

Service Priority Plan 2011/12 and Future Years

Service: Community Care

Our Aims

- More flexible and better quality services
- Resources targeted at areas of greatest priority, based on clearly defined evidence of need
- A shift in the balance of provision towards community based services
- Actively engaging people and their carers promoting self care and self-managed care
- Services integrated around the needs of our customers
- Joint systems and assessment criteria
- Quicker and better decision-making
- Listening and responding to community needs and aspirations

Our Objectives: A Healthier Community – a demonstrably healthier local population.

The CHCP Agreement sets out the funding and management arrangements agreed by Shetland NHS Board and Shetland Islands Council that underpin community health and care service provision in Shetland.

The Agreement is reviewed annually and has been expanded over time to include a wider range of services as part of the progress made in shifting the balance of care towards the community.

Key objectives are:

- to maintain the position of zero hospital discharges delayed over 6 weeks;
- to increase the number of people with long term care needs who are supported to live at home;
- to reduce time spent in hospital for people aged 65+ ;
- to support carers so that they feel able to continue in their caring role;
- to provide early diagnosis and review of people with dementia; and
- to increase the number of people with severe and enduring mental illness who have a care plan.

Summary of Priorities for 2011/12:

- To implement the Reshaping Care for Older People Change Plan;
- To support the implementation of the Clinical Strategy; developing and taking forward action plans for service developments in Primary and Community Care;
- To implement reablement programmes across all community care settings and services;
- To review the approved work programme for additional long term care places in the context of the Reshaping Care Change Plan;
- To substantially complete the building phase for the OT Resource Centre, keeping the project on target for opening in summer 2012;
- To continue to promote Local Service Delivery Groups (LSDGs) and the Public Partnership Forum Network across Shetland with a view to having on-going dialogue with the community on health and care issues;
- To review the CHCP Commissioning Strategy, working towards pooled budget arrangements for all community care groups by 2012/13;
- To continue to promote With You For You including further work on electronic data sharing and direct access to shared information from dispersed work locations;

- To develop a Joint Respite Strategy;
- To build on the IiP Bronze Award achieved in March 2010; supporting the workforce and taking forward the recommendations of the IiP Assessor's report, linking these with NHS Shetland and Shetland Islands Council Organisational Development initiatives;
- To complete a review of the Human Resources and Organisational Development Section of the CHCP Agreement seeking more collaborative, shared support arrangements for the workforce;
- To complete all pilot projects recommended in the Sheltered Housing Review;
- To support implementation of the new Local Housing Strategy, in particular the plans for housing to support an ageing population;
- To continue the implementation of Telecare and Telehealth projects and solutions for individual customers and provide an evaluation of the Telehealthcare programme locally;
- To support implementation of the Council's Corporate Improvement Plan, for example in projects promoting job dispersal and the sustainability of remote rural and island communities across Shetland;
- To develop proposals for better integration of Children's Services in the organisation and work of the Community Health & Care Partnership;
- To review the governance arrangements for the CHP in light of the reviews of Scotland's CHPs undertaken by the Scottish Government and by Audit Scotland. The Audit Scotland Report is due to be published in the summer of 2011.

In 2011/12 this Service is provided by:

- **Finance Summary**

The gross outturn in 2011/12 is expected to be approximately £50M. This includes funding streams as follows:

- £30M Shetland Islands Council
- £21M NHS Shetland
- £3M Shetland Charitable Trust and
- £2M income from charges,

- **Assets Summary:** primarily buildings and equipment within buildings

- Nordalea, Iseshaven, North Haven, Wastview, Freefield, Banksbroo, Kantersted Kitchen, Taing House, Fernlea, ET House, Montfield, Overtonlea, ILP, Newcraigielea, EGRC, Viewforth
- Office Space

- **Staff Summary:**

- 8 Service Managers, or equivalent, some whole or partly NHS (3 SIC)
- 16 Managers / Team Leaders
- 691.46 FTE

