

**14 November 2007**

**REPORTING OFFICER:** Director of Development & Performance Management

**SUBJECT:** **Health, Social Care and Well-being Strategy /  
Community Services Framework**

**BACKGROUND:** A new Health, Social Care and Well-being Strategy for Denbighshire for 2008-2011 will be implemented from 1 April 2008, as will a three year Community Services Framework for Denbighshire.

The attached report provides the Board with an update on progress with the development to date of both of these strategic documents, including: the key themes contained therein; details of the consultation arrangements for both strategies; and, the timescales to ensure their completion by 31 March 2008.

**RECOMMENDATION:** That the Board notes the progress to date in the development of the 2008-2011 Health, Social Care and Well-being Strategy and the Community Services Framework.

## **PROGRESS REPORT FOR THE HEALTH, SOCIAL CARE AND WELL BEING STRATEGY AND COMMUNITY SERVICES FRAMEWORK**

### **Overview**

This report summarises the progress to date with the development of the new 3 year 2008-2011 Denbighshire Health, Social Care and Well Being Strategy and Community Services Framework. An overview of the content in both key strategic documents is given, together with details for their consultation. Both are to be completed by 31 March 2008 to commence implementation for 2008-2011 on 1 April 2008.

### **Health, Social Care and Well Being Strategy (HSCWB) for 2008-2011**

The new draft HSCWB strategy for 2008-2011 has already been issued for a 3 month consultation period, running from October-December 2007. Board members have already been provided with a copy of the new draft HSCWB, a copy of which is also available from [www.healthdenbighshire.co.uk](http://www.healthdenbighshire.co.uk). This website also contains an electronic information pack (PiN PaC) for use by partners during presentations and discussions carried out as part of the consultation period.

The draft HSWSB is based on an up to date needs assessment undertaken for the population of Denbighshire and centres on 8 core themes, these having been previously discussed with the Board at its July meeting earlier this year. These are:

- Reducing Poverty and Improving Social Inclusion
- Our Environment
- Positive Lifestyles
- Early Intervention and Crisis Support
- Changing Needs-Responsive Services
- Longer Term Needs
- Protecting and Safeguarding
- Right Services In the Right Place

A 'meaning' or definition of each theme is given in the draft HSCWB, together with an explanation of how each theme 'fits into what we know' about need within Denbighshire based upon information drawn from the needs assessment. Each theme is supported by examples of progress with service developments and improvements that have taken place in Denbighshire during 2005-2008 to address local need. Finally, details of how services will be further developed and improved during 2008-2011 are also provided for each theme.

Board members are encouraged to comment on the HSCWB during the consultation period, and also ensure that this key strategic document is widely disseminated and consulted upon within their own organisations.

Following completion of the consultation period, feedback on the consultation will be provided to all partners by February 2008 with the new HSCWB strategy for Denbighshire then completed by 31 March 2008 for implementation as of 1 April 2008.

### **Community Services Framework (CSF) for 2008-2011**

#### **Overview**

The draft CSF forms a key element of the HSCWB for Denbighshire and is central to the delivery of the core priorities contained within the HSCWB. The CSF will both form an Appendix to the HSCWB and also be a strategic document that stands in its own right.

The CSF will act as an overarching strategic document for Denbighshire Local Health Board, in partnership with Denbighshire Local Authority, to inform the commissioning and delivery of services to create a well resourced, integrated and effective network of community based health and social care to meet the needs of the Denbighshire population.

The CSF outlines how community based services will be delivered within Denbighshire in line with a range of national and local strategic documents, designed to ensure that more care is delivered closer to people's own homes and in their local communities. These strategic documents include: *Improving Health and the Management of Chronic Conditions in Wales; Designed for People with Chronic Conditions; Fulfilled Lives and Supportive Communities; Design For North Wales; Designed for Life; Commissioning a World Class Service in Wales; Beyond Boundaries; and, Making the Connections.*

The core aims of the CSF strategy are to ensure that:

- More people are supported to remain fit and healthy for more of the time;
- More people are better supported to live independent lives in their own homes/communities;
- Community based health and social care services are enhanced to better address health and social care problems earlier and more effectively to people in their own homes/communities;
- A reduced reliance of acute hospital admissions or admissions to a care home.

### Content

The CSF is grounded in the 8 core themes of the new draft HSCWB and is being informed by a service mapping exercise, undertaken through local planning groups, to both identify current community service provision as well as to identify service gaps where improvements to community based care are required. The key groups within the local population for which service mapping is being completed include: Older People; Children and Young People; people with Learning Disabilities; people with Mental Health problems; people with a Physical and/or Sensory Impairment, including those with a Chronic/Long Term condition; people with Sexual Health needs; the Homeless; those suffering from Domestic Abuse; and, the needs of Carers.

The service mapping exercise is being completed against the model of care contained within the draft Joint Commissioning Strategy for the Older Person, best described as the '5 eggs model of care'. This model has been chosen as the basis of the service mapping exercise due to its emphasis on community based services. Details of this model are contained in the Appendix of this report.

