

Report to: **Cabinet**

Date: **19 April 2005**

By: **Acting Director of Adult Social Services**

Title of report: **Response to the Audit Commission Whole Systems Review of Services for Older People in East Sussex**

Purpose of report: **To inform Cabinet of progress made in developing an Action Plan to address the recommendations of the Audit Commission Review**

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## **RECOMMENDATIONS**

**The Cabinet is recommended to agree the Action Plan subject to final discussions regarding a Risk Sharing Strategy.**

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### **1. Financial Appraisal**

1.1 For 2005/2006, the resource implications are as follows:

- The Audit Commission identified a need for further Home Care. Growth investment of £500k for Home Care has already been agreed. A further £400k has been identified for investment in intermediate care services in Hastings and St. Leonards.
- The Audit Commission recommended the development of a shared risk framework, which requires:
  - PCTs establish new community services
  - Reimbursement Grant be used to fund new community services
  - Given additional community provision, and a demonstrable decrease in acute admissions, if demand for social care continues to exceed supply at rates which cause significant operational problems for Health, the Audit Commission would expect the County Council to address the unmet need.

A Risk Sharing Strategy based on this framework has been drafted and is subject to further negotiation. In essence this requires services to be developed to prevent unnecessary hospital admission. It is envisaged that this will in turn reduce the numbers of patients requiring services at the point of discharge. If there is a measured reduction in admissions and delayed transfers of care continue at their current rate the County Council would be expected to commit additional resources to address this problem.

- The County Council will be asked to agree to contribute a share of the costs for a jointly appointed Programme Director to ensure implementation of the Action Plan and lead Whole Systems Improvement. This will be £15k and be met from Adult Social Services budget.

### **2. Supporting Information**

2.1 In response to the ongoing problems of Delayed Transfers of Care in the East Sussex Health and Social Care Economy, the Audit Commission undertook its review of older people's services from a 'whole system' perspective in the autumn of 2004.

2.2 In finalising its recommendations, the Audit Commission identified a range of weaknesses, including a lack of collaboration at a strategic level, a pre-occupation with delayed transfers of care (which it characterised as "managing through the rear-view mirror") and allowing the Local Health Economy's need for financial balance to override the broader issues of modernisation and service improvement. The Audit Commission noted that there is a steep modernisation curve to be addressed in East Sussex but that the NHS had further to go than Social Services.

### **3. Action Plan - Key Issues**

3.1 The draft Action Plan, (Appendix 1) has already been agreed in principle by the Executive Programme Board and will be presented to Health Boards. It provides a structured approach to addressing the Audit Commissions recommendations. It is intended to act as the key mechanism for addressing the issues raised and leading a vital Whole Systems Improvement Programme.

3.2 Overall, the Action Plan establishes a realistic approach by ensuring all investment occurs within the framework of Health Local Delivery Plans and the Social Services Business Plan in regard to the County Council. More substantial resource shifts from acute to community settings will be required as funding is released from current activity, principally through reducing emergency admissions. The immediate investment of the 2005/06 Reimbursement Grant (£1.064m) to provide pump-priming for new community-based services would greatly assist this process.

3.3 Agreement to a Risk Sharing Strategy, based on the Audit Commission's suggested framework would enable all parties to minimise individual organisational risk and facilitate the necessary shift in resources from acute settings to community-based services and better management of long term conditions. Negotiations are ongoing and an update will be given at Cabinet. Whatever the outcome of this work it is important to pursue the shared modernisation of services in all other areas addressed by the Review.

3.4 A further critical element of the Action Plan is the newly developed Performance Management Framework (Appendix 2) which, for the first time, provides an agreed tool for managing performance across the whole system, rather than just concentrating on a limited aspect of activity such as delayed transfers of care. This will help provide an evidence base for the future development of services.

3.5 There is a need to ensure a robust mechanism for delivering the Action Plan and the ongoing Whole Systems Improvement Programme. An insufficiently resourced programme management and delivery structure has often resulted in limited progress in the past and this was noted by the Audit Commission. In response, a brief has been agreed for a Programme Director post (Appendix 3) which will be jointly funded. In order to progress this work as a matter of urgency a temporary appointment has been made, with clear tasks and outputs identified for the postholder, pending a wider recruitment process.

