

**SERVICE PLAN PROFORMA – 2006/07**Date: Sept 05  
Version No. 1**CABINET PORTFOLIO:** Adult Social Care**SERVICE PLAN AREA:** Older People**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):**

<b>Service Area</b>	<b>(£000s)</b>	Independent Sector
Residential Care	18,230	9,543
Nursing Care	13,344	13,344
Day Care	2,850	173
Assessment & Care Management	6,695	-
Supported Accommodation	11	11
Home Care	12,733	8,940
Meals in the Community	733	-
Other Services	667	410
<b>Total</b>	<b>55,263</b>	<b>32,421</b>

## 2) Current Budget by Type:

<b>Expense type</b>	<b>(£000s)</b>
Employee Related	20,232
Premises	598
Transport	1,012
Supplies & Services	3,645
Third Party Payments	73,776
Capital Financing	915
<b>Gross Expenditure</b>	<b>100,178</b>
Government Grants	(22,045)
Other Grants & Contributions	(1,204)
Client Contributions	(21,659)
Other Recharges	(7)
<b>Income</b>	<b>(44,915)</b>
<b>Total</b>	<b>55,263</b>

## 3) Current FTE staff numbers:

<b>Employee</b>	<b>FTE</b>
Residential Care	291.7
Day Care	87.9
Home Care	172.5
Meals in the Community (Admin)	0.8
Assessment – Eastbourne Downs	61.2
Assessment – Hastings & Rother	43.1
Assessment – Sussex Downs & Weald	40.1
Assessment – Other (inc. reviewing)	24.7
OP Management	21.3
Assessment Management	22.6
Other Services	4.2
<b>Total</b>	<b>770.1</b>

## 4) Currently assessed Standstill Pressures over the next 3 years

### (a) MTFP currently reflects the following

	<b>06/07</b>	<b>07/08</b>	<b>08/09</b>
	£000	£000	£000
Inflation	1,619	1,778	1,938
Standstill- self funders	1,400	1,400	1,400
Standstill- additional commitments	1,300	1,300	1,300

**(b) To maintain existing performance – further estimated pressures**

Pressure	Impact on PAF indicators*	06/07	07/08	08/09
		£000	£000	£000
Access and Systems Capacity Grant- loss of one-off cash injection	C32, C51 & D56	1,200	380	580
Improving ratio of assessment staff to hit D54 and D55 targets	D40 & D55	200		
Impact of change in OP demography (reflected in PAFs)	All	1,200	1,400	1,400
Residential/nursing funding pressures- services not contained within attrition control figures (out of panel) <i>Less standstill pressures recognised and changes in demography above</i>	D56	3,000 (1,300) (1,200)	4,000 (2,600) (1,400)	5,300 (3,900) (1,400)
Home Care funding pressures- services not contained within attrition control figures (out of panel)	C32 & C51	900	1,200	1,400
Mount Denys – taper of Health funding	All	350	530	
Maintain current service delivery times (net of attrition)- £600pw	C32 and C51	800	1,700	2,300
<b>Total</b>		<b>5,150</b>	<b>5,210</b>	<b>5,680</b>

**(C) Improving performance to meet legislative requirements**

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

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

	Impact on PAF indicators*	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
Transfer of Preserved Rights grant into FSS.	All	1,300	870	6,500
Transfer of Residential Allowance grant into FSS. 05/06 grant inflated	All	3,410		
Delayed transfers of care- placements 5 per week @£300 less savings on fines(5%)	C32, C51 & D56	2,100 (500)	4,300 (500)	5,900 (500)
		6,310	4,670	11,900

\* PAF indicators are: C32 – Adults (aged 65+) helped to live at home  
C51 – Direct Payments  
D40 – Clients receiving a review  
D55 – Acceptable waiting times for assessment  
D56 – Acceptable waiting times for care package

### Other risks

It is assumed that:

