Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
1	Self-funders strategy approval and implementation - initiation of a project to implement a self-funders strategy	• The reduction in numbers and percentage of self-funders placed in residential care and placing requests for financial support • Impact upon integrated care metrics – including lengths of stay within acute care and where admissions have been avoided • Cost savings • Qualitative feedback from self-funders who have experienced our offer	The JSNA identifies gaps in the service provision for self-funders, observing that they receive information and advice but no other support services. [i] The ASC service plan, recognises this and commits to supporting a whole systems preventative approach to self-funders including the improvement of information and advice. [ii]	Early help for vulnerable people to live independently	50
2	Help not Hospital – proposals for expansion to develop the already established volunteer service provided by the British Red Cross	• Reducing avoidable hospital admissions and readmissions • Avoidance of need for ASC services • Cost savings • Feedback from service users regarding achievement of outcomes and impact on quality of life	The JSNA identifies levels of need (probably below substantial and critical) beyond the capacity of conventional services but important to assess and provide for from a preventative perspective [iii] The ASC service plan advocates partnerships with the Voluntary Sector and specifically with the British Red Cross and Help not Hospital.[iv]	Early help for vulnerable people to live independently for longer	200
3	Learning disabilities - Developing a strategy based around supported living where possible and ensuring	• Numbers of people removed from residential provision to supported living • Feedback from service users or their representatives on quality of life	The JSNA recommends reviews of all placements for service users with LD and an audit of choices and accessibility of healthcare.[v]	Better integrated support for people most	200

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	appropriate provision where that is not possible - including use of extra care housing. Assurance that choice and accessibility of healthcare is provided to those with LD.	• Improved health outcomes for people with learning disabilities • Cost savings	In the CSP the QIPP plan contains a commitment to review the section 75 agreement with the local authority to commission services for people with Learning Disabilities. This will be a joint review between social care and the CCG and will look to improve outcomes for people with LD in line with national priorities and measures. Further investigation into joint commissioning opportunities with the local authority will also take place to deliver joint savings and improved services. [vi] The ASC service plan notes plans to work with Housing colleagues to develop tailored housing solutions for people with LD.[vii]	at risk	
4	Transitions and autism – managing the implications for the individual, Adults Social Care and Health - building a commissioning framework	• Feedback from service users or their representatives on quality of life • Reduced cost increase at point of transfer from childrens to adults services	The JSNA identifies that transition to ASC for children with a disability, needs to be more streamlined.[viii] The JSNA also notes there are around 1412 adults in havering on the autism spectrum with an expected increase of 5% in the next ten years.[ix]	Better integrated support for people most at risk	50

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			The ASC service plan refers to work with Commissioning, SEND and Children's Services to implement a Transitions Strategy. [x]		
5	Development of new carers strategy across health and social care taking regard of coming Care and Support bill	• Feedback from service users or their representatives on quality of life and ability to keep cared for people at home • Number of carers supported through defined set of support mechanisms • Improved information and advice and numbers accessing it	The JSNA estimates that there are 4,752 carers over 65 in Havering. This number is estimated to increase by 2015.[xi] The CSP concentrates on carers for people with dementia and highlights the programme of initiatives that is governed by the Dementia Partnership Board.[xii] The ASC service plan focuses on a Carers Review and work with Commissioning to support carers.[xiii]	Better integrated care for the 'frail elderly' population	100
6	Development of a respite strategy (including a look at how properties are used - including use of properties such as Dreywood; RJC; Paynes Brook)	• Feedback from service users or their representatives on quality of life and ability to keep cared for people at home • Numbers receiving respite care and frequency of provision • Reduction in the numbers going from	The JSNA identifies a gap for residential respite homes and day respite services for young people with physical and learning disabilities.[xiv] Recent work done in ASC (Home Truths work and the review of Residential Care) has highlighted the	Better integrated care for the 'frail elderly' population	150

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		respite care into residential care	need to review respite care particularly in its tendency to lead to residential care.		
7	Dementia Services – implementation of the developing dementia strategy.	Outcomes to be defined by the dementia strategy but likely to include: • Earlier diagnosis of dementia • Increased diagnosis of dementia • Defined dementia pathway • Memory clinic usage	The JSNA identifies a gap in recording incidences of dementia in hospital admissions data and social care packages.[xv] It also recommends work with GPs around dementia training/diagnosis[xvi] and estimates there are 3,050 people in Havering over 65 with dementia.[xvii] The CSP commits to implementing a programme of dementia projects that support delivery of the National Dementia Strategy and local priorities. This programme will be overseen by the joint Dementia Partnership Board.[xviii] The ASC service plan notes support for people with dementia and their carers through early identification and intervention with partners.[xix]	Improved identification and support for people with dementia	150

