

Westminster Health & Wellbeing Board

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Title:	Optimising Older People Hubs
Report of:	Liz Bruce, Executive Director of Adult Social Care
Wards Involved:	All
Policy Context:	Health & Wellbeing Strategy and North West London Sustainability & Transformation Plan
	Primary care population needs modelling
Financial Summary:	NA
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1. Executive Summary

- 1.1. The Health and Wellbeing Hubs Programme was born out of a desire to develop new models of care that provide better access to preventative services and make more effective use of our assets to improve people's quality of life and reduce reliance on costly public services.
- 1.2. The Health & Wellbeing Board has initiated three areas of work within the programme which focus on older people (Older People Hubs), children and young people (Family Hubs) and adults with complex needs (Newman Street) to test new models of care for these groups with a view to informing the wider strategic intentions and planning underway through the North West London Sustainability and Transformation Plan (STP).
- 1.3. Regular updates are brought to the board on the progress made delivering these areas of work. This report provides an update on the progress made between the council, CCGs and voluntary sector in optimising the preventative role of Older People Hubs in the city.

2. Key Matters for the Board

2.1. The Health and Wellbeing Board is asked to note the progress made optimising the preventative role of Older People Hubs in the city and consider how close alignment can be continued and shared learning between this area of work and the wider approach to developing new models of care through the North West London Sustainability and Transformation Plan (STP).

3. Background

- 3.1. The Health and Wellbeing Hubs programme was initiated to test how best to improve the lives and outcomes of groups and individuals who face a range of social and economic challenges through changing the way we work within the Council and with our partners. The focus is on improving the use of our estates so as to increase access to preventative services for those at risk of experiencing multiple needs. This is to help people to avoid more complex and varied challenges in their lives that negatively affects their wellbeing and are costly to individuals, families and public services to resolve. This ambition aligns fully with the priority areas in the draft North West London Sustainability and Transformation Plan to 'support people who are mainly healthy to stay mentally and physically well' and to 'reduce social isolation' and the draft Westminster Health & Wellbeing Strategy to 'act early to tackle risk factors and ensure that people receive the best care and support'.
- 3.2. The approach of Health and Wellbeing Hubs is based on the principles of colocation; co-production with our communities, and joint working between multiple sectors and professions to build services around individuals. The goal of the programme is to support people at highest risk of their health and wellbeing deteriorating to prevent them from requiring complex and often costly public services, such as admissions to Accident and Emergency departments or emergency service call outs. We will do this by using existing services but changing the way we work to deliver them, to improve the health and wellbeing outcomes for Westminster residents.
- 3.3. To test how these principles can best be applied to developing new models of care, the Health and Wellbeing Board has agreed to initiate three areas of work:
 - 1. **Older People**: optimising the preventative role of Older People Hubs in the city
 - 2. **Children and Young People**: improving access to preventative services (both universal and targeted)
 - 3. **Single Adults with Complex Needs**: improving how we target existing services at single people with multiple complex needs living in temporary accommodation in Newman Street through addressing their multiple needs in parallel and proactively taking services to them so we can improve their life chances

- 3.4. In parallel, the council with Central London CCG and West London CCG, has been progressing the Primary Care Needs Modelling Project which aims to provide an evidence base to inform joint planning aligned to the North West London Sustainability and Transformation Plan around new models of care for our population. The project aims to:
 - Provide an understanding of the likely population size and profile for Westminster by 2040 (including consideration of the daytime population), the likely burden of disease of this population by 2040, and how the new models of care being developed within the local health economy may impact on the use of primary care by this population in 2040.
 - Overlay the impacts of regeneration, housing and infrastructure plans on the estimates modelled and build a tool that enables the manipulation of these impacts according to a number of variables. This will include the mapping of the existing provision of GP, council and other local services both in terms of numbers of professionals and also physical estate.
 - Undertake a joint analysis of how the needs of the Westminster population will impact on the demand for frontline services (including primary care)
- 3.5. Our goal is to then bring together our local joint planning around new models of care with our analysis of future need, workforce and estates through the North West London Sustainability and Transformation Plan in order to inform the estates strategies for the council, CCGs and other local public services.

4. Optimising Older Peoples' Hubs

- 4.1. The objective of this work stream is to identify opportunities to reduce duplication; increase integration with partners; and make the best use of the health and wellbeing hubs for older people.
- 4.2. In Westminster a joint strategic review of the full range of Health and Adult Social Care preventative services for older people is currently nearing completion, the outcome of which will inform the approach for new p contracts being in place from 1 August 2017.
- 4.3. Officers are continuing to explore opportunities to expand service reach and achieve efficiencies by accessing alternative venues e.g. universal services, such as council libraries.
- 4.4. Initial findings have highlighted that the current model is aligned with the shared ambition across health and local government to create an integrated health and care system that enables people to live and be well. It directly supports two of the priority areas, and one of the delivery areas, as set out in the NW London Sustainability and Transformation Plan (STP). These are:

STP Priority Area:

PA 1 - Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves.

PA 2 - Reduce social isolation

Delivery Area:

DA 1 – Radically upgrading prevention and wellbeing.

- 4.5. In line with the need to reduce demand for health and social care services, these cost-effective services already deliver interventions to support people to manage their own wellbeing and make health lifestyle choices, and connect those who feel socially isolated.
- 4.6. Now is the time to strengthen partnership working to improve the current successful model to meet the Clinical Commissioning Groups' (CCG) and Adult Social Care's (ASC) changing needs. There is an opportunity to work in collaboration with key partners to:
 - Improve delivery and experience of local services for older people in Westminster by improving outcomes through prevention, early intervention, and transition back into communities following episodes of ill health.
 - Improve efficiencies for CCG and ASC commissioners and providers to strengthen the sustainability of the services.
 - Improve existing links and streamline referral routes e.g. utilise Care Navigators and Social Prescribers through the CCGs Care Coordination Service, and City West Homes Housing Managers. These additional referrals routes may identify other services that residents would benefit from to improve their health outcomes, for example there may be sufficient local demand for a cardiac rehab exercise programme. In addition implementing more routine use of measurement tools such as the Outcomes Star.
- 4.7. A multi-agency project team will be established shortly to shape and agree the service model for the Older People's preventative programme, post July 2017. An update will be brought to the Health and Wellbeing Board in early next year.

5. Legal Implications

5.1. None at this time.

6. Financial Implications

6.1. None at this time.