The CSF is also based on the commissioning of health and social care services on the 'locality' based model of care with 4 suggested localities within Denbighshire, these being:

- North West – Rhyl
- North East – Prestatyn
- Central – St Asaph and Denbighshire LHB
- South – Ruthin and Corwen

Not all community based services will need to be physically located within each locality (i.e. replicated 4 times) but the local population within each locality will have access to the services they need, some of which may be 'based' in one single locality providing services to other localities on an outreach basis. The CSF will outline what services are provided in each locality and those services that are provided to cover all localities.

To implement the agreed strategic direction of the CSF, there will be need to be changes to the way in which care is presently provided within the community setting, and the CSF contains a section on the need for an agreed multi-partner workforce training and development plan to support the development of new and enhanced skills for health and social care staff working in health and social care to enable them to deliver more care, safely and effectively within the community. Increasingly, staff from both health and social care will be based in the same place, providing a further opportunity for joint working and the sharing of care delivery.

The creation and implementation of care pathways to inform service delivery and ensure that safe, integrated and effective health and social care is provided is also a key element of the CSF.

There is a clear need for the CSF to be supported by a clear financial strategy. This will include an analysis of current resources invested in community services by partners in Denbighshire. This financial strategy will identify the level of resources needed for plans to meet identified service gaps in community service. The financial strategy will also identify the broad levels of investment to be released through the reconfiguration of secondary care health service to support the implementation of the strategic direction of the CSF. There will also be a requirement to 'pump prime' new services in order to achieve the rebalancing of services prior to the release of resources from secondary care. Transitional funding from the Welsh Assembly Government for this will be sought.

#### Consultation

A workshop with representatives of all partners is being held on 31 October 2007 to agree the broad content of the CSF to then enable this to go out to public consultation. The CSF will form a key part of the HSCWB consultation that has already commenced, and will be completed by December 2007. All Board members will receive a copy of the draft CSF. Feedback from the consultation period will inform completion of the final CSF, which will be finalised by 31 March 2008, for implementation from 1 April 2008.

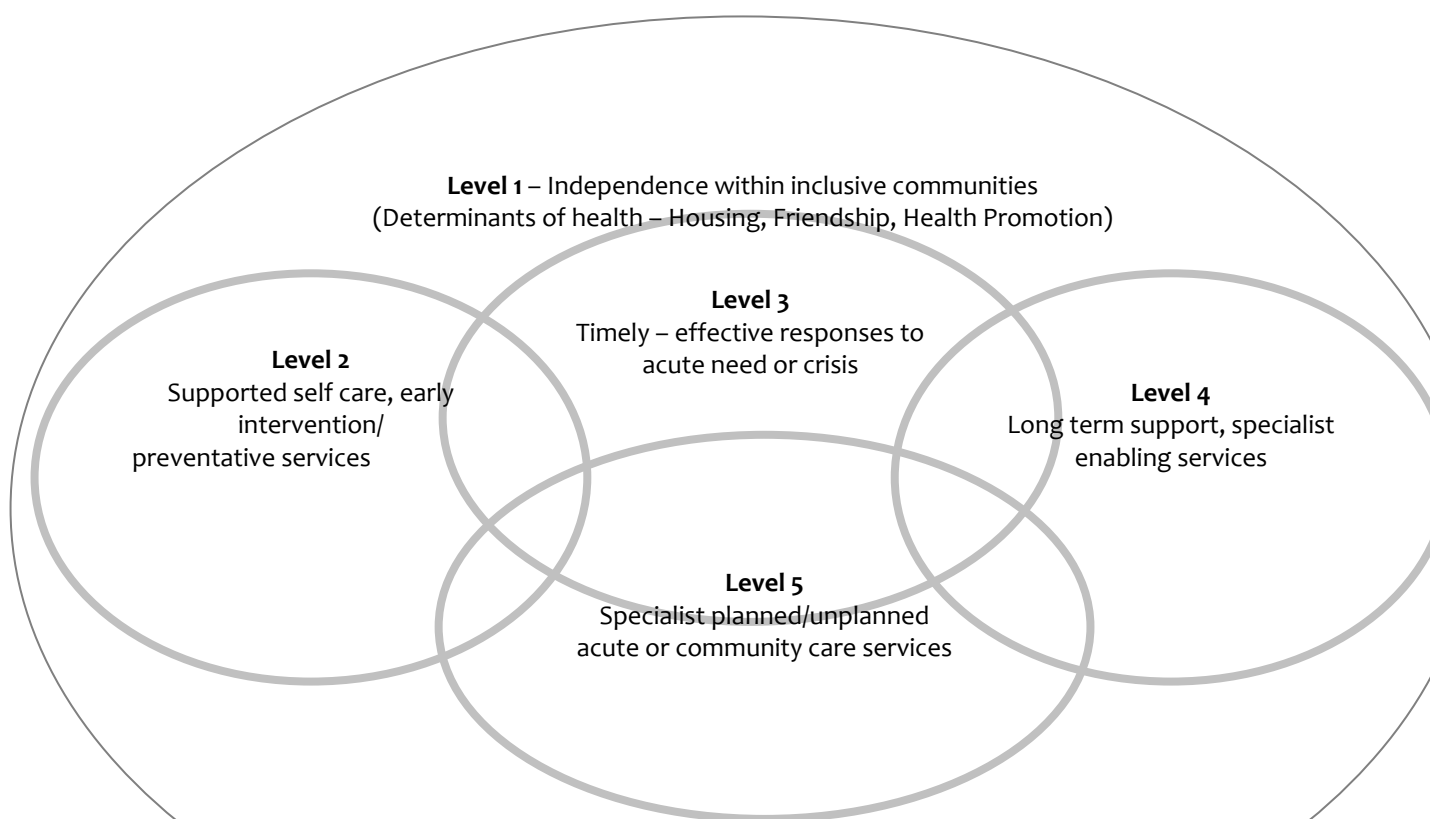
During the consultation period, work will continue to develop the CSF through local joint planning groups, and reports will be made to the Lead Officers Group and Strategic Partnership Board.

