Asset based approaches: Reducing costs and Improving outcomes in partnership with health

Stuart Cowley (NW ADASS Chair and Director for Adults Social Care and Health, Wigan Council)
Sally Mclvor (NW ADASS Integration Lead and Strategic Director of Health & Care Pennine Lancashire)

www.expo.nhs.uk | @ExpoNHS | #Expo16NHS
What are asset based approaches in social care and health?

Why are these approaches so important in social care and health?

What does an asset based approach look like in integrated health and care?

• Wigan Deal
• Pennine Lancashire
What are asset based approaches in social care and health?

Put simply, an asset based approach begins with the person or the communities’ assets and strengths, and explores how they can be put in control

• Asset-based practitioners have a different perspective to most other health and care professionals. *Fundamentally, they ask the question ‘what makes us healthy?’* rather than ‘what makes us ill?’

• The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health.

• Practitioners’ vision is to improve people’s life chances by focusing on what improves their health and wellbeing and reduces preventable health inequities.
### What do asset based approaches draw upon?

<table>
<thead>
<tr>
<th><strong>Salutogenic theory</strong> and the concept of positive <strong>health and wellbeing.</strong></th>
<th>Salutogenesis’ (from ‘salus’ (Latin = health) and ‘genesis’ (Greek = origin) – literally the origin of health) - study of the origins and causes of health and wellbeing, including the mental, social and other resources that people draw on and that influence their wellbeing.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The concept of health assets</strong></td>
<td>A health asset is any factor or resource which enhances the ability of individuals and communities to maintain and sustain health and wellbeing.</td>
</tr>
<tr>
<td><strong>Asset-Based Community Development and related approaches</strong></td>
<td>Asset-Based Community Development (ABCD) is a method of community and network building that starts by locating the assets, skills and capacities of citizens and local organisations, rather than focusing on their needs and deficits.</td>
</tr>
</tbody>
</table>
Why are these approaches so important in care and health? .......the best way to address public service reform?

<table>
<thead>
<tr>
<th><strong>Financial sustainability:</strong></th>
<th>Short term funding gap – current system unsustainable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increasing demand for Adult Social Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ageing population:</strong></td>
<td>Increase in the number of people with long-term conditions</td>
</tr>
<tr>
<td><strong>Devolution:</strong></td>
<td>Greater integration through devolved arrangements, allowing for local solutions to local problems through leadership by local authorities</td>
</tr>
<tr>
<td><strong>Integration and Systems Resilience:</strong></td>
<td>Developing sustainable and transformed health and social care services. A major opportunity as partners are developing New Models of Care.</td>
</tr>
</tbody>
</table>
Why haven’t we seen more progress?

5YFV talks about a ‘radical upgrade’ in prevention and public health, a blurring of care settings and silos, and a more diverse delivery model that has citizen voice and experience at its heart.

If national policy provides the permission – what will it take for us to see implementation of asset based approaches at scale? Perverse incentives in many areas organise our best intentions – in some areas devolution is helping to get past these:

- The evidence paradox – agencies can be reluctant to invest without clear evidence
- Poor aligned incentives
- Rigid regulation
What does an asset based approach look like in integrated health and care?
A) Wigan Deal – Stuart Cowley

Stuart Cowley
NW ADASS Regional Chair and
Director of Adult Social Care and Health, Wigan Council
Reforming Public Services in Wigan: the Deal for Adult Social Care and Health
Wigan Borough: Context

- Healthy life expectancy at birth: **males 61.3%**; **females 59.7%**
- **13.5% of communities rank in the top 10% most deprived in England**
- **64% ready to go to school aged 5**
- **320,000 population**
- **16.2% growth in residents aged 65+**
- **11.5% of residents claim out or work benefits**
- **58% of pupils gain 5+ A*-C inc maths and English**
Wigan Borough: The deal for the future 2020

- 3% growth in local economy
- 5000 new jobs
- 60% of residents qualified to NVQ 3+
- 30% reduction on looked after children
- 75% of children ready for school
- 3.8% reduction in resident’s claiming out-of-work benefits
- Life expectancy increased to 79.4 years for men and 83 years for women
Six years ago, in 2010 Wigan Council received the biggest budget cut in its history. The cut was the third worst for any local authority.