- The current Emergency Duty Service arrangements with Brighton and Hove continue;
- The delayed discharges fines can be contained within the available grant;
- Changes in Supporting People grant will be cost neutral to ESCC. I.e. that pressures will be met through reductions in existing contracts

## C. Performance

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

BLOB BANDING CHANGES FROM 2003/04 to 2004/05

KEY

●	Red
●●	Orange
●●●	Yellow
●●●●	Light Blue
●●●●●	Green

INDICATOR	03 / 04 Out-turn	04 / 05 Out-turn	Change in blob banding	Next banding range	2004/05	
					Cluster*	England*
C32 - Older people helped to live at home (BVPI)	60	59.4		80<90	70	86
C51 - Direct Payments (BVPI) (KT)	37%	41.4%		90<150	61	59
D40 - Clients receiving a review	54%	58.4%		60<90	61	63
D55 - Acceptable waiting times for assessments (BVPI) (KT)	51%	46.6%	↓ Decrease from 2 to 1	55<65	73	70
D56 - Acceptable waiting times for care packages (BVPI) (KT)	73%	72.8%	↓ Decrease from 4 to 3	75<85	84	82

Please note that blob bandings are applied to unrounded data.

\* 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 table in Section 1 above shows PAF indicators relating to older people. The Department of Health performance bandings are also shown.

The number of older people helped to live at home has remained relatively stable over the last few years, and remains well below the Cluster Group and England averages. Whilst the actual number of older people supported to live at home in East Sussex compares favourably when benchmarked against other authorities, the high 65+ population results in a relatively low PAF C32 outturn. Given the current financial climate, significant improvements in performance against PAF C32 are not anticipated in 2005/06. The increase in the number of additional clients required to improve the PAF banding from 2 to 3 blobs is in the region of 200 additional clients per month, which is not realistic or achievable.

Waiting times for assessments and packages of care are key indicators because not only are they a measure of the quality of service received by clients, but they are also Key Threshold indicators and therefore directly influence the CSCI 'Serving People Well' judgement. Performance against D55 Waiting times for assessments is particularly low in comparison with the Cluster group and England Averages and should be seen as a priority area for improvement.

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. The number of clients receiving a review (PAF D40) maintained a 2 blob banding this year. Whilst this is not regarded as 'good' performance by the Department of Health, East Sussex performance is only slightly below both the Cluster Group and the England Averages. This does not mean that East Sussex should be complacent about performance against this indicator and the 2005/06 Business Plan target aims to improve performance to 3 blobs which is in line with both the Cluster Group and England averages. Performance against PAF D40 has steadily increased over the last 3 years and a continuation of this trend would take the Authority into the 3 blob banding.

PAF C51 relates to adults and older people and performance has continued to increase in 2004/05. Performance data relating specifically to older people is shown below in Section 3.

### Customer Satisfaction

The table below shows the results of recent customer satisfaction surveys for Older Peoples services, by locality. Satisfaction levels for clients in receipt of services from Independent Living Teams are high.

Satisfaction with directly provided services has improved from Q3 2004/05 to Qtr 1 2005/06 in both Hastings and Rother and Sussex Downs and Weald. Satisfaction levels across the service types do not vary significantly, other than Q3 2004/05 Home Care figures in Sussex Downs and Weald which at 33% was less than half the satisfaction level for other services received in the same area. Q1 2005/06 shows a significant improvement in satisfaction with directly provided home care in Sussex Downs and Weald (79%).