### **4. Conclusions and reasons for recommendation**

4.1 In order to progress the Audit Commission's recommendations and to address the critical issues in relation to successful joint working between the County Council and Health partners, Cabinet is recommended to approve the Action Plan.

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Audit Commission – Whole System Review of Services for Older People in East Sussex

**ACTION PLAN** (Version 6, Mar 21 2005)

**1 Key recommendations – not in priority order**

	Recommendations from the Review (Order Changed from Original Report)	Local Health & Social Care Economy Agreed Actions	Lead	Resource Requirement (beyond current staff time)	Time Frame
1	CEOs and Chairs/Leader take on this issue as a shared performance objective (Originally R1)	1.0 Establish Project Board of CE's to manage the preparation, sign-off (by Cabinet & Boards by c. Feb 05) and implementation of this Plan. Executive Programme Board (EPB) to provide this role initially. 1.1 The principle of shared ownership and joint accountability of mutual issues be adopted. 1.2 This Action Plan be agreed and its implementation fully supported.	Fiona Henniker/ Keith Hinkley (Project Sponsors) for Action Plan preparation  All CE's for overall implementation and local areas of responsibility	Nil	Initial sign-off of 1.1 – 1.3 by EPB by Feb 05  Cabinet & Boards to sign-off Action Plan by c. Feb 05  More inclusive Project Board agreed by Mar 05
		1.3 EPB to "sign off" the Risk Sharing Agreement	EPB	Nil	

		<p>1.4 The Acute Trust Board to consider the specific Audit Commission recommendation that the 05/06 Reimbursement Grant (£1.063m) be agreed to pump-prime new community services, within the parameters of the risk management framework (see 1.4) and in alignment with LDP development processes. Substantive/ongoing funding for these services will be addressed through the LDP and SSD Budget setting process.</p> <p>Also to note that agreement to end the Reimbursement fines system would release staff resource to support the Whole Systems Performance Management Framework (see 9.3)</p>	ESHT Board	Nil	Response to EPB/Project Board/ Chairs by Mar 05
		<p>1.5 Develop and agree Shared Risk Management arrangements, agreed by all organisations that:</p> <ul style="list-style-type: none"> <li>• The additional community provision identified in this plan should result in a decrease in acute admissions and consequently in DTCs</li> <li>• These figures to be formally reviewed in c. Sept 05</li> <li>• If no significant improvement occurs, risks and financial consequences to be shared according to the scheme to be agreed</li> </ul> <p>This risk management framework will be supported by the Performance Management Framework (see 9 below) to ensure robust data is available to evidence admissions activity, DTC, etc. EPB has noted that in 05/06, WS data is unlikely to be fully developed, never-the-less a shared risk management framework will progressed.</p>	Graham Griffiths, John Vesely, Ken Ellis, Helen Aldis, Mark Stainton, Bev Hone (as confirmed by EPB)	Nil	By Mar 05
2	<p>Streamline and clarify joint decision making structures in order to:</p> <ul style="list-style-type: none"> <li>• Integrate debate/decision making on modernisation and financial recovery</li> <li>• Involve partners better</li> <li>• Reduce confusion and duplication</li> <li>• Build strong shared view across PCTs</li> </ul> <p>(Originally R6)</p>	<p>2.0 Agree at EPB that –</p> <p>2.1 This Action Plan, the 05-08 Local Delivery Plan, the 2005 Adult Social Services Business Plan, the Healthcare Strategy and Financial Recovery plans are the key strategic documents and will all align to underpin effective joint working and planning, balancing financial pressures with the need for continued modernisation.</p> <p>2.2 EPB itself and current partnership/planning structures will be reviewed and a paper prepared demonstrating better engagement of all key stakeholders and partners, including the voluntary sector and Housing. Ongoing engagement of older people to be made explicit through Older People’s Involvement Strategy (see 8.2)</p>	Fiona Henniker/ Keith Hinkley	Nil	By Feb 05
			Fiona Henniker/ Keith Hinkley	Nil	Paper prepared by April 05
3	<p>Tackle poor relationships by:</p> <ul style="list-style-type: none"> <li>• Drawing a line under the history</li> </ul>	<p>3.1 Further work on a joint communications protocol that is practical and workable for all organisations, to be developed by the Joint Communications Group and agreed by senior management/the Administration of both organisations. This will</p>	Lynn Evans (ESCC Head of Communications)/Cecelia	Nil	By end April 05