What have we done?
- Over that time we have saved £100m whilst continuing to improve outcomes for the people whom live in Wigan.
- Since 2011/12 Adult Social Care and Health have successfully reduced £25m from its budget.

How have we achieved this?
- Through difficult decisions: Saving this amount of money is especially hard – because now there are fewer simpler ways the council can reduce costs.
- Transforming Services: Working together with the people of our borough and our partners to change how we deliver services to our communities.
- Strong programmes of reform in place targeting delivery of savings at scale and improving outcomes for service users and families.
What have we done in practical terms?

• Investment in early intervention reducing the dependence on long-term social care; resizing reablement and introduction of Primary Assessors.

• Workforce established to identify cost-effective, creative support packages within available resource.

• Fundamental review of day services (phases 1 & 2) - reduced 14 day centres to 6 centres.

• Redesign of internal and external supported accommodation- move away from segregated services to better connection with local communities.

• Public health transformation: organisational arrangements and commissioning.

• NHS and integration: joint investments through joint commissioning board around ‘Perfect Week’, Fuel Poverty, Community Link Workers and Drugs and Alcohol recovery work.
The Deal Principles:

- A New Relationship
- Asset Based Approach
- Integrated Services
- Engaged Workforce
- Confident Communities
- New Technology
- Evidenced Based
- Self-Reliance and Independence
Deficit v Assets:

**Deficit Based Thinking**
- Problem orientated
- How to fix the problem
- Us VS Them
- Problems are embedded
- Do things to people
- People are a problem
- People can’t be trusted to be in control/make decisions...

**Asset Based Thinking**
- Strengths based
- What can I do? What can you do?
- We’re all in this together
- Hopes & aspirations
- Everyone can make a contribution
- How can we create community spirit

But there is another way.....
Our Behaviours

Be Positive
...take pride in all that you do

Be Accountable
...be responsible for making things better

Be Courageous
...be open to doing things differently
Different Conversations

- A blank mind - ethnography
- Conversation about what is important
- Considers the whole person, their life story, family, social networks, environment, health and wellbeing
- Move away from formal assessment and pre-conceived ideas
- Asset model – exploration of gifts and talents
We are changing the way we work with communities......

Investment fund: £6.5m invested into communities by end 2016

Opportunity for the community to take control and make a difference

Focus on:
- Innovation & bright ideas
- Community driven initiatives
- Reducing demand on public services
- Capacity building
- Flexible approach

31 Big Ideas
- £2.4m external funding leveraged
- £800k recurrent savings

Engaging Communities:
- The Deal in action- a week of activity in each community
- ‘Have your say’ a chance to question political leaders & executives
- Community delivery and asset transfer: developing a new relationship with residents & communities
In real terms this means........

- £25m has been reduced from Adult Social Care between 2011/12 to 2015/16
- 600 staff attending deal training
- 400 staff equipped with surface pros – true agile working
- Transforming fixed building based model of day support: 14 buildings to 6 (increased focus on complexity of need)
- Significant changes in staff numbers – from 1,717 in 2011 to 882 staff in 2016
- Social workers reduced from 233 in 2011 to 92 in 2016
- For every £1 spent there is a return on investment of – payback 2 years £1.95
- £15m savings predicted - £2.4 m NHS / £12.6m Local Authority
- Further predicted savings linked to improved individual well being
Case Study: What difference is it making?
DANIEL

**Background:**
- 59 year old
- Has a learning disability and limited communication
- Living in supportive accommodation
- Domiciliary Care, private cleaner, 2 days support from provider service

**Findings:**
- No family or friends – socially isolated
- Father in nursing home, mother passed away
- Bouts of depression
- A range of interests – particularly singing

