APPENDIX 5 (B)

SERVICE PLAN PROFORMA – 2006/07 **Date: Sept 05**
Version No. 2 – 28/10/05

CABINET PORTFOLIO: Adult Social Care

SERVICE PLAN AREA*:* Mental Health

A. Key Lead Cabinet Member Policy Steer for this area:

Cllr Keith Glazier
Cllr Bill Bentley

- Improve how people access advice, help and support, jointly with Health and Housing
- Develop the assessment and management of peoples care that focuses on their individual need, circumstances and personal preferences, jointly with Health and Housing
- Improve how we plan and commission services, jointly with all our partners
- Support more older people and vulnerable adults in their own homes and local community
- Increase access to intermediate care and rehabilitation services that promote independence
- Improve opportunities for vulnerable people to positively engage with their communities and further encourage participation in local services and activities.
- Involve users and carers in the planning and delivery of services
- Develop disability and mental health services which focus on community support, ensuring effective transition from children's service
- Continue to improve joint working with Health, Housing, Independent and Voluntary sectors

B. Resources:

1) Current net 2005/06 Budget (broken down by sub-divisions of main service area):

Service Area	**(£000s)**
Residential Care	2,928
Nursing Care	371
Day Care	410
Assessment & Care Management	3,724
Supported Accommodation	15
Home Care	300
Other Services	64
Total	**7,812**

2) Current Budget by Type:

Expense type	**(£000s)**
Employee Related	4,763
Premises	17
Transport	206
Supplies & Services	72
Third Party Payments	6,760
Support Service Recharges	1
Capital Finance	63
Gross Expenditure	**11,882**
Government Grants	(2,187)
Other Grants & Contributions	(524)
Client Contributions	(1,358)
Other Recharges	(1)
Income	**(4,070)**
Total	**7,812**

3) Current FTE staff numbers:

Employee	**FTE**
Day Centres	10.5
Working Age Adults- Hastings and Rother	37.1
Working Age Adults- Eastbourne & Wealden	38.6
Older People	32.1
Forensic Services	6.5
Supported Accommodation	18.8
Substance Misuse	3.5
Management	4.5
Total	**151.6**

4) Currently assessed Standstill Pressures over the next 3 years

(a) MTFP currently reflects the following

	06/07 £000	**07/08 £000**	**08/09 £000**
Inflation	225	236	246
Other Standstill	Nil	Nil	Nil

(b) To maintain existing performance – further estimated pressures

Pressure	Impact on PAF indicators*	06/07	07/08	08/09
		£000	£000	£000
Mental Health Grant cash loss in 05/06 + annual inflation	D40	184	42	47
Service cost	D40	65		

pressures- ASW payts /CMHT costs				
Contract for Appropriate Adult work		30	30	30
Maintain current service delivery times (net of attrition)numbers- fund additional 0.4 placement per week	C31, D40 & C51	210	300	360
Total		489	372	437

(c) Improving performance to meet legislative requirements

Pressure	Impact on PAF indicators*	06/07	07/08	08/09
		£000	£000	£000
Total				

5) Other Financial Risk and Pressure Areas over the Medium Term:

	Impact on PAF indicators*	**06/07 £000**	**07/08 £000**	**08/09 £000**
Provision for low level preventative cases(£100pw) **	C31 & C51	140	375	585
Poor IT infrastructure re interface with Health	n/a	200		
Total		340	375	585

* PAF indicators are: C31 – Adults with MH problems helped to live at home
D40 – Clients receiving a review
C51 – Direct Payments

C. Performance:

1) Current Relative/Comparative Performance based upon 2004/05 Outturn:

BLOB BANDING CHANGES FROM 2003/04 to 2004/05

KEY

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INDICATOR	03 / 04 Out-turn	04 / 05 Out-turn	Change in blob banding	Next banding range	2004/05 Cluster*	2004/05 England*
C31 - Adults with mental health problems helped to live at home	2.1	1.75	Decrease from 4 to 3	1.8<2.3	2.8	3.7
D40 - Clients receiving a review	54%	58.4%		60<90	61	63

Please note that blob bandings are applied to unrounded data. For example, in the case of D54 the rounded figure (65%) would place East Sussex in the 3 blob banding 65<75, however the banding is applied to the unrounded figure of 64.8%.