	<ul style="list-style-type: none"> <li>• Agreeing a joint communications strategy</li> <li>• Undertaking leadership development together (Originally R8)</li> </ul>	<p>focus on improved ways of working together both on joint provision/sharing of information and media handling.</p> <p>Reporting to Lesley Healey/Rick Stern</p>	Yardley proposed for NHS		
		3.2 NHS CE's have agreed to shape joint development activity around the key areas of joint work such as the Joint Commissioning Strategy (see 10). This activity to be undertaken in 05/06.	Fiona Henniker/Keith Hinkley		By June 05
4	Need to appoint senior level change agent, with the trust of all partners and authority to tackle barriers and spearhead change (Originally R2)	<p>4.0 The appointment of a jointly-funded programme manager be considered, to manage the implementation of this Action Plan and ensure alignment with the other key strategic plans/processes/developments. Two year post to ensure joint developments are robustly supported.</p> <p>4.1 Implementation arrangements/programme manager post to be considered when Action Plan is signed off.</p>	EPB to consider	c. £60k pa, plus on-costs and expenses	Implementation arrangements agreed by Mar 05
5	Commission community-based services by April 2005 as detailed in the practical plan (Originally R9)	<p>5.1 PCTs to provide detail of:</p> <ul style="list-style-type: none"> <li>i) Services that will treat people with Long Term Conditions (including Intermediate Care)</li> <li>ii) Reform to emergency services (including diagnostics)</li> <li>iii) Provision of necessary supporting activity for 3 years of LDP 2005/06, 2006/07 and 2007/08.</li> </ul> <p>This detail to be presented in an agreed format to address the following:</p> <ul style="list-style-type: none"> <li>• Services to support people in the community</li> <li>• Related activity and cost of those community services</li> <li>• Related reduction in acute activity and associated cost</li> <li>• Associated timescales</li> </ul>	OP Leads from PCT's and SSD	As per LDP/SSD Business Plan	As per LDP development process – c. Feb/Mar 05
		5.2 PCTs & SSD to identify selected number of proposals that are service priorities for resourcing from Reimbursement Grant 2005/06 (£1.063m)	OP Leads from PCT's and SSD		By Feb/Mar 05
		5.3 EPB to sign-off East Sussex wide agreement to proposals to be funded from reimbursement grant (see 1.3).	Fiona Henniker/Keith Hinkley		As per 1.3 above, by Mar 05

		5.4 Local Health & Social Care communities to model service costs and equivalent activity for new and reconfigured services supporting this agenda, and the value of the associated reduction in emergency bed days	OP Leads from PCT's and SSD		As per LDP development process – c. Feb/Mar 05
		5.5 PCTs and SSD to begin implementing reimbursement funded services.	OP Leads		By April 05
		5.8 PCTs to commission new levels of activity (both acute and community) that facilitate the service shift as part of Service Level Agreements for 2005/06.	PCT Commissioning Directors		By April 05
		5.9 SSD to commission new levels of activity as appropriate, including use of £500, 000 growth investment in homecare for 05/06, increase in Direct payments (£200k) and Moreton Centre (£400k).	SSD DMT		By April 05
		5.10 Establish evaluation & performance management arrangements to evidence effectiveness of service transformation above. To be aligned with WS Performance Management Framework (see 9)	OP Leads		By April 05
		5.10 Recruitment/transfer of staff to support service transformation begins	Operational Leads (to be identified)		April/May 05
		5.11 Staff in place for 2005/06.	Operational Leads		Aug 05
6	Develop whole systems approach to managing acute demand – [additional to those in 5 above] (Originally R4)	In addition to 5 above, a whole systems approach to managing acute demand will continue to be progressed through other workstreams which will link to, but not be directly managed by this project. 6.1 Key relevant workstreams such as Emergency reform, Surrey/Sussex-wide Transforming Chronic Care Programme, Strategic Direction, Demand Management/Flows Group, etc will be confirmed.	OP Leads to identify key workstreams	Nil	By Mar 05
		6.2 Linkages made between this project and identified workstreams	Action Plan Programme Manager, in liaison with other workstream leads	As per LDP/ SSD Business Plan	Ongoing as per identified workstreams
7	Build on good practice examples to improve consistency of outcomes for older people (Originally R3)	7.1 Review services outlined in 5 above to address early implementation issues and share learning.	NSF OP Leads	As per LDP/ SSD Business Plan	By Nov 05