**Difference:**
- 2 days a week with shared lives – opportunities to socialise
- Visits mum’s grave regularly
- Sang at a local charity event – realised a dream and made an album

**Saving £488 per month**
Supported Accommodation – Tanfield, Hindley

- High quality offers of accommodation, care and support in the right locations.
- Partnership approach with Wigan and Leigh Homes to support people to live rich and meaningful lives connected to their local communities.
- Excellent outcomes for individuals – high quality accommodation, bespoke support packages, meaningful activities
- Increasing capacity whilst realising cashable savings – over £600k through supported accommodation redesign.
Wider impact

• Building up the evidence case by case: time and again packages of social care support rooted in local communities, better designed around assets and talents

• Reducing demand to social care through using the approach to develop early intervention and prevention offer through ‘community book’ -online directory, community link workers and Reablement programme

• Refocusing the way we commission services – A Deal for Providers (ensuring quality, efficiencies and ethical)

• Transforming in house and external supported accommodation - achieving better choice, control and independence, together with associated savings

• Hundreds of packages of support in place with a real focus on an individual’s asset, gift and talents- making better connections.
Transforming Lives: Strengthening Communities in Pennine Lancashire

Sally Mclvor
NW ADASS Integration Lead and Strategic Director of Health and Care, Pennine Lancashire

www.expo.nhs.uk | @ExpoNHS | #Expo16NHS
• The Pennine Lancashire Transformation Programme represents a fundamental commitment from partners to build a place based health and care system.
• The Lancashire Mandate requires that all projects describe their impact on health, well being and independence.
• Partners recognise that more of the same will not drive the sustained improvements needed to population health in Pennine Lancashire.

The system needs radical change to deliver improved population health outcomes
Achieving the vision

• The health and care system will need to modernise its vision of ‘Health Services’ to include a new model of delivery, capable of mobilising a whole society response to the key causes of disease and illness and to support communities in developing well-being and resilience
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Work early</strong>: Identify early opportunities to engage with vulnerable people</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Work together</strong>: Across organisations; single approach</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Work holistically</strong>: It is everyone’s business, and it is everyone’s responsibility to support</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Work with</strong>: Recognising people are central to finding the solutions</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Work effectively</strong>: To understand and overcome barriers to achieve better outcomes</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Work upstream</strong>: Implementing upstream interventions to reduce demand on public sector</td>
</tr>
</tbody>
</table>
Pennine Lancashire Transformation Programme: Prevention

- Enhanced Community Resilience
  - Voluntary Sector integration
  - Citizen as co-producer of health and care
  - Self-care and health literacy

Strong leadership and commitment to cultural change across all organisations
Benefits and impact analysis

• Improved ‘health risk conditions’ over a wide range of health determinants
• Improved health and welcome outcomes demonstrated through a positive shift in the collective outcomes framework metrics
• Health and social care costs contained within the available resources without loss of healthy life years
• Reduced health inequalities for Pennine Lancs and rest of England
Example A) Social Prescribing Project

- An asset-based community development approach which maximises the use of volunteers as community assets and helps citizens to reduce their reliance on using health and social care services.
- Recruited and trained a Volunteer Bank of Support Volunteers, who link into and support key public health & social care initiatives.
- Including GP practices, Drug and Alcohol Treatment Providers, the Wellbeing Service, Lancashire Women’s Centre, Your Support Your Choice, initiatives around MEAM, mental health service providers, Criminal Justice Services, community centres, targeted neighbourhoods, and targeted vulnerable groups across the Borough.
An Asset-Based Approach included.....