* This information was provided by CSCI and is taken from Spring 2005 Delivery and Improvement Statements (DIS)

The East Sussex Cluster Group = Dorset, Devon, West Sussex, Kent, Somerset, Gloucestershire, Norfolk, North Yorkshire, Cornwall, Suffolk, Essex, Northumberland, Worcestershire, Lincolnshire, Cumbria

2) Assessment of Relative/Comparative Performance by the end of 2005/06:

The number of adults with mental health problems helped to live at home (PAF C31) decreased slightly in 2004/05 compared to 2003/04. This resulted in a reduced PAF banding from 4 blobs 'Good performance' to 3 blobs 'Acceptable'. The Cluster Group average is 2.8 which falls into the 5 blob banding of 'Very Good' performance.

Performance against PAF D40, as shown in Section 1, relates to all service areas. As clients may be in receipt of more than one service at a time, it is not possible to split this information between services. Whilst performance improved in 2004/05, improved performance is required in this area to achieve the 3 blob PAF banding of 'Acceptable Performance' in line with our comparative group of authorities.

At the time of writing, the number of clients with Mental Health problems in receipt of direct payments is 4.

3) Assessment of Performance based on;

(a) Continued levels of performance at 1*. Business Transformation will enable performance against some key indicators to improve from 2007/08.

The table below shows trajectories based on current performance levels.

INDICATOR	PAF Banding increase achieved by March 2009	2005/06	2006/07	2007/08	2008/09
C31 Adults with mental health problems helped to live at home	●●●● 'Good'	1.75	1.8	1.9	1.9
Adults with Mental Health problems in receipt of Direct Payments per 100,000 population (In support of C51 - Direct Payments (BVPI) (KT))	Overall C51 Performance ●●● 'Acceptable'	16 (4 clients)	31 (8 clients)	47 (12 clients)	68 (17 clients)

D40 - Clients receiving a review (All client groups)	●●● 'Acceptable' = highest banding for D40	62.30%	64%	65%	66%

It is important to note that increments of 1% may not look particularly challenging on paper, but the resources required to achieve a small performance improvement are often significant.

3) Potential Local Area Agreement (LAA) Priorities/targets

LAA: Healthier Communities and Older People

Outcome 7: Improved Health for East Sussex residents: promoting physical health, mental wellbeing and increasing life expectancy.

7.1 Promote exercise and activity
7.2 Reduce falls through preventative care and more intervention in the home and the community *(possible reward target)*
7.3 Reduce premature mortality rates (heart disease, stroke, cancer, suicide)
7.4 Reduce effects of smoking *(possible reward target)*
7.5 Improve sexual health

Outcome 8: Improved access to information, services and opportunities that support healthy, active lives for East Sussex residents.

8.1 Better access to information, services and choice in health and social care
8.2 Improve economic wellbeing for low income households *(possible reward target)*

Outcome 9: Improved independence, well-being and choice for older people, people with physical disabilities, learning disabilities and mental health problems and those living with long-term conditions

9.1 Increase the number of people supported to live at home independently *(possible reward target)*
9.2 Increase the responsiveness and quality of community care

Outcome 10: Improved user, patient and carer experience and engagement.

10.1 Increase the number of older people who are productively engaged in the process of development and design of services *(possible reward target)*
10.2 Improve support for carers
10.3 Increase the number of people from minority groups engaged in the process of development and design of services
10.4 Improve the NHS patient and social care users' experience of services. The experience of black and minority ethnic groups will be specifically monitored as part of these surveys.

Outcome 11: (Mandatory Outcome for NRF area: Hastings)Reduce premature mortality rates, and reduce inequalities in premature mortality rates between

neighbourhoods/wards, with a particular focus on reducing the risk factors for heart disease, stroke and related disease (CVD) (smoking, diet and physical activity)

D. Key Improvement Aims and Actions over the Medium Term:

- Development of action plans with provider Trust to improve involvement of Service Users and Carers in planning Service delivery.
- Build stronger links between the broader OP Agenda and OPMH with particular reference to the social inclusion agenda.
- Contribute to East Sussex Mental Health Needs assessment which will lead to a MH Commissioning Strategy
- Continue to work on effective partnership arrangements to deliver the NSF, Green Paper vision and County steers
- Continue to raise social care / Local Authority agenda in the Trust with reference to planned amalgamation due 1 April 2006
- Re-look at the role the LA/social care plays and in the new partnerships re-focus attention on building links with e.g. Housing and Invest to Save bids.
- Promote a strategic approach to commissioning residential and nursing care.
- Reprovision of mental health day service underway and is dependent on identification of a suitable provider.
- To work closely with commissioners and the Trust to develop intermediate services for older people with mental health problems.
- To work towards extending the working hours of community based services.
- To develop home care services that are responsive to the needs of people with mental health problems.

