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BARRY KEEL
Chief Executive
Floor 1 - Civic Centre
Plymouth
PL1 2AA

www.plymouth.gov.uk/democracy

Date 02/11/09 Telephone Enquiries 01752 307815 Fax 01752 304819
Please ask for Katey Johns, Democratic Support Officer e-mail katey.johns@plymouth.gov.uk

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL TABLED REPORTS

DATE: WEDNESDAY 28 OCTOBER, 2009
TIME: 10.00 A.M.
PLACE: COUNCIL HOUSE, ARMADA WAY, PLYMOUTH

Committee Members–

Councillor Mrs. Watkins, Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Gordon, Kerswell, Mrs Nicholson and Stark.

Co-opted Representative-

Chris Boote, Local Involvement Network (LINK).

PLEASE FIND ATTACHED COPIES OF REPORTS WHICH WERE TABLED AT THE MEETING.

**BARRY KEEL
CHIEF EXECUTIVE**

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

5. ADULT SOCIAL CARE SERVICE PERFORMANCE UPDATE (Pages 1 - 6)

The Director for Community Services' Business Manager will provide a performance update in respect of Adult Social Care.

7. NHS PLYMOUTH STRATEGIC PLAN (Pages 7 - 12)

The Chief Executive of NHS Plymouth will attend to update panel on progress with its Strategic Plan.

Adult Social Care – Performance Status Report - 26th October 2009**Outturn 2008-2009**

The priorities set for 2008/09 were reflected both in the Corporate Plan and in the Service Plan for Adult Social Care (ASC). These included:

- Ensuring capacity to implement Putting People First in 2009/10.
- Addressing performance deficit identified by Care Quality Commission (CSCI)
- Focussing on significant inequalities in service provision
- Addressing levels of unmet need.

Health Overview & Scrutiny have played a significant role in highlighting the issues for ASC in terms of service improvement and safeguarding. In their community leadership role they have also provided challenge and ensured the high profile of the service for both the Council and partners.

In line with the Joint Strategic Needs Assessment, Local Area Agreement and Putting People First Programme we prioritised:

- Increasing numbers of people helped to live at home – in particular Older People (OP)
- Increasing levels of support to Carers
- Reducing numbers of people in permanent care homes
- Expanding personalised self-directed care
- Improving assessment and reviewing processes
- Establishing a Health & Social Care Integration Board to oversee integration developments
- Modernising service provision – including developing health & social care integrated teams
- Working with providers to ensure quality of provision and promoting dignity & respect
- Ensuring that Safeguarding continues to be a priority

Senior Managers set ambitious targets and reviewed progress monthly. Related action plans were supported by the commissioning of extra domiciliary care, better direct payment support and by expanding the support offered to carers.

Outcomes included:

- Significant increase in helped to live at home figures across all care groups, but particularly in relation to OP increase across all client groups = 37%, increase in OP = 48+%
- Increase in Direct Payments to 500+ , piloted self-assessment tool (Ask Sara)
- 37% increase in the number of people supported through grant funded services
- Doubled the number of carers offered a service
- A reduction of 220 people in permanent care homes
- Significant increase in completed reviews and significant increase in carers receiving an assessment or review
- Increase in Intermediate Care Users - above target
- Introduced Quality Fee Payment Scheme for providers
- The effectiveness of our Commissioning process is reflected in higher than average quality ratings for local domiciliary care and care home provision. These are also better than the average for a three star council in our comparator group
- Preventive services commissioned from the voluntary sector were doubled in volume
- Integrated care for people with Long Term Conditions piloted. The utilisation of 'Joe's' story enabled us to communicate effectively with staff, users/carers and other stakeholders about the benefits for the service user in having an integrated service. Evidence of the impact has been avoidance of hospital admissions and a better quality of service for 'Joe'.
- Safeguarding – remains a strength and the recent SW Audit confirms the assessment undertaken by the Care Quality Commission in Dec 2007.