- Developing football teams to play in the social inclusion football league -
- Helping the league to develop and grow,
- Supporting the development of Café Hub recovery café,
- Helping VOICE service user group to deliver a Saturday Breakfast Club engaging over 70 people facing severe and multiple disadvantage every week and a Sunday Family Club reaching troubled families.
## Demonstrating the value

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Hours providing 1-2-1 support for vulnerable people 2015-16 in</td>
<td>18,935</td>
</tr>
<tr>
<td>social prescribing projects (Fast 4wd and Volunteering on Prescription)</td>
<td></td>
</tr>
<tr>
<td>Value to the Borough @£9.88 average BwD wage (not including savings through</td>
<td>£187,078</td>
</tr>
<tr>
<td>prevention*)</td>
<td></td>
</tr>
<tr>
<td>Funding received for social prescribing projects; Fast 4wd and Volunteering</td>
<td>£70,688</td>
</tr>
<tr>
<td>on Prescription.</td>
<td></td>
</tr>
<tr>
<td>Total Volunteer Hours 2015 – 16 (includes all Community CVS projects)</td>
<td>44,932</td>
</tr>
<tr>
<td>Value to the Borough @£9.88 average BwD wage (not including savings through</td>
<td>£443,928</td>
</tr>
<tr>
<td>prevention*)</td>
<td></td>
</tr>
</tbody>
</table>

Wellbeing survey demonstrated dramatic increases in levels of participation, socialising, learning, and helping other people.
Demonstrating the value......

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Hours providing 1-2-1 support for vulnerable people 2015-16 in social prescribing projects (Fast 4wd and Volunteering on Prescription)</td>
<td>18,935</td>
</tr>
<tr>
<td>Value to the Borough @£9.88 average BwD wage (not including savings through prevention*)</td>
<td>£187,078</td>
</tr>
<tr>
<td>Funding received for social prescribing projects; Fast 4wd and Volunteering on Prescription.</td>
<td>£70,688</td>
</tr>
<tr>
<td>Total Volunteer Hours 2015 – 16 (includes all Community CVS projects)</td>
<td>44,932</td>
</tr>
<tr>
<td>Value to the Borough @£9.88 average BwD wage (not including savings through prevention*)</td>
<td>£443,928</td>
</tr>
</tbody>
</table>

Wellbeing survey demonstrated dramatic increases in levels of participation, socialising, learning, and helping other people.
Example b) Transforming Lives: Strengthening Communities

Working with individuals who are victims or perpetrators of a violent crime and/or have an alcohol/drug misuse concern and 4 or more childhood adversities.

Developing a system response to this cohort of the population that delivers better outcomes; reduces demand and lowers costs, whilst recognising the importance of involving families and individuals as key partners in delivery

- Successful bid March 2014 - £750,000
- Generated by (then) Eastern Area Community Safety Steering Group
  - Agreed & supported by PLACE Chief Executives
  - 16 partner organisations signed up
- Pressure Points: A&E; Urgent Care; Police Custody Suites
• **Integrated response at crisis points / Key worker approach**
  • Identify root cause i.e. screen for adverse childhood experience-ACE
  • Identify *evidence based* interventions; support to engage & navigate service provision; build relationships: professional/organisational

• **Integrated case management system**
  • Real time intelligence / epidemiology

• **Build social capital and community’s assets**
  • Interventions for emotional wellbeing and support
We needed to understand the system(s) as is

1. Existing “crisis services” – thresholds; pathways; “problems”
2. Multi-agency thinking
3. Mental health and well-being problems; Substance & alcohol misuse
4. Victim/perpetrator of violence and/or aggression (except high risk)
5. Frequent user of emergency services and/or unscheduled care (e.g. A&E) for genuine or non-genuine reason
6. Repeat offender for crime or anti-social behaviour (except high risk)
7. Frequent malicious caller to emergency services (e.g. to police; fire and ambulance)
Transforming Lives – Vulnerability stepdown model

Demonstrates level of support at each level of the Live Well triangle
How did the model work?

