

WREXHAM LOCAL HEALTH BOARD

24 MAY 2007

REPORTING OFFICER: Director of Development & Performance

SUBJECT: Health, Social Care and Well-being Strategy 2008-2011

PURPOSE: To highlight and to inform the Board of the new requirement of the Health, Social Care Strategy and specifically:

- (a) The final Health, Social Care and Well-being Strategy 2008-2011 guidance
- (b) The implications of the Community Services Framework
- (c) To set out a management process for developing the Health, Social Care and Well-being Strategy 2008-2011.

BACKGROUND:

The Welsh Assembly Government published its guidance for the development of Health, Social Care and Well-being Strategies 2008-2011 on 30th March, 2007.

The Strategy was subject to full public consultation by WAG from November 2006 to February 2007.

The final guidance, which was published during March 2007, contains some key messages and expectations of Health, Social Care and Well-being Strategies from Welsh Assembly Government (WAG) perspective. In addition, the WAG recently published its Community Services Framework, which places a significant role on the HSC&WB Strategy as a vehicle for comprehensive service change and development of community services.

At a local level, following the publication of the draft guidance Health, Social Care and Well-being, Partnership Board held a planning day on 16th March, 2007 with members of the Programme Group Chairs and Support Officers to agree a timetable for the development of the next Health, Social Care and Well-being Strategy 2008-2011.

The National Public Health Service (NPHS) is leading a task and finish group (chaired by Local Public Health Director) to oversee the development of the needs assessment. The group has circulated a questionnaire to key stakeholders to inform this development for

return by 30th April. The draft needs assessment is planned for completion by the end of May 2007.

RECOMMENDATIONS:

It is recommended that the Board notes:

1. Receive this report
2. Endorse the process and progress towards development of the needs assessment and development of local Health, Social Care and Well-being Strategy

AUTHOR OF REPORT: John Darlington

DATE OF REPORT: 8th May, 2007

HEALTH, SOCIAL CARE AND WELL-BEING STRATEGY 2008-2011 / COMMUNITY SERVICES FRAMEWORK

PURPOSE OF THE REPORT:

- a) To highlight and to inform Wrexham local Health Board of the new requirement of the Health, Social Care Strategy (HSC&Wb) and specifically:
 - 1. The final Health, Social Care and Well-being Strategy 2008-2011 guidance
 - 2. The implications of the Community Services Framework
- b) To propose a management process for developing the Health, Social Care and Well-being Strategy 2008-2011.

BACKGROUND:

The Welsh Assembly Government (WAG) published its draft guidance for the development of Health, Social Care and Well-being Strategies 2008-2011 in November 2006. The Health, Social Care and Well-being Partnership Board received a report at its meeting in January 2007 outlining the changes to the previous guidance.

Following the publication of the draft guidance Partnership Board held a planning day on March 16th, 2007 with members of the Programme Group Chairs and Support Officers to agree a timetable for the development of the next Health, Social Care and Well-being Strategy 2008-2011.

The National Public Health Service (NPHS) is leading a task and finish group (chaired by Local Director of Public Health) to oversee the development of the needs assessment. The group has circulated a questionnaire to key stakeholders to inform this development for return by April 30th. The draft needs assessment is planned for completion by the end of May 2007.

Partnership Board met on April 25th to discuss the final HSC&Wb guidance, the link with the Community Services Framework and to approve the process for managing the development of the Health, Social Care and Well-being Strategy 2008-2011. The Board agreed to meet again on June 18th, 2007 to develop its shared vision.

SECTION 1: KEY MESSAGES

The final guidance, which was published by the WAG during March 2007, outlines the expected deliverables within Health, Social Care and Well-being Strategies 2008-2011. In addition, the WAG recently published its Community Services Framework, which places a significant role on the HSC&Wb Strategy as a vehicle for comprehensive service change and development of community services.

This section outlines the key messages included within the Health, Social Care and Well-being Strategy guidance 2008-2011 and the Community Services Framework.

a) THE REQUIREMENTS OF THE HEALTH, SOCIAL CARE AND WELL-BEING STRATEGY 2008-2011

The guidance states that the strategy should reference and link to key national documents including Health Challenge Wales, Fulfilled Lives, Supportive Communities and Designed for Life. In particular, the strategy must be citizen-focused to reflect the WAG's commitments in Making the Connections and Delivering Beyond Boundaries.

Commissioning health and social care services

The guidance states that the next strategy should provide the basis for commissioning and allocating resources. The strategy advocates an approach and provides a framework upon which Wrexham CBC and Wrexham LHB can jointly commission health and social care services.

In particular, the implementation of the strategy will require:

- a focus on health improvement;
- service redesign and capital investment;
- workforce redesign and development, and full integration of workforce planning into service planning;
- commissioning; and
- financial planning.

This represents a significant development to the current Health, Social Care and Well-being Strategy which has focused upon a small number of key service areas. The focus upon commissioning and financial planning will require a significant change in the way in which the partnership commissions services and allocates resources.

Measuring success

The guidance is also clear that partnerships must demonstrate what success will look like in 2011. The current strategy has been implemented via the programme groups, who have implemented and monitored annual action plans. However, these plans have monitored the performance of the groups as opposed to measuring outcomes.

The new strategy must therefore identify anticipated and measurable outcomes at the outset, as opposed to simply developing action plans. Each priority identified within the strategy should have an identified baseline in order to inform the development of outcome measures.

For example, the Partnership will need to identify baselines for physical activity and set medium to long-term targets for increasing that activity. This process could free partners to focus upon whatever activities and initiatives it deems appropriate to meet these targets in year, thus reducing the burden of action planning and monitoring.

Key deliverables:

This change in emphasis should therefore result in the development of:

- a commissioning framework;
- baseline measurements and outcome measures for each priority; and
- a financial strategy.

These key deliverables will need to be factored into the timetable for the development of the strategy and key leads identified for each area.

b) THE REQUIREMENTS OF THE COMMUNITY SERVICES FRAMEWORK

Proposals to reconfigure acute and community hospitals in Wales triggered a political agreement to prioritise the development of community services as a precursor to any reconfiguration of secondary care services. The Welsh Assembly Government has therefore published its Community Services Framework (attached at Appendix 4) to outline what it expects partnerships to do in relation to community services. The Framework states that:

- More must be done to promote and protect health
- More should be done to protect and maintain independence
- More must be done to support self care and carers
- Care should be managed as close to home as possible
- Gaps must be filled and connections made

This paper re-emphasises the direction of travel outlined in the Health, Social Care and Well-being guidance and the Wanless Review. However, the Framework also makes clear reference to the development of Health, Social Care and Well-being Strategies and states that they must clarify the future vision and direction of community services and identify what community services they need and how they will create them.

