

Appendix 1

System Wide Transformation

The medium-term future holds three key challenges:

- An increase in demand for health and social care associated with an ageing population and changing expectations;
- A reduction in the growth of public funding for health and social care;
- The predominance of chronic health conditions, which means more people require long term, complex care and support.

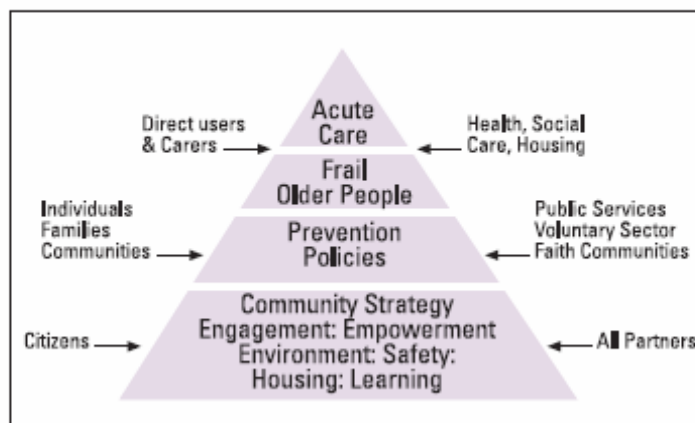
A priority in these circumstances is for an enhanced range of community services and preventative work. The menu of options is huge- from telecare, through to the Expert Patient Programme and other self-care approaches. Community based initiatives and person centred care are crucial.

1.1 The need to meet growing demand with diminishing resources requires greater emphasis on innovation and productivity. As a whole system in Herefordshire this means improving the quality, productivity and value for money of health and social care services in ways that will maintain financial balance and provide opportunities to invest in responses to changes in the local population. The productivity challenge for the Herefordshire health and social care system over the next 5 years is twofold:

1. Identify savings to enable investment to fund increased demand.
2. Deliver savings targets.

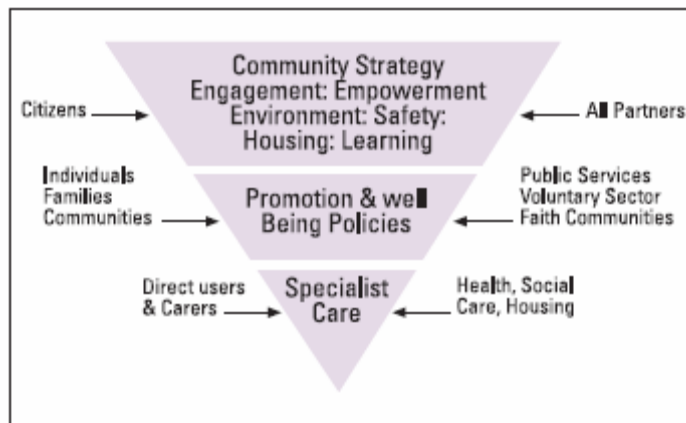
1.2 The ASC strategic approach is to place much greater emphasis and investment on promoting and maintaining well-being and consequently deferring and preventing the need for more expensive, acute and intensive interventions. 'All our Tomorrows: Inverting the Triangle of Care' states most resources for adults are focused on those with the most severe needs. Central to ASC transformation is inverting the 'triangle of care'. In figure 1 the statutory services are concentrated at the tip of the triangle.

Support for Older People Today *Figure 1*



1.3 The objective is to reverse the trend by inverting the triangle so that the community strategy and promotion of well-being is at the top of the triangle and the extension of universal services for all adults is seen as crucial to all agencies, see Figure 2.

Support for Older People Tomorrow *Figure 2*



- 1.4** Nationally, 85% of older people do not use council care services. They may use other services, such as housing, leisure and adult education that play an important role in keeping them active and independent. Commitment and investment directed to keeping adults healthy and maintaining their independence at home will contribute to the savings Herefordshire Council £9.1m (net council budget 15042m 2013/14*, £12.53m 2014/15 and £13.7m 2015/16), Clinical Commissioning Group Quality Innovation Productivity Performance gap of £9m 2013/14 and Wye Valley Trust £8.8m 2013/14 have to achieve.

*savings target for Adult Social Care to deliver balanced budget for 13/14 is £7.9m, current 12/13 forecast overspend £8.3m

2. Vision for Transformation in Herefordshire

Our vision is for Herefordshire to be a place where adults thrive and feel empowered to live life as they want, controlling for themselves any support they need. Delivering this vision involves a comprehensive approach to vulnerable adults that addresses the needs of individuals at an early stage through to end of life. Transformation sets out a vision for Herefordshire in which people are independent, active, participatory citizens with a sense of well-being and good quality of life. Promoting the independence of adults through a strategic shift to primary care, health promotion, prevention and early intervention will produce better outcomes and greater efficiency for the health and social care system.