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8	Development of an Integrated Commissioning model - creating the framework (operational and financial) and establishing a S75 agreement between parties to deliver the model.	• Operational framework in place for integrated commissioning • Financial framework in place for integrated commissioning • S75 agreement in place	The JSNA identifies that there are opportunities for health and social care to work together more closely to support older people in the community.[xx] It references King's Fund conclusions that integration can result in significant benefits.[xxi] The ASC service plan noted a continued commitment for a closer, more integrated approach between Health and Social Care Services[xxii]	Better integrated care for the 'frail elderly' population	100
9	Mental Health landscape – including S75 updates and taking forward ideas from MHPB. Mental Health advocacy services are being provided by Voiceability and CCG/LBH are working with them to consolidate current arrangements and monitor outcomes.	• Feedback from service users or their representatives on quality of life • Supportive MH advocacy in place and being monitored to identify the positive impacts for people with MH conditions on their quality of life and recovery.	The JSNA estimated that 3,760 older people have depression[xxiii] and around 23,200 people in Havering are estimated to have a common mental health disorder.[xxiv] Mental Health is a key work stream within CSP planning for 2013/14.[xxv]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	177

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Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
10	Developing the infrastructure to support personalisation and coordinating the information and advice available, including: Stimulating the local provider market; Developing expertise in support planning and brokerage; Development of CarePoint as the information hub to support, for example: · Increase in direct payments and SDS project · Development of personal health budgets · Access to health watch · Public health advice · Financial advice and guidance Coordination of community engagement	• Feedback from those with personal budgets and responses to improve experience of services • Increase in local providers for those with personal budgets • Increase in direct payments and SDS • Development of personal health budgets • Access to health watch improved • Access to Public health advice improved • Financial and other advice and guidance improved	The JSNA identifies scope for personal budgets to be made available to a greater proportion of eligible social care users[xxvi] and to continue to deliver actions from Havering's personalisation framework.[xxvii] The ASC service plan identifies that by putting the user in control of their care support better results can be achieved at lower cost.[xxviii] The ASC Service plan commits to increasing the number of people utilising Self Directed Support and shaping social work services to deliver more personalised and local services.[xxix]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	100

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11	Customer interface (People Too) including CarePoint's role (see above) and web site development (channel shift) - consideration of shared customer interface	• Decrease in demand at Customer services through telephone and e-mail • Increase in web based transactions • Customer satisfaction surveys showing a positive improvement • Decrease in end to end times for service transactions for customers	The JSNA identifies that until recently, there was no central source of consistent information and advice for adults in Havering and there are opportunities for more consistent engagement with users of adult social care services.[xxx] Recent consultancy work based around corporate requirements of customer interface has highlighted significant opportunities for change and will be developed further to improve customer service.[xxxi]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	100
12	Practitioner signposting - improving cross organisational and cross service understanding through training and culture change initiatives	• Surveys of health and social care practitioners indicating desired changes to perspectives and understanding	Both the JSNA and CSP recommended working with GPs to support their key role in primary and secondary prevention.[xxxii] ASC have recently commissioned work to develop cross organisational awareness and understanding.	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they	100

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				can be	
13	Designing and implementing a multi-disciplinary locality based structure to support an integrated care model incorporating ICM development and including links to voluntary sector provision	• Clearer pathway to health and ASC services and reduction in crisis interventions • Reduction in hospital admissions and readmissions • Feedback from users of services • Development of locality based working in multi-disciplinary teams • Feedback from practitioners on efficacy of working arrangements and how supportive they are of integrated working	The JSNA recommended continued development of the Integrated Care Strategy for Havering.[xxxiii] One of the CSP priorities is to Integrate care for the benefit of the population in conjunction with our partner organisations - enabling improvements in care provided to individuals resulting in a better experience and improved outcomes [xxxiv] There is a continued commitment to a closer, more integrated approach between health and social care services to maintain and strengthen joint working arrangements, and to improve the experience and outcomes of people who use services.[xxxv]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	100

