



8 Our approach is to be proactive in helping and encouraging people to live healthier lifestyles and developing resources that offer more choice and control in remaining independent, therefore reducing or delaying the need for formal social care.

9 The blueprint recognises the need to empower people to feel able to find help, access it and use it to improve their health, wellbeing and general lives. Services in the community will be the first option for people, and market development is key to supporting and developing this approach.

- 10 In Herefordshire, we are building an asset based approach, linking to existing local community provision, encouraging the development of innovation and the release of additional capacity, not just of those entitled to support, but also of other individuals and organisations to provide support. The ongoing collaborative approaches undertaken with health partners and other key stakeholders supports and underpins this work.

Help to Live at Home – Redesign of home care services

- 11 Herefordshire Council's vision is to have innovative, high quality home care services that promote individual wellbeing, independence and ensure a good quality of life.
- 12 The Help to Live at Home project moves this forward by redesigning services through co-production and strengthening social capital through community development; activities that put strong and inclusive communities at the heart of Herefordshire's future health and care system.
- 13 The redesigned service will support the adults and wellbeing blueprint and aims to embed an enablement ethos to promote individuals independence, whilst utilising support from the communities. Cabinet will be asked to agree that a competitive tender process should commence at the end of October 2016.

Housing

- 14 Herefordshire Council is currently negotiating on planning gain sites with a proportion of wheelchair accessible properties. The government has removed any standards above building regulations, so any additional standards that we can achieve mean a reduction in overall affordable housing unit numbers. In addition, these negotiations have resulted on the increased availability of bungalows.
- 15 The council's housing team is also supporting extra care schemes throughout the county with mixed tenures.
- 16 On the open market we are actively encouraging developers to develop bigger two bed properties on the footprint of a three bed property. The reasoning for this is that we find older people who are downsizing, often have a lot of belongings and so storage is an issue. The bigger footprint allows for additional storage to be incorporated within the property.

Fuel Poverty

- 17 Fuel poverty is a significant public health issue. Cold-related illness, stress and excess winter deaths can all be linked to the prevalence of fuel poverty. High proportions of people unable to heat their homes adequately are of pensionable age (27%), particularly those living alone (33%). Analysis in Herefordshire Council's affordable warmth strategy suggests that, using Age UK (2012) and Herefordshire population data, it can be estimated that the cost to the NHS in Herefordshire owing to cold homes is £4,706,935 and that reducing fuel poverty would lead to consequential reductions in local health spend, GP referrals and hospital admissions. The following schemes are in development:
- Keep Herefordshire Warm actively working with partners and residents to improve awareness of fuel poverty through Warmer Marches and Big Energy Saving Network schemes, an opportunity is also being explored around targeting vulnerable residents for affordable warmth funding via a mail out.

- Warm Healthy Homes project currently targeting vulnerable fuel poor households; two replacement heating systems installed to date through this project.
- Winter awareness campaign planned for winter 2016/17, other awareness raising being developed via case studies, news releases and social media.
- Future collective energy switching scheme being investigated as off-shoot of local municipal energy supply scoping work that is currently taking place.

Public health

- 18 The healthy lifestyle trainer service (HLTS) for behaviour change supports people to achieve their goals to improve their health. During 2015/16, 28% of the clients were aged 45-59 years, a good target group to prevent the onset of long term conditions and 32% of clients were aged 60 and over, with 53% of its clients being from the most deprived quintile. It has undergone development in the last six months to add to its core service, to now offering a gateway to ActiveHERE, BP check, training for health champions including via the transport transformation fund, and preparation for delivery of Healthier You.
- 19 ActiveHERE is delivered by Brightstripe within a council-led project to get inactive adults active, funded by Sport England with public health grant contribution. In the first six months there has been engagement of 4,889 people with 348 taking part and 189 becoming more active, meeting the minimum guidelines.
- 20 Healthier You is the national diabetes prevention programme. Herefordshire Council is a partner in this Herefordshire Clinical Commissioning Group (CCG) led programme, Reed Momenta has been appointed as the provider in Herefordshire via a mini-competition. People identified by the pilot GP practices have been offered the programme and two courses have started with a further six on line for delivery in the autumn. Through connecting with the Herefordshire and Worcestershire Sport Partnership, instructors from the county are being trained to deliver balance and strength exercises in communities. This is a start to an evidence based programme of fork for falls prevention from a physical activity perspective.
- 21 Public health is influencing the wider public health workforce development to use community assets which includes any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work. The adults workforce, both health and social care, are crucial to this work as it provides the confidence and knowledge to improve quality of life and reduce social isolation.

