

**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**

<b>Name of Scheme</b>	<b>Service Descriptor</b>	<b>Outcomes</b>	<b>Funding</b>	<b>Outcome Measure</b>	<b>Monitoring update January 2014</b>	<b>Monitoring Update April 2014</b>
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	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:  <b>2B part 1 - Older people, discharged from hospital into reablement services, who are still</b>	<b>Year to date delays as of 28/02/2013:</b> Av. 4.9 delays (per 100,000 population) against target of 3.9 (low is good)  4455 days delayed  <b>Year to date delays as of 28/02/2014:</b> Av. 3.4 delays (per 100,000 population) against target of 3.6 (low is good)  2419 days delayed  <b>NI125 2B part 1 - Older people, discharged from hospital into</b>

				services	<b>living at home 91 days later:</b> We achieved 64.6 in 2012-13, which is the lowest in our comparator group. (latest data available).	<b>reablement services, who are still living at home 91 days later:</b> – is not reported until May 2014
Increased social work capacity – hospital discharge and extended hours	<p>Social work capacity available for extended hours, which will include some late and weekend 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</p>	<p>Reduction in delayed discharges</p> <p>Improved capacity in acute hospital settings</p> <p>Patients are supported to return home to family and communities earlier</p>	150,000	<p>DTOC measures – 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><b>In 2012/13 2C part 2 - Delayed transfers of care from hospital, attributable to adult social care:</b></p> <p>We reported a result for 2012-13 of 4.8, per 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><b>Year to date delays as of 28/02/2013:</b> Av. 4.9 delays (per 100,000 population) against target of 3.9 (low is good)</p> <p>4455 days delayed</p> <p><b>Year to date delays as of 28/02/2014:</b> Av. 3.4 delays (per 100,000 population) against target of 3.6 (low is good)</p> <p>2419 days delayed</p> <p><b>NI125 2B part 1 - Older people, discharged from hospital into</b></p>

	<p>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>In 2012/13 we achieved:</p> <p><b>2B part 1 - Older people, discharged from hospital into reablement services, who are still living at home 91 days later:</b> 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><b>reablement services, who are still living at home 91 days later:</b> – is not reported until May 2014</p> <p>Adult Services receives approximately 500 referrals per month to support discharge from acute and community hospitals in the county.</p> <p>Adult Services supports a further 50 people per month with wrap around care to prevent an acute hospital admission.</p>
Handyman scheme	<p>Provision of low level and minor home adaptations such as grab rails, key 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</p>	Support people to remain living in the own home for as long as possible delaying the need for higher cost statutory	100,000	<p>Quarterly report on number of adaptations undertaken</p> <p>Number of people supported</p>	<p><b>Q3 2013/14 – year to date figures:</b></p> <p>2460 individual adaptations / jobs undertaken</p> <p>1471 households provided with at least one minor adaptation/ job</p>	<p><b>Q4 2013/14 – full year (preliminary results)</b></p> <p>3257 individual jobs / adaptations undertaken</p> <p>1845 households provided with at least one minor adaptation / job</p>

	strategy or to facilitate hospital discharge can access quickly, promptly and effectively a local approved handyman scheme.	<p>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><b>Category/type of job</b></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>	<p><b>Category/type of job</b></p> <p>Proportions to be confirmed for end of year but expected to be similar to Q3 figures</p>
Carers support	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>Carers continuing to maintain caring role</p> <p>Compliance with carers legislation</p> <p>Cared for individuals able to</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</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>The next Carers' Survey is scheduled to take place in early 2015.</p> <p>Please see Appendix B RCC Carers Report as</p>