The Framework therefore requires Partnerships to focus upon the development of community services in the next round of strategies. This development must be led by a comprehensive review and mapping exercise of current services to ensure that services are fit for purpose and citizen-focused. The needs assessment must therefore provide the basis for the development of community services.

According to the Framework:

“LHBs with local partners must think carefully about the need for community services and how these should best be organised. Based on the needs assessment, evidence of what is effective, and local service users’ views, conclusions can be reached on what services are required to meet those needs. This should cover the potential role of community services in relation to:

- promoting and protecting health;
- support for self care and carers
- dealing with health problems;

- social care.

“This then must be set against a comprehensive service review and mapping exercise of what is already in place. This will provide the basis for reconfiguring and strengthening community services.”

Reconfiguring and strengthening community services

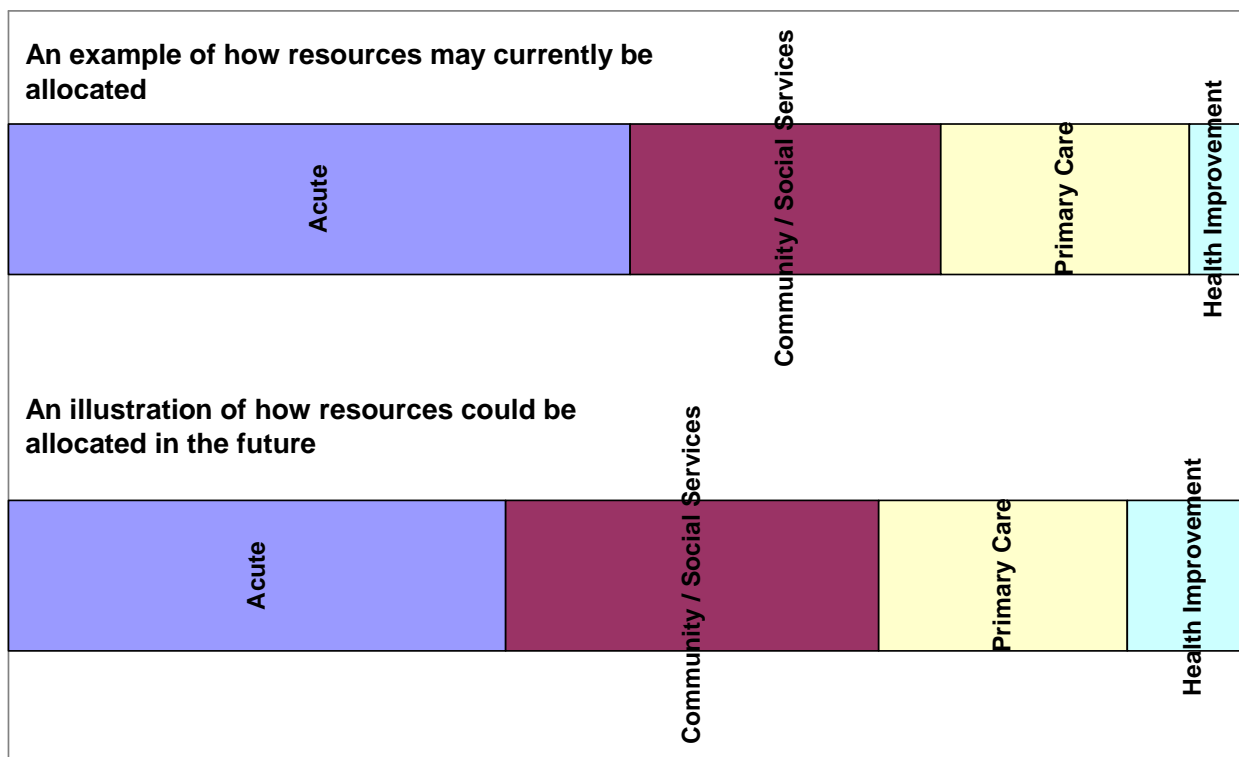
The previous strategy focused upon key service areas such as learning disabilities and mental health. Whilst the Partnership has successfully developed Section 31s for integrated services, more could be done to strengthen community-focused services and to improve the citizen’s experience further.

One way of focusing the forthcoming debate could be to utilise the population management model which illustrates the level of health promotion and intervention that are required at different levels of disease. At present, the majority of costs are incurred on highly complex patients with multiple chronic problems.

However, most people are either healthy or require low-level inputs to prevent them from developing chronic problems. There is therefore a strong argument for investing more money in health promotion and improvement to prevent this large cohort of people from becoming chronically ill in the future.

One way of reconfiguring services and strengthening community services is therefore to identify current expenditure on the 4 tiers of chronic disease and to set targets to shift resources. The development of a financial strategy (as required by the new HSC&Wb guidance) could facilitate this process.

This process could enable the Partnership to re-focus the allocation of resources in order to support independence through the provision of health improvement and community services as illustrated below. There is an expectation that partners will map current expenditure on community services to identify gaps and duplication in expenditure. Over time the WAG envisage partners re-balancing resources.



Key deliverables:

According to the Framework the following outputs are required:

- Service review and mapping exercise of current services;
- Resource mapping exercise;
- Clarification on the future vision and direction of community services;
- Identification of what services are required and how we will create them.

SECTION 2:

A PROPOSED MANAGEMENT PROCESS FOR THE DEVELOPMENT OF THE HEALTH, SOCIAL CARE AND WELL-BEING STRATEGY 2008-2011.

This section proposes a process for developing the Health, Social Care and Well-being Strategy 2008-2011, focusing upon the development of the needs assessment, the strategy and its performance management.

a) The development of the needs assessment

The revised Health, Social Care and Well-being guidance removes the requirement for partnerships to consult on the development of a needs assessment. However, the working group has developed and circulated a questionnaire to key stakeholder in order to engage partners in the development of the needs assessment.

The needs assessment will be completed in 3 phases by June 2007 and will be used to inform the development of a joint vision.

- | | | |
|-----------------|---|------------------------------|
| Stage 1. | Circulation and collation of questionnaires | (by April 30 th) |
| Stage 2. | Analysis of questionnaires | (by May 11 th) |
| Stage 3. | Update HSC&Wb 2005-2008 Needs Assessment | (by June 1 st) |

b) Community Services Review and Mapping Exercise

In addition to the requirement to develop a needs assessment, the Community Services Framework requires Partnerships to conduct a service review and mapping exercise. This piece of work should complement the needs assessment and help the Partnership to consider how to strengthen community services.