Integration

Better Care Fund (BCF) – Residential and nursing unified contract

- 22 The largest pool within the BCF plan for Herefordshire is for the joint contracting and commissioning of residential and nursing placements. A unified contract, in relation to both council and CCG commissioned placements, has been developed during the last year, involving a detailed engagement process with the market on the contract principles and changes. The content of the unified contract was agreed during quarter one of 2016/17 and is currently available to providers via an accreditation process. The advantages of providing this unified contract are consistency in contractual arrangements across partners, a joint quality assurance framework, a movement to gross payments for the council, and a reduction in administrative support requirements.

Improvements are expected to be delivered during 2016/17.

Intermediate care and reablement – whole system approach

- 23 The intermediate care service offers short term care that supports a period of change and recovery and aims to enable the person to stay in their usual place of residence whilst rebuilding their health and confidence.
- 24 Intermediate care can be funded for up to six weeks and provides a therapeutic goal setting, progress and exit planning for individuals who need intensive support to regain their independence. Work is being taken forward to redesign intermediate care, in order to ensure that the opportunities to bring individuals back up to the highest possible level of independence are fully secured.
- 25 There will be three core areas within the revised pathway:
- Bed based care – rapid access to discharge and community beds
 - Community health – delivering healthcare and therapy at home
 - Social care enablement – maintaining and extending independence through care at home

Falls responder service

- 26 A number of schemes have been set up via the BCF to address the demand in non-elective admissions with a view to reducing these further in Herefordshire. The falls response service has been an effective provision in supporting the delivery of this and improving individuals' quality of life.
- 27 The falls response service continues to help address the gaps in the falls pathway in Herefordshire, caring for those fallers who have not received serious injury. Due to the continuing success of this service, it has been agreed to invest in this service through the BCF, in order to assist in reducing the number of non-elective admissions reported.

Community impact

- 28 The health and wellbeing strategy identifies the key priorities for the county; by reviewing the plans for achieving these priorities the board can gain assurance that resources across the health and social care system are being directed in the most appropriate way.

Equality duty

- 29 The work to support older people will pay due regard to our public sector equality duty and will ensure that we have considered and paid due regard to the need to:
- “eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

Financial implications

- 30 None arising directly from this report. If the board identifies additional actions; regard must be had to the financial implications of delivery.

Legal implications

- 31 None arising from the recommendations. The Health and Social Care Act 2012 provides the primary responsibility of health and wellbeing boards to identify the current and future health and social care needs of the local community. The board is acting under this duty by reviewing the current arrangements as identified in the report.

Risk management

- 32 Each of the work areas has its own risk management arrangements in place.
- 33 The main risks to successful delivery of the desired outcomes are:
- The pressure to deliver current reactive services, such as non-elective healthcare and residential care, may absorb such a large proportion of the available resources that little is left to support preventative work, leading to a vicious cycle. This is being addressed through concerted efforts to ensure that only the necessary care is provided to eligible individuals, thereby making best use of resources and maintaining capacity for prevention.
 - The longstanding culture across the public service that encourages a focus on delivery of services, rather than on securing outcomes, may encourage staff to concentrate on intervening in the lives of residents at an earlier stage, and to a greater extent, than might be compatible with an asset-based philosophy, which focuses on the maintenance of independence, choice and control by the individual. This is being addressed through a programme of culture change and organisation development with staff across all sectors.

Consultees

- 34 Each of the work areas outlined in this report seeks to ensure that stakeholders are fully engaged at the key stages of the development and implementation of service changes.

Appendices

None

Background papers

- None identified.