Making the best use of collective resources: examples in practice

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Key points

The examples in this document are drawn from the experiences of individuals from the following organisations and programmes:

- Knowsley Metropolitan Borough Council and NHS Knowsley, which have a single leadership team, pooled budgets and integrated service provision.
- Gloucestershire County Council and NHS Gloucestershire, which are providing welfare advice in GP surgeries.
- Leeds Health and Social Care Transformation Programme, which is a city-wide agreement among service providers and commissioners within the Leeds health and social care economy.

To illustrate the messages of *Making the best use of collective resources: an introduction for health and wellbeing boards*, the learning set have put together a few of their own experiences. The following three examples give practical outworkings of the principles in the introductory guide, including the different levels of formal-informal joint working. This paper was developed by the health and wellbeing board learning set for the use of collective resources, part of the National Learning Network for health and wellbeing boards.

**Joint commissioning in Knowsley**

Knowsley Metropolitan Borough Council and NHS Knowsley have a single leadership team, pooled budgets and integrated service provision under a Health and Wellbeing Section 75 Agreement. This covers health, adults and children’s services, public health, leisure and culture. This has been in place for the last eight years. Independent evaluation has shown that over the same period, Knowsley has achieved greater improvements in health and wellbeing than the England or spearhead authority average.

At a glance

**Audience:** This paper is aimed at all health and wellbeing board (HWB) members and supporting officers.

**Purpose:** To provide HWBs with some examples of different approaches to using resources collaboratively.

**Background:** This paper was developed by a HWB learning set, which is part of the National Learning Network (see back cover) and is supported by the Department of Health, NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.
and other statistically comparable areas. Integrated working is identified as the key contributor to this outcome. Knowsley Clinical Commissioning Group is taking over the NHS leadership of this arrangement in partnership with the Council, through the health and wellbeing board.

As an area with some of the poorest outcomes in the country across health, education and worklessness, NHS Knowsley and Knowsley Council realised that improving the health and wellbeing of the population could not be done by one organisation alone.

A health and wellbeing partnership board was established, chaired jointly by the leader of the council and the chair of the primary care trust (PCT). Clear joint outcomes were agreed and a single leadership team was created for the PCT, adult services, public health and leisure and culture, known as Knowsley Health and Wellbeing Services.

A key driver for integrated working was the notion of the “Knowsley £”. All partners recognised that resources within the borough belonged to the people and not to single organisations. On this basis, considerable resources were pooled into a single pot (over £17 million) against which integrated services were commissioned.

Provision of services was also joined up and Knowsley Integrated Provider Services ran provision for the borough including social workers, school nursing, health visiting, healthy weight, health trainers, falls prevention and home care.

Feedback from customer and population surveys show that residents have high levels of satisfaction with health and wellbeing services. In addition, by integrating health and social care services, care of the most vulnerable has been streamlined and improved. As an example, there are no delayed hospital discharges within the borough, saving considerable expense and inconvenience with patients leaving hospital at the right time.

Health statistics within the borough have improved over the period that integrated arrangements have been in place and at a rate that is higher than areas with similar populations and deprivation. These improvements are also greater than the England average. This has seen the inequalities gap reduce for all age, all cause mortality and premature deaths from cancer and cardiovascular disease. Other indicators have also similarly improved, for example around educational attainment and crime.

Welfare advice in GP surgeries in Gloucester

Evidence on the socio-economic patterning of health lends support to the fact that increasing access to material, social or financial resources should result in improved health outcomes – Marmot Review (2010), Fair Society, Healthy Lives.

For this reason, Gloucester City Council has been commissioned to the value of £20,000 to deliver advice and support on welfare and benefits in three GP surgeries and one pharmacy in areas of Gloucester with the highest levels of deprivation. Welfare advice sessions consist of one worker providing advice on welfare and benefits for three to four hours on a weekly basis, with multi-lingual workers available in ethnically diverse areas.

‘All partners recognised that resources within the borough belonged to the people and not to single organisations.’
As well as improving access to benefits, the welfare advice sessions also provide a vital opportunity for signposting to other services, including referrals for legal advice, employment advice from the job centre and to the community health trainers for individual health advice.

Since February 2011, the service has seen 468 clients and resulted in an increased income of £220,022 for Gloucester’s residents. This represents a return of over £10 in increased income for every £1 invested by NHS Gloucestershire. Service users have reported better access to welfare advice services and a consequent improvement in health outcomes, including reduced anxiety and stress levels due to financial freedom resulting from increased income.

Service user feedback (from GP satisfaction survey): “I would like to take the opportunity to thank you for all your help in the processing of my Disability Living Allowance after being diagnosed with Parkinson’s disease. At my first interview with you I found you to be approachable, informative and helpful as to my entitlements and understanding towards my needs. Your easy going personality and sense of humour relieved a lot of stress during what was for me a very daunting and apprehensive time.”

GP feedback: “We find patients are more likely to engage with services if they are available in familiar friendly locations and they can do this at the same time and place as the initial consultation was made. An instance where a one-stop shop works!”

Leeds Health and Social Care Transformation Programme

The Leeds Health and Social Care Transformation Programme is a city-wide agreement among service providers and commissioners within the Leeds health and social care economy. It aims to use joint working to improve quality, innovation and productivity and, by bringing health and social care closer together, remove duplication – providing

In practice

Donald is cared for by his wife Freda following a stroke. Both Donald and Freda frequently ask, “Why do so many people come to visit, ask the same questions, and fill in similar paperwork? Do these people not talk to one another or share information? Can’t they deliver things together?”

The couple worry that, given the vast number of different people and agencies involved in Donald’s care, they wouldn’t know who was the most appropriate person to contact in a crisis.

The new, integrated approach aims to solve these problems, by making care and support more streamlined and better co-ordinated. Patients are likely to have a single contact person – a case manager or care coordinator – to support and help navigate their care.

The integrated model will combine multiple skills across health, social and primary care, working with one set of documentation and sharing information and knowledge. Donald’s level of risk would be understood through risk profiling, and his care and support would be tailored to meet his needs. As part of this approach, he would be supported with the information and tools to live as independently as possible.

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streamlined, cost-efficient care for people who use these services.

One example of their work is a project to streamline services for older people and people with long-term conditions. The aim is to get health and social care staff working closely together to identify who is most at risk – for example, of going into hospital – and then developing a combined package of care, support and lifestyle advice designed to keep them healthier and independent for longer. The intention is that patients will have a single, named contact, and that information and systems will be shared to ensure a smoother, more joined-up experience. This approach is being trialled in three sites in Leeds before rollout across the city.

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This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement. Each health and wellbeing board learning set has focused on a theme that early implementers have said is of most interest and importance.

It aims to provide health and wellbeing board members with an accessible and helpful resource and does not necessarily showcase best practice but represents key learning on the issues. For further information, or to comment, please email hwb@nhsconfed.org.

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