SERVICE STANDARD

Each person in the community who needs community health or care services is entitled to:-

- information about services available;
- easy access to staff;
- a courteous, helpful and swift response to enquiries;
- equality of opportunity;
- help to protect them from harm, abuse or neglect;
- support to enable them to live as full a life as possible;
- the right to see written records kept about them, subject to legislation;
- confidentiality at all times, subject to legislation;
- a say in what they think about the services provided;
- be made aware of the performance standards required of each service and make representation about standards of service;
- access to complaints procedures;
- a needs assessment in their own right;
- full participation in planning what support is offered;
- personalised high quality care;
- be represented or accompanied by someone of their own choice when discussing health and care services;
- access to an independent advocacy service.

National Outcomes Performance Framework for Community Care

The national Community Care Outcomes Framework (CCOF) is built around four national outcomes:-

- improved health;
- improved well-being;
- improved social inclusion; and
- improved independence and responsibility.

Scottish Health Council

The Scottish Health Council's role is to ensure that people's views are valued and have influence both in their personal relationship with the NHS and as members of communities affected by changes to local health services. The Scottish Health Council will ensure that each Community Health Partnership operates its Public Partnership Forum (PPF) effectively and in accordance with standards developed by the Scottish Health Council.

The Scottish Health Council has a local office and a local officer to support this work. Further information on the Scottish Health Council can be found at: www.scottishhealthcouncil.org

Inspections

The inspection regimes of the Care Commission, QIS, the Social Work Inspection Agency and Audit Scotland also contribute to the performance management framework for CHCP services and recommendations from these agencies are reflected in the action plans as appropriate.

Theme	Target Description	Baseline 31 March 2004	Current Position	Reporting Mechanism
Care at Home	<ul style="list-style-type: none"> Intensive home care – increasing the number of people over 65 receiving homecare of over 10 hours per week <p>National target – 30% of all people receiving long-term care</p> <p>Local target – 35%</p> <p>SOA Target 08/09 – 39%</p>	<p>32% (Amended Outcome – Baseline at 31 March 2006)</p> <p>74 over 65's receiving Intensive Home Care of 220 receiving long-term care.</p> <p><i>Future changes to indicator to identify against those with IoRN scores of F or higher.</i></p>	<p>108 clients over age 65 receive Intensive Home Care. A further 107 (residential) + 13 (hospital and waiting list) = 228 receiving long-term care (as at 30 Sept 2010)</p> <p>108/228 = 47% National target met</p> <p>Local target met</p> <p>SOA target met</p>	Community Care Outcomes Measure 15
	<ul style="list-style-type: none"> The number of people age 65+ receiving home care. 	<p>455</p> <p>2,448 hours</p> <p>778.6 hours per 1,000 population</p>	<p>409</p> <p>2787 hours</p> <p>749.2 hours per 1,000 population</p> <p>(as at 30 Sept 2010)</p> <p>Decrease of 3.8%</p>	<p>SG H1-Home Care</p> <p>KPI 9 – Home Care</p>
	<ul style="list-style-type: none"> Shift in balance of care from institutional to 'home based' care 	N/A	Reporting required from April 2010	Community Care Outcomes Measure 14
	<ul style="list-style-type: none"> % of people 65+ receiving personal care at home 	200	<p>224 (as at 30 Sept 2010)</p> <p>Increase of 12%</p>	Community Care Outcomes Measure 16