3. Impact of Ageing on Public Expenditure

- 3.1** The ageing population is expected to place increased demands upon the health and social care system. Although national projections provide an indication of the potential implications for public expenditure, there are a wide range of factors that will shape outcomes in the longer term. For example, promoting healthier lifestyles and technological change (Telecare) will affect outcomes in health and social care as individuals are able to live longer and more independently. Nationally:

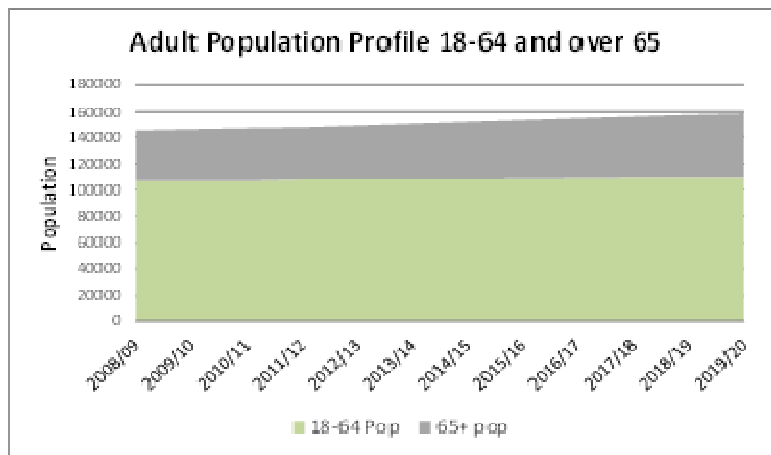
- There are currently around four people under the age of 65 to every one person above that age. By 2029, this ratio will fall to three to one, and by 2059 it will become two to one.
- Approximately 1.26 million adults receive local authority-funded social care now. Over 1.7 million more adults are expected to need care and support in 20 years' time.
- In the next 20 years, the number of people over 85 in England will double, and those over 100 will quadruple.
- A fifth of the population of England is over 60, and older people make up the largest single group of patients using the NHS.
- Older people in the UK use three and a half times the amount of hospital care of those under 65, and almost two-thirds of general and acute hospital beds are in use by people over 65.

- Older people currently account for nearly 60% of the £16.1 billion gross current social care expenditure by local authorities, and despite a recent downward trend, those aged over 65 still account for approximately 40% of all hospital bed days, with 65% of NHS spend being on those aged over 65.
- Injury due to falls is the leading cause of mortality in older people aged over 75 in the UK.



Rising to the challenge

Current Adult Population Profile



- 3.2** Locally, the key challenge is the over-reliance on acute hospital care and placements in intensive residential and nursing care. As hospital admissions rise opportunities for rehabilitation are reduced, there is an increase use of expensive care home places, and less money for rehabilitation and preventative services- thereby leading to yet more hospital admissions. Secondary care capacity is like motorway capacity: for as long as it exists it will be filled. What is required, therefore, is a whole system change which involves:
- Reconfiguring secondary care and community services to secure a shift in capacity to the provision of care and support in or near people's homes;
 - More sustained investment in truly integrated, responsive and easily accessible community services, rehabilitation and reablement;
 - More sustained, comprehensive and targeted investment in preventative activity;
 - Action to address issues around culture and expectations to build confidence in the new system.
- 3.3** The challenge is explicit in 'NHS 2010-2015' which states this change will only be delivered through hospital-based care being re-structured. It expects the NHS to draw on the 'creativity and ingenuity of its staff to redirect resources across the system' and to 'divert resources further upstream'.
- 4. Inverting the triangle of care: the evidence base**
- 4.1** Evidence on the case for inverting the triangle is available from the national evaluation of a number of pilots. A systematic appraisal of studies that evaluated health and social care from an economic perspective has found that integrated early intervention programmes can generate savings between £1.20 and £2.65 for every pound spent.
- 4.2** The Kaiser NHS Beacon sites have improved services as a result of working closer together. For example, one area has reduced its use of acute clinical beds for emergency admissions

of older people, virtually eliminated delayed transfers of care, and improved access to intermediate care . The Audit Commission states that small investment in services such as housing and leisure can reduce or delay care costs and improve wellbeing. Early intervention can improve wellbeing and save money. One county saves £1 million a year on residential care costs by providing telecare services (North Yorkshire).