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14	Reviewing and coordinating the **intermediate care pathway,** including; · Reablement · Rehab · Step up/ step down Includes review of properties and their use	• Reduction in hospital admissions and readmissions • Reduction in use and cost of domiciliary care • Reduction in demand and cost of primary health care • Feedback from users of services	The JSNA identifies the need to expand the scope of the current reablement service and streamline the pathway for admission avoidance and hospital discharge.[xxxvi] The ASC service plan noted plans to improve and expand the reablement service[xxxvii] and the CSP also commits to increase the number of rehabilitation beds available for reablement through close working with the local authority[xxxviii]	Better integrated care for the 'frail elderly' population	400
15	Assistive Technology	• Reduction in hospital admissions Delay or avoidance of need for residential care • Reduction in demand and cost of domiciliary care • Reduction of demand on ambulance services • Impact on quality of life for users and their carers	The JSNA noted that 92% of service users felt safer in their homes because of Telecare[xxxix] as well as recommending the provision of aids, adaptations and preventative technology as a priority.[xl] The ASC service plan commits to mainstream Assistive Technologies[xli] and this is supported within the CSP[xlii]	Early help for vulnerable people to live independently for longer Reducing avoidable hospital admissions	325

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16	Stroke services	• Improved quality of life • Avoid demand on health and social care services • Cost savings • Delivering identified outcomes from service users	Around a third of deaths in Havering are caused by CVD (cardiovascular disease), a large proportion of which are deaths from Coronary Heart Disease and Strokes[xliii] The CSP references development of a new approach to stroke rehabilitation and a community based service that reduces reliance on beds[xliv]	Better integrated support for people most at risk	74
17	Extracting understanding and sharing data to support integration	• Improved data to: Enhance decision making and support measurement of above initiatives	To integrate working practice and provide joint understanding of the impact of initiatives it will be essential to improve access and sharing of relevant data.	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	150

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18	Integrated Commissioning posts	Sec 256 funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. • Improved quality of commissioning and outcomes for users through integrated working		Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	800
19	Governance	This is set aside for the establishment of governance arrangements across Health and Social Care.			26
20	Audit and legal costs	The use of this money will be subject to external audit, which will generate costs. There is an expectation that in some cases, particularly where innovative approaches are developed, that legal advice will be required that will again generate cost.			100
	CCG additions				

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21	Befriending service: Tackling social isolation and exclusion, and also providing a link for vulnerable people into the community and care services, by 'buddying' befriending volunteers with at-risk or already isolated older people for regular visits.	• Reducing social isolation, and thereby reducing the risk of depression and other MH disorders in older people and reducing the risk of falls. • Uptake of the service by older people and volunteers to be 'befrienders' should be measured as part of the project. • Evaluation of outcomes after a six month pilot can then be conducted.	This initiative links to the JSNA chapters relating to keeping people out of hospital and supporting vulnerable adults and older people. The befriending scheme links to the draft CSP for 2014/15 by supporting our work streams around frail elderly people, reducing A&E attendances, carers and promoting community services wherever possible.	Early help for vulnerable people to live independently for longer	50
22	Disablement Association of Barking and Dagenham (DABD): Wheelchair provision for adults awaiting a long term wheelchair or requiring additional assistance for a short period of time.	• Greater independence of patients following an accident or fall • Assistance to carers to care for these patients. • Data available includes number of users for the three day loan of wheelchairs and for the three month loan. • Consultation with BHRUT and NELFT has identified the need for this service given wider landscape of wheelchair provision at the present time. Consultation with service users is planned for early 2014.	This initiative links to the JSNA chapters relating to supporting vulnerable adults and older people. DABD's provision of wheelchairs links with the CSP work streams around reablement/rehabilitation; patient discharge; frail elders; and community services.	Early help for vulnerable people to live independently for longer	39

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23	Low vision service: Aiding people with poor vision to live independently by providing aids to people who have been diagnosed with poor and deteriorating eyesight, to help them cope with daily tasks and live at home.	• Independence of people with visual impairment and blindness, reducing the risk of accidents and the need for full time or residential care. • Data for monitoring the outcomes of the service have been incorporated into the contract for the low vision service, and will be monitored by CSU Contracting as part of the contract management arrangements. • Work by the CCG has identified the need for the service and the gap in provision when the old service ended.	This initiative links to the JSNA chapters relating to supporting vulnerable adults and older people. The low vision service supports the work streams within the draft CSP 2014/15 relating to community services and falls prevention.	Early help for vulnerable people to live independently for longer	58
	Total	-	-	-	3599