		remain at home and in their local community		<p>Survey</p> <p>Results of Annual Service user Survey</p> <p>ASCOF* measure 1A Social care related quality of life</p>	<p><b><u>Annual Carer Survey:</u></b></p> <p>Results from our 2012-13 Carers' Survey 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><b>3A % of service users who are satisfied with the care and support they receive:</b> Shropshire reported a result of 62.6% for 2012-13. This is lower than both the England and comparator group averages.</p> <p><b>3B % of carers who are satisfied with the support they receive:</b> Shropshire reported a result of 42.3% for 2012-13. This is lower than the England and comparator group averages.</p>	an example of the carers support provided.
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					<p><b>3C % of carers who felt they had been included in discussions about the person they care for:</b> Shropshire reported a result of 68.8% for 2012-13. This is below both the England and comparator group averages.</p> <p><b>3D % of users and carers who find it easy to find information about services:</b> Shropshire reported a result of 68.1 for 2012-13. This is below both the England and comparator group averages.</p> <p><b><u>Annual User Survey:</u></b></p> <p><b>4A - % of service users who feel safe:</b> Shropshire reported a result of 62.7 for 2012-13. This placed us below the England average of 65.0, and is an area we have highlighted</p>	<p>Results for the 2013-14 annual User Survey are currently being collated, and will be available by end April.</p>
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					<p>for improvement.</p> <p><b>4B - % of service users who say that the services they receive have made them feel safe and secure:</b></p> <p>Shropshire reported a result of 63.8% for 2012-13. This shows the impact of our care services on this outcome, and is another area we have highlighted for improvement (linked to 4A above).</p> <p><b><u>Overarching Quality of Life:</u></b></p> <p>ASCOF Measure 1A Social care related quality of life is a composite measure covering 8 questions within the User Survey. Shropshire scored 18.8, which is equal to the England average in 2012/13.</p>	
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Telecare	Provision of stand-alone telecare equipment and contribution to a call monitoring system	<p>Support people to remain living in their own home and independently for longer</p> <p>Reducing reliance on high cost care package &amp; reducing reliance on residential admissions</p>	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 assess for telecare support</p> <p>Length of use of equipment</p> <p>Number of telecare items supplied to specifically support discharge</p> <p>Patient satisfaction feedback</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> <p>All social care staff have received training on the use of telecare.</p> <p>The 'just checking' system is used widely to determine if an individual requires residential care.</p> <p>The Assistive Technology provider will monitor feedback from customers and report at the annual contract review meeting.</p>	<p>A range of equipment has been leased under this agreement including 100 'Lifeline' base units, 100 falls detectors, 100 smoke detectors and other peripheral devices</p> <p>The new social care operating model effective 01/04/14 and the focus on prevention will increase the case of assistive technology.</p>
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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	300,000	AHMP/ EDT activity including:  No. of assessments  Outcomes (admission or home support)  Rate of MH admissions in an	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	In the year 1 <sup>st</sup> April 2013 to 31 March 2014 388 AMPH assessments were undertaken.  Of these 118 were for people aged over 65.  Closer links between EDT & AMHP being developed and policies

		at home		acute setting	AMPH assessments were undertaken.	developed alongside the NHS trust dealing with inpatient admissions and alternatives to admissions.  The AMHP service and EDT now has a single line of management to ensure consistent working.
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.	The preventive services provided by CCG and LA have been mapped and work is underway to rationalise and maximise their effectiveness – this work continues and Chief Officers are due to meet next in May 2014
Think Local Act personal/  Making it Real	Improve social care outcomes within local communities through roll out of locality commissioning and People 2 People	People are supported in their own local communities reducing reliance on	163,726	Report key milestones on locality commissioning, People2 People and Making it Real	Making it Real Board established and first meeting held in December 2013.  People 2 People roll out on schedule for north	The MiR top 3 priorities were chosen in November using the survey responses and group data that had been collected.  Shropshire's MiR action

		<p>statutory services</p> <p>People 2 people roll out across south Shropshire</p>		<p>Customer views and perception report</p>	<p>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>plan was published in Nov 2013. The MiR Ref. Group began working together with the P2P Advisory Group to plan and develop the monitoring techniques that will be used to review the action plan.</p> <p>P2P model rolled out across Shropshire 01/04/14</p> <p>Ageing Well Community Hub launched in Wem. Launch event held with 26 providers and 88 members of public present. To date 200 people have been engaged with 25 of these seeking additional help. Issues arising are around social isolation, carer support and people wanting to 'give back' through volunteering</p>
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						<p>and friendly neighbour initiatives</p> <p>The new operating model effective 01/04/14 focuses on individuals strengths. 'Lets talk local' community sessions involving voluntary and housing partners support this model and help people to remain independent within their local communities.</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</p>	<p>Reduction in hospital admissions</p> <p>Facilitate hospital discharge</p> <p>Reduction in delayed transfers of care</p>	675,000	<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</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</p>	<p><b>Year to date delays as of 28/02/2013:</b> Av. 4.9 delays (per 100,000 population) against target of 3.9 (low is good)</p> <p>4455 days delayed</p> <p><b>Year to date delays as of 28/02/2014:</b> Av. 3.4 delays (per 100,000 population) against target of 3.6 (low is good)</p>