E. Key Risks to delivery of policy steers in short term

- Whilst the importance of effective partnership working across statutory agencies is recognised there are a number of current risks: a) the tensions between the Local Authority and Health organisations are becoming increasingly difficult because of financial challenges on all sides, and, b) the imminent re-structuring of the Specialist Trust, the PCTs and the SHA are diverting our partners' focus to this task.
- Mental Health DTCs are exacerbating the tension between LA and health, although there is less political attention to these DTCs since they are not subject to reimbursement.
- The external funding risk of the Mental Health Grant which has been set at a level which won't sustain current services over the next 3 years has been detailed elsewhere in this paper.
- A Future Builders Bid for £200K per year over 3 years has been submitted by the voluntary sector across Sussex to build their infrastructure and capacity. The success of this bid will rely on all statutory partners re-commissioning current statutory (Day and Employment) services in to the third sector at a contract rate which will allow voluntary agencies who take over these contracts to repay the loan element of Future Builders. Assurances to this effect will have to be built into the business plan which is required for stage 2 of this bid process. The challenge will be to engage all partners and obtain the assurances needed. There is also a political challenge in re-providing day services which traditionally have been provided by the statutory sector.

- The LA has limited non-core funds for voluntary sector organisations to bid to and those that exist are at risk; CPF is oversubscribed and the Carers Grant will no longer be ring-fenced.
- There are new rules for eligibility for ESF funding, and a number of MH projects that currently rely on this as core funding will lose this funding stream.
- Poor IT infrastructure affects ability to collect performance data.
- Reprovision of services (e.g. current and future plans for day service reprovision) is dependent on identification of suitable providers where the voluntary sector infrastructure is weak.
- Residential care market is 'provider driven' with no strategic approach to commissioning. Current and future lack of capacity will inhibit our ability to address this.

F. Efficiency and other savings

Over recent years differential savings have been part of the budget setting process and that is likely to continue. Indeed, reliance on improved efficiency to meet increasing service demands will grow. These will now also be subject to external audit.

1) Efficiency Savings in 2004/05 and 2005/06

Description	£000	Shown in AES	Comments inc whether it leads to sp[ending reductions (referred to as 'cashable' by Government).
2004/05 None			
Total 2004/05	0		
2005/06 Reprovisioning 47a Western Road	40	yes	Report Adult Social care 18th July 2005. Savings to occur 06/07
Total 2005/06	40		

G. Responding to the initial Financial Guidelines for 2006/07 onwards
1) Efficiency and VFM Savings – ***towards RP&R (to be included in AES as 'cashable' and 4*****) Other Savings –** *list actions and impacts and risks arising (including on the delivery of policy steer), of other savings proposals required to achieve set guidelines*

MTFP Savings	**06/07 £000**	**07/08 £000**	**08/09 £000**
Theme 1 Reviewing Eligibility Criteria, move to only FACS 'critical' receiving services.			
Theme 2 Longer term savings through better contracting and processes– Business Case			
Theme 3 Review services provided by the voluntary sector and method of procuring them			
Theme 4 Review in house services role, costs and productivity levels (related to impact of Theme 1)			
Theme 5 Impact of POPPs grant, Telecare grant and new approach to hospital admissions buy Acute Trust			
Theme 6 Invest in new business processes and systems e.g. assessments, income, contracts management, e-procurement, predictive planning. Savings starting in 2007/08 if investment available in 6/7 and 7/8,			
Total			

2) Efficiency improvements planned which would not count towards RPR targets (to be included on AES as "non-cashable") e.g. Improvements in unit costs due to higher volumes.

