

**NHS England Payments to Local Authorities 2013/14
(Shropshire CCG – Shropshire Council)**

Update report on activity and performance against the different types of expenditure and allocation

Name of Scheme	Service Descriptor	Outcomes	Funding	Outcome Measure	Monitoring update
Maximising Independence: hospital discharge and admission avoidance	Integrated approach to reablement – including START* supported discharge service, immediate care service & packages of reablement purchased from the independent sector in order to maximise a person's independence and facilitate discharge from hospital	Reduction in delayed discharges Reduction in hospital admissions	500,000	DTOC** measures –no more than 3.5% of bed stock at any one time ASCOF ***measure 2C number of delayed transfers of care aged 18+ attributable to adult social care Readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge from hospital into reablement services	Year to date delays attributable to social care reduced by an average of 3.2 people recorded at the monthly 'snap-shot' and 1762 delayed days. NI125 data (people who are still at home 91 days after discharge) – is not reported until May 2014 however our results for 2012/13 are: 2B part 1 - Older people, discharged from hospital into reablement services, who are still living at home 91 days later: We achieved 64.6 in 2012-13, which is the lowest in our comparator group. (latest data available).
Increased social work capacity – hospital	Social work capacity available for extended hours, which will include some late and weekend	Reduction in delayed discharges Improved	150,000	DTOC measures – ASCOF measure 2C number of delayed transfers of care aged	In 2012/13 2C part 2 - Delayed transfers of care from hospital, attributable to adult social care: We reported a result for 2012-13 of 4.8, per

<p>discharge and extended hours</p>	<p>working, to facilitate hospital discharge</p> <p>Increased social work capacity –to strengthen the current social work capacity across acute and community hospital provision linking also to the virtual hospital and the intermediate care beds ensuring there is dedicated social work capacity for each of these provisions.</p> <p>To support continued involvement of Social workers in hospital ward rounds</p> <p>Funds will support existing services, which would be terminated or reduced as a result of financial considerations by the Local Authority if the payment was not made</p>	<p>capacity in acute hospital settings</p> <p>Patients are supported to return home to family and communities earlier</p>		<p>18+ attributable to adult social care</p> <p>Readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge from hospital into reablement services</p>	<p>100,000. This is higher than both the England and comparator group averages.</p> <p>Year to date delays attributable to social care reduced by an average of 3.2 people recorded at the monthly ‘snap-shot’ and 1762 delayed days.</p> <p>NI125 data (people who are still at home 91 days after discharge) – Not reported until May 2014.</p> <p>In 2012/13 we achieved:</p> <p>2B part 1 - Older people, discharged from hospital into reablement services, who are still living at home 91 days later: We achieved 64.6 in 2012-13, which is the lowest in our comparator group.</p> <p>Year to date delays attributable to social care have reduced by an average of 3.2 people recorded at the monthly ‘snap-shot’ and 1762 delayed days.</p>
<p>Handyman scheme</p>	<p>Provision of low level and minor home adaptations such as grab rails, key</p>	<p>Support people to remain living in the own home</p>	<p>100,000</p>	<p>Quarterly report on number of adaptations undertaken</p>	<p>Q3 2013/14 – year to date figures: 2460 individual adaptations / jobs</p>

	<p>safes etc</p> <p>To ensure that individuals who need a minor adaption to their home either to prevent hospital admissions as part of a broader falls prevention strategy or to facilitate hospital discharge can access quickly, promptly and effectively a local approved handyman scheme.</p>	<p>for as long as possible delaying the need for higher cost statutory services.</p> <p>People are supported to remain in their own homes closer to friends , family and in their local community</p> <p>People are supported to feel safe living independently</p>		<p>Number of people supported</p>	<p>undertaken</p> <p>1471 households provided with at least one minor adaptation/ job</p> <p>Category/type of job</p> <p>Fit Rails - 37%</p> <p>Steps/ Ramps (outside work) - 7%</p> <p>Joinery - 13%</p> <p>Plumbing - 16%</p> <p>Security - 7 %</p> <p>Other miscellaneous - 20%</p>
Carers support	<p>Support for carers to enable them to continue in their caring role, access leisure and continue in employment. To include peer support, carers assessments, carer specific information and advice and web based support</p>	<p>Carers continuing to maintain caring role</p> <p>Compliance with carers legislation</p> <p>Cared for individuals able to remain</p>	250,000	<p>Number of carers assessments undertaken</p> <p>Number of carers supported (Crossroads and Community Council)</p> <p>Results of the Annual Carer Survey</p> <p>Results of Annual Service user Survey</p>	<p>Number of carers assessments undertaken (latest data available as at 31 December 2013)</p> <p>There are 4454 carers.</p> <p>866 carers assessments have been completed and 3588 Carer Reviews.</p> <p><u>Annual Carer Survey:</u></p> <p>Results from our 2012-13 Carers' Survey</p>