	made. This will include elements of current provision on prevention, 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			discharge from hospital into reablement services  Ratification of an integrated health and social care pathway	Care Homes.	2419 days delayed  <b>NI125 2B part 1 - Older people, discharged from hospital into reablement services, who are still living at home 91 days later: –</b> is not reported until May 2014  Adult Services receives approximately 500 referrals per month to support discharge from acute and community hospitals in the county.  Adult Services supports a further 50 people per month with wrap around care to prevent an acute hospital admission.
Services for people with Dementia to support them	Access to telecare, support for carers, promotion of dementia friendly communities,	People with dementia and their carers are	600,000	Number of support packages offered  ASCOF measure	<b>2A part 1 - Permanent admissions of adults aged 18-64, into residential/nursing care:</b>	<b>2A Part 1 - We have admitted only 22 adults into permanent residential/nursing</b>

<p>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>	<p>short terms residential respite.</p> <p>Early identification and offer of support to Carers of people with Dementia through memory clinics</p>	<p>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>		<p>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>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><b>2A part 2 - Permanent admissions of older people aged 65+, into residential/nursing care:</b> 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</p>	<p><b>care this year, (2013-14) giving us a result of 12.1 per 100,000 adult population. This is an excellent result, meaning we have achieved our end of year target and is a significant improvement on our result last year.</b></p> <p><b>2A Part 2 - Whilst we have not met our end of year target for permanent admissions of older people (65+) into residential/nursing care, we are showing a big improvement on last year with a result of 744.4 per 100,000 older population.</b></p>
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					December 2013 we are reporting 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).	<b>We will continue to work across the Health and Social Care economy, to ensure admissions are kept as low as possible. We will also be mindful of the impacts of the ASC Bill and the Better Care Funding metrics, together with our new operating model for Adult Social Care.</b>
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	Ageing Well Community Hub launched in Wem. Launch event held with 26 providers and 88 members of public present. To date 200 people have been engaged with 25 of these seeking additional help. Issues arising are around social isolation, carer support and people wanting to 'give back' through volunteering and friendly neighbour

						<p>initiatives.</p> <p>Age UK and RCC Care held an integrated event in Market Drayton focusing on support for people with long term conditions.</p>
<p>Access to Employment and leisure opportunities</p>	<p>People with learning disabilities are supported in employment and to access leisure opportunities using personal budgets as part of the transformation of social care</p> <p>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 employment.</p>	<p>More people with a learning disability are able to access supported employment (ASCOF 1f)</p>	<p>100,000</p>	<p>Number of ALD &amp; enduring MH clients supported to use personal budgets</p> <p>ASCOF measure 1C Self Directed Support (Personal Budgets)</p> <p>ASCOF measure 1B proportion of users who report they have control over their daily life</p> <p>ASCOF measure 1E helping people with learning disabilities into employment</p>	<p>Between 01/04/13 and 31/12/13 we supported 51 clients <b>with MH needs to use personal budgets.</b></p> <p><b><u>Choice and Control:</u></b> Linking our performance on <b>ASCOF 1C Self Directed Support</b> to <b>ASCOF Measure 1B proportion of users who report they have control over their daily life</b>, shows that, as well as the volume of SDS that we have achieved in 2012-13 (74.2%), which placed us 19<sup>th</sup> out of 150 councils nationally, we also performed well on 1B, the quality aspects of ensuring people have choice and control over</p>	<p>ASCOF 1C – Over 75% of service users and carers have received their social care services via self directed support in 2013-14. This is excellent performance and demonstrates that we are giving people choice and control over their daily lives.</p>



