

Agenda Item 8

DERBYSHIRE HEALTH AND WELLBEING BOARD

12 May 2016

Report of the Strategic Director Adult Care and Public Health

**PROMOTING INDEPENDENCE IN THE
HEALTH AND SOCIAL CARE SECTOR**

1. Purpose of the report

To consider the implications of the findings within the ['What are the opportunities and threats for further savings in adult social care?'](#) report, in relation to both the HWB priority 'to keep people healthy and independent in their own home' and the emerging Sustainability and Transformation Plan.

2. Information and Analysis

Background

Professor John Bolton, an academic and consultant on adult social care services has produced a research paper for the Institute of Public Care at Oxford Brookes University, which considers the transformational changes required within adult social care to ensure the sector remains sustainable.

Bolton's research paper utilises thinking from the Local Government Association (LGA) Adult Social Care Efficiency Programme, from six case study local authorities who participated in the study and examples from Professor Bolton's consultancy work with councils

This paper to the Health and Wellbeing Board provides a brief overview of the key findings from the report in relation to the challenges of an integrated health and social care system; the importance of effective demand management across the system and consideration of the 'promoting independence' model.

Bolton's report identifies a number of areas where further potential savings may be achieved to address ongoing financial pressures, including:

- a) **Staffing, including assessment and care management costs:** There are further potential savings from a 'digital by default' approach to care record management. However the main focus should be around enabling staff to feel confident to deal with issues rather than routinely 'default to formal assessment'. Instead, staff should be empowered to employ

problem-solving and creative thinking skills to deliver positive outcomes for individuals, which reduces or removes any need and subsequent dependency arising for service provision. Building a positive culture within the assessment team can be critical in determining what outcomes are achieved and the consequential costs to the health and social care system.

- b) **Bringing down costs and prices:** There should be a particular focus on negotiating the costs of care for adults with high level learning disabilities, those with mental health concerns and other complex conditions. In addition the role of the voluntary sector in terms of effectively delivering outcomes should also be considered.
- c) **Use of personal budgets:** Evidence to date suggests that savings have been generated when individuals accessing personal budgets have moved from residential to community based models of care. However, there is now only a small amount of further savings which can be generated in this area. Bolton suggests that broader approaches to personalisation which develop an individual's strengths and assets may provide some limited opportunities for savings.
- d) **Integration between health and social care:** The research found there was little evidence to date to suggest that integrated approaches to health and social care had generated significant savings. The report highlights evidence which suggests that poor alignment between the health and social care system in some parts of the country had placed additional pressures and costs on social care through actions such as those detailed below:
 - i. Conflicting budget setting priorities were in place across health and social care. For example, it was not un-common to find a target to increase the proportion of people who were being supported in a care placement with a continuing care package in a local authority savings plan, with the CCG's budget plan, for the same area, including proposals to decrease the number of people who were being supported through continuing health care.
 - ii. Acute hospitals had moved people straight from a hospital bed to a residential care bed in a bid to discharge-to-assess, resulting in higher and unnecessary admissions to residential or nursing care, where costs are met by the local authority rather than the NHS.
 - iii. Assessments had taken place on the recommendation of a clinician, but before it was considered appropriate to do so from a social care perspective, resulting in individuals transferring to residential care this might not have been the most appropriate plan.
 - iv. Workforce capacity was highlighted as a key issue, particularly in relation to district nursing. In some cases unnecessary 'double' visits by more than one organisation took place. More broadly a lack of

availability of specialist staff, such as therapists, led to an increasing demand for social care.

- v. In some areas there was an over-assessment of an individual's needs, for example where a patient was provided with a full re-ablement package, when in fact the individual was well enough to self-manage their own physiotherapy. In addition, there was also evidence of individuals being allocated more domiciliary care than required.

There is the potential, moving forward, to ensure that a fully integrated system generates efficiencies for the whole system, as well as providing better outcomes for individuals, through addressing the issues similar to those detailed above. System leaders need to ensure they are constantly looking at systems and approaches from 'all sides of issues' to ensure that the system does not inadvertently disadvantage or benefit particular parties.

Transformational change in social care

To effectively manage demand Bolton suggests that the focus of savings in social care needs to switch from ones largely focuses on transactional costs, such as tightening eligibility criteria to manage demand, to one where a new approach to social care, focusing on preventative and diversionary care programmes, can be implemented through transformational change.

Managing demand and prevention

Evidence within the report suggests that providing the wrong type of care, or in fact delivering small amounts of care to individuals may in fact exacerbate the need for further care, creating unnecessary demand on the system. Therefore, the health and social care system must ensure that approaches do not make individuals unnecessarily dependent on services and are subsequently less able to do things for themselves.

Bolton suggests that approaches need to be developed which recognise the value of maintaining an individual's independence, particularly for older people, by ensuring they remain actively engaged in community life, accessing locally based support which maximises opportunities for recovery. For this approach, Bolton stresses the importance of both social care and NHS partners working together and adopting similar approaches which reduce the need for formal care.

This approach can be delivered through the promoting independence mode, which brings together three different models of social care and considers the evidence:

- for prevention and the different types of preventative activity that might be effective;
- that providing a little bit of the wrong type of help may in fact increase a person's longer term dependency on care; and

- that institutional care, however well-intentioned is not necessarily the best way to help a person find their independence.

It is this combined approach that has led a number of local authorities to develop and utilise the promoting independence model.

The model is driven by six main principles and these are:

1. The first help anyone should be offered is to see how the problem they have presented can be solved without recourse to formal care
2. For those who do need care and support, a recovery based approach should assist individuals to live with their condition, whilst maximising opportunities for independence.
3. No assessments for longer-term services should be made in a rush before a range of appropriate interventions are considered.
4. All customers who need a longer-term care package should still receive this, but with a focus on working towards outcomes that are likely to help the person become more independent.
5. Commissioning of services should be focussed on working alongside providers to deliver the outcomes that promote independence.
6. Assessments for long term care should normally be carried out at home, except in exceptional circumstances.

If the model is fully adopted, it should result in highly personalised approaches for each individual customer, in both the public and independent care sector, which ensures people get the right kind of help at the right time.

The report acknowledges that developing this type of approach would be a long-term project requiring the commitment of a range of partners and potentially provides direction for an integrated approach to health and social care. Bolton suggests that partners locally should put in place the following conditions to achieve better outcomes at lower cost through an integrated approach:

- A strong focus on supporting recovery after any medical intervention.
- A set of out of hospital care services, including bedded provision, to assist people to return home (with an 80% target for this service)
- An emphasis on helping patients better manage their long-term conditions with clearer advice and support with physiotherapists and occupational therapists supporting front line care staff.
- Front line care workers understand the medical conditions which put older people at risk of admission to residential care – incontinence recovery, dementia care support, falls, prevention and stroke recovery.
- Outcomes focussed assessments look at how the patient can be best assisted to retain/ regain their independence
- A focus on longer term outcomes for people not short term gains for one service area

- A performance system which measures success in the terms described above and incentivises the behaviour required.

3. RECOMMENDATION

The Health and Wellbeing Board is asked to:

- Consider and discuss the implications key findings detailed in this report in relation in to both the HWB priority ‘to keep people healthy and independent in their own home’ and the emerging Sustainability and Transformation Plan.

Joy Hollister
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