The review could focus on the chronic disease model to map services against:

- Healthy people
- At risk individuals
- People with chronic diseases
- People with multiple conditions

In addition, the review could map services geographically against population centres in Wrexham to identify specific gaps in services within localities. This exercise could help partners to understand the demands and resources allocated against cohorts of people with different levels of health problems and form the basis of a baseline assessment.

c) Resource mapping exercise

The WAG has identified that NHS services could be provided more efficiently and suggests that partners should work together to gain a better understanding of how they are currently utilising scarce resources. For example, the Community Services Framework suggests that health and social care facilities could be used more effectively to fill gaps in services and rebalance expenditure between partners. All partners will be required to develop expenditure profiles for all community services.

d) Ensuring Effective Leadership to Deliver the Strategy

The Community Services Framework states that there should be strong clinical leadership in service change. In addition, agencies should engage the public and other stakeholders in this process. In support of this, partners will need to identify appropriate leads to support service re-configuration and re-design, engagement and consultation.

e) The development of the strategy

To date, local partnerships have delivered a number of health improvement initiatives across children’s and adult services, including the Exercise on Referral scheme and the Healthy Schools Programme.

It is also recognised that a great deal of work has been progressed in relation to developing plans for chronic disease management, primary and community estates strategy, Unscheduled care services / North East Wales Emergency Response Area (NEW ERA) and the establishment of locality teams.

In addition, the Partnership has also made steps to improve the performance management of its programme groups and is now planning to identify baseline measures to support the development of outcome measures.

The Partnership is therefore well placed to deliver the following outputs identified within the Health, Social Care and Well-being Strategy Guidance and the Community Services Framework:

- Focus on health improvement;
- Develop a framework for commissioning health and social care services;
- Review and strengthen community-based services;
- Identify what success will look like through the development of outcome measures.

The strategy should therefore aim to draw upon existing work strands to implement Health Challenge Wales, form a coherent Community Services Framework for Wrexham and development a small number of measurable outcomes.

f) The performance management of the strategy

The Health, Social Care and Well-being Strategy Guidance states that Wrexham CBC and Wrexham LHB should:

- produce a brief annual report outlining progress;
- report on agreed key performance indicators in year;
- conduct systematic service user/patient feedback; and
- conduct quality audits and external reviews of services.

If baseline measurements are identified for all agreed priority areas then performance management of the next strategy should be a straightforward quarterly process based on a small number of measures, supported by annual quality reviews and service user surveys. This process should further improve and simplify the current system of performance management.

g) Project Management

It is proposed that the project management of the Health, Social Care and Well-being Strategy 2008-2011 will focus upon the delivery of the outputs in Appendix 1. The Joint Performance Manager will provide monthly progress reports based upon the completion of these outputs in Appendix 2. An action plan for the implementation of the Health, Social Care and Well-being Strategy 2008-2011 and Community Services Framework is included in Appendix 3.

PROPOSED ACTIONS:

a) Development of Needs Assessment

Local Health Board approve the process for developing the needs assessment and notes the progress to date.

b) Development of a service review and mapping exercise

The Health, Social Care and Well-being Co-ordination Group to lead the development of a service review and mapping exercise and establish a working group to implement this output.

c) Development of a resource mapping exercise

The Health, Social Care and Well-being Co-ordination Group to lead the development of a resource mapping exercise and establish a working group to implement this output.

NB. Significant financial input will be required from partners' financial management departments in order to conduct this exercise effectively.

d) Nominated Leads

Partners have nominated the following leads to date:

- Principle Public Health Practitioner to conduct the needs assessment
- Health, Social Care and Well-being Strategy Manager to author the strategy
- Joint Performance Manager to oversee its project management.

The statutory and voluntary sector partners have nominated the following lead officers to represent their agencies in the process:

AVOW	Health and Social Care Facilitator
North East Wales NHS Trust	Assistant Director of Planning
Wrexham CBC	Health, Social Care and Well-being Strategy Manager
Wrexham Local Health Board	Joint Commissioning and Partnerships Manager

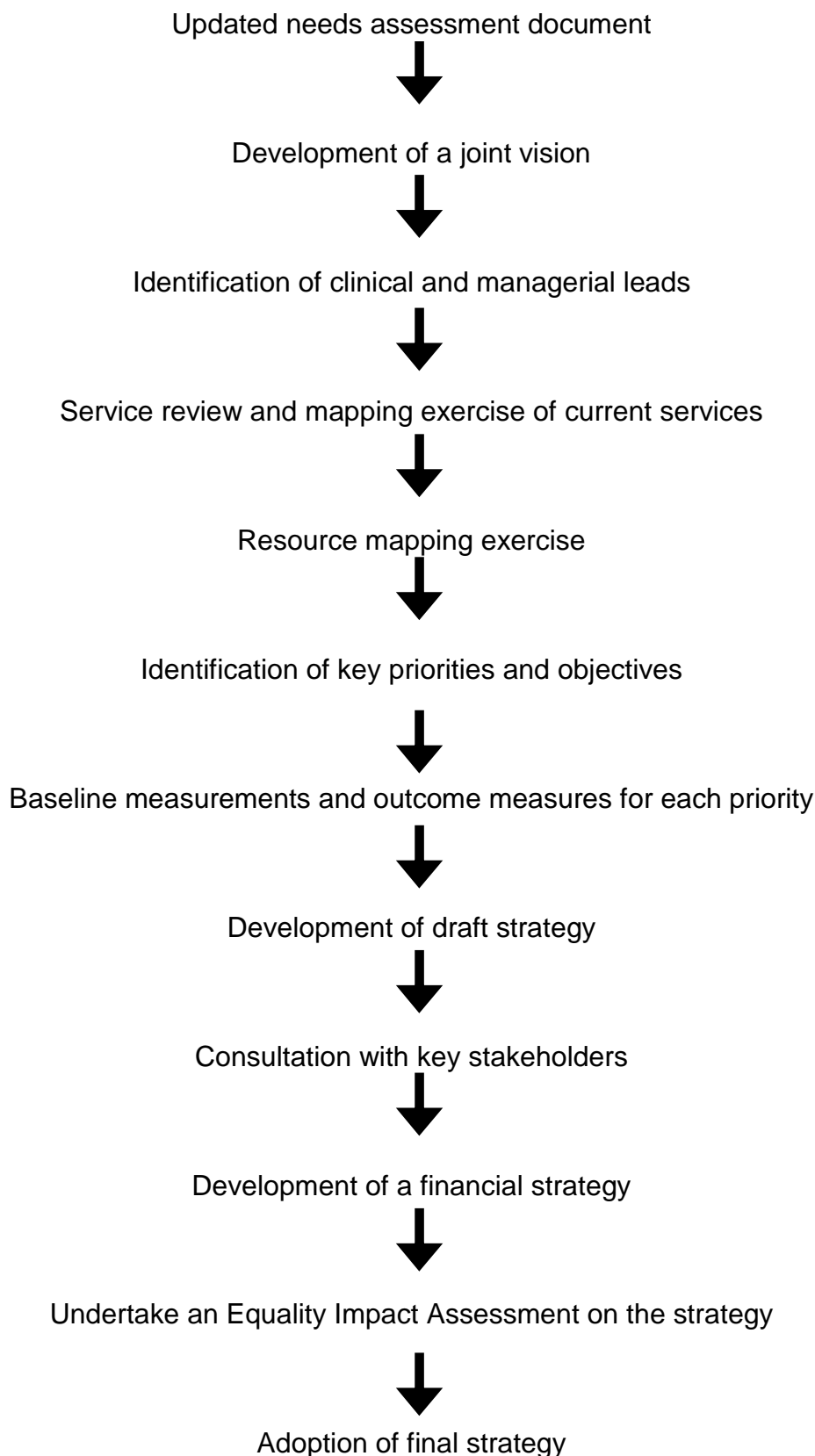
Partners to nominate additional leads to develop the service review and mapping exercise and the resource mapping exercise.