		at home and in their local community		ASCOF* measure 1A Social care related quality of life	<p>are shown below. Whilst we are pleased with our overall results, there are some areas that highlight areas where we need to improve. Support for carers continues to be one of our key priorities.</p> <p>3A % of service users who are satisfied with the care and support they receive: Shropshire reported a result of 62.6% for 2012-13. This is lower than both the England and comparator group averages.</p> <p>3B % of carers who are satisfied with the support they receive: Shropshire reported a result of 42.3% for 2012-13. This is lower than the England and comparator group averages.</p> <p>3C % of carers who felt they had been included in discussions about the person they care for: Shropshire reported a result of 68.8% for 2012-13. This is below both the England and comparator group averages.</p> <p>3D % of users and carers who find it easy to find information about services: Shropshire reported a result of 68.1 for 2012-13. This is below both the England and comparator group averages.</p>
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Telecare	Provision of stand-alone telecare equipment and contribution to a call monitoring system	Support people to remain living in their own home and independently for longer	500,000	<p>Numbers/ types of funded telecare equipment provided</p> <p>Evidence of use of call monitoring system</p> <p>Number of staff trained to asses for telecare</p>	<p>This is a new contract and issues of equipment will be renewed annually as part of the contract review.</p> <p>A balanced scorecard/performance management system with staff has been introduced to monitor the use of equipment and issues to service users.</p>

		Reducing reliance on high cost care package & reducing reliance on residential admissions		support Length of use of equipment Number of telecare items supplied to specifically support discharge Patient satisfaction feedback	All social care staff have received training on the use of telecare. The 'just checking' system is used widely to determine if an individual requires residential care. The Assistive Technology provider will monitor feedback from customers and report at the annual contract review meeting.
Crisis resolution	Approved Mental Health Practitioner (AHMP) and out of hours Emergency Duty Team (EDT) support to prevent MH admissions to acute hospital settings	Reductions in admissions to acute hospital People with mental health needs supported at home	300,000	AHMP/ EDT activity including: No. of assessments Outcomes (admission or home support) Rate of MH admissions in an acute setting	A senior practitioner has recently been appointed to co-ordinate EDT and AMPH services. The AMPH service is co-located with the EDT team. In the 12 months 1 January 2013 – 31 December 2013 417 AMPH assessments were undertaken.
Enhancing prevention services to support people with long terms conditions	Contribution to a range of preventative services including access to information and advice	Supporting people to self - care and self help Reducing reliance on Statutory services	150,000	Evidence of preventative services available number of help at home hours provided	The preventive services provided by CCG and LA have been mapped and work is underway to rationalise and maximise their effectiveness.

<p>Think Local Act personal/ Making it Real</p>	<p>Improve social care outcomes within local communities through roll out of locality commissioning and People 2 People</p>	<p>People are supported in their own local communities reducing reliance on statutory services</p> <p>People 2 people roll out across south Shropshire</p>	<p>163,726</p>	<p>Report key milestones on locality commissioning, People2 People and Making it Real</p> <p>Customer views and perception report</p>	<p>Making it Real Board established and first meeting held in December 2013.</p> <p>People 2 People roll out on schedule for north Shropshire from April 2014</p> <p>Locality commissioning and ageing well prototype roll out in Wem building on learning from Church Stretton</p> <p>Peer Support and Carer Peer Support embedded in P2P model.</p>
<p>Support for an integrated social care and healthcare pathway to avoid hospital admissions and facilitate discharge</p>	<p>An integrated social care and health approach including access to intermediate care services and reablement services including enhanced management capacity</p> <p>Funds will support existing services, which would be terminated or reduced as a result of financial considerations by the Local Authority if the payment was not made. This will include elements of current provision on prevention,</p>	<p>Reduction in hospital admissions</p> <p>Facilitate hospital discharge</p> <p>Reduction in delayed transfers of care</p>	<p>675,000</p>	<p>DTOC measures</p> <p>ASCOF measure 2C number of delayed transfers of care aged 18+ attributable to adult social care</p> <p>Readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge from hospital into reablement services</p> <p>Ratification of an integrated health and social care pathway</p>	<p>Year to date delays attributable to social care reduce by an average of 3.2 people recorded at the monthly 'snap-shot' and 1762 delayed days.</p> <p>NI125 data (people who are still at home 91 days after discharge) – Not reported until May 2014.</p> <p>The Local Authority fund a medicines management post to provide support to Care Homes.</p>

