



**Service Plan 2007/08
(Stage 1)**

Service Plan for:	Older People & Physical Disability Services
Directorate:	Housing & Adult Social Services
Service Plan Holder:	K Martin
Workplans:	
Director:	Bill Hodson
EMAP :	Housing and Adult Social Services

1. Service description & objectives

Service description

Community Services Older People and Adults with Physical Disabilities provides social care to people over 18 years old who need support to live fulfilling lives as citizens in their communities. Support is also offered to carers to enable them to continue to care for their relatives. Services include: -

Assessment

Community Care assessments which identify the needs of individuals and, where appropriate, their carers. Assessments follow a generic format, which can be expanded to include specialist assessments from Occupational Therapists and Sensory Impairment workers. The assessments forms the bank of information from which a care plan is developed and agreed. All people in receipt of services have a review 6 weeks after the start of services and then at least an annual re-assessment.

	2004	2005
Approximate number of referrals pa	4,000	2145
Number of "open" customers	4095	4600
Number receiving service	2849	3460
%age with service	70	75

Provision

Advice and Information

Advice and Information is available through leaflets, from staff at the Advice and Information centres, (managed by Housing), and the Assessment service. Written information can be made available in a range of formats and languages to meet the needs of people with sensory impairments from black and minority ethnic communities. The service funds welfare benefits advice and financial assessments under the Fair Charging system. The service also financially supports a number of voluntary organisations to provide advice and information.

In House Provision

Services provided directly through in-house provision include home care, residential respite day services, equipment, adaptations and supported employment. Our workforce is trained to or in the process of training to national standards.

Services provided directly through in-house provision include home care, residential care, respite care, day services, provision of equipment to aid daily living, minor and major adaptations to property and transport.

Our workforce is trained to or in the process of training to national standards.

Commissioning/Contracted Services

A significant range of services are purchased from the independent and voluntary sector and include residential and nursing home care; respite services; EMI Nursing; day care; personal or home care and transport.

Partnership Working

An increasing number of assessment services are carried out jointly with health colleagues. These include Hospital Discharge; Occupational Therapy services; Intermediate Care. We also have a number of assessment staff based within health settings such as Renal Social Workers, in the Accident and Emergency department of York Hospital and within the PCT Intermediate Care unit. We also offer professional support to social workers employed by the Hospital Trust and the PCT.

The integrated Community Equipment Loan service is an excellent example of partnership

working.

Service objectives

Our overall aim within community services is to increase the quality of life opportunities to all vulnerable adults with mental health, disabilities, learning difficulties, ageing or illness so they can live safe and fulfilling lives.

We will do this by:

- increasing independence and delaying the need for more intensive support services.
- providing effective joined up services which allow them to take more control over their own lives.
- encouraging individual choice and providing equal and effective access to services that support their quality of life independence and inclusion in the community they live.
- ensuring assessments are comprehensive; sensitive to the diversity within our community; delivered promptly and fairly; involve people fully in a way which will reflect their views and wishes
- ensuring support and services are provided in a way that offers people as much choice as possible.
- recognising and supporting the crucial role of carers.
- promoting a culture of tolerance that is free from bullying, harassment and intimidation for customers and staff alike.
- working in partnership with other agencies to achieve a set of common aims; provide continuous improvement for our customers; provide a more seamless service for customers; reduce duplication
- deliver services which give value for money to the people of York
- ensuring that we have competent staff that are well managed and develop their skills and knowledge to provide a high quality service

Specifically for older people and physical and sensory impairment services we will also do this by ensuring that we contribute to the development of modernised social care in response to National Service Frameworks for Older People and Long Term Conditions and other related initiatives.