RECOMMENDATIONS















Wrexham Local Health Board notes:

- the process and progress towards development of the needs assessment;
- that the next strategy should demonstrate how health and social care and health improvement services will be commissioned;
- the need to conduct a service review and mapping exercise;
- the need to map expenditure on all community services;
- that the next strategy must be supported by a financial strategy;
- that additional guidance will follow on commissioning and resource allocation.
- the need to undertake an Equality Impact Assessment.

Appendix 1: Stages in the Development of the Health, Social Care and Well-being Strategy 2008-2011



Appendix 2: Project Management Checklist

Develop questionnaire and circulate to key stakeholders	
Update needs assessment document	
Development of a joint vision	
Appoint clinical and executive leaders	
Service review and mapping exercise of current services	
Resource mapping exercise	
Revise joint commissioning arrangements between Wrexham LHB and Social Services	
Identification of key priorities and objectives	
Baseline measurements and outcome measures for each priority;	
Development of a financial strategy	
Undertake an Equality Impact Assessment on the strategy	
Draft strategy agreed by Partnership Board	
Consultation process complete	
Strategy adopted by Wrexham CBC and Wrexham LHB	

Appendix 3: Action plan for development of Community Services Framework

Maturity Matrix Action	Lead(s)	By	Outputs
Needs assessment	NPHS	June 2007	Technical needs assessment document complete.
Identification of clinical and managerial leaders to develop of the HSC&Wb Strategy / Community Services Framework and engage with public.	The North East Wales NHS Trust, Wrexham LHB and Social Services.	July 2007	Agencies have in place identified leads to support service re-design and public engagement process.
Engage and consult with service users and carers	Health, Social Care and Well-being Programme Groups The North East Wales NHS Trust, Wrexham LHB and Social Services.	May to December 2007	Programme Group Chairs to engage with partners and service users throughout development of the HSC&Wb Strategy and Community Services Framework. All partners to publicly consult on the development at the following events: <ul style="list-style-type: none"> • AVOW public event in June • Listening and Responding Seminar in October 2007 • Wrexham LHB open day (TBA)
Investigate potential for improved joint commissioning arrangements between Wrexham LHB and Social Services	Wrexham LHB / Social Services	July 2007	Development of joint financial planning and workforce planning arrangements.
Service review and mapping exercise	Wrexham LHB	August 2007	Mapping exercise to illustrate: <ul style="list-style-type: none"> • Service utilisation by level of

			<p>need (i.e. using chronic disease model)</p> <ul style="list-style-type: none"> • Geographical map of community services; • Gaps in services by locality; • Duplication (if any) of services by providers.
Resource mapping exercise	The North East Wales NHS Trust, Wrexham LHB and Social Services.	September 2007	<p>Partners to develop expenditure profiles for all community services to include:</p> <ul style="list-style-type: none"> • Current expenditure • Required expenditure to meet identified gaps in need • Potential re-balancing of expenditure across partners
Identify baseline measures for the development of key outcome indicators.	The North East Wales NHS Trust, Wrexham LHB and Social Services.	September 2007	Partners to identify baselines for expenditure, utilisation and outcomes of all community services.
Draft Health, Social Care and Well-being Strategy issued for consultation	The North East Wales NHS Trust, Wrexham LHB and Social Services.	October 2007	Electronic publication prepared in English for consultation with key stakeholders.
Development of Financial Strategy	The North East Wales NHS Trust, Wrexham LHB and Social Services.	December 2007	Partners to develop financial strategy outlining how resources will be re-allocated.
Adoption of Strategy	The North East Wales NHS Trust, Wrexham LHB and Social Services.	March 2008	Strategy approved by Boards

Appendix 4:

The Community Services Framework

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

1. Preface

What do we mean by Community Services?

- 1.1 This document is about people and their local community services. In this context, the community is the place where people normally live their daily lives. Community services then are services in the community that enable people to live healthy, fulfilled and independent lives, and this document specifically refers those services. It includes services that are familiar, such as:
- primary health care services, including the general practitioner, dental, pharmacy and optometry services;
 - generic community services such as the district nurse, health visitor, community midwife, community psychiatric nurse, school nurse, and community therapy services;
 - specialist clinical or outreach services;
 - local authority social services, services provided by the voluntary and independent sector such as day centre services, respite care, home support, residential and nursing home services.
- 1.2 The term may also refer to services that are less well-known or less developed that can support health, independence and well-being – services such as telecare, web-based information services, and targeted health promotion support.
- 1.3 Community services that can support health, independence and well-being also include other less obvious initiatives and agencies. Only if services are more effective can other objectives such as a healthy workforce and successful economy be achieved. Equally, although health and social services will be important in improving health, other sectors such as housing, education and employment will also play a major role. There needs to be joint ownership of health protection and improvement. It is worth noting here that the relationship between primary care and social services is a key link which needs strengthening within this wider move towards closer co-operation.
- 1.4 In *Making the Connections* and *Delivering Beyond Boundaries*, the Welsh Assembly Government has emphasized that local services must meet the needs of local people. This means all services.

What should Community Services deliver?

- 1.5 Local Health Boards (LHBs) must now take action to strengthen community services in order to
- keep people fit and healthy
 - help people live independent lives in their own home;
 - tackle effectively, and locally wherever possible, problems that may arise.
- 1.6 This will require:
- more effective services in the community;
 - better , more innovative use of the primary care contracts and the opportunities they give for development of local services.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

- better co-ordination and targeting of services across the community; and
- a deliberate effort to anticipate and prevent problems, and tackle them early, reducing demands elsewhere in the system;
- use of allocated resources effectively and as flexibly as possible to make the greatest health impact in meeting peoples needs

and action is needed to

- manage the resource changes essential to make this happen; and
- plan and manage services so that users receive full integrated care.

What action is required to strengthen Community Services?

1.7 Local agencies do not need to start from scratch on this agenda. Many are already well advanced, and this new document should not delay progress. Equally, it is unwise to force the pace, for credibility is an important issue –

- for the public in terms of acceptability
- for clinicians and professionals in terms of thorough analysis and full engagement
- for everyone in terms of realistic timescales.