		7.2 Ensure Joint Commissioning Strategy further addresses wider issues, including use of assistive technology, effective partnerships with Housing, voluntary sector, Supporting People, etc to maximise consistency of access and equity of outcomes.	NSF OP Leads	As per LDP/ SSD Business Plan	As per Action 10, by Sept 05
8	As a whole system strengthen mechanisms to engage with older people to ensure that the strategic direction is in line with their views – this will give a mandate, credibility and momentum to the change (Originally R5)	8. 1 Agree Older People’s Involvement Strategy (based on Audit Commission/BGOP model) currently in development, as a means of ensuring wider engagement into the future.  8.2 Explicit links to the revised planning structures to be developed.	Vicky Lawrence (SSD), with existing multi-agency steering group and older people’s reference group	Nil	Consultation Draft agreed by 10 Jan 05  Explicit links to be agreed by April 05  Finalised by April 05
		8.3 Through local events/processes and national research, older peoples’ views have shaped current LDP plans, NSF implementation, the draft Older People’s Involvement Strategy and Social Services commissioning intentions. This Action Plan will be consulted on with the group of older people who originally met with the Audit Commission for this Review and with members of the Older People’s Involvement Strategy Reference Group.	Jessie McArthur & Diane Parr (Age Concern)/ Vicky Lawrence	Nominal costs for Age Concern event	OP Reference Group by Feb 05  Original Review Group by April 05
9	Use data as basis for increasing shared understanding of the issues, develop targeted responses and monitor impact - EOR modelling may offer a useful tool (Originally R8)	9.0 Agree the Whole Systems Performance Management Framework for use by the Project Board as a meaningful tool for managing performance. 9.1 Agree Framework and data set (considering EOR, TCCP database, etc) 9.2 Agree monitoring and accountability arrangements for regular reporting to Project Board to ensure the framework is robust, linking to the Risk Sharing Framework (see 1.4) 9.3 Consider the deployment of current SITREP reporting /Reimbursement system staff resource to support this workstream. Redeployment would be contingent	Imran Yunus (SSD), PCT Analysts (to be identified), Andrew Stenton (ESHT)  Adam Penwarden (SSD) re SITREP/ Reimbursement	£1500 for each EOR licence (one-off cost per PC), so SSD, SDW, EBD, B&R+HStL	Framework & data set agreed by EPB by end Jan 05  Monitoring & account-

		upon agreement being reached to end the system of fines, thereby releasing staff capacity.	resource	(4 in total) = £6,000	ability arrangements agreed by April 05
10	Build on this piece of work to develop a consistent approach to whole systems work in the future (Originally R10)	10.1 Develop a Joint Commissioning Strategy for OP Services (see 7.2), aligned to LDPs and the ES Healthcare Strategy, building on existing Project Initiation Document, ensuring balance between financial pressures and the need for continued modernisation.	Beverly Hone/ OP Leads for Joint Com. Strat.		Jnt Com Strat consultation draft by Sept 05
		PCT Commissioning & Finance Directors, SSD Reps to be involved, plus wider stakeholders	PCT Commis-sioning/ Finance Directors for LDP		LDP sign-off by Mar/April 05
			Michael Wilson for ES Healthcare Strategy		1 <sup>st</sup> draft Healthcare Strategy by Feb 05  Revised version by Mar 05
		10.2 Develop more formalised partnership arrangements to articulate an agreed broad framework of principles, performance management and accountabilities in which joint commissioning and planning will occur, as well as development of further joint working & joint management arrangements.	Fiona Henniker/Keith Hinkley		By May 05
		10.3 This Action Plan will be reviewed every six months between Audit Commission, Commission for Social Care Inspection, and the Surrey/Sussex Strategic Health Authority	Fiona Henniker/Keith Hinkley		Ongoing

