

Public Document Pack



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

www.plymouth.gov.uk/democracy

Date 29/03/10 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 'TO FOLLOW' REPORT

DATE: WEDNESDAY 31 MARCH, 2010
TIME: 10.00 A.M.
**PLACE: COUNCIL HOUSE, ARMADA WAY, PLYMOUTH
(NEXT TO THE CIVIC CENTRE)**

Committee Members–

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

Co-opted Representatives-

Chris Boote, Local Involvement Network (LINK)
Margaret Schwarz, Plymouth Hospitals NHS Trust.

PLEASE FIND ATTACHED FOR CONSIDERATION A REPORT FOR
CONSIDERATION UNDER AGENDA ITEM NO. 11.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

11. CORPORATE IMPROVEMENT PRIORITIES (CIPS) (Pages 1 - 4)

The panel will receive an update on progress with the CIPs which fall within its terms of reference.

Corporate Improvement Priority (CIP) 3: Independent Living (Adult Social Care)

Health and Social Care Overview & Scrutiny Panel

1 Purpose

1.1 The purpose of CIP3 is to deliver reform of the social care system through a shared vision between health and social care whilst enabling people to retain their independence, control and dignity. It aims to develop more services and opportunities for people to live independently.

1.2 The vision for Adult Social Care is that

“Everyone who receives social care support and their carers, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered. It will mean that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well being and dignity”.

2 Background

2.1 The context of CIP3 is based on transforming joint working arrangements with health and ‘Our Health, Our Care, Our Say’ (2006) describes seven outcomes for delivering quality services against which we should measure our performance:

- Improved Health & Wellbeing
- Improved quality of Life
- Making a Positive Contribution
- Increased Choice & Control
- Freedom from Discrimination & Harassment
- Economic Wellbeing
- Maintaining Dignity & Self Respect

2.2 The national framework that underpins the cross sector reform is set out in the Putting People First: a shared vision and commitment to the transformation of Adult Social Care, the ministerial Concordat launched on 10 December 2007.

2.3 Across Government there is a shared ambition to put people first through a radical programme of reform.

2.4 ‘Transforming social care’ (Department of Health 2007) makes it clear that all local authorities have to change their social care model. *“Personalisation is about whole system change, not about change at the margins”* The Department of Health (DH) is clear that this is not a box ticking exercise, but a call to deliver significant change.

The DH has not prescribed specific indicators but has left it up to individual councils to deliver this major change. The expectation though is that this transformation delivers on the seven outcomes listed above. There is scope for local shaping of the future model of Adult Social Care but there are some specific outcomes that are expected to be delivered across England. Delivering personal budgets is one: *“Everyone eligible for statutory support, should have a personal budget, a clear and transparent allocation of resources . . .”* and the DH is clear that this needs attention now: *“Councils should consider setting clear benchmarks, timescales and*

3 Key Improvement Areas

3.1 Currently, in Plymouth we already have some systems and practices which are

joined up, but we are keen to develop them further. Individual users ('Joe') can frequently experience a number of different professionals visiting, resulting in confusion, duplication and not always best outcomes for Joe. Coupled with IT systems that don't talk to each other we resort to faxing details which makes us less efficient than we would like to be. Joe is our focus and we want to improve the service and experience for people like Joe and we can only do this by resolving issues together, by learning through pilot initiatives and looking at the opportunities that might present. Our vision for Joe is:

- Easier access to services
- Faster responses
- Simpler processes
- Reduced risk of duplication, gaps and errors
- Better outcomes for Joe

3.2 The key improvement areas aim to:

- Develop more services for people to remain living in their own homes and/or communities
- Improve user and carer engagement in developing services

4 Key performance measures

The National indicators that are monitored through this CIP are:

- NI 130 – Social care clients receiving self directed support (Direct payments & Individual budgets)
- NI 135 – Carers receiving needs assessment or a review
- NI 136 – People supported to live independently through social services (all ages)
- NI 141 – Number of vulnerable people achieving independent living

The national indicators are reported on a bi monthly basis and validated at the mid and end point of each year. The performance throughout 2009-10 is shown in the Table below:

National indicator		Target	Jan Position	Notes
NI 130	Social care clients receiving self directed support	15.4%	14.7%	This equates to 1518 clients receiving either direct payments or individual budgets. In year benchmarking at Q3 shows that Plymouth is performing above average across the country.
NI 135	Carers receiving needs assessment or a review	24%	18.3%	This equates to 1713 Carers. In year benchmarking at Q3 shows that Plymouth is performing slightly below average across the country
NI 136	People supported to live independently through social services (all ages)	3682.00	3551.26	This equates to 8000 social care clients living independently. In year benchmarking at Q3 shows that Plymouth is performing above average across the country.
NI 141	Number of vulnerable people achieving independent living	80%	80.1%	This equates to 249 people living independently. In year benchmarking at Q3 shows that Plymouth is performing against the average across the country.

5 CIP 3 Milestones - overview

	Self Directed Support pilots in place in all teams	Pilot Phase Completed. Process now rolled-out. Personal budgets available to Adult social care clients.
	Develop the Resource Allocation tool	
	Prepare Blueprint for Service Transformation	Adult Social Care system map signed off by programme board. This now forms part of our integration plan - going forward.
	Increase the number of people in receipt of Direct Payments	
	Develop Workforce Strategy for Putting People first	National strategy published April 2009 and new DH milestone requires joint workforce strategy in place with NHS by April 2010.
	Ongoing implementation of Communications Strategy for staff and community	
	Increase grants to voluntary sector, to target prevention strategies	All providers have now commenced service delivery.
	To increase advocacy services	Advocacy services have been increased. This milestone will be updated to 'completed' in November.
	Improve access to information about services	Specifics related to the project completed but there will be ongoing activity to continually improve and develop information
	Reduce learning disability residential placements	
	Establish Independent Living flats for LD	
	Complete LD procurement and Pricing Strategy to achieve cashable savings of 2.5%	
	Increase the number of carers	

Key

	Progressing as planned
	Completed

CIP 4 reducing inequalities between Communities

Corporate Improvement Priority 4 contains actions that contribute to the improving of health and wellbeing across the city i.e Health inequalities. The Corporate Plan 2010-13 identifies health inequalities as a key area of under performance in the Council's Comprehensive Area Assessment (CAA). An action plan is currently being produced and will be presented for endorsement to the Local Strategic Partnership Healthy Theme Group in the spring of 2010.

This page is intentionally left blank