1.8 But local bodies must now:

- whilst developing their Health, Social Care and Well-being Strategies (HSCWBS) and Children and Young People's Plans (CYPP) identify what community services they need and how they will create them; in doing so, they should take account of the opportunities given them under the GMS contract and the pharmacy contract in particular to develop local enhanced services
- see through the resultant changes during the period 2008/09-2010/11.

1.9 Concurrently with this framework, the Assembly Government is issuing *Designed to Improve Health and the Management of Chronic Conditions in Wales*. This sets out an approach which offers more detail on how to address many of the issues raised in this framework.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

2. What do we want from Community Services?

2.1 If we take as the starting point the patient, service user or carer and ask ourselves: “What do we all want?”. Put succinctly, what they want for themselves and their family is to:

- have the fullest opportunity to secure and maintain good health;
- stay fit, safe, independent and engaged with their community as long as possible;
- receive treatment early and effectively; and
- return rapidly to as full a life as possible after a crisis or problem.

2.2 In terms of services this means first a deliberate effort to anticipate problems and give them the means to avoid problems arising, and secondly, when problems arise, provide:

- easy access to local services;
- a simple, co-ordinated approach to service delivery with a single point of contact;
- timely, appropriate, safe and effective services that are easy to use and deal with their condition successfully or at least make them feel better;
- friendly and flexible staff who take time to explain and help; and
- a pain and stress-free experience, in clean and pleasant surroundings where dignity is preserved.

Where are we now?

2.3 In Wales, at present:

- there are poor health, avoidable emergencies, and marked inequalities in health, though we know that focused and sustained effort and investment could reduce these;
- longer life expectancy, coupled with increasing expectations, changes in society and technology mean that demand for health and social care is rising inexorably;
- local services are not developed enough to deal with everyone quickly and close to home;
- there are often gaps and overlaps in services that lead to inefficiencies and poor outcomes for those using services;
- under-investment in other services means that the acute health services – the large hospitals - are unduly burdened;
- there are often inefficiencies in the acute health sector e.g. day surgery rates are lower than they should be, readmission rates are higher, and beds occupied needlessly; and
- no value for money test has ever been applied to community and primary care services; many are not good enough or unsustainable in their current form and fail to provide the range and flexibility required for this century’s needs.

What is needed?

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

- 2.4 There has been significant change in recent years, but its extent and speed have been uneven. The pace needs to quicken. There must be urgent and decisive action at local level across Wales to shift to the community the focus of intervention and the balance of resources. This will:
- make access simpler for users;
 - allow the more specialised services are able to focus their skills where they are most needed; and
 - make more effective use of the resources available.
- 2.5 In practice, most health and social care activity already takes place in the community, whether through self-care and support from informal carers or through other community-based services.
- 2.6 Figure 1 presents diagrammatically the fact that within any given community the majority of the population has generally good health, but a few may have increasingly more complex problems. It also emphasises the role of self care.
- 2.7 Wherever appropriate, people should be enabled to remain as low in the pyramid as possible. Care should be provided by community services, and these should therefore focus on the population needs in the first instance. There should be an emphasis on promoting good health and preventing problems. Where needed, an assessment should be undertaken to provide whatever support is required to maximise independence. Our policy and our planning must now reflect this, with a presumption that services will be community-based, unless pressing reasons dictate a different model.

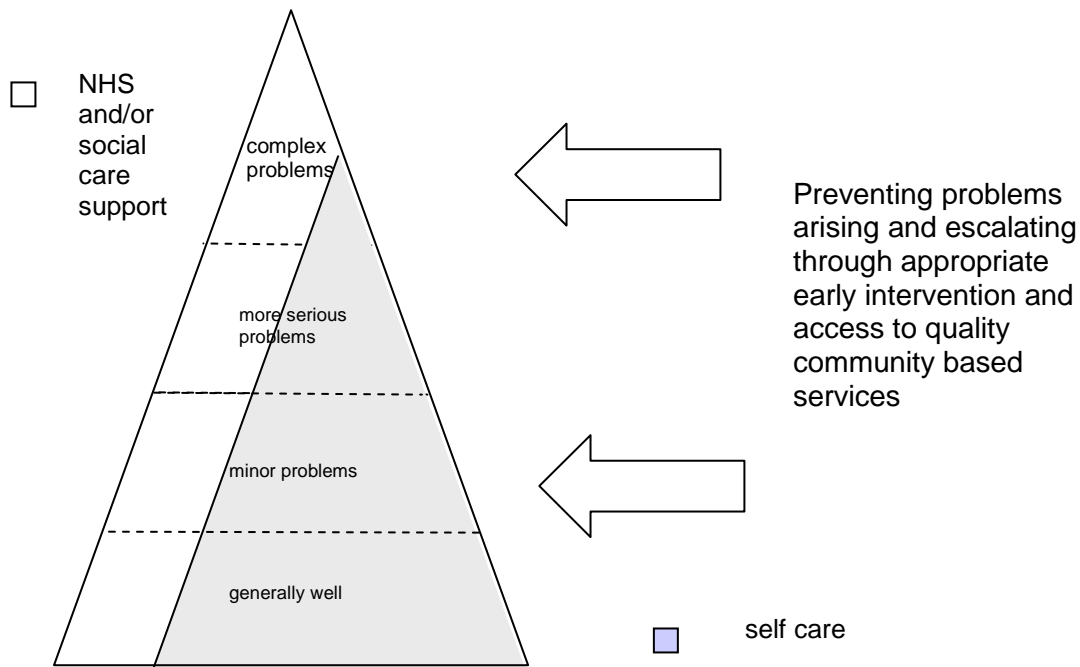
pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Fig 1 - the Needs Pyramid



2.8 In all this, inequalities in Wales must be reduced. Targeted action on geographical inequalities must be matched by targeted efforts to reach both those groups covered by equality duties and other groups such as the homeless, refugees and asylum-seekers as well as those with high risk profiles. Rural and urban issues must be addressed.

a. More must be done to promote and protect health

2.9 Good health depends on life circumstances, lifestyle and services. To improve and sustain it, a major community-wide effort is required. This must address the individual, carers and families, the NHS, social services, and other local services such as housing, but also employment, transport, education and leisure services. The causes of ill health can be complex – so must the response be.

2.10 The main ongoing need is for pro-active efforts to protect, promote and maintain people’s health, independence and quality of life. Although health and other formal services might have a particular role in this, it is also a task for the wider community, as the government has recognised in launching *Health Challenge Wales*.