Details	**06/07 £000**	**07/08 £000**	**08/09 £000**

Invest in new business processes and systems e.g. assessments, income, contracts management, e-procurement, predictive planning. Savings starting in 2007/08 if investment available in 6/7 and 7/8,			
Diversion of clients away from residential care to support to live at home- requires a change in culture and investment in a specialist accommodation advisor. Proposal to route a pilot via the SAT			

There are a number of cases where residential care becomes the default option because there is no access to a suitable housing alternative. In order to improve our target for 'People Helped to Live at Home' by changing the culture from 'residential care is the only option' we could invest in a housing advisor who is available to signpost and talk through housing options as an accessible service for all MH Teams. It would be hard to predict savings but every person who enters residential care costs an average of £500 per week for an indefinite period into the future. Of course there would also be the qualitative benefits of keeping someone engaged in their own independence in the community with better prospects for a full recovery into a fulfilled life. The proposal would be to route a pilot via SAT who would need to skill up staff with increased housing expertise with which they can assist staff.

3) Contribution from income generation opportunities

	06/07 £000	**07/08 £000**	**08/09 £000**
Improved income levels of client contribution will arise from the Business Case if it is agreed			

Income Generation (supporting information to G (4) above – list i) in all areas in which charges / income are currently generated and details of proposed changes.

Also list ii) areas where consideration has been given to raising income (on-going or one off) and known comparison with other similar authorities.

H. Overall Summary of Financial Savings Impacts for 2006/07.

	06/07
Efficiency/VFM	
Income Generation	
Others Savings	
(Shortfall)/surplus compared to target	

I. Efficiency/Productivity

For this service area please provide answers to the following questions:

1. **How do you know your specific service area is productive and efficient? (i.e. how do measure productivity, evidence from re-tendering exercises, benchmarking information etc).**
   NSF national mapping exercise – this only applies to WAA (working age adult) Mental Health. OPMH stats are bound up with overall OP figures.
2. **How does the productivity and efficiency of your service compare to that of other organisations?**
   This is available on the NSF website www.dur.ac.uk/service.mapping/amh and UCCI Audit Commission. Current mapping exercise for 0506 is ongoing.
3. **Which areas do you regard as being the most productive or efficient, and why?**
   Community-based services which allow people to work through their mental health difficulties without having to resort to impatient treatment with resultant knock-ons of loss of self-confidence – loss of job – loss of home etc. Supported Accommodation Service prevents some Service Users entering residential care and enables manoeuvre.
4. **Which areas do you regard as being the least productive or efficient and why?**
   Assertive outreach service and one day service has a very high worker-service user ratio.
5. **What are the main barriers to improving productivity or efficiency?**
   Under investment in low-cost community alternative services and lack of funds to sustain what we have. Lack of control of independent section residential care market and limited alternative housing options.
6. **List the key unit costs you manage and monitor in respect of productivity and efficiency and show how that has changed over recent years.**
   PAF B15 at £356 per week is the 6th lowest in our county comparator group in 2004/05 and this is a consistent trend.
7. **Are you satisfied that the actions identified in the Council's published Annual Efficiency Statement, in respect of this service area, are being progressed satisfactorily?**
8. **From your service planning to date, have you identified opportunities for better productivity and efficiency over the medium term (including better management of the growth of costs which might otherwise occur)?**

Making better use of the SAT resource, menu pricing and strategic approach for commissioning in independent sector.

9. **In respect of this service area how would you respond to the follow challenging question?**
   Yes on the whole they are on target, there is a slight delay in Western Rd reprovision but it will materialise

   " Could this service be delivered more productively or more efficiently in some other way or in combination with partners or by someone else?"
   A comprehensive MH Needs Assessment for East Sussex is due to be published and will form the basis of a Commissioning Strategy which may shift resources to produce better outcomes for service users / address best value for money. The Joint Commissioner will produce this strategy and Partners will need to sign up via the Mental Health Partnership Board.

10. **What are your views on the CPA VFM Self Assessment as it relates to this service area?** (if appropriate).
    MH is part of an integrated service in a specialist Health Trust and it is a challenge to ensure that the CPA Performance Indicators are included in the systems operated by Health to accurately reflect performance in the areas measured. There have for instance been ongoing difficulties with operating both a Health and LA electronic database which are not compatible and therefore require double entry.

J. 'Invest to Save' bids and use of one-off resources.

1.	**Do you have any suggested 'invest to save' bids which would deliver significant productivity and efficiency improvements in the future?** Investment in SAT to divert people from residential care.
2.	**Do you have any bids for one-off resources which would deliver?** a) significant ongoing productivity or efficiency improvements, and/or b) significant advance on policy steer without generating on-going commitments, and/or c) significant ongoing mitigation in a particular risk area. Yes we are developing a Business Case to invest in our systems and processes that will enable both cashable and non cashable efficiencies so that performance can be improved from 2007/08.