#### Recommendation

The Board is asked to receive this report and note the progress to date for the development of the 2008-2011 HSCWB and CSF for Denbighshire.

**Ellen M Greer**  
**Director of Development and Performance Management**  
**26 October 2007**

## APPENDIX ONE: THE FIVE LEVELS MODEL OF CARE



Adapted from Peter Fletcher Associates-Five Levels of Care

### Level 1

Education, training and awareness raising to promote self-help in the Community:

- Voluntary sector activities
- Homestart (Cymorth Funded Project)
- Education for the general population and sign-posting

### Level 2

Low level preventative services offering minimal intervention and that act as key components in promoting quality of life and independence. Access to services is usually through self-referral, avoiding the need for an assessment.

- Advocacy
- Exercise programmes
- Self Management programmes e.g. Expert Patient Programmes
- 'Healthy lifestyle' packages and person skills e.g. nutrition, smoking and alcohol cessation

## **Levels 1 and 2**

### **People who are generally well and able to live fairly independent lives**

Services provided at home or in the local community that help and support people to remain fit, healthy and independent, thereby reducing dependence on residential services and acute hospital care

#### **Requirements:**

- An expansion of prevention, screening and home based technology
- Services in Levels 1 and 2 may necessitate investment in capital, running costs and educational development

### **Level 3**

Time-limited, intensive interventions delivered as part of the intermediate care structure to meet high level short term needs that prevent admission to hospital/care home setting and support early facilitated discharge:

- community hospitals
- chronic disease management
- Crisis intervention – Home treatment services

### **Level 4**

Longer term support for people who are able to continue living at home:

- Community hospitals
- Extra Care Housing
- Health Visiting
- Carer and respite support

## **Levels 3 and 4**

### **For people with more significant needs, who have chronic conditions or who require rapid access to health and social care**

Services provided in levels 3 and 4 will ensure that everyone has rapid access to an appropriate member of the primary care and/or social care team.

Effective and rapid diagnosis will be available locally, followed by timely treatment, help and support or advice on self-care as required

#### **Requirements:**

- Significant shift in skills required by health, social care and voluntary sector staff
- Some GPs will need to take on more specialist skills
- Pharmacists, Therapists and Nurses will need to further extend their skills
- Significant capital and revenue investment will be required to provide services

## **Level 5**

Services for people with complex needs. They will probably be high intensity users of planned/unplanned acute or community care services:

- Hospital Care
- Residential and/or nursing home care
- NHS continuing Health Care

### **Level 5**

**Services in Level 5 will provide access to care provided by the District General Hospital and Community Hospitals**

Community support should be available to patients/clients once they have been discharged. Patients and carers may require detailed social care arrangements

## Impact Assessment

<b>Health Social Care and Wellbeing</b>	The report contains a progress report on completion of the new Health, Social Care and Well Being strategy and Community Services Framework for 2008-2011.
<b>Resources</b>	There will be resource implications in the implementation of the Health, Social Care and Well Being Strategy. The Community Services Framework will be underpinned by a financial strategy to support the rebalancing of services that will be required from secondary to community based care.
<b>Risk</b>	Health and social care services provided to meet the strategic aims of both the Health, Social Care and Well Being strategy and the Community Services Framework will be delivered in a safe and effective manner. There is a financial risk that the Welsh Assembly Government will not be able to provide the level of transitional funding required to support the rebalancing of services from secondary to community based care.
<b>Equality</b>	Both the Health, Social Care and Well Being Strategy and the Community Services Framework take full account of the needs assessments completed for all groups within the population of Denbighshire. The core aim of the Community Services Framework is to deliver more services within people's own homes and their local communities, thereby increasing access to care.
<b>Patient and Public Involvement</b>	Both the Health, Social Care and Well Being Strategy and Community Services Framework are being issued for public consultation. Local planning groups which have user and carer presentation have also been involved in the development of both strategies.
<b>Date</b>	26 October 2007