Challenges, Objectives and Targets for 2008

As set out in its 2009-10 Corporate Plan & budget allocation, Plymouth City Council has prioritised the delivery of high quality, personalised, self-directed & equitable services which promote user independence, health &

Adult Social Care – Performance Status Report - 26th October 2009

wellbeing & maximise standards of dignity & respect. This commitment is underpinned by its joint strategic aims such as those recorded in the LAA & *Healthy Plymouth*. These joint aims are in turn informed by the JSNA priorities which include continuing expansion of preventative services & promotion of positive Mental Health.

Our priorities for 2009/10 are:

- ASC to contribute to the overall Council commitment to prioritise customer services
- Putting People First implementation – to deliver greater self-directed care, supported by a transformational resource plan & workforce strategy
- Redesign of 'front door' to enable swifter access.
- Continue reducing inequalities of service provision(see S.3) including widening access to & take-up of services
- Continue shift of investment from funding of institutional care to promoting community health & wellbeing, wider opportunities for independent living & care at home e.g. expand no. of people in supported living & assisted by grant-funded voluntary services
- Enable more people to have their say e.g. by continuing to increase advocacy provision
- Deliver new Commissioning Strategy for promoting positive Mental health promotion (currently under consultation)
- Implement the recommendations from the refreshed Carers Strategy (currently being consulted upon)
- Implement the Joint Dementia Strategy (which has been supported by the NHS SW & McKinsey)
- Further improve access to information
- Continue to reduce usage of permanent care homes
- Roll out of integrated health & social care teams – to improve services for 'Joe'
- More extra care facilities – 75 units to come on stream

Planned Outcomes:

To achieve LAA outcomes -

- NI 141 - Increase nos. supported at home by a further 2% beyond the LAA target for 09/10 (72%)
- NI135 – Increase nos. of carers receiving support by a further 4.3% to achieve the 2010/11 LAA target of 27%
- NI136 - People supported to live independently by a further 8.4% to achieve the 2010/11 LAA target
- NI130 - Approx 1756 users & carers in receipt of a personal budget by 2010
- All new users will be on a personal budget from Oct 09
- All existing service users will have a personal budget by Oct 2011

To achieve other ASC priorities -

- NI 145 - the target for NI 145 is 94% which is a measure of the numbers of LD clients in settled accommodation. Settled accommodation includes own or family home or tenant, supported accommodation and sheltered housing, adult placement, probation hostel and mobile home
- NI146 - Increase nos. of LD in paid work to 8.3%
- Increase Intermediate non-bed based care provision by 19%
- Reduce nos. supported in care homes by a further 10% by 10/11

CIP 3

● Helping People to Live Independently

Plymouth Adult Services continues to perform well, including LAA targets, increasing the number of people supported to live independently and have choice in the services they are offered. We have considered our targets post Sept 09 and have now received our assessment from the Care Quality Commission. We are currently undertaking a mid year review of targets and will have a revised position at the end of Oct.

Adult Social Care – Performance Status Report - 26th October 2009

Key milestones

Self directed support: Each team has piloted the implementation of direct payments and the number achieved is 1100 at the end of September against the annual target of 1756. Individual budgets have been introduced since April 2009 and to date 33 people are now in receipt of a personal budget.

Workforce strategy for Putting People First: The adult social care workforce strategy was reviewed and refreshed at the end of March 2009 to take account of national policy. A framework was developed and through a series of workshops the service is now determining the action plan to support implementation. A particular focus of the work is to confirm the current and projected competencies of a future services, including those in the independent and voluntary sectors.

Increase the number of carers receiving supporting: At the mid year point the number of carers receiving carers services is 712, this represents 50% of the planned target for the current year. The number of carers receiving a direct payment is 420 against the annual target of 734.

Reduce learning disability residential placements: The target number of clients in permanent long term care (including adult placements) has been set at 1088 for 2009-10. The mid-year position shows that the trend is increasing and this is under review.