	domiciliary care that doesn't require START, existing costs for support into care homes and management time to support integrated approaches in particular support to the optimising capacity work stream				
Services for people with Dementia to support them living at home for longer and avoid hospital admissions. Residential and nursing placements for people with Dementia who are unable to live at home	<p>Access to telecare, support for carers, promotion of dementia friendly communities, short terms residential respite.</p> <p>Early identification and offer of support to Carers of people with Dementia through memory clinics</p>	<p>People with dementia and their carers are supported to live at home in environments that they are familiar with for longer.</p> <p>When living at home is no longer possible specialist dementia residential and nursing care home settings are available</p>	600,000	<p>Number of support packages offered</p> <p>ASCOF measure 2A – permanent admissions of older people aged 65+ into residential/ nursing care homes per 100,000 population</p> <p>Progress on development of dementia friendly communities</p>	<p>2A part 1 - Permanent admissions of adults aged 18-64, into residential/nursing care: Shropshire reported 24.8 per 100,000 population aged 18-64, for 2012-13. This was higher than the England average of 15.0 (good performance is low). We have improved this area of performance this year, and at the end of December 2013 we are reporting 9.9. If we can sustain this level of performance in the last quarter, we will show a good reduction at year end (and will be within our 2013-14 target of 16.6).</p> <p>2A part 2 - Permanent admissions of older people aged 65+, into residential/nursing care: Shropshire reported 780.7 per 100,000-older population for 2012-13. This was higher than the England average of 697.2 (good performance is low). We have improved this area of performance this year, and at the end of December 2013 we are reporting</p>

					473.7. If we can sustain this level of performance in the last quarter, we will show a good reduction at year end (and will be within our 2013-14 target of 688.7).
Training and development to support new ways of working including Locality Commissioning	Learning from Locality Commissioning prototypes shared with all stakeholders To include responsive flexible working with a focus on prevention and reablement.	Learning from prototypes rolled out across county	250,000	Quarterly report on progress of locality commissioning prototypes against key milestones	The ageing well locality commissioning approach in Church Stretton is in the progress of roll out in Wem
Access to Employment and leisure opportunities	People with learning disabilities are supported in employment and to access leisure opportunities using personal budgets as part of the transformation of social care To add additional capacity and support to people with long term conditions supporting them to remain healthy through enabling daytime activity or support in obtaining and retaining	More people with a learning disability are able to access supported employment (ASCOF 1f)	100,000	Number of ALD & enduring MH clients supported to use personal budgets ASCOF measure 1C Self Directed Support (Personal Budgets) ASCOF measure 1B proportion of users who report they have control over their daily life ASCOF measure 1E helping people with learning disabilities into	Between 01/04/13 and 31/12/13 we supported 51 clients with MH needs to use personal budgets. <u>Choice and Control:</u> Linking our performance on ASCOF 1C Self Directed Support to ASCOF Measure 1B proportion of users who report they have control over their daily life , shows that, as well as the volume of SDS that we have achieved in 2012-13 (74.2%), which placed us 19 th out of 150 councils nationally, we also performed well on 1B, the quality aspects of ensuring people have choice and control over their daily life (77.8%). We have sustained this high level of