**VERSION CONTROL**

Draft No.	Revision date	Summary of Changes	Changes Marked
1	7/1/05	1 <sup>ST</sup> draft prepared in consultation with FH, KH, FS, & BH (Author: JM)	N
2	12/1/05	Revised draft after NSF OP Leads meeting (10/1/05) and comments from Andrew Stenton. Agreed by Keith for circ. to EPB	N
3	17/1/05	Reflects amendments by EPB on 13/1/05 (agreed by Fiona H & Keith H)	N
4	15/2/05	Reflects amendments to timescales only	N
5	23/2/05	Reflects amendments by EPB	N
6	21/3/05	Amendment to timescale of Item 3	N

**WHOLE SYSTEM PERFORMANCE MANAGEMENT FRAMEWORK**

	INDICATORS for the age group >65 yrs per PCT	Actual 03/04	Predicted 04/05	Actual 04/05	05/06 Q1		05/06 Q2		05/06 Q3		05/06 Q4		Target 05/06		Target 06/07	Target 07/08
					T <sup>1</sup>	A <sup>1</sup>	T	A	T	A	T	A	T	A		
ACUTE DEMAND MANAGEMENT	1. No. of Emergency admissions per specialty (care of elderly, general medicine and trauma & orthopaedic) 2. No. of emergency admissions through G.P. 3. No. of emergency re-admissions within 28 days of discharge. 4. Average number of emergency admissions per G.P. practice.															
FALLS	5. Total No. of Falls (using ambulance data as proxy) 6. No. of people accessing Falls Prevention services 7. No. of people attending due to falls that lead to A&E attendance 8. No. of people who have a fall and are admitted to Trauma & Orthopaedic															
MANAGEMENT OF CHRONIC DISEASES IN THE COMMUNITY <sup>1</sup>	9. No. of case managers/advanced practitioner nurses. 10. Caseload of case managers/advanced practitioner nurses. 11. No. of patients participating in active case management. 12. No. of patients who received medicines management reviews.															
INTERMEDIATE TIER SERVICES (IT)	13. No. of people utilising step up IT services. 14. No. of people using step down IT services 15. Capacity of residential IT services (No. of Beds) 16. Caseload of non-residential IT services.															
SOCIAL CARE	17. Caseloads of homecare teams. 18. No. of people receiving intensive homecare packages. 19. No. of social services funded people going into nursing care. 20. No. of social services funded people going into residential care. 21. No. of intensive homecare packages as a percentage of residential care. 22. No. of people waiting for homecare, daycare at residential care at the end of quarter and weekly cost (excess demand).															
DELAYED TRANSFERS OF CARE	23. SITREP quarterly average of people delayed in community, mental health and acute settings due to Non-SSD and SSD reasons.															
WHOLE SYSTEM <sup>3</sup> . Measures that link sectors across the sector. These may not be currently be available but could form the basis of future reporting.	24. No. of people admitted to acute setting with one month of being discharged from intermediate tier services. 25. No. of peoples receiving intensive case management who are admitted more than three times per year. 26. No. of people who receive intensive homecare following discharge from hospital. 27. No. of people that have falls following medicine management support.															

<sup>1</sup> Target  
<sup>1</sup> Actual  
<sup>1</sup> Not currently collected

<b>Job Description for Whole Systems Improvement Programme Director</b>
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**The Context:**

The Audit Commission's Whole System Review of Services for Older People undertaken in December 2004 was blunt in their critique of the East Sussex health & social care community's ongoing difficulties in securing strategic-level agreement about crucial areas of development which demand collaboration. The Commission's recommendations were clear about the need to ensure that key costs and risks are identified and shared collectively if the H & SC community is to ever break this impasse. The difficult work required to effectively shift this paradigm needs a fully committed approach by all organisations and a highly effective means of ensuring that the focus is maintained and the necessary work gets done. As the Audit Commission notes – *"Building on proposals developed within the local health and social care community it seems to us that a number of things need to happen - choreographed in such a way as to have maximum impact"*.