● **Performance against national indicators**

- The outturn of 2008-2009 showed an improvement in the national picture and only one measurement is under performing. A provisional indicative profile of the position is illustrated in Appendix A. Details of the national benchmarking position will be available in December. Supporting the national policy Plymouth Adult Social Care Services achieved a higher than average number of people supported to live independently.
- Supporting people to live independently through intermediate care did not performing as well as anticipated and actions were put in place to address this area. A review was commissioned and identified the need for a whole system development of intermediate care. There is now in place a memorandum of understanding with the NHS, setting out a framework to underpin the Putting People First programme and is focussed on integrating intermediate services.
A review of in-house domiciliary care enabling and the domiciliary care delivered by the PCT has been commissioned. The aim of the review is to achieve efficiencies and a clear pathway for service users in the community needing intermediate care. This will be completed in October 2009.
- Joint commissioning of domiciliary care is planned to commence In December 2009

Pam Marsden
Assistant Director of Adult Social Care
Tel: 01752 307344
Email: pamela.marsden@plymouth.gov.uk

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ASC NI benchmarking with provisional outturns 08/09

NI	Description	Plymouth	All England average	Quartile	Plymouth 09/10 target	SW average	Comparator gp average	Top quartile All England	Median All England	Bottom quartile All England
NI 125	Achieving Independence for older people through rehabilitation/intermediate care	71.1	78.1	Bottom quartile	83.0	73.6	81.2	85.0	79.2	73.8
NI 130	Social care clients receiving Self Directed Support per 100,000 population	8.4	6.5	Top quartile	15.4	4.9	5.6	8.2	6.0	4.5
NI 132	Timeliness of social care assessment (all adults, less than or equal to four weeks)	81.7	79.8	3rd quartile	88.0	78.6	83.4	88.7	82.0	74.3
NI 133	Timeliness of social care packages following assessment (less than or equal to four weeks)	91.6	90.7	2nd quartile	94.0	91.3	90.8	94.0	91.3	89.6
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	22.7	23.0	2nd quartile	24.0	25.6	23.6	26.3	21.6	17.1
NI 136	People supported to live independently through social services (all adults)	3634.2	3244.8	2nd quartile	3682.0	3161.0	3103.7	3834.2	3236.0	2814.7
NI 145	Adults with learning disabilities in settled accommodation	93.7	65.2	Top quartile	94.0	63.1	74.7	85.9	69.5	54.8
NI 146	Adults with learning disabilities in employment	4.6	7.5	3rd quartile	8.3	6.9	5.5	9.8	6.5	3.7

	Top quartile
	2nd quartile
	3rd quartile
	Bottom quartile

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STRATEGIC FRAMEWORK FOR IMPROVING HEALTH IN PLYMOUTH 2009/10 – 2014/15

Version 12 Update

Date: 27th October 2009

1. OUR VISION AND STRATEGIC AMBITIONS.

Vision

NHS Plymouth aims to provide a choice of high quality seamless services that are accessible to every one of the people it serves. However, it also aims to support people to live healthy lives and to create, in partnership, a city with healthy communities where people lead fulfilling lives. Thus our vision is simply to have.....

‘Healthy people, leading healthy lives in healthy communities’

Pledges

NHS Plymouth has a number of values that govern the way we will all behave in carrying out our work. These are translated here into pledges to those we serve.

Everyone who works for or on behalf of NHS Plymouth makes these pledges to the people of Plymouth:

- ***To treat you with respect, dignity and fairness***
- ***To Involve you in decision making***
- ***To demand high quality and effective personalised care***
- ***To be sensitive to your needs***
- ***To be honest and act with integrity***
- ***To take personal responsibility***
- ***To spend NHS money wisely and achieve better value for all***

Strategic ambitions

We have an ambitious vision for health in Plymouth and will achieve it by focusing our attention and resources on the following strategic ambitions. These closely mirror the 5 priorities in the cities over-riding Health, Social care and Well-being Strategy, 'Healthy Plymouth'.

For the city as a whole we will:

- **Reduce health inequalities** – to target services where the need is greatest.
- **Prevent ill health** - to focus on prevention, promotion and early intervention in both physical and mental ill health.
- **Commission modern and innovative community services** – to best meet the needs of patients and local communities.
- **Ensure value for money** – direct resources to maximise benefit and so make best use of public money.

For the individual we will focus on:

- **More control** - to promote independence and put the individual in control of his/her own health.
- **Wider choice** – to ensure services are varied and personalised.
- **Easier access** – to design services in partnership with partners and users to provide seamless integrated care
- **Higher Quality** - to ensure services are safe, efficient and effective.