	employment.			<p>employment</p> <p>ASCOF measure 1F Adults in contact with secondary mental health services in employment</p>	<p>performance during 2013-14 for 1C Self Direct Support and we reported at end of December 2013 a figure of 77.5%.</p> <p>For ASCOF 1C There are 623 clients with a Learning Disability recorded as the Primary Client Group broken down by age:</p> <p>Aged 18-64 578 people with a Learning Disability</p> <p>Aged 65+ 45 people with a Learning Disability</p> <p><u>Employment:</u></p> <p>We are one of the top performers in England (20th out of 150 councils) for 1E Helping people with Learning Disabilities into employment with a result for 2012-13 of 12.3%. This is significantly higher than the England average of 7.2%. We are currently below target (reporting 6.2% at end of December 2013), and teams are addressing some shortfalls in reviews which should improve our performance for year end.</p> <p>For adults in contact with secondary Mental Health services (1F), we are ranked 12th highest out of 149 councils with 14.3% in 2012-13 and again, this is significantly higher than the England</p>
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					average of 8.8%.
Improved care services monitoring in response to safeguarding concerns in care home settings	Care home monitoring to ensure contract compliance	Health & Social care are able to respond promptly to safeguarding concerns in care home settings to ensure that vulnerable people receive the level of care they need	50,000	Adult protection indicators Annual safeguarding Board report	The annual safeguarding report will be reported to the Health and Wellbeing Board. We have a range of Local Indicators for Adult Safeguarding which are monitored on a monthly basis. Measures are both quantitative and qualitative and outcomes are reported in the Annual Safeguarding report.
Adults with learning disabilities : - compliance with response to Confidential Enquiry into premature deaths - Response to Winterbourne View and compliance concordat	Health and social care services are compliant with the recommendations and requirements of these national reviews	Improved compliance with the health and social care annual health assessment and the measures included within it Advocacy support is available in	300,000	H&W Board to receive three reports on Annual Health & Social Care Self-Assessment, Confidential Enquiry and Winterbourne View Compliance Number of care homes offering advocacy support Number of people supported in specialist residential placements	Reports will be scheduled for presentation to HWB. A safeguarding stakeholder event is scheduled for February to assess progress in Shropshire against the confidential enquiry, winterbourne view and the health and social care self-assessment We do not currently collect this information by care home; however advocacy contracts include provision for people in care homes. There are currently 4 people in specialist

<p>- Annual health and social care self-assessment</p>		<p>care homes</p> <p>People are supported in specialist residential placements whilst alternative accommodation is developed</p>		<p>whilst alternative accommodation is developed</p> <p>Progress report on new accommodation developments</p> <p>Annual report on health and social care assessments</p>	<p>hospital accommodation.</p> <p>18 people currently living out of county in residential care or specialist hospital accommodation have been identified as possibly able to move to the new supported living accommodation currently being developed in Market Drayton.</p> <p>New accommodation developments are on schedule, completion of first 13 units due spring 2015</p> <p>The annual learning disability health and social care self-assessment has been submitted. A full report will be submitted to the HWB once feedback has been received.</p>
<p>Supported living for those with enduring Mental health and learning disabilities issues</p>	<p>Revenue contribution for provider support in new supported living developments being built through external capital funding</p> <p>Housing support – to support individuals to live independently in tenanted accommodation as opposed to residential placements</p>	<p>People with mental health needs and/or learning disabilities are supported to live independently in local communities (ASCOF 1G)</p>	<p>600,000</p>	<p>Number of people with mental health needs and/or learning disabilities who are supported to live independently in local communities</p> <p>Progress report on new accommodation developments</p> <p>ASCOF measure 1G – ALD who live in their own</p>	<p><u>Settled accommodation:</u></p> <p>We performed well in 2012-13 for 1G Adults with a Learning Disability who live in their own home, or with family, with a result of 78%. This placed us 49th out of 151 councils and is higher than the England average of 73.5%. We are currently below target (40.2%) at end of December, and teams will update reviews in quarter 4, to improve our performance at year end.</p> <p>We also performed well for 1H Adults with secondary Mental Health services</p>

				<p>home or with family</p> <p>ASCOF measure 1F – Adults with secondary MH services living independently</p>	<p>living independently with a result of 74.1%. This is significantly higher than the England average of 58.5%.</p> <p>We are currently at 42 % which is below our target, of 78% and whilst current performance indicates that we are not on track to meet our end of year target we are confident that following reviews in the final quarter of the year that the target will be achieved . This is a relatively static indicator and Teams are addressing the lists of reviews that are currently outstanding, which will improve our performance.</p>
Mental health and learning disabilities respite -	Support for people with mental health problems and learning disabilities with a health need who require respite	People and their carers are able to access respite services	300,000	<p>Number accessing respite services in Oak House, Path House, Oak Paddock, Barleyfields etc</p> <p>Number of referrals/ episodes</p>	<p>The referral data and usage of these services is monitored at annual contract reviews. Interim reviews indicate occupancy of over 80% at each of these services.</p> <p>These services are subject to review by the CCG and LA in 2014.</p>
TOTAL			4,988,726		

*START – Short Term Assessment and Reablement Team
Framework JSNA – Joint Strategic Needs Assessment

** DTOC – Delayed Transfers of Care

***ASCOF – Adult Social Care Outcomes

This Agreement was ratified via an Extraordinary meeting of the Health & Wellbeing Board held on 16 September 2013. This documentation can be viewed via the following link:

<http://www.shropshire.gov.uk/committee.nsf/wdecisionslinks/8090E7DA873D427080257BE90031ACE3>