Occupational Therapy	<ul style="list-style-type: none"> Equipment and adaptation services – reduction of number on waiting lists <i>Local target - reduce by 50%</i> <p>Target needs to change to identify waiting time for referral to be processed.</p>	<p>116 clients on waiting list, reduce to 58.</p>	<p>21 (as at 30 Sept 2010) <i>Decrease of 82%</i> <i>Target met</i></p>	<p>Single Outcome Agreement LI7</p>
Hospital admissions/ discharges	<ul style="list-style-type: none"> Reducing inappropriate emergency admissions of over 65+ to hospital <i>Local target - to reduce total number by 5%</i> 	<p>Total number of people over 65 with 3 or more emergency admissions (1/4/03-31/3/04)= 43</p>	<p>xxin 2008/09 <i>NHS</i></p>	<p>Single Outcome Agreement NI20 ISD Scotland HEAT targets</p>
	<ul style="list-style-type: none"> Reducing delayed discharges over 6 weeks. <i>Please note that this is a national target agreed with the Scottish Executive</i> <i>Local target– to maintain current position</i> 	<p>0</p>	<p>0 <i>Target met</i></p>	<p>Single Outcome Agreement LI32 Community Care Outcomes Measure 4</p>
	<ul style="list-style-type: none"> No of emergency bed days in acute specialties for people 65+, per 1,000 pop. <i>Reduce emergency in-patient days by 10%</i> 	<p>1970.5 days per 1,000 population (2007/08).</p>	<p>9,372 bed days 3,720 over 65's = 2,519 days per 1,000 population of over 65's. <i>Target not met</i> 2009/10 figures</p>	<p>Community Care Outcomes Measure 11 ISD Scotland HEAT targets</p>
	<ul style="list-style-type: none"> No. of people 65+ admitted as an emergency twice or more to acute specialties, per 1,000 pop. <i>Reduce by 20% from 2004/05.</i> 	<p>39.7 people per 1,000 population of over 65's (2007/08).</p>	<p>36.0 people per 1,000 population of over 65's. Reduction of 10% <i>Target not met</i> 2009/10 figures</p>	<p>Community Care Outcomes Measure 12 ISD Scotland HEAT targets Single Outcome Agreement NI20</p>

	<ul style="list-style-type: none"> No of people 65+ admitted twice or more as an emergency who have not had an assessment in the current year (per 100,000 population) 	<p>78% of patients with no SSA (2008/09)</p> <p>*criteria changed since previous year</p>	<p>xx of xx people = xx% of patients with no SSA</p> <p>NHS</p>	<p>Community Care Outcomes Measure 13</p> <p>ISD Scotland HEAT targets</p>
Community Care: Assessments	<ul style="list-style-type: none"> Improvements in time taken for all assessments to be completed <p><i>Local target – 65%</i></p>	<p>Time taken between referral and completion of assessment (2003/04), 461 out of 934 = 49%</p>	<p>135 of 316, 42.7% (6 months)</p> <p><u>Decrease of 6.3%</u></p> <p>Target not met</p>	<p>Single Outcome Agreement LI9</p>
	<ul style="list-style-type: none"> No. of people waiting longer than target for assessment, per 000 population 		<p>Reporting required from April 2010</p>	<p>Community Care Outcomes Measure 5</p>
	<ul style="list-style-type: none"> No of people waiting longer than target time for service, per 000 population 		<p>Reporting required from April 2010</p>	<p>Community Care Outcomes Measure 6</p>
	<ul style="list-style-type: none"> Increasing number of carers' assessments <p><i>Local target – increase by 10%</i></p>	<p><i>Baseline revised (Sept 07)</i> Number of carers' assessments recorded per year = 40</p>	<p>2 assessments in 10/11 (6 months)</p> <p>Decrease of 90%</p> <p>Target not met</p>	<p>Single Outcome Agreement LI8</p>
	<ul style="list-style-type: none"> Increase nos of SSA undertaken by community nurses and other health professionals <p><i>Local target – increase proportion of all SSAs to 10%</i></p> <ul style="list-style-type: none"> Increase the % of SSA's done within target, by 10%. <p><i>Local target – 65%</i></p>	<p>49%</p>	<p>6 of 316 completed (6 months) Decrease to 5%. Target not met</p> <p>94 of 133 in 09/10 71%</p> <p>Target met</p>	<p>Local Improvement Targets</p>
User / Carer Satisfaction	<ul style="list-style-type: none"> % of user assessments completed to national standard. 		<p>Reporting required from April 2010</p>	<p>Community Care Outcomes Measure 8</p>