2.11 The challenge is to make improvements through small and large changes across society, for example through:

- increasing daily physical activity;
- improving food and nutrition;
- tackling drug and alcohol misuse;
- increasing economic activity rates;
- tackling poor housing and fuel poverty;
- improving community safety;

- reducing poverty;
- improving access to sport, cultural activities and the natural environment; and
- reducing isolation and exclusion;
- improving safety and reducing risk of accident.

2.12 In this context, the wider potential impact of local authorities on the local determinants of health, such as education, housing transport and access to leisure facilities in improving health is sometimes underestimated. The Welsh Local Government Association has strongly supported their engagement with this agenda through preparing *The Routes to Health Improvement*.

2.13 Some areas have already developed a clearly defined local response to *Health Challenge Wales*. This should be done across Wales.

b. More should be done to protect and maintain independence

2.14 More considered action is required to help people feel:

- (i) safe, through for example
 - environmental features to promote safety – lighting, furniture, domestic aids
 - easy access to help – telephone, alarms, monitors, and
 - good social networks and community support
- (ii) actively engaged and a full participant in the local community, through for example
 - volunteering
 - belonging to clubs, groups and participating in social activities and
 - participating in service planning and feedback
- (iii) confident, through for example
 - provision of information appropriate to their ability to absorb it;
 - knowing that help is available and where this can be found;
 - being able to choose the type of care they receive;
 - having an identified key worker who will co-ordinate their care; and
 - knowing what will happen if problems arise
- (iv) that their dignity is being respected, through for example
 - involving them in decisions, wherever possible;
 - ensuring the fundamentals of care are in place; and
 - providing them with aids to promote self care.

c. More must be done to support self care and carers

2.15 There must be greater support for self care at all stages in service design. People need to develop basic life skills, as well as having access to support and advice for specific health problems and long term and chronic conditions. Opportunities include building upon the successes of the Expert Patient Programme, condition-specific self management programmes provided through the voluntary sector, and

the specialist skills of community pharmacists. More must be done to ease access for all to reliable, straightforward information.

2.16 Seventy per cent (70%) of the care for vulnerable people is provided by family, friends and neighbours, and one hundred thousand people (100,000) in Wales regularly provide over fifty (50) hours of care every week. Carers need support in their caring role. Maintaining their health and well-being and giving them access to support such as respite care is critical to the continuity and sustainability of care.

d. Care should be managed as close to home as possible

2.17 Problems should be resolved in the community, wherever possible, for example:

- ***Chronic and long-term conditions*** - Some 16% of hospital admissions and 25% of emergency admissions are attributable to a chronic condition, many of them avoidable. The new Model and Framework for Chronic Condition Management aims to prevent or delay the onset of chronic conditions. It will ensure that those problems that do develop are better managed, so that patients and carers can as far as possible maintain a normal pattern of life within the community. Primary care and social services need to work together in a systematic way to deliver these outcomes.
- ***Emergency Care*** - The Developing Emergency Care Services strategy (DECS) proposes a mix of accessible local services, with rapid access to major trauma centres. Systems need to be integrated, so that they will meet the different levels of need, with prevention and self care designed in at every stage.
- ***Elective Care*** – More appropriate clinical pathways can reduce the demand on acute hospital care. A recent review of the evidence relating to orthopaedic practice has suggested that between 10% and 40% of new referrals do not need go for an acute hospital surgical opinion, and between 5% and 15% do not want or need surgery. Pilot self-referral to physiotherapy schemes found that only 16% of patients were referred on to a consultant and 50% of patients were discharged on first appointment.

e. Gaps must be filled and connections made

2.18 Existing gaps must be filled. For example, there is a growing awareness that people in their last days of life can receive better care through community-based services rather than in hospital. There is also evidence that palliative and end of life care offer great personal relief and can avoid inappropriate and unnecessary hospital admissions. Each area needs to develop appropriate services in line with this strategy.

2.19 Intermediate care services are, in essence, the interface between the community services and secondary care. They are services that many providers have an input to but often are not co-ordinated effectively. They will include a range of services, which may be provided in non-acute local hospitals, resource centres, or even in people's own homes. These services will be crucial to relieving the burden on acute care and to ensuring that people receive the best possible treatment close to home.

2.20 The aim for intermediate care should be to make the maximum use of the total resource available across all sectors, to support independence, to prevent

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

admission to an acute hospital setting, or to facilitate home discharge and return to independent living following a period of acute care. They need to be better used.

- 2.21 Overall in the design and management of services, the governing philosophy must be to see individual services as part of a greater whole, organised around user needs. Although services will have to match local circumstances – for example rural or urban settings – there should be common criteria, and quality standards at all times.
- 2.22 This in turn argues strongly for careful modelling of existing services and potential changes. It also requires an integrated approach to service, financial and workforce planning that supports long-term rebalancing of services. This integration should be evident in the Health, Social Care & Well-being Strategies and Children and Young People's Plans, and should carry through into both health service and local authority commissioning. Increasingly there should be far closer alignment of commissioning – as well as planning and delivery – where different commissioners are supporting the same service users. Local application of the *Making the Connections* agenda and the new arrangements following the government's response to the Beecham report will help drive this process.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

3. How must this be taken forward?

Creating the Strategy

- 3.1 Working together, the agencies in the public, voluntary and independent sectors must combine their skills and resources, and link with individuals, carers and local communities, to meet the growing complexity of health and social care needs in Wales. How this is to happen should be made clear in the local strategies developed in each local authority area.
- 3.2 The local approach must make the most of the latest developments in technology and in the workforce to deliver modern standards of service. Citizens must be engaged in designing and assessing the services they pay for and use. A common framework is required which will accelerate improvement and enable local services with their partners to respond to these challenges within their communities.
- 3.3 The Health, Social Care and Well-being Strategy (HSCWBS) and the Children and Young People's Plan (CYPP) must clarify the future direction of community services. LHBs with local partners will map out expected progress against a three year timeline, with clear milestones, dates and lead organisational responsibilities. This should then drive the commissioning process that will make the proposals a reality.
- 3.4 Throughout the process of strategy preparation, LHBs with local partners must think carefully about the need for community services and how these should best be organised. Based on the needs assessment, evidence of what is effective, and local service users' views, conclusions can be reached on what services are required to meet those needs. This should cover the potential role of community services in relation to:
 - promoting and protecting health;
 - support for self care and carers
 - dealing with health problems;
 - social care.
- 3.5 This then must be set against a comprehensive service review and mapping exercise of what is already in place. This will provide the basis for reconfiguring and strengthening community services.
- 3.6 The chosen approach should meet published standards as set out in the National Service Frameworks and elsewhere, and reflect the service models in the DECS strategy and the Chronic Conditions Model and Framework. It should aim to obtain maximum benefit from the General Medical Services and other primary care-based contracts. A review of specific services should use the approach outlined in the Service Development and Commissioning Directives series on specific clinical conditions, and should take into account the work of the National Public Health Service on further condition-specific service reviews to be issued during 2007/08 and the National Leadership and Innovation in Healthcare programme on care pathways.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

- 3.7 LHBs with partners need to develop a programme of service reviews, based on an agreed format which will ensure a high quality approach which will be consistent across Wales.