<b>Independent Living Teams (April to June 2005)</b>	
% were extremely or very satisfied with Social Services	
Hastings & Rother	78%
Eastbourne Downs	69%
Sussex Downs and Weald	80%

*Method: Feedback forms*

### Users very satisfied with directly provided services

Service	Hastings and Rother		Eastbourne Downs		Sussex Downs & Weald	
	Q3 2004/05	Q1 2005/06	Q3 2004/05	Q1 2005/06	Q3 2004/05	Q1 2005/06
Day Care	68%	67%	67%	70%	67%	68%
Home Care	63%	63%	78%	56%	33%	79%
Respite Care	67%	87%	82%	61%	75%	69%
Overall Average	66%	72%	76%	62%	58%	72%

### 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
C32 - Older people helped to live at home (BVPI)	•• 'Ask questions about performance'	56.9	60	60	60
Older People in receipt of Direct Payments per 100,000 population (In support of C51 - Direct Payments (BVPI) (KT))	••• 'Acceptable'	145 (37 clients)	164 (42 clients)	197 (50 clients)	235 (59 clients)

D40 - Clients receiving a review	●●● 'Acceptable' = highest banding for D40	62.30%	64%	65%	66%
D55 - Acceptable waiting times for assessments (BVPI) (KT)	● 'Investigate Urgently'	48%	46%	55%	66%
D56 - Acceptable waiting times for care packages (BVPI) (KT)	●●● 'Acceptable'	71.3%	72%	72%	72%

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

#### Healthier Communities and Older People Block

##### **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:**

- Reduce the number of emergency admissions into the acute sector in conjunction with the NHS by developing a range of community based alternatives – thus reducing DTCs
- Explore options to implement the ‘individualised’ budgets approach to care that requires needs to be banded and those bands to have notional ceiling costs set against them that denote the amount we would normally expect to pay to meet those needs. This manages people’s expectations in terms of expensive care packages and enables them to have input into how that money is spent. It is also in line with the Green Paper.
- Ensure that there are minimal admissions to long term institutional care directly from an acute setting. This will involve a cultural change to remove “pre-determination” by health staff and families and encourage care at home rather than institutional care. We will also need to enhance the availability of assessment and transitional beds outside of the acute setting which in part can be achieved by increasing occupancy levels in our existing intermediate care beds
- Support more “self-funders” in the identification of appropriate and cost effective care services. This would require careful management with independent sector providers.
- Improve value for money by reducing the average cost of care through improved commissioning and procurement practices (including examining the costs of our own Directly Provided Services)
- Implement Care Management and the Single Assessment Process (SAP)
- Exploit technology (i.e. Telecare) to support more people in their own homes (Preventative Technology Grant)
- Extend the working day/week that people can access an assessment and core services – particularly in an acute setting
- Develop a Joint Commissioning strategy with the NHS
- Improve performance against key performance indicators for assessments, reviews and the provision of services by changing our working practices and improving our systems (Linked to ESCR and Practice Transformation).
- Improve performance against key indicators for assessments and services to carers and people helped to live at home by changing our approach to contracting with the voluntary sector.
- Increase income for services by improving our systems and processes.

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

- Financial restrictions within the NHS resulting in limited development of admission avoidance schemes.
- Limited Community Care budget resulting in delays to services and further restrictions on the level of dependency required to receive a service (including previous self-funders). On the whole only critical needs are being met but there is



some scope to review long standing service users and potentially reduce care to some.

- The Business Transformation Business case is not funded which will enable a range of longer term savings and improvements to be made.
- Resistance from the voluntary sector due to proposed changes in contractual arrangements
- There is a risk around the markets ability to provide the level of care at the right quality if we outsource more care and the fact that we will lose our ability to provide that care as a last resort.
- ICES contract performance and NHS withholding payment
- Boroughs and Districts may have insufficient funds to meet all DFG requirements
- A new single PCT and a pan-Sussex Mental Health provider Trust
- Delays in Practice Transformation and roll-out of ESCR reducing anticipated efficiency gains resulting in delays in assessments and service provision.