• % of carers' assessments completed to national standard.		Reporting required from April 2010	Community Care Outcomes Measure 9
• % of care plans reviewed within agreed timescale		Reporting required from April 2010	Community Care Outcomes Measure 10
• User/carer satisfaction with Single Shared Assessment Local target – 25% response to Q'aire & 95% satisfaction	User consultation response rate – 32 % Satisfaction rate – 85.9 % (January 2008)	Service user consultation Response rate 29% Target Met Satisfaction rate: 93.2% Target not met	Single Outcome Agreement LI10
• Percentage of community care users feeling safe		Reporting required from April 2010	Community Care Outcomes Measure 1
○ % of users and carers satisfied with their involvement in the design of care package.		Reporting required from April 2010	Community Care Outcomes Measure 2
○ % of users satisfied with opportunities for social interaction.		Reporting required from April 2010	Community Care Outcomes Measure 3
• % of carers who feel able to continue their role		Reporting required from April 2010	Community Care Outcomes Measure 7

Respite Care	<ul style="list-style-type: none"> Increase in people receiving short breaks 	Baseline 2007/08	Year 2009/10	
	National target – increase number of weeks respite by 10,000 weeks	<u>Over 65's</u>	<u>Over 65's</u>	
		6,652 respite nights	6,568 respite nights	
	Local target – increase all respite care by:	7,207 respite hours	7,530 respite hours	
	8.8 weeks by 2008/09	= 1087.6 weeks	= 1,082 weeks	
	26.4 weeks by 2009/10			
	44.0 weeks by 2010/11			
		<u>18 – 64's</u>	<u>18 – 64's</u>	
		1,491 respite nights	1,885 respite nights	
		1,605 respite hours	4,774 respite hours	Scottish Government: Respite Care Return
	= 243.6 weeks	= 360 weeks		
	<u>Under 18's</u>	<u>Under 18's</u>		
	662 respite nights	1,022 respite nights		
	8,908 respite hours	16,350 respite hours		
	<u>_____ = 258.6 weeks</u>	<u>_____ = 457 weeks</u>		
	TOTAL 2007/08 =	TOTAL 2009/10 =		
	1589.8 weeks	Increase of 309 weeks*		
		Target Met	Concordat Commitment	
		*44 weeks of this figure previously unreported	COSLA – Monitoring additional respite care.	

Strategic Service Risk Assessment

LEGISLATION:

The recently elected Scottish Government committed to a single integrated care system in their manifesto. The implementation of this will unfold in the coming months.

Within the Reshaping Care guidance there is a national drive towards pooled budgets and individual customer budgets to ensure better continuity of care.

STRATEGIC PRIORITIES:

The Key Priorities set out above, come directly from the Community Health and Care Partnership (CHCP) Agreement 2011-4. This document draws together existing national and local drivers.

The CHCP Agreement sets out the funding and management arrangements agreed by Shetland NHS Board and Shetland Islands Council that underpin community health and care service provision in Shetland.

The Agreement is reviewed annually and has been expanded over time to include a wider range of services as part of the progress made in shifting the balance of care towards the community.

Financial:

- Revenue Budget for 2011/12: **£30mn**
- Estimated Outturn 2011/12: **£30mn**
- External Funding Achieved / Proposed:
 - o Change Fund - Reshaping Care for Older People: £328,000 to be received by NHS; *
 - o Carers Information Strategy Funding - £38,491 to be received by NHS; *
 - o Self-Directed Support - £35,000 to be received by SIC.