External Drivers	
<u>SOCIAL INCLUSION AGENDA</u> Social Exclusion Unit - various initiatives relevant to adult social care: <ul style="list-style-type: none"> • Health inequalities • Equality agenda 	<ul style="list-style-type: none"> • Increased emphasis on supporting people with disabilities into employment • Personalised support – links to Green Paper and expected White Paper • The need to develop supported housing for people with lower levels of need.
Adult Services White Paper (Our Health, Our Care Our Say- published early 2006: <ul style="list-style-type: none"> • Greater emphasis on commissioning • Greater emphasis on public health & prevention • Self- directed care • expansion of direct payments / individual budgets/ assistive technologies 	<ul style="list-style-type: none"> • Planning, delivering and monitoring service provision against the achievement of the 7 outcomes within the White Paper • May require changes to the integration arrangements between health and social care • May require reconfiguration of service provision if direct payments uptake expands significantly and with introduction of individual budgets • May require shift in culture/practice re assessments towards self-assessment/ outcomes focus and social workers supporting customers to develop their own packages of care • Will need stronger links with primary care and communities to develop diversionary alternatives to more intensive support.
<u>CARE SERVICES EFFICIENCY DELIVERY PROGRAMME</u> <ul style="list-style-type: none"> • Strategic commissioning: <ul style="list-style-type: none"> ○ ODPM and DH drive to encourage regional approaches to procurement ○ E government target to provide on line procurement by 2005 ○ Improving Assessment & Review • Putting People in control • Promoting Well –being • Embedding technology 	<ul style="list-style-type: none"> • Developing longer term commissioning plans in conjunction with the NHS commissioning organisation • Increased links with neighbour authorities for service development and joint commissioning of specialist provision. • Support for smaller local organisations to enable them to meet any new requirements • Closer links with corporate and regional procurement centres • Streamline assessment processes • ON-line access for customers • Resource difficulties if savings are taken in a cashable form.
<u>Carers (Equal Opportunities) Act</u> New PIs introduced	<ul style="list-style-type: none"> • Need to improve number of carer assessments undertaken, • Improve quality of carer assessment outcomes • New emphasis on supporting employment, training and leisure needs of carers • Implement flexible services to carers
<u>ELECTRONIC SOCIAL CARE RECORD</u> <ul style="list-style-type: none"> • All new & current social care records to be held electronically when new data base is introduced in 2007 	<ul style="list-style-type: none"> • Changed recording practices for all social care staff • More detailed agreements on information sharing with customers • Will encourage development of mobile working and hand held technologies • Substantial data loading to scan current files by agreed dated

	<ul style="list-style-type: none"> • Issues around integrated teams and PCT/SSD systems eg integrated mental health record
<p><u>EXTERNAL REGULATIONS CSCI</u> Regulation of provision/commissioned services</p> <ul style="list-style-type: none"> • Changes to an outcome focus in the way that CSCI assess the performance of the authority and the standards as applied to services. 	<ul style="list-style-type: none"> • Need to keep abreast of changing regime and ensure Department structures/systems able to deal with new requirements. • Those councils with a robust self-regulatory infrastructure will be less exposed to external inspection – may need to review/strengthen Department’s regulatory capacity
<p><u>PREVENTION</u></p> <ul style="list-style-type: none"> • Public Health White Paper 2004; White paper 2006: • Emphasises key role of Local Authorities in promoting health of population, and importance of partnership approach in developing prevention services • Key themes of public health include: smoking cessation; alcohol & substance misuse; accidents; diet & nutrition; mental health; sexual health; physical activity and health inequalities • Key themes of prevention include self directed care; carer support; community support and assistive technology <p>Reforming emergency care</p> <ul style="list-style-type: none"> • Aim is to identify ‘very vulnerable’ people (aged 75+) who tend to bounce in and out of hospital, and proactively case manage their care needs in order to stabilise their condition and avoid unnecessary admissions- this remains an SYPCT priority • Fair Access to Care Services 	<ul style="list-style-type: none"> • Full implications of both White Papers have yet to be worked out with the new PCT • Main themes are being considered as objectives within the LAA. <ul style="list-style-type: none"> • Multi-disciplinary teams established by NHS- some expectation that team will be enhanced with social care staff • Structure of community services may require a generic worker role • Fair Access being implemented through guaranteed standards and annual review of eligibility.
<p><u>DEMOGRAPHIC CHANGES</u></p> <ul style="list-style-type: none"> • Increase in number of older people in the community • Increase in number and longevity of younger adults with disabilities • Changing patterns of caring - fewer working age adults to support aging population /more older carers • Changing expectations off carers and individuals for independence from their families • Isolation due to these changing family patterns 	<ul style="list-style-type: none"> • Requirement for long-term commissioning strategy to inform the service change agenda. • Increase in numbers of people likely to request/require community care assessments/services • Increased demand for complex care packages • Increased demand for dementia services, and access to functional mental health services for older people • Increased need to support carers effectively • Increased demand for independent supported housing.
<p><u>OLDER PEOPLE’S NSF</u> – National priorities Aims to improve the standards of care to all elderly people, offering integrated services which will allow elderly people to receive appropriate care at home, in residential or nursing homes and in hospitals. Local priorities will be reaffirmed in early 2006.</p>	<ul style="list-style-type: none"> • Need to implement the NYC/York and York strategies. • The development of Out of Hospital. • Older people want more say in their own care - i.e. more of a professionally supported approach rather than a professionally directed approach - this needs to be central to the Assessment, Care