2. OUR STRATEGIC IMPROVEMENT PRIORITIES

Our Strategic ambitions will be delivered through our Strategic Improvement Priorities (SIPs). These were derived from our prioritisation process detailed in section 4. We have 8 strategic priority areas as follows.

- 1. Improve clinical and cost effectiveness within Planned Care**
- 2. Reduce inappropriate use of A&E and unscheduled hospital based care**
- 3. Reduce inappropriate hospital admissions for children and young people**
- 4. Improve the effectiveness, efficiency and productivity in mental health services.**
- 5. Reduce Health Inequalities for people with Learning Disabilities**
- 6. Transforming community services**
- 7. Helping people to stay healthy – focus on sexual health, alcohol, Smoking, breast-feeding, substance misuse, obesity and mental health promotion**
- 8. Improve the way we address the projected increasing demand from people living with long-term conditions - Focus initially on Coronary Heart Disease, Chronic Obstructive pulmonary disease and dementia**

These SIPs will be the subject of review at each annual Strategic Framework refresh as work progresses, giving the opportunity to change them as areas are successfully delivered and new challenges arise.

Linked to these 8 priority areas are our 10 World Class Commissioning (WCC) outcomes. We have reviewed and refreshed the WCC outcomes submitted in 2008 taking into account the emerging strategic priorities, our performance over the last year, and benchmarking against a number of national datasets.

Our reviewed World Class Commissioning Outcomes are;

- | |
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| <ol style="list-style-type: none"> 1. Health inequalities (male/female) - mandatory 2. Life expectancy at birth (male/ female) - mandatory 3. Women smoking at time of delivery 4. Infants breastfed 5. Hospital admissions for alcohol related harm 6. Hospital admissions caused by unintended and deliberate injuries 7. CHD mortality 8. Teenage conception rates 9. Acute delayed transfers per hospital bed 10. Self reported experience of patients & users |
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Targets based on trajectories of need and performances are in section 6.

These SIPs are directly linked to our strategic ambitions as the following table demonstrates.

	Strategic Priority	Strategic ambition driving the focus of activity					WCC outcome measure
		Value for money	Reduce Health inequalities	Prevent ill health	Patient experience (control, choice, access & quality)	Joined up services	
1.	Planned care (including dental services)	√	√		√		Delayed transfers Self reported experience of patients & users
2.	Unscheduled care	√	√		√		Delayed transfers Self reported experience of patients & users
3.	Reduce inappropriate admissions to Secondary Care for Children	√			√		Hospital admissions caused by unintended and deliberate injuries
4.	Mental Health 18-64	√	√	√	√		No direct link to chosen WCC outcome (key PIs to be selected from suite)
5.	Learning Disability	√	√				No direct link to chosen WCC outcome (key PIs to be selected from suite)
6.	Continuing Care	√					Delayed transfers

	Strategic Priority	Strategic ambition driving the focus of activity					WCC outcome measure
		Value for money	Reduce Health inequalities	Prevent ill health	Patient experience (control, choice, access & quality)	Joined up services	
7.	Making Healthy Choices – focussed on raising aspirations for health, children and young people, sexual health, alcohol, smoking, breast feeding, substance misuse, obesity & mental health promotion		√	√			Health inequalities (male/ female) Life expectancy at birth (male/ female) Women smoking at time of delivery Infants breastfed Hospital admissions for alcohol related harm Teenage conception rates CHD mortality
8.	Improving effectiveness of community services	√			√	√	Delayed transfers
9.	Long Term Conditions, including CHD, cancer, COPD, older persons mental health					√	CHD mortality

The work to develop and deliver against these strategic improvement priorities will take place within our 9 Health Programmes. These are structured to reflect the work streams described in the NHS South West Strategic Framework and take account of the key themes in Lord Darzi's NHS Next Steps Review. These work streams are;

- Staying Healthy
- Maternity and Newborn
- Children and Young People
- Long Term Conditions
- Mental Health
- Learning Disability
- Planned Care
- Acute Care
- End of Life Care

An overview of the 5 year potential work streams from the Health programmes can be found in appendix 3. Our SIPs however will be the focus on their work for this refresh.