You can find the plans approved by CHP Committee for this funding in the 2011 - 2014 CHCP Agreement: Actions to deliver Savings:

Proposal Detail	Approved Savings	Actual Savings
Close Kantersted kitchen and use Taing/ET house kitchens for Lerwick meals on wheels and Eric Gray.	50,000	Unlikely to deliver full amount this year (savings being sought from elsewhere)
Off-island placements (two possible cases identified so no actual decisions as yet). Contingency	200,000	200,000

Care at Home packages including personal care and domestic tasks, to address identified needs through Single Shared Assessment/With You For You. Rationing of services based on eligibility and risk assessment.	450,000	450,000
Increase in Day Care Provision in two units to include Fridays and Saturdays and extended hours. Preventative work to enable people to remain in their home for longer. Rationing of service based on eligibility and risk assessment.	250,000	250,000
Review Freefield, propose transfer to voluntary sector.	20,000	Unlikely to deliver full amount this year (savings being sought from elsewhere)
TOTAL		900,000

Capital Assets:

- New projects and spend for 2011/12:
 - o ET /Taing connection in design phase, to provide efficiencies and space
 - o OT resource centre

COMMUNITY ISSUES/ STAKEHOLDER ISSUES:

- To continue to promote Local Service Delivery Groups (LSDGs) and the Public Partnership Forum Network across Shetland with a view to having on-going dialogue with the community on health and care issues;

STAFFING:

- To build on the liP Bronze Award achieved in March 2010; supporting the workforce and taking forward the recommendations of the liP Assessor's report, linking these with NHS Shetland and Shetland Islands Council Organisational Development initiatives;
- To complete a review of the Human Resources and Organisational Development Section of the CHCP Agreement seeking more collaborative, shared support arrangements for the workforce;

INFORMATION SYSTEMS:

The principle of sharing knowledge and information is at the heart of partnership working.

NHS Shetland

The long-term aim of the local NHS IM&T strategy is to move to electronic patient records and electronic healthcare records, with single data entry at the point of data capture, and with data then shared by all healthcare system users. All new and existing clinical information systems are being

integrated in one central information store. Joint planning and implementation arrangements for IM & T are being established with the local authority and voluntary organisations.

Data Sharing Partnership

Shetland's Data Sharing Partnership has been in place for a number of years. Work on eCare is managed by the Partnership through the Data Sharing Manager. Electronic data sharing of the single shared assessment is a first priority for the Data Sharing Partnership together with Child Protection messaging.

Single Shared Assessment

The Single Shared Assessment has been redesigned during 2009/10 and the new With You For You process was launched on 5 April 2010.

The With You For You process relies on the efficient, effective transfer of information between partner agencies in order to achieve the desired outcomes for our customers.

An electronic form "Understanding You" has been developed and will be shared in line with the requirements of the Data Sharing Protocol. A Privacy Impact Assessment completed in March 2010 has identified a number of tasks to be completed in order for this process to be supported through inter-agency on-line access to the form and to SWIFT, the client information system used by the Council's Social Care Service.

Working Groups

There are a number of groups that currently meet to discuss and oversee information systems projects that affect the CHP. These include the Data Sharing Partnership, the SWIFT Project Board and the joint NHS/SIC ICT groups.

A review of the terms of reference and governance arrangements for each of these groups was started in 2010/11 with a view to streamlining the arrangements. This work will be completed in 2011/12.

SUMMARY OF KNOWN RISKS:

A full assessment of risks and the actions required to manage the risk is set out in full in the CHCP Agreement 2011/14. Most significant risks are:

- Providing the service within the resources available
- Ongoing development of joint working.

SUMMARY OF PRIORITIES FOR 2012/13 AND BEYOND:

- Development of CHCP Agreement
- Provide Service within significant budgetary constraints
- Reshaping Older People's Service requirements embedded within local work
- Deliver on requirement of a single integrated care service (as set out in SNP manifesto)
- Balancing service priorities within each sector of the CHCP Agreement with the Corporate Efficiencies requirements
- Continue to seek further savings, whilst providing a high quality service.