Designing integrated services

- 3.8 The task is not simply to create new services, but to:

- strengthen existing services in the community;
- relocate services to the community;
- link and streamline services across the community;
- decommission services no longer meeting needs; and
- ensure the resultant services are effective and meet all value for money challenges.

- 3.9 This will require careful modelling of services and changes, with an analysis of current system flows and an assessment of likely consequences of different options in terms of both benefits and costs. There must be an integrated approach to service, financial and workforce planning that supports long-term remodelling and integration across agencies and sectors.

- 3.10 Much more use must be made of Health Act Flexibilities. In England they have been used in mental health, learning disability, older people and long-term conditions where multi-agency working can be streamlined to the benefit of both the agencies and the service user. This has improved service quality and efficiency as well as better recruitment, retention and morale among staff. It has also been an antidote to the destructive practice of cost-shunting between agencies that should be working in partnership.

- 3.11 The following can also promote more effective service collaboration around the user:

- more use of agreed **care pathways**, fully integrated and supported by clear protocols, roles and responsibilities;
- specifically tailored arrangement for **service co-ordination**, such as local networks for the care of Chronic Obstructive Pulmonary Disease, where hospital, primary care clinicians and social services work as a single team within a defined area.
- use of **shared service locations** such as a Resource Centre bringing together a number of services possibly using an existing or redeveloped community hospital site;
- local development of **primary care networks or clusters** to ensure that the fullest range of specialist, diagnostic and therapeutic services is available locally; and

- 3.12 In taking this forward, LHBs and partners should also heed lessons learned on how best to make major changes. Work from Birmingham University's Health Services Management Centre, published as *Making the Shift: A Review of NHS Experience*, has identified a number of common features that need to be addressed for managing successfully a shift to more community-based working, and these are explained more in section 11 of the paper:

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

- empowering people to take responsibility;
- focussing on changing professional behaviour;
- training to support staff in new roles;
- increasing staff competencies;
- adequate investment in services;
- adequate timeframes in which to test services;
- realistic targets;
- involvement of all key stakeholders;
- whole systems approaches;
- providing care based on levels of need;
- not running (competing) services in parallel; and
- not assuming that shifts will reduce costs.

3.13 The Welsh Assembly Government will identify examples of good practice in chronic disease management during 2007/08 and publish them in due course.

3.14 There must be a firm commitment to more integrated multidisciplinary working based around a common needs assessment, planning, commissioning and monitoring approach. The result must be a stronger and more unified set of services, resulting in better care for users.

Managing resources reallocation

3.15 It is clear that in the NHS at least there is considerable potential for further efficiency improvement, for examples through acting to tackle long length of stay and low day case rates. This must be realised.

3.16 LHBs and partners must work together, and must not shift costs or activity to another agency without bringing it into the decision-making.

3.17 LHBs, their partners and the community need to know why, how and how effectively money, staff, facilities, buildings and equipment are currently used. With improved information, they will be able to contribute to decisions on how they can be better and more flexibly used to offer service users a more extended service and staff greater choice in working hours. It might even be possible to sell off under-utilised estate and reinvest in new and more appropriate shared facilities.

3.18 Existing health and social care facilities could be used in new ways to better effect. For example, some community hospitals have under-occupied beds which, while offering care and comfort, do little to promote the independence of the patient and might in practice be diverting resources from better alternatives.

3.19 Care homes could supply beds for rehabilitation to assist patients on the transition from an acute hospital to home and other creative options such as respite care.

3.20 Local schools could serve as a focus for the local community, whether as the base for activities involving pupils, their families and the local community, including local voluntary groups, or as centres bringing together Sure Start, early years' education, childcare, play, family support and health into integrated networks.

3.21 A vital task is the modernisation and reshaping of the workforce with the

delivering education and training. Roles should be built up from the competencies required to ensure that the right mix of staff is available to meet current needs and provide care in future.

- 3.22 Service relocation must not destabilise what is in place already. Equally existing services must be regularly reviewed to confirm that they are meeting modern standards and needs. The voluntary sector is sometimes more innovative than traditional services, and as plans are developed the full range of options should be considered.
- 3.23 In managing resources, commissioners and providers must pay heed to the broader sustainability agenda. Design and operation of services must minimise pollution and waste and proactively cope with climate change in line with published strategies.
- 3.24 Changes should also ensure that the health of the workforce is itself fostered and protected. NHS organisations are expected to achieve the Corporate Health Standard, and this is a valuable target for others too.
- 3.25 Partners should consider the possible use of indicators and milestones to monitor the pace and effectiveness of change; where possible existing data sources should be used, and major effort to create new sources should not be undertaken in isolation.

Engaging the public, clinicians and partners

- 3.26 Local people need to be fully engaged from the start in identifying needs and determining how best those can be met through services organised in localities or regions. Moreover, in designing services, due weight must be given to people's daily life circumstances, including work patterns, their language, and their attitudes and behaviour in affecting service outcomes. LHBs and partners will need to make sure the needs of disadvantaged groups are addressed and inequalities reduced.
- 3.27 Communities can have a strong sense of identity with established service patterns. They must be fully engaged in exploring the issues and in determining an appropriate balance of effective local services.
- 3.28 It should rarely be the case that local services suddenly become unsafe or a barrier to improved provision. Consequently, where this is likely to become a material consideration, time and skill need to be used to explain the situation and engage communities in seeking alternative ways forward. In developing these better and safer alternatives, it is not reasonable to expect communities to agree to the loss of local services, without having a sense of ownership of the improved alternatives.
- 3.29 Involving clinicians, other key professionals and staff in planning for change is the only guaranteed way of ensuring that proposed changes will be implemented successfully. There is considerable expertise and knowledge among existing teams. It will be vital to secure the views of clinicians and others at the different levels and across different disciplines so that the outcome is an integrated model that works best for users. Sharing information and expertise, planning collaboratively and networking is a must for better integrated services across the care pathway.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

- 3.30 For the NHS, clinicians also should be seen to be leading the changes, sharing the proposals with stakeholders and the public. They are able to answer genuine concerns and queries relating to patient care and can provide reassurance as to the benefits of change. Commissioners and providers should look for opportunities to develop service models that enable clinicians and other professionals to work collaboratively across organisational boundaries. This will include consideration of the total resource available across the health and social care community to maximise the effectiveness of the service in question.
- 3.31 In the community there are a great variety of providers, including statutory agencies, voluntary groups, informal carers and an important independent sector providing social care services. There is also a high level of interdependency between them. Effective partnerships will be crucial in creating the right environment for care and a seamless pattern of service across all providers.
- 3.32 In this context, the voluntary sector should be more active in developing options and more fully engaged in thinking through the future pattern of care. Their potential needs to be better recognised and used. It is strong and many-faceted in Wales, with over 6,000 organisations directly involved in health and social care. These range across self-help groups, user and carer groups, advocacy services, and a wide range of service providers. It acts as a voice for citizens, including service users and carers. Its experience of the impact of delivery will enable it to challenge current patterns of delivery and it can contribute its expertise and experience in citizen-centred service design and delivery, drawing upon individual and community resources, and responding to those who tend to be excluded from traditional provision.