The Whole Systems Action Plan is not necessarily the single most important strategic plan or process for health and social care in East Sussex, but it is the only one which is truly joint and written to balance the needs of all organisations in the WS. Given the number of simultaneous strategic workstreams, the complexity of the agenda and the pressures on all organisations, there is a high need to ensure that this WS Action Plan is supported as the unified vehicle by which the change which must be collectively delivered is managed.

Progress requires a high performing individual, with a dedicated role to lead and manage the necessary work and actively link workstreams and organisations.

**Job Title:**

Programme Director for WS Improvement (Services for Older People)

**Reports To:**

WS Improvement Programme Board - of NHS Chief Executives, Director Adult Social Services, nominated Housing CE and key Voluntary Sector reps.

Nominated CE to have line management responsibility and be host employer.

**The Purpose:**

On behalf of the WS Programme Board and in adherence to the agreed WS Action Plan, to drive forward the activity and changes identified by the Audit Commission as necessary to improve services for older people across the whole system in East Sussex.

**The Role:**

1. To lead the effective implementation of the Action Plan, ensuring adherence to the timeframes, links, accountability processes, stakeholders, etc as stated, and to maintain overall co-ordination of the process.
2. To hold cross-organisational ownership of and focus on the Action Plan as a key vehicle for agreed change over time; facilitating and managing the competing interests and varying high-level organisational drivers, reflecting neutrality and ensuring optimal balance across all interests.
3. To support the Programme Board in its role of governing the programme, through the preparation of reports, management of sub-processes, maintenance of project documentation, etc.
4. To pro-actively identify and link the simultaneously running workstreams, planning processes and service developments (including those stated in the Plan - Emergency reform, Surrey/Sussex-wide Transforming Chronic Care Programme, Strategic Direction, Demand Management/Flows Group) to maximise effective collaboration and synergies, promote the engagement of other key specialists (eg clinicians, PCT Prescribing Advisors, Falls Leads, CDM Leads, etc) and reduce duplication or inefficient deployment of staff resources.

5. To ensure the crucial performance management agenda (as outlined in the Plan) is progressed, reflecting a whole systems approach.
6. To ensure the programme is focussed on the needs of older people and that opportunities for inclusion and participation occur.
7. To promote necessary culture change amongst key stakeholders including clinicians, practitioners, and managers to ensure service improvements are effectively supported by changed behaviour.
8. To build relationships with the Housing, Voluntary and Independent sectors to enable their effective involvement and contribution.
9. To ensure that fresh insight and information on best practice and evidence-based service improvement is sourced and made available to maximise effectiveness and overcome barriers.
10. To ensure that the programme's reporting and communication needs are met, internally and externally, communicating progress, sharing best practice, spreading learning, etc.

### **The Person:**

1. Practical experience of having run a large and complex improvement project across a multi-organisational structure, using project management methodologies to support effective and timely delivery.
2. Experience of working at a senior level in either NHS or social care setting, with an understanding of the modernisation agenda in both the NHS and social care, including familiarity with tools and techniques for achieving improvement.
3. Excellent interpersonal and communication skills, with the ability to understand and operate sensitively within a political environment.
4. An ability to command the confidence of Chief Executives/Directors, Board Members and Chairs, senior managers, clinicians, local authority elected members and other stakeholders.
5. A strong track record of engagement with users of services and a focus on improving outcomes for people.
6. Strong intellectual capacity, analytical skills and presentation skills with an ability to think strategically and creatively and link different policy initiatives and concepts.
7. Ability to work constructively across organisational and professional boundaries, reflecting a sophisticated understanding of organisations, culture and drivers, and able to achieve results through influence and operating comfortably outside conventional management structures.
8. Leadership ability and excellent managerial and facilitation skills, demonstrating flair in innovative thinking and planning.
9. Attentive to detail in language, narrative, numerical and financial reports and process management.
10. A passion to improve health and social care service, working in partnership, and with the involvement of many others, reflecting clarity, determination and a personal integrity which motivates, inspires confidence and reduces cynicism.
11. To reflect neutrality and credibility, the successful post holder would ideally have no historical alignment with any one organisation in the H&SC community.