<p>These currently include:</p> <ul style="list-style-type: none"> • Self-directed care - more power and control to older people over their own lives • Services that promote health improvement • Services that enable independent living • Widening the partnership beyond health and social care • Services that are more 'joined up' • Planning for future needs 	<p>Management and Review process- self assessment is encouraged</p> <ul style="list-style-type: none"> • Continued involvement of older people in planning and strategy - via the Partnership Board and the OP Assembly, & LAA structure • Continued development of Intermediate Care Services • Need to ensure services do not discriminate on grounds of age
<p><u>SINGLE ASSESSMENT PROCESS (SAP)</u></p> <ul style="list-style-type: none"> • The single assessment process (introduced in the NSF for older people), aims to make sure older people's care needs are assessed thoroughly and accurately, but without procedures being needlessly duplicated by different agencies 	<ul style="list-style-type: none"> • Pilots currently in place, with view to rolling out SAP more widely • Will establish cross-agency agreement to a project plan for longer term that will then be implemented • Need to build into all related areas of ESCR implementation • Need to raise staff awareness of SAP and its implications
<p><u>LONG TERM CONDITIONS NATIONAL SERVICE FRAMEWORK:</u></p> <p>The NSF for Long Term Conditions has a particular focus on the needs of people with neurological disease and brain or spinal injury, and will consider some of the generic issues of relevance to a wide range of people with long-term conditions and disabilities.</p> <p>Linked to the Long-term conditions initiative for chronic conditions and the 'Improving the Life Chances of Disabled People' document for disabled people there are expectations of health & social care to change delivery of local services to people with long-term conditions and disabilities within national standards within a framework of local partnership for provision of service model and appropriate pathways of care:</p>	<ul style="list-style-type: none"> • Arranging and delivering a comprehensive range of health and social care provision for people with disabilities and long-term conditions that includes: <ul style="list-style-type: none"> ○ A range of accommodation from supported housing to registered residential and nursing care ○ Opportunities to engage in fulfilling day time/vocational/leisure and community activities ○ Support to carers ○ Support at all stages of a condition ○ Integration of provision and processes where agreed
<p><u>PCT RECONFIGURATION</u></p> <ul style="list-style-type: none"> • The confirmation of the new NY & York PCT will take place early in 2007 & will focus on: • Separation of commissioning & provider structures • Introduction of patient led, primary care based model • Budget delivery 	<ul style="list-style-type: none"> • Stronger links of social care and primary care at locality level to support individual care/case management and locality service development. • Potential creation of integrated/joint approaches to: <ul style="list-style-type: none"> ○ Commissioning ○ Service provision • Revisions to the assessment process • Further remodelling of integrated services to deliver savings required from PCT budget settlement

<p><u>DELAYED DISCHARGES</u></p> <ul style="list-style-type: none"> The Community Care (Delayed Discharges) Act introduced a system of reimbursement for delayed hospital discharges and removes local authorities' ability to charge for community equipment and intermediate care 	<ul style="list-style-type: none"> Use of grant to negotiate before April 2007 Focus currently on acute services – potential to extend to other service areas, (yet to be confirmed when this will be a requirement)
<p><u>SENSORY IMPAIRMENT</u></p> <p>Range of standards to comply with in relation to sensory impairment</p>	<ul style="list-style-type: none"> Government standards are providing tools for benchmarking of local services and frameworks for future development work
<p><u>Mental Capacity Act</u></p> <p>New Act in place from April 2007 with statutory duties for local authorities</p>	<p>Priority Action will be to have in place:</p> <ul style="list-style-type: none"> A commissioned independent advocacy service Training in awareness and assessment for all relevant staff Coordination of implementation through a LA led Steering Group
<p><u>Develop services to become more appropriate & responsive to Black and minority community</u></p>	<ul style="list-style-type: none"> Links with Black and minority communities need strengthening Staff training Monitoring of performance through star blocker PI's
<p><u>EMPLOYMENT/LIFE-LONG LEARNING</u></p> <p>This theme has been embedded in a range of national initiatives eg. Welfare to Work. Has been given added impetus by 'Improving the Life Chances of Disabled People' and social exclusion initiatives) – may also be an issue in new NSF for Long Term Health Conditions. The outcome of the ALI inspection will determine the employment service workplan.</p>	<ul style="list-style-type: none"> Strength of drivers in this area unclear until relevant policy/guidance published Will have some implications for individual budgets Action Plan from ALI inspection when complete.
<p><u>Local Wage differentials</u></p>	<ul style="list-style-type: none"> PCT and other care agencies are competing in number of areas for staff with similar skills set (eg OTs) . Wage differentials make staff retention and recruitment more problematic. Neighbouring authority pay settlements and employment conditions also impact on recruitment and retention
<p><u>Corporate Drivers</u></p>	
<ul style="list-style-type: none"> Job Evaluation implementation 	<ul style="list-style-type: none"> Time required to resolve any outstanding issues beyond April 2007
<p>Administration and Accommodation review</p>	<ul style="list-style-type: none"> Longer-term implications re 2007 onwards
<p>Transforming York – Access to Services (Easy@york)</p>	<ul style="list-style-type: none"> Review content of Community Service's information on the web and ensure it meets e-gov targets. Longer-term IT implication to ensure integration with CS systems.