Commissioning

- 3.33 Organisations must reflect their strategic aspirations in their commissioning of services. Trusts and other service providers must not expect to continue to provide the same pattern of services as in the past; some services will need to be decommissioned to ensure the move towards more community-based services. For their part, commissioners must work constructively in partnership to ensure that service change is paced and avoids dislocating care. Change will, however, be expected. The Welsh Assembly Government will expect to see new service models and these should be outlined in the next round of HSCWBS in 2008. In particular, we will expect to see all partners involved in deciding how to make best use of the new powers and budgets given to LHBs under the primary care contracts.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

4. Key Actions

- 4.1 It is recognised that the rebalancing of services will take time to achieve. In the next year in preparing their local strategies, LHBs and local partners need to work through the checklist at annex A. In the agreed HSCWBS, the proposed model of community services and the agreed process for implementing it must be clearly set out.
- 4.2 Agreement on the strategies must then be the platform for solid and substantial progress from April 2008 onwards. It will be for local partners to agree what specific actions are necessary to move towards a more community-focused service, having worked closely with clinicians across all services as well as having engaged the local community and other stakeholders. In order to assist in this process, the table at annex B sets out a Maturity Matrix intended to guide local partners towards the actions which will be expected in order to achieve the progress needed to bring about sustainable, high quality, safe and accessible services for the people of Wales.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Annex A – Essentials in developing stronger Community Services through strategy development

LHBs, with partners, must in preparing their HSCWBS and CYPP work with clinicians and their communities to:

(i) ensure that there is a well-defined model of community services to address:

- integrated chronic condition management;
- integrated emergency care services, in line with the DECS model;
- NSFs and standards;
- community components of the 2009 Local Development Plans targeting access times, with strong links to work on chronic condition management and DECS ; and
- *Fulfilled Lives, Supportive Communities*
- published Service Development and Commissioning Directives

(ii) strengthen services to:

- significantly improve health and independence and prevent health problems particularly with regard to chronic conditions and accidents;
- increase support for self care at all levels but particularly for those with chronic and long-term conditions;
- establish a comprehensive end of life care service;
- make the best of the primary care contracts and of the total skills available within the workforce and across the wider community
- ensure availability of effective reablement, to return people quickly and safely to full functioning as possible after an acute episode; and
- strengthen the impact of social services and the links across the sector with housing and other agencies
- develop strong intermediate care services
- link unified assessment to care pathways

(iii) establish a robust resource framework to support this through:

- a single overall planning approach to create integrated local community-based services, drawing on existing evidence and using
- Health Act flexibilities;
- reviewing the local estates portfolio to ensure that they meet the objectives of this framework and meet sustainability standards
- aligning the workforce development strategy to ensure that it meets the objectives of this framework;
- creating a shared financial strategy for managing both developments and service shifts and ensuring that the cost is contained within current and projected resource constraints;
- establishing an evaluation framework and a set of success factors and milestones to ensure that this overall programme is being managed and monitored.

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Annex B Maturity Matrix for the move toward stronger Community Services during the coming strategy round

	During 2007/08	Through 2008/09 to 2010/11	Achieved by 31/03/11
Community Needs Assessment	<i>Joint Community Needs Assessment undertaken as part of HSCWBS and CYPP preparation</i>	<i>More detailed assessments on specific services</i>	<i>Clear, shared understanding of local needs and service impact</i>
Community Services Reviews: Mapping and Gap Analysis	<i>Community Services mapped against standards across all partners (primary, secondary, community, social, intermediate, outreach, voluntary, independent) and gaps identified</i> <i>Action plans produced</i>	<i>Rolling reviews using the Commissioning Directives services model</i>	<i>Evidence available of strengthened services</i>
Integrated Planning and Alignment of Resources	<i>Jointly review and rationalise service, workforce and financial planning arrangements and ensure inclusivity especially of service users and carers</i> <i>Create picture of desired community services</i>	<i>New service profiles developed jointly involving service users and stakeholders</i>	<i>Evidence of resource releasing programmes by eliminating duplication</i>
Resource mapping	<i>Identification of resources attached to each service, by partner</i>	<i>Rolling joint evaluation of current investment</i>	<i>Evidence that resources are closely matched to needs across geographical</i>

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

	During 2007/08	Through 2008/09 to 2010/11	Achieved by 31/03/11
	<p><i>Action plans to take forward gap/duplication analysis</i></p> <p><i>Profile of resource rebalancing required across partners</i></p>	<p><i>patterns</i></p>	<p><i>areas and health inequalities being reduced</i></p> <p><i>Evidence of resource shift</i></p>
Public and Stakeholder Engagement	<p><i>Full engagement with local service users, carers, community & stakeholders on strategy development</i></p> <p><i>Board members / LA Councillors identified to lead on public engagement</i></p> <p><i>Review of tools/approaches to engagement</i></p>	<p><i>Ongoing engagement with local service users, carers, community & stakeholders on changes and experience of services</i></p>	<p><i>Support from public and stakeholders for services</i></p>
Clinical Leadership	<p><i>Clear approach to securing widespread clinical engagement agreed by all parties</i></p> <p><i>Clinical leaders identified for primary & secondary care</i></p> <p><i>Clinicians involved in strategy development</i></p>	<p><i>Clinical leaders closely involved/leading service planning and negotiation of new services</i></p> <p><i>Clinical leaders engaging public and users/carers in debate on service improvement</i></p> <p><i>Networks used as a resource to support</i></p>	<p><i>Evidence of clinical leaders working across care pathways to eliminate sector boundaries and of improved services to users</i></p>

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

	During 2007/08	Through 2008/09 to 2010/11	Achieved by 31/03/11
		<i>commissioning</i>	
Commissioning	<p><i>RCUs established in line with Commissioning Guidance</i></p> <p><i>Improved commissioning skills</i></p> <p><i>Far more integrated commissioning across the health and social care sectors, including greater use of Health Act Flexibilities</i></p>	<p><i>Commissioning of new service models based on care pathways according to agreed priorities and timeframe</i></p>	<p><i>Evidence that commissioning is addressing and positively impacting local needs</i></p> <p><i>Evidence of improved local services available</i></p>

pdfMachine

Is a pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!