				<p>ASCOF measure 1F Adults in contact with secondary mental health services in employment</p>	<p>their daily life (77.8%). We have sustained this high level of performance during 2013-14 for <b>1C Self Direct Support</b> 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><b><u>Employment:</u></b> We are one of the top performers in England (20<sup>th</sup> out of 150 councils) for <b>1E Helping people with Learning Disabilities into employment</b> with a result for 2012-13 of</p>	
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					<p>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 <b>adults in contact with secondary Mental Health services (1F)</b>, we are ranked 12<sup>th</sup> highest out of 149 councils with 14.3% in 2012-13 and again, this is significantly higher than the England average of 8.8%.</p>	
Improved care services monitoring in response to	Care home monitoring to ensure contract compliance	Health & Social care are able to respond	50,000	Adult protection indicators Annual	The annual safeguarding report will be reported to the Health and Wellbeing	From the 1 <sup>st</sup> April 2013 Shropshire Council joined the pan West Midlands Adult

<p>safeguarding concerns in care home settings</p>		<p>promptly to safeguarding concerns in care home settings to ensure that vulnerable people receive the level of care they need</p>		<p>safeguarding Board report</p>	<p>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.</p>	<p>Protection Policy. This means that all authorities in the West Midlands area will have the same processes and terminology.  These changes will mean that for the first time in Shropshire we have Safeguarding Alerts. These can be a concern of any type that is reported into the Council, but does not necessarily meet the criteria for continuing in the safeguarding process. Alerts are recorded on the system and are referred to each time an Alert is made to see if there is a pattern developing which could be indicative of a bigger problem.  This will ensure a series of minor</p>
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						<p>concerns are picked up and dealt with before a more serious concern occurs.</p> <p>We have developed a range of local indicators to support performance against this new policy which will be reported in the annual safeguarding report</p> <p>A new county wide safeguarding team is in place 01/04/14.</p>
<p>Adults with learning disabilities :</p> <ul style="list-style-type: none"> <li>- compliance with response to Confidential Enquiry into premature deaths</li> <li>- Response to Winterbourne View and compliance</li> </ul>	<p>Health and social care services are compliant with the recommendations and requirements of these national reviews</p>	<p>Improved compliance with the health and social care annual health assessment and the measures included within it</p>	<p>300,000</p>	<p>H&amp;W Board to receive three reports on Annual Health &amp; Social Care Self-Assessment, Confidential Enquiry and Winterbourne View Compliance</p> <p>Number of care homes offering</p>	<p>Reports will be scheduled for presentation to HWB.</p> <p>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</p>	<p>A Shropshire and Telford wide event took place on the 4<sup>th</sup> February, 2014. This was well attended by service users, senior officers from both the Councils and CCGs and other partners including a GP presentation.</p> <p>In terms of the</p>

<p>concordat - Annual health and social care self-assessment</p>		<p>Advocacy support is available in care homes</p> <p>People are supported in specialist residential placements whilst alternative accommodation is developed</p>		<p>advocacy support</p> <p>Number of people supported in specialist residential placements 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>We do not currently collect this information by care home; however advocacy contracts include provision for people in care homes.</p> <p>There are currently 4 people in specialist 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</p>	<p>Confidential Inquiry into the Premature deaths Of people with Learning Disability (CIPOLD). A group has been formed of health, social care and third sector groups to create an action plan to progress improvements that can be made to achieve the 18 recommendations of the Inquiry. The SSSFT health facilitators are working closely with surgeries to increase update of annual health checks. Liaison is taking place with Public Health to increase update of Health screening for cancer for adults with learning disabilities. The LA have agreed to build into their contracts with providers the need to support the update of health checks and the completion of the patient passport, which</p>
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					<p>been submitted. A full report will be submitted to the HWB once feedback has been received.</p>	<p>allows service users and their carers an opportunity to complete a patient held document that identifies important issues about their health and personal needs to be used in health settings. The CCG are seeking improvements in how the acute hospital service providers ensure the reasonable adjustments required when supporting someone with a learning disability by requiring them to undertake an audit of compliance with the 18 recommendations of the CIPOLD report which will then be supported by an action plan.</p> <p>On the 14<sup>th</sup> April NHS England required the second Winterbourne quarterly transformation</p>
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						<p>assurance submission. This is exclusively for patients with a LD, Autism or Aspergers who are in a registered hospital. This report showed that the number specifically in hospital (as opposed to other forms of residential care) reduced from 9 in January to 7 in April and all of these patients have access to advocacy.</p> <p>A new supported housing development to repatriate adults with learning disabilities living out of county is on target for completion in April 2015.</p>
Supported living for those with enduring Mental health and learning disabilities	Revenue contribution for provider support in new supported living developments being built through external capital funding	People with mental health needs and/or learning	600,000	Number of people with mental health needs and/or learning disabilities who are supported to live	<b><u>Settled accommodation:</u></b> We performed well in 2012-13 for <b>1G Adults with a Learning Disability who live in</b>	<b><u>ASCOF 1G – ALD in who live in their own home or with family: Our draft</u></b>