- Large scale, multi-agency initiative across Pennine Lancashire
- Bringing together frontline staff including range of voluntary service partners to work in an integrated manner
- Eliminating silo working
- Taking a root cause approach – specific 1:1 support
- Reducing costly interventions down the line
- Preventing poor health and social outcomes
- Cohort - individuals who are victims or perpetrators of a violent crime and/or have an alcohol/drug misuse concern and 4 or more childhood adversities
Operating model: Blackburn with Darwen

Multi-agency Safeguarding Hub

All agency referrals → Transforming Lives panel → Locality Teams x 4

Services:
- Council (neighbourhoods; troubled families; adults preventative services);
- Police (neighbourhood officers; early action officers);
- Fire Service (Community Fire Safety Advocate) Commissioned services,
  other public sector and third sector provision to be explored

Multi-agency package of targeted support
Supporting individuals, families and community to be more resilient

Support from their local communities
Progress

- Multi-agency panel in place since June 2014
- Average 70 referrals per month, incorporating adults and children and families, incl. troubled families
- 4 co-located multi agency teams, incl. council (family support; early years; school nurse; young people’s service; community officers; health trainer; wellbeing officers); police; fire; probation (non-statutory); drugs and alcohol service
- People are engaging positively in the process
- Approach being mainstreamed through council workforce review – this is how we do business
Interim evaluation Criteria for Local Economic Strategies (CLES)

- **Transforming Lives** is having a significant positive impact on outcomes,
- It is not a short term fix and some level of ongoing support may be required
- Not one single risk factor or set path to vulnerability, there are a range of complexities incl. substance misuse; alcohol; single parents; worklessness; domestic abuse and family conflict
- Mental health is dominant underlying issue
- Use of mainstream services can be evidenced with improved outcomes for individuals and families
Reflections......

• Local Authorities have been working on personalisation for some time - the challenge is to shifting from “pockets of prevention” to “industrialising prevention”. For example, is the approach mainstreamed across all organisations?

• Role of leadership to reality check how serious partners are about working in these new ways. It may mean taking risks and ‘breaking’ the normal operating roles.

• How do we express these ideas and approaches to health colleagues?

• Challenge of local delivery vs Sustainability and Transformation Plan (STP) footprints. Timescales and requirement for quick wins, and local coterminous integration.

• What is the balance of risk taking vs waiting for evidence and best practice?
Summary

In order to achieve the ambition set out in the NHS 5 Year Forward View and tackle head on the financial challenge we collectively must embrace the opportunity of ‘Integration by 2020’ and collectively:

• Accelerate a reorientation of health assets to the heart of ‘New Models of Care’

• Consider how asset-based and community-centred approaches can become an essential part of local strategies to improve health and reduce inequalities

• Build clear leadership across the health and care system for at-scale application of asset based approaches – in the context of both Devolution and Sustainability and Transformation Plans

• Workforce Development: A new approach – a different conversation

• The need for better ‘Prevention and Early Intervention’ to prevent escalation of health problems
Rethink the role and relationship between public services and the communities and people they support – The need for new, dynamic, strength based conversations.

Increase peoples ability to look after their own health, be independent and create stronger and more connected communities – increase sense of control and engage citizens in taking action

Recognise the skills and talent’s of individuals and communities and mobilise these strengths.

Co-production of good health and well-being, connecting people with community solutions and develop community capacity

Apply existing evidence, evaluate and share learning with others
**What’s next in the North West…..**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Production Masterclass Event and Festival of Strengths</td>
<td>Different Conversations &amp; Social Pedagogy – Webinar</td>
<td>Working Together for Change ‘train the trainers’ event</td>
<td>Review and summary paper of asset based approaches in development in NW LA’s</td>
</tr>
</tbody>
</table>
Resources

• NW ADASS https://nwemployers.org.uk/nw-improvement-hub/nw-adass/


• Health Foundation – Asset Based Approaches in Healthcare http://www.health.org.uk/publication/head-hands-and-heart-asset-based-approaches-health-care
Questions?
Thank you

Stuart Cowley
NW ADASS Regional Chair and Director of Adult Social Care and Health, Wigan Council

Sally McIvor
NW ADASS Integration Lead and Strategic Director of Health and Care, Pennine Lancashire