

Cabinet Member Report on Achievements in 2009/2010

Herefordshire Public Services partnership has a unique story to tell about how services can be successfully integrated to achieve desired outcomes for people in the County. The aims described in our priorities last year have been achieved and we are now building on sound foundations.

1. Integration

Over the last year, our Integrated Commissioning Directorate has continued to develop joint health and social care solutions, including our practice led solutions in 'Transforming Community Services'. Our jointly developed 'World Class Commissioning strategy is a key driver in our provision of new services and we are successfully delivering a highly complex 'competitive dialogue' procurement of mental health services to target, with the active support of staff, service users and carers, clinicians and partners.

Services are already well integrated in core areas such as intermediate care, and the opportunities for integration are being exploited in commissioning across the interface of Continuing Health Care, Stroke and Dementia services. The next year will see well developed plans to implement health and social care on a locality basis, driving out efficiencies by avoiding hospital admissions, maximising independence; and driving up quality outcomes for service users. Key issues will be the development of contracts and business processes to strengthen social care governance

2. Management and Performance

Herefordshire has made strides forward in the last year in terms of embedding and realising the benefits of robustly structured management processes. It has also been a year of significant challenges, with staff responding extremely well to the severe winter weather challenges and preparation for a potential flu epidemic; as well as coping with the additional workload presented by safeguarding concerns in three residential homes. Whilst this has inevitably had an impact on performance data, Herefordshire is confident that the underlying direction of travel towards further improvement is a strong one. We are confident of our robust and effective care management, whilst retaining a realistic view of our situation recognising that we still carry a legacy of performance from the past five years that suggests a dependency on residential care that does not reflect current performance.

3. Safeguarding

We are particularly proud of the improvements secured in safeguarding vulnerable adults. In the last year we have carried out a thorough review of policies and procedures and implemented a new safeguarding framework that emphasises our integrated policy approach. Our new processes have a clear focus on outcomes for people and the use of person centred risk tools and a dedicated screening officer now ensure referrals are dealt with promptly and effectively. Our training strategy and new competency framework underpin our high standard of safeguarding and we continue to deliver training for all in house staff and partners (1000 care staff trained so far). We have worked closely with Care Quality Commission to develop our practice led 'Quality Concerns Process' a regime to ensure the quality of commissioned services is monitored and the well being and safety of service users protected.

4. Transforming Adult Social Care- Putting People first

Herefordshire has continued to robustly and effectively manage the delivery of the Putting People First programme, moving forward on all 4 domains (Choice and Control, Social Capital, Universal Services and Early Intervention). We have declared at amber/green simply because (like other Local Authorities) there is delay in the delivery of a RAS, and consequent poor performance on NI 130 (measure of the number of personal budgets in place). This has been in part caused by problems in developing the ICT. Rather than allow

this to delay delivery of outcomes for people, we have continued to offer personal budgets, but recognise that this will accelerate once the tools become available.

5. Commissioning

Our commissioning relationships with providers across all sectors are strong and productive and can demonstrate achievement of value for money and business development of policy objectives. This has included the enhancement of reablement services and the move to a core and cluster model for supported living. Building on the systematic use of feedback and experiences of service users and carers; the use of intelligence on demographic pressures and our modelling capabilities, have all ensured a robust foundation to inform the shape of our services both now and in the future, we have presented Commissioning intentions to Home care, Care Home and Third sector providers and have had very positive feedback on the leadership provided.

The Health Inequalities Support Team described us as having “... ***a strong vision for integration of commissioning and service provision across Herefordshire, for example there is clear progress for vertical integration of provider services with an increased focus on ‘Place.’*** (CD ref 185/186)

Examples of core developments include

- **Homecare contract remodelling:** project included demand modelling and forecasting based on historic data; financial modelling; analysis of impact on the market place; discussion with providers’ forum.
- **Care home contract remodelling:** modelling of future demand and impact of options undertaken in 2009/10 before new fee structure set for care homes for 2010/11.
- **Comparison of outcomes of contacts, assessments and care packages:** across IPF family undertaken with commentary from relevant CQC reports to inform Personalisation Board **Risk Stratification:** local application developed of the SHA regional Combined Risk Stratification Tool
- **Dementia Strategy:** new service pattern and impact of future demography modelled to inform strategic development

Our analysis and our robust financial planning have allowed us to identify and deliver efficiencies this has included:

- 40 per cent reduction in voids, delivering a saving of £164,000
- 5 per cent reduction in supplies and services
- A reduction in STARR hourly costs from £70 to £40 pounds
- Renegotiation of Contracts includes residential care and any contracts where there is an over capacity
- Out of County Placements review is continuing in all areas. This is reviewing all high cost placements with a view to looking at bringing people back in County.

6. Leadership

The Council is seen as a strong and effective leader of social care in the County, maintaining excellent communication with third sector, advocacy and support organisations and User Led Organisations for Carers, mental health, learning disability, physical disability, and older people via the new strategic Countywide Age Concern organisation. We ensure service user and carer engagement via LinKs representation on the Adult Social Care and Strategic Housing Scrutiny Committee and through a standing ‘focus’ group, partnership boards, newsletters, and reference groups. The Involving People Team through our new integrated Customer Insight Unit continue to support service users and carers in actively shaping services including the on going procurement of mental health

through the Mental Health Reference Group, who have written up their experience as best practice for a national publication.

Our focus for Adult Social Care (ASC) in the coming year will continue to be centred on four areas:

Personalisation
Maximising Independence
Safeguarding of Vulnerable Adults
Improving Value for Money

Issues

1. **Quality concerns-** with the announcement from Care Quality Commission that they will no longer monitor quality via the 'star' system for Care Homes and Home Care, more responsibility for quality will rest with the council. This is in hand via 'Quality Concerns Programme' but will need investment
2. **Putting People First (PPF)-** We are confident that we have robust programme management in place to deliver the programme, but the work will remain a priority, as we recognise the imperative to build on 'social capital' and early intervention is needed if we are to achieve diversion from institutional forms of care. The ability to deliver NI 130 unfortunately is dependent on delivery of the Framework finance module

3. **ICT that is fit for purpose remains an issue of top concern**

4. **Maximising Independence:**

Reablement- we have established commissioning foundations with both the Herefordshire public services intermediate care and the independent sector that will deliver enhanced quality and increased capacity in reablement. We have prioritised delivery of reablement to all those who will be able to benefit and will be prepared to implement the Personal Care at Home Act

Supported Living - we continue to address the legacy of a past over-commitment to residential care and will work across health and social care pathways to deliver supported living opportunities

Rurality- Herefordshire faces unique challenges as the 3rd most rural Council in the UK, and is leading work in the region to consider the potential of a workforce strategy in enabling a 'new type of worker', and has a strong focus on 'total place' and working with communities, from 'first responders' supporting health systems to communities and parish councils ensuring universal services and information. This will also be demonstrated in the construction of a fair price for domiciliary care services.

Programme approach – We have the advantage of a well advanced integration of health and social care services, and will be delivering services as described in the Transition plans and World Class Commissioning strategy based on 6 programme areas across health and social care. Maximising Independence, Mental Health/Learning Disability, and 'Unscheduled care (ie avoiding admissions) will incorporate much of the social care agenda, while Staying healthy supports the universal services, social capital and early intervention. Planned Care and Women and Childrens services will also maximise opportunities to reduce length of stay, and enhance the family focus.

We will continue to maintain excellent engagement with service users carers, potential service users and self funders.