issues	Housing support – to support individuals to live independently in tenanted accommodation as opposed to residential placements	disabilities are supported to live independently in local communities (ASCOF 1G)		<p>independently in local communities</p> <p>Progress report on new accommodation developments</p> <p>ASCOF measure 1G – ALD who live in their own home or with family</p>	<p><b>their own home, or with family</b>, with a result of 78%. This placed us 49<sup>th</sup> 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><b><u>result for 2013-14 is 79.2%, which is above our end of year target and an improvement on last year's result of 78%.</u></b></p> <p>We have achieved 79.2% which is above our year end target of 79%target, and improved on last year's excellent result.</p> <p>We continue to develop supported living accommodation but this indicator moves only incrementally due to long lead in times and for new developments. However we anticipate this indicator continuing to improve as we develop the shared lives service further, redevelop an internally provided</p>
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				<p>ASCOF measure 1H – Adults with secondary MH services living independently</p>	<p>We also performed well for <b>1H Adults with secondary Mental Health services living independently</b> 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 <b>below our</b></p>	<p>care home into supported living accommodation and see our planned programme of development deliver over 20 new supported living places during 2014 - 2016 .</p> <p><b><u>1H Adults with MH living independently: Our unverified result for 2013-14 is 89.3%. This is a good improvement on last year's result of 78%.</u></b></p> <p>ASCOF 1F – Adults with secondary MH services in paid employment: Our unverified result for 2013-14 is 17.01%, which is well above target and an improvement on last year's result of 13.4%.</p>
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					<p><b>target</b>, of 78% and whilst current performance indicates that we are <b>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</b> and Teams are addressing the lists of reviews that are currently outstanding, which will improve our performance.</p>	<p>We anticipate a result above our target of 80%. Data reported so far is only the local data that is reported to CCG. Whilst this may not match what is loaded onto the MHNMDS, it gives us the best estimate of our position. We will continue to try to have on-going discussions with Trust colleagues, in order to secure monthly reporting for 2014-14.</p>
<p>Mental health and learning disabilities respite -</p>	<p>Support for people with mental health problems and learning disabilities with a health need who require respite</p>	<p>People and their carers are able to access respite services</p>	<p>300,000</p>	<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>	<p>Oak House underwent a CQC inspection in November 2013 and this is available on request. The service reports that the inspectors complemented the quality of care being received by the service users. An issue was highlighted with regard</p>

						to how capacity was being recorded. Information was available within the notes but required a search to locate it. As such a review of documentation procedures took place assisted by the Mental Health Act manager of the Foundation Trust and a new process is in place to record capacity and Best Interest assessments. The service reports it has now adopted this new process and are monitoring the standard.
<b>TOTAL</b>			<b>4,988,726</b>			

Glossary of Terms:

\*START – Short Term Assessment and Reablement Team

\*\* DTOC – Delayed Transfers of Care

\*\*\*ASCOF – Adult Social Care Outcomes Framework JSNA – Joint Strategic Needs Assessment