

SERVICE PLAN PROFORMA – 2006/07Date: Sept 05
Version No. 1**CABINET PORTFOLIO:** Adult Social Care**SERVICE PLAN AREA:** Physical Disabilities**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)	Independent S.
Residential Care	695	695
Nursing Care	833	833
Day Care	624	609
Assessment & Care Management	3,514	-
Equipment & Adaptations	918	-
Home Care	1,709	1,648
Other Services	1,998	1,849
Total	10,291	5,634

2. Current Budget by Type:

Expense type	(£000s)
Employee Related	3,123
Premises	1
Transport	103
Supplies & Services	1,072
Third Party Payments	8,827
Support Service Recharges	54
Gross Expenditure	13,180
Government Grants	(1,944)
Other Grants & Contributions	(77)
Client Contributions	(868)
Income	(2,889)
Total	10,291

3. Current FTE staff numbers:

Employee	FTE
Assessment – Eastbourne	15.2
Assessment – Hastings & Rother	21.2
Assessment – Lewes	8.2
Assessment – Wealden	11.2
Project Team	1.1
Sensory Impairment	15.2
Administration	21.5
Blue Badges	3.0
Management	8.3
Total	104.9

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

a) MTFP currently reflects the following

	<u>06/07</u>	<u>07/08</u>	<u>08/09</u>
	£000	£000	£000
Inflation	305	320	334
Other Standstill	Nil	Nil	Nil

b) To maintain existing performance – further estimated pressures

Pressure	Impact on PAF indicators*	£000	£000	£000
Daily Living equipment	C29	300	300	300
Direct Payments- To support proposed changes to payment structure to ensure comparability with other service delivery options	C51	200	200	200
Residential/nursing funding pressures- services not contained within attrition control figures (out of panel)	All	400	520	620
Home Care funding pressures- services not contained within attrition control figures (out of panel)	C29 & C51	110	150	180
Total		1,010	1,170	1,300

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

	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>

* PAF indicators are: C29 – Adults with PD helped to live at home
C51 – Direct Payments
D40 – Clients receiving a review

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*
C29 - Adults with physical disability helped to live at home	5	5.3		N/A 5 blobs 5+	4.2	4.2
D40 - Clients receiving a review	54%	58.4%		60<90	61	63

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 performance against the 'Helped to live at home' indicator for adults with physical disabilities.

PAF C29 'Adults with physical disabilities helped to live at home' remained in the highest PAF performance banding (5 blobs) in 2004/05. Performance exceeds both the cluster group and England averages.

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 Physical Disabilities in receipt of direct payments is 142. Clients with Physical Disabilities account for around 75% of clients in receipt of Direct Payments.

Customer Satisfaction

The table below shows the results of recent customer satisfaction surveys for Physical Disability services. The satisfaction levels are consistently very high across all of the reporting periods.

Customer Satisfaction Survey	April to September 2004	October to December 2004	January to March 2005	April to June 2005
% thought the OT service, overall, was excellent or good	85%	88%	87%	85%
% would feel confident contacting Social services again	96%	98%	97%	96%

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
C29 Adults with physical disabilities helped to live at home	••••• 'Very Good'	5.1	5.1	5.1	5.1
Adults with Physical Disabilities in receipt of Direct Payments per 100,000 population (In support of C51 - Direct Payments (BVPI) (KT))	Overall C51 Performance ••• 'Acceptable'	557 (142 clients)	604 (155 clients)	661 (168 clients)	716 (180 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

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:

Please refer to Older people submission, plus

- Call back time for beginning of OT assessment to improve from 2 weeks to 3 days
- End of OT assessment within 8 weeks Both these will depend on no further reductions in budget and may still be difficult to achieve
- Increased use of electronic systems for adaptation recommendations and reading of plans
- DLE ordering on line
- Faster streamlined case assessment recording - depends on practice transformation
- Flexible working/ OTs based in housing teams - depends on practice transformation

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

Please refer to Older People submission, plus

- Improving timescales for assessment may be difficult to achieve given full year funding reduction next year
- DFG budgets have been allocated for this year and next (in some cases) may impact on our duty to arrange adaptations
- Hastings and Rother HIAs, new contractual arrangement needed
Minor adaptations - new contract needs negotiating
- Eligibility - needs to be kept under review around moderate need
ICES payments

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).
<u>2004/05</u>			
Castleham closure	251	yes	cashable
<u>Total 2004/05</u>	251		
<u>2005/06</u>			
Reduce OT/OTA posts	61	Yes	Cashable Report Adult Social care 18th July 2005. Savings to occur 06/07
Review Community Transport	78	No	
<u>Total 2005/06</u>	139		

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	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
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 by 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	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
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			

3) Contribution from income generation opportunities

	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
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 and Productivity

1.	<p>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).</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>
2.	<p>How does the productivity and efficiency of your service compare to that of other organisations?</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>
3.	<p>Which areas do you regard as being the most productive or efficient, and why?</p> <p>We are currently assessing the value of our in house home care service compared to the independent sector.</p>

4.	<p>Which areas do you regard as being the least productive or efficient and why?</p> <p>There are key issues with our back office systems – see business case We are looking at ways to increase vfm in the residential sector, the unit size is quite small</p>
5.	<p>What are the main barriers to improving productivity or efficiency?</p> <p>Need to have modern systems for financial assessments and procurement – see business case</p>
6.	<p>List the key unit costs you manage and monitor in respect of productivity and efficiency and show how that has changed over recent years.</p> <p>PAFB16 Cost of resi/nursing care £403per week 2004/05 is the 3rd lowest in our group. PAF B17 Cost of a home care hour £15 is 6th highest in 2004/05. We can improve this by better procurement and systems to support it.</p>
7.	<p>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?</p> <p>On the whole yes</p>
8.	<p>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)?</p> <p>The Business Case addresses this.</p>
9.	<p>In respect of this service area how would you respond to the follow challenging question?</p> <p>“ Could this service be delivered more productively or more efficiently in some other way or in combination with partners or by someone else?”</p>
10.	<p>What are your views on the CPA VFM Self Assessment as it relates to this service area? (if appropriate).</p>

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

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