## 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 spending reductions (referred to as 'cashable' by Government).
2004/05			
Reprovisioning of home care to the independent sector	396	Yes	Cashable
Increase intensive home care support	704	Yes	Cashable
Reprovisioning of Rye Day Centre	21	Yes	Cashable
Supporting People- limit inflationary pressures	300	Yes	Cashable
<b>Total 2004/05</b>	1,421		
<b>2005/06</b>			
Restructure specialist teams	99	Yes	Cashable
Reorganise directly provided	50	Yes	Cashable

home care management structure			
Restructure Living at Home Programme management	45	Yes	Cashable
Reprovisioning of home care to the independent sector	100	Yes	Cashable
<b><u>Total 2005/06</u></b>	294		

### G. Responding to the initial Financial Guidelines for 2006/07 onwards

**1) Efficiency and VFM Savings – towards RPR&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**

<b>MTFP Savings</b>	<b><u>06/07</u> <u>£000</u></b>	<b><u>07/08</u> <u>£000</u></b>	<b><u>08/09</u> <u>£000</u></b>
<b>Theme 1</b> Reviewing Eligibility Criteria, move to only FACS ‘critical’ receiving services.			
<b>Theme 2</b> Longer term savings through better contracting and processes– Business Case			
<b>Theme 3</b> Review services provided by the voluntary sector and method of procuring them			
<b>Theme 4</b> Review in house services role, costs and productivity levels (related to impact of Theme 1)			
<b>Theme 5</b> Impact of POPPs grant, Telecare grant and new approach to hospital admissions buy Acute Trust			
<b>Theme 6</b> 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.**

<b>Details</b>	<b><u>06/07</u> <u>£000</u></b>	<b><u>07/08</u> <u>£000</u></b>	<b><u>08/09</u> <u>£000</u></b>
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,			

**3) Contribution from income generation opportunities**

	<b><u>06/07</u> <u>£000</u></b>	<b><u>07/08</u> <u>£000</u></b>	<b><u>08/09</u> <u>£000</u></b>
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.**

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

### **I. Efficiency/Productivity**

<b>1.</b>	<p><b>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).</b></p> <p>We monitor unit costs through PAF Indicators and by measuring internal costs and occupancy levels The Practice Transformation programme has been providing the basis for ongoing monitoring and improvement of productivity</p>
<b>2.</b>	<p><b>How does the productivity and efficiency of your service compare to that of other organisations?</b></p> <p>Some of our key indicators for assessments and reviews, for example show that we are not performing as well as some of our comparator group.</p>
<b>3.</b>	<p><b>Which areas do you regard as being the most productive or efficient, and why?</b></p> <p>We are currently assessing the value of our in house home care service compared to the independent sector.</p>
<b>4.</b>	<p><b>Which areas do you regard as being the least productive or efficient and why?</b></p> <p>There are key issues with our back office systems – see business case We are looking at ways to increase the occupancy in our LAHP beds.</p>
<b>5.</b>	<p><b>What are the main barriers to improving productivity or efficiency?</b></p> <p>Need to have modern systems for financial assessments and procurement – see business case</p>
<b>6.</b>	<p><b>List the key unit costs you manage and monitor in respect of productivity and efficiency and show how that has changed over recent years.</b></p> <p>PAFB13 Cost of resi/nursing care £409 per week 2004/05 is the 7<sup>th</sup> highest in our group. PAF B17 Cost of a home care hour £15 is 6<sup>th</sup> highest in 2004/05. We can improve this by better procurement and systems to support it.</p>
<b>7.</b>	<p><b>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?</b></p> <p>On the whole yes</p>
<b>8.</b>	<p><b>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)?</b></p>

	The Business Case addresses this.
9.	<b>In respect of this service area how would you respond to the follow challenging question?</b>  “ Could this service be delivered more productively or more efficiently in some other way or in combination with partners or by someone else?”
10.	<b>What are your views on the CPA VFM Self Assessment as it relates to this service area? (if appropriate).</b>

**J) ‘Invest to Save’ bids and use of one-off resources.**

1.	<b>Do you have any suggested ‘invest to save’ bids which would deliver significant productivity and efficiency improvements in the future?</b>
2.	<b>Do you have any bids for one-off resources which would deliver.</b>  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.