4.3 The evaluation report of the Partnerships for Older People Projects (PoPPs) showed care spending on older people fell by £2,166 per person per year after using preventative services, while individuals reported better outcomes for themselves. For every £1 spent on PoPP services, £1.20 was saved in spending on emergency hospital beds. As well as reductions in emergency bed days, productivity gains in other areas of health service activity were indicated:

- Hospital overnight stays reduced by 47%;
- Accident and emergency attendances reduced by 29%;
- Clinic or outpatient appointments reduced by 11%; and physiotherapy/occupational therapy appointments reduced by 8%

5. Herefordshire Transformation: An integrated approach

5.1 Transformation is informed by five government initiatives. They are:

- Open Public Services Act
- Localism Act
- Putting People First;
- Transforming Social Care;
- Care and Support Bill

5.2 The Open Public Services Act is based on the theory that market competition between providers improves the quality of services experienced by service users, and will make them more effective, through improving social outcomes, and reducing costs. It identifies an important role for local government as that of having responsibility for ensuring free competition. The policy framework is based on 5 principles:

- Choice of providers for service users
- Decentralisation
- Diversification of providers – ‘any qualified provider’
- Fair access to public services
- Accountability to users and taxpayers.

5.3 The Localism Act outlines new freedoms and flexibilities for local government and new rights and powers for communities and individuals. ‘Putting People First’ calls for an integrated health and social care system in every part of the country, based on close partnership working and driven by joint strategic needs assessments. It promotes integrated approaches with the NHS and children’s services, and innovative work with the voluntary/private sector. A follow-up local authority document, Transforming Social Care, gave greater detail about the nature of changes required. A number of key outcomes have been identified for adults. These are that people should be able to:

- Live independently;
- Stay healthy/recover quickly from illness;
- Exercise maximum control over lives and participate as active, equal citizens;
- Sustain family life where children are not inappropriate carers;

- Have best quality of life;
- Retain maximum dignity and respect.

The aim is that the local integrated health and social care system should include these key elements:

- A universal information, advice and advocacy service;
- Telecare – which should be ‘integral’ to people’s lives, not marginal;
- Transformed community equipment services using local retail outlets;
- Robust systems to act on and reduce the risk of abuse;
- Services which reduce the need for intensive social care intervention and equip people with the skills to live independently.

It is recognised that carers have a central role to play and should be treated as experts and care partners.

- 5.4** The Care and Support Bill provides enabling legislation for these reforms under the following headings: Communities and Prevention; Information and Assessment; Social Care Market and Workforce; Health-related measures and Safeguarding Adults.

This policy framework is geared to a focus on the assets in communities to support residents; diversification and a plurality of providers; greater individual and collective responsibility for health and well-being, which all contributes to reducing the demand for health and social care services.

6. Outcomes

Transformation in Herefordshire looks to achieve outcomes in 4 key areas

- Greater engagement of vulnerable adults as valued partners in planning for a fulfilling life;
- Better health and well-being achieved through preventative, practical and self-help services and support to prevent decline, and access to information, leisure, transport, appropriate housing and day/social opportunities;
- Improved ability to cope with critical points and transitions through the availability of rehabilitation, reablement and community support, avoidance of inappropriate admissions to hospital or residential care and timely discharge from hospital;
- Extended use of community based housing and support

7. Adult Social Care Transformation: Inverting the Triangle

An essential ingredient of ASC Transformation is the engagement of a range of partners across Herefordshire in a whole system approach with a focus on a substantial number of initiatives, programmes and projects. These include high impact changes: promoting healthy lifestyles (primary prevention), targeted prevention: integrated care pathway redesign, Reablement, Telecare, Day Opportunities and Tertiary Prevention Personal Budgets and Reviews. The transformation workstreams draw on evidence that concludes preventative interventions impact on the health and well-being of adults.

8. Conclusion

An essential ingredient of ASC Transformation is the engagement of a range of partners across Herefordshire in a whole system approach with a focus on a substantial number of initiatives, programmes and projects.

These high impact changes: accessing community assets and strengthens: promoting healthy lifestyles (primary prevention), providing timely information and advice to appropriately divert people away from adult social care; targeted prevention to enable people to maintain their independence in their own homes integrated, Reablement, Telecare, Day Opportunities. This

involves a number of significant programmes of work that are all aimed at preventing a person from becoming ill or frail; helping some-one to manage a condition as well as possible or prevent a deterioration in an existing condition(s). The Plan on a Page attached describes the direction of transformation to achieve a financial sustainability health and social care economy over the next 3 years.