*** Measurable outcomes are subject to review as a result of:**

The need to ensure that data as required can be extracted from existing systems

Consultation with stakeholders indicating better or additional measures of outcomes

Discovery phases of work finding better or more practicable measures of outcomes

References:

[i] JSNA - Chapter 10, pg.3 - Gaps in Knowledge and Service Provision in Havering
[ii] ASC - Chapter 2, pg. 23 – Action Plan for Delivering Services and Projects
[iii] JSNA - Chapter 10, pg. 2 – What is the level of need in Havering?
[iv] ASC - Chapter 2, pg. 22 – Action Plan for Delivering Services and Projects
[v] JSNA - Chapter 10, pg.25 – Future Actions/Recommendations for Adults and Older People with Learning Disabilities
[vi] CSP – Page 6 - Quality Improvement Productivity and Prevention plan. Project no 23
[vii] ASC - Chapter 2, pg. 23 – Action Plan for Delivering Services and Projects
[viii] JSNA - Chapter 10, pg.22 – Gaps in Knowledge and Service Provision in Havering
[ix] JSNA - Chapter 8, pg. 14 – Autistic Spectrum Disorders
[x] ASC - Chapter 2, pg. 17 – Action Plan for Delivering Services and Projects
[xi] JSNA - Chapter 10, pg.14 – Carers
[xii] CSP – Page 7 – Quality Improvement productivity and Prevention plan. Project no 19.
[xiii] ASC - Chapter 2, pg. 14/15 – Action Plan for Delivering Services and Projects
[xiv] JSNA - Chapter 10, pg.22 – Gaps in Knowledge and Service Provision in Havering
[xv] JSNA - Chapter 4, pg.8 – What gaps are there in services or knowledge in this area?
[xvi] JSNA - Chapter 4, pg. 1 – Summary
[xvii] JSNA - Chapter 10, pg. 13 – Dementia
[xviii] CSP – Page 7 – Quality Improvement productivity and Prevention plan. Project no 19.
[xix] ASC - Chapter 2, pg. 22 – Action Plan for Delivering Services and Projects
[xx] JSNA - Chapter 10, pg.3 – Gaps in Knowledge and Service Provision in Havering
[xxi] JSNA - Chapter 10, pg. 19 - Integration of Health and Social Care
[xxii] ASC - Chapter 1, pg. 8 – Partnership Working
[xxiii] JSNA - Chapter 10, pg. 2 – What is the Level of Need in Havering?
[xxiv] JSNA - Chapter 8, pg. 18 – Mental Health
[xxv] CSP - Supporting Delivery of the NHS Mandate. Page 3, item 3.
[xxvi] JSNA - Chapter 10, pg.3 - Gaps in Knowledge and Service Provision in Havering
[xxvii] JSNA - Chapter 10, pg.24 – Future Actions and Recommendations
[xxviii] ASC - Chapter 1, pg. 5 – Operational Context
[xxix] ASC - Chapter 2, pg. 14/16 – Action Plan for Delivering Services and Projects
[xxx] JSNA - Chapter 10, pg. 22 – Gaps in Knowledge and Service Provision in Havering
[xxxi] ASC - Chapter 1, pg. 7 – Adults Transformation Team (People Too initiative to review customer service)
[xxxii] JSNA - Chapter 4, pg. 1 – Summary / CSP - Chapter 4, pg. 35 – Public health commissioning approach
[xxxiii] JSNA - Chapter 10, pg.24 – Future Actions and Recommendations

[xxxiv] CSP - Chapter 6, pg. 54 – Priority 2: Integrated care
[xxxv] ASC - Chapter 1, pg. 8 – Partnership working
[xxxvi] JSNA - Chapter 10, pg.22 – Gaps in Knowledge and Service Provision in Havering
[xxxvii] ASC - Chapter 1, pg. 12 – More people supported through reablement
[xxxviii] CSP – Page 7 – Quality Improvement Productivity and Prevention plan. Project no 17.
[xxxix] JSNA - Chapter 10, pg.21 - Service User Feedback on Telecare
[xl] JSNA - Chapter 10, pg. 9 – Aids and Adaptations
[xli] ASC - Chapter 2, pg. 15 – Mainstream the application of assistive technologies
[xlii] CSP – Pg. 15 Joint Health and Social Care Delivery with the Local Authority
[xliii] JSNA – Pg. 7 Supporting adults & vulnerable people
[xliv] CSP – QIPP projects – p7