



Committee and date

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Public

Report on Preventive Strategy - Implementation

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Summary

The attached Implementation Plan has been developed following consideration by CMT and Cabinet of the new Universal Strategy for Preventive Services in Shropshire.

The Plan takes account of a number of key contextual factors which will impact on the potential for its successful delivery:

- The introduction of the new structure and operating model for the council and its proposed impact on service delivery
- The impact of financial cuts to council expenditure and the further impact of the financial slow down on service demand
- The introduction of new strategic policy directives from central government which will directly impact upon the plan in relation to commissioning requirements, the future role of community in managing and directing public services and the bringing together of health, well being and social care under the auspices of the council.

This clearly represents a fast moving and dynamic working environment within which the implementation strategy has an opportunity to act as a 'pilot' for the new matrix based operating system.

Recommendations

- A. Approval of the Implementation Plan's key areas for action and timescales
- B. Creation of an organisation wide Implementation Steering Group to review progress on the plan

Report

1. The previous report considered by CMT set out the aspirations of the council in relation to enabling people to remain living independently in their own homes through the provision of preventive services and a structured re-ablement pathway.

2. The strategy was presented as a 'work in progress' that required a detailed implementation plan to deliver a framework for change in 3 key areas ie:

2.1 Achieving a Quantum Shift to Prevention and Early Intervention will require considerable improvements to our use of information relating to population trends and profiling and the development of improved performance management systems to establish the baseline and to facilitate a move towards evidence based investment. This shift will also necessitate a planned movement towards a predictive rather than reactive model of service provision and intervention, which will require us to improve our ability to 'case find' and thereby target our services towards primary prevention.

The transfer of public health responsibilities to the council also emphasises the need to move progressively towards a 'whole systems' approach whereby processes, systems and resources are integrated in order to ensure cost efficiencies are achieved and to eliminate duplication.

2.2 The adoption of a new Strategic Commissioning Framework for Preventive Services that reflects the key principles of 'Putting People First,' in addition to the emerging commitments from central government in relation to the support of the creation of mutuals, co-ops and social enterprises in order to enable local communities to exercise greater involvement in the running of these services. A new commissioning framework will be required to allocate equal value to economic, social and environmental factors when making commissioning decisions.

In the current financial climate developing a sustainable model for commissioning and delivery of services will be vital necessitating an 'Invest to Save' approach to control of costs and investment.

Strategy	Actions
Avoiding the need to spend public money	Prevent need Encourage self support Increase charges for services Tighten eligibility Criteria More means testing
Reduce Spending	Reduce or delay need Support carers Support active ageing and community development
Prevent Waste	Improve service commissioning Redesign processes Remove duplication Maximise income recovery
Achieve Better Outcomes for the same or fewer inputs	Collaborate Target spending on the things people value most Develop community capacity and resources

(Audit Commission 2009)

2.3 Building the Capacity of the Local Voluntary and Community Sector is intrinsically linked to the adoption of a new strategic commissioning framework. A key central government objective reflected in the Localism Bill which outlines the government's expectations of public services in facilitating the transfer of services and assets to local communities. This underpins government expectations that communities should define their own priorities and expectations of the public services they receive and play a continuing and active role in ensuring their effectiveness and efficiency.

JSNA guidance for 2011/12 also reflects the increasing emphasis on the role of 'civil society' in the proposal to create local 'Health and Well Being Boards' bringing together GP consortia, local authorities and the local voluntary and community sector. The longer term intention is to roll out 'Community Budgets' which will enable the redesign and integration of frontline services across organisations.

Conclusion

3. The successful implementation of the proposed Universal Strategy for Preventive Services is a substantial and long term piece of work. An implementation plan is attached representing the shorter term actions which will provide the foundation for future change.
4. In order to reflect the new operating model for the council it is recommended that an Implementation Steering Group be created under the auspices of the Director of Health and Care to reflect the wide range of services which will need to work together to achieve full realisation of the strategy.

5. The Implementation plan attached in Appendix 1 sets out the short term actions required for the implementation of the strategy. Given the current restructuring of the Council it is difficult to allocate lead officers and time scales at this present time. However this should be clearer by the end of March which will enable achievement of the actions identified from April onwards.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p> <p>Cabinet Report 10 November 2010: Universal Strategy for Preventive Services in Shropshire.</p>
<p>Human Rights Act Appraisal</p> <p>No Human Rights Implications</p>
<p>Environmental Appraisal</p> <p>No Environmental implications</p>
<p>Risk Management Appraisal</p> <p>No identified risks</p>
<p>Community / Consultations Appraisal</p> <p>A series of consultations events were held with all stakeholders during August 2010. This consultation informed the development of the strategy.</p>
<p>Cabinet Member</p> <p>Cllr Simon P Jones</p>
<p>Local Member</p> <p>Countywide</p>
<p>Appendices</p> <p>Appendix A – Implementation Plan</p>

A Universal Strategy for Preventive Services in Shropshire

IMPLEMENTATION STRATEGY

KEY AIM	OBJECTIVES	TIMESCALE	LEAD OFFICER	RESOURCE REQUIREMENTS
Developing a Framework for achieving a quantum shift to prevention and early intervention	<ul style="list-style-type: none"> • Detailed demographic trend exercise to interrogate elderly population trends down to ward level 	April 2011	Tom Dodds	
	<ul style="list-style-type: none"> • Examine current examples of 'case finding' approach from around country in order to develop local criteria and pilot exercise 	April 2011	Tom Dodds	
	<ul style="list-style-type: none"> • Examine performance management information in relation to existing services and utilise as baseline to develop a more evidence based investment model 	April 2011	Caron Beaman	
	<ul style="list-style-type: none"> • Work with wide range of partners, particularly those from the care sector and voluntary and community sector, to develop integrated processes, whole systems approaches and resource identification/mapping through market intelligence 	May 2011 onwards	Ruth Houghton	
	<ul style="list-style-type: none"> • Develop integrated service navigation and managed pathways for those ineligible for long term social care 	June/July 2011	Ruth Houghton	
	<ul style="list-style-type: none"> • Examine models for 'age-proofing' all mainstream services and 	August 2011	Ruth Houghton	

	ensuring universal access (undertake a small pilot survey/sample exercise)			
Adopting a new Strategic Commissioning Framework for Preventive Services	<ul style="list-style-type: none"> • Evaluation/scoping exercise for all existing services commissioned under strategy against a LIS (Local Integrated Services) model • Develop new commissioning framework centred on an outcomes based approach • Examine potential opportunities for transfer to a local or social enterprise model* • Recommissioning/decommissioning exercise based on above findings • Examine the potential for self directed support to deliver cost efficiencies and to assist in understanding costs at an individual level 	April 2011	Graeme Currie	
		June 2011	Neil Evans	
		May 2011	Marian Giles	
		June 2011	Neil Evans	
		August 2011	Di Beasley	
Building the Capacity of the local Voluntary and Community Sector	<ul style="list-style-type: none"> • *Work with local voluntary and community sector to raise awareness of 'Right to Run' enshrined in Localism Bill and to identify capacity issues • Examine potential role of Compact Implementation Group and Voluntary Sector Forum in facilitating the role of the sector in dialogue on strategy development 	April 2011 Onwards	Ruth Houghton / Marian Giles	
		April 2011 Onwards	Ruth Houghton/ Rod Ward	

	<ul style="list-style-type: none">• Work with voluntary and community sector to develop a model of 'co-production' with local communities that facilitates and empowers a transformative way of thinking	April 2011 onwards	Ruth Houghton/ Rod Ward	
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