	<ul style="list-style-type: none"> • Longer- term impact of one stop shop unclear at this stage. • Preparation for direct access for customers through internet at later stage in programme development.
Achievement of Equalities Standard	<ul style="list-style-type: none"> • Use outcome of Equality Impact Assessments to develop specific action points and implement these following development of Equalities Plan
Better use of resources	<ul style="list-style-type: none"> • Identify savings for Gershon review and Care Services efficiency programme. • Implementation of Audit recommendations - Improved procurement/contracting & charging practices • Preparation for CPA 2 assessment- Linking with the LAA development and specific programmes for older people, health and well-being • CPA theme around “use of resources and Value for Money” • Implementation of council wide procurement strategy • Replacement of Council FMS system • Links with Service Improvement Team • Introduction of ESCR
Directorate Drivers Recruitment & retention	<ul style="list-style-type: none"> • Continued application of sickness management system across Adult Services • Joint approaches to social care recruitment required across sector • Specific issues affecting posts will need to be considered where staff are working in integrated services
Achieving budget balance	<ul style="list-style-type: none"> • Divert activity from more intensive provision with use of technology & prevention services • Tight application of current eligibility
Partnership working	<ul style="list-style-type: none"> • Establishment of robust partnership agreements including HR, IT & finance • Caldicott and partnership information sharing protocols • Working across organisational IT system • HR assimilation/ parity issues • Common/integrated training approaches
Improving performance	<ul style="list-style-type: none"> • Star rating and other DoH performance indicators- Changes to star rating framework may require new or changes to performance management information • CPA cross cutting themes • Improving attendance performance in department • Additional time needed to input data into two systems Reducing sickness & absence • Application of Fair Access to care eligibility criteria • Consistency of social care processes & delivery Maintaining performance in areas of complexity and high volume. • Monitoring performance against LAA objectives.

Improving the skills and competencies of managers and staff	<ul style="list-style-type: none"> • Induction/Foundation training and undertake further development work to expand delivery to all departments in Adult Services. • Continue to work on improving system of budget monitoring to ensure most up to date and accurate info available is reported to members. • Improve IT training and support to enhance basic IT skills and gain the most from standard and specialist software.
Service Drivers	
OT Service integration with PCT OT service to provide single referral point	<ul style="list-style-type: none"> • Organisational and professional cultural changes • HR – recruitment and retention • Need clearer partnership agreement with PCT
Home support services (Home Care, Extra Home Care, Warden Call and Night Support Service)	<ul style="list-style-type: none"> • Finalise implementation of changes & review performance over first six months • Make further adjustments as required.
Elderly Mentally Infirm – strategy	<ul style="list-style-type: none"> • Joint remodelling with PCT of services to Older people with mental health problems • Also to have an impact on the number of people in community NHS facilities needing community support
Fair price for care	<ul style="list-style-type: none"> • Decrease in budget and risk that market may be de-stabilised. Need to ensure market maintains its stability
Modernisation of day service provision for people with physical impairment	<ul style="list-style-type: none"> • Lead provided by services for people with learning difficulties need to be reflected in day support for people with PSI • Will be linked to development of individual budgets
Further development of the older people's accommodation & support strategy	<ul style="list-style-type: none"> • Finalising and implementing the remodelling of the accommodation and support services- specialisation of roles of EPH's • Further development of dispersed supported housing and extra care services • Support developments to Discus Housing
Maximising external income	<ul style="list-style-type: none"> • Changes and efficiencies in the discretionary charging system • Developing potential bids for external funding to use when required. • Effective use of grants
Improve flexibility of staffing resources	<ul style="list-style-type: none"> • Ensure availability of staffing to support strategic direction of services- particularly home care • Ensure there is an effective workforce development plan in place

3. Priority improvement for 2007/08 & beyond

Performance improvement	Reason why improvement is required
HRDC reprovision & transport review	<ul style="list-style-type: none"> • Release of land from Yearsley/HRDC site • Day service modernisation • Improving PD services
Third sector investment (linked with expansion of prevention services alongside eligibility changes	<ul style="list-style-type: none"> • Development of prevention strategy • White Paper implementation • Alternative services to deflect demand from intensive services.
Development of Warden service	<ul style="list-style-type: none"> • Managing Assistive Technology • Managing risk to people outside of service • Complementing risk management to those with services
Implementation of Mental capacity act	<ul style="list-style-type: none"> • Legislation
Other comments to note	
<p>The Service Plan will be developed before the final submission to reflect priorities aligned with the Health & Social care White Paper seven outcomes</p>	

