



# Portfolio Plan 2013-14

## Introduction

This summary report has been produced to allow Adult Social Care Staff, Partners and Service Users & Carers to consider our latest performance against the 2013 -14 Health & Wellbeing Portfolio Plan. It draws on a range of evidence including key projects, performance indicators, risks and budget monitoring information.

The Government first published the Adult Social Care Outcomes Framework (ASCOF) in April 2011. These were revised in April 2013 and are a set of measures which have been agreed to be of value, both nationally and locally, in demonstrating the achievements of Adult Social Care. This update to the Health & Wellbeing Portfolio Plan follows our progress against the delivery of these outcomes. The Framework comprises of Four Outcomes:

- **Enhancing the quality of life for people with care and support needs**
- **Delaying and reducing the need for care and support**
- **Ensuring that people have a positive experience of care and support**
- **Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm**

The 2013/14 Portfolio Plan now includes a section on Public Health Priorities. From April 2013 the responsibility for local public health services was transferred back to local authorities from the NHS. This will have a major impact on how Health & Wellbeing is delivered in Buckinghamshire which is a core priority for what the local authority does. The following additional outcome has therefore been added: **Outcome 5: Improving the Health of Buckinghamshire Residents**

### Key:

Better than target	■
On target overall	★
Mixed Performance (e.g. some milestones ahead, some behind)	●
Worse than target	▲

**(P)** – represents *Performance* and summarises whether the outcomes associated with the activity are being achieved

**(T)** – represents *Time* and measures whether milestones are being met

**(C)** – represents *Cost* and measures whether the activity is being delivered within budget and/or savings will be achieved



## Outcome 1 - Enhancing the quality of life for people with care and support needs



This will mean that:

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs
- Carers can balance their caring roles and maintain their desired quality of life
- People are able to find employment when they want, maintain a family and social life and contribute to community life and avoid loneliness and isolation










### 2012/13 Position statement

Each year all Local Authorities are required by the Department of Health to undertake a standard survey to obtain the views of Service Users and Carers about the services they receive. Below are some of the key results:







- Our social care service users rated their ability to achieve a better quality of life in Buckinghamshire at 18.4 out of a maximum of 24. During 2011/12 this was 18.8.
- 77% of service users said they felt they had control over their daily life compared to 79% during 2011/12



In addition to the national survey, local authorities are also required to provide information to the Government on specific areas of performance and support to service users:

- The proportion of working age adults with a learning disability in paid employment was 14.4% compared to 10% during 2011/12
- The proportion of service users accessing their care via a personal budget is 86% compared to 75% during 2011/12
- During 2012/13 the service supported 2,298 people
- During 2012/13 the service supported 12,859 people to live in their own homes

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Adult Accommodation and Support</b> - we will deliver bespoke accommodation for 122 people with a range of complex needs, and we will make best use of our resources by both maximising external income to support developments and minimise voids</p>	<p>Initial Business Case for second phase of development drafted. Development site identified for 3 new services - up to 23 additional placements for people with physical and sensory disabilities, acquired brain injury and young people with disabilities. Agreement regarding process for securing property resources going forward will be complete by end of July and procurement approach for future commissioning of care and support services mapped out to replace current supported living framework agreement. Reduction in Learning Disability voids from 15% to 9%</p>				<p>Agree project plans and timescales for new service developments within revised timescale (Sept 14). Commission support for 2 new services for people with challenging behaviour and people with autism which are due to open in Feb &amp; April 2014. Progress set up of approved provider list to replace Framework Agreement post November 2013. Challenging MTP targets to deliver in 2013/14.</p>
<p><b>Older People Care Homes 65+</b> - we will implement the recommendations of the Category Review of the Older People Care home market, incorporating supporting self funders with assessments and support brokerage emergency support and independent financial advice</p>	<p>Consideration of the 8 recommendations of the Category Review undertaken by AFW with regards to deliverability and implementation.</p>				<p>Implementation plan to be agreed with clear timescales.</p>
<p><b>Home Care</b> - we will decommission the remainder of Buckinghamshire County Council Home Care Services ensuring that we create sustainable and alternative services within the independent sector</p>	<p>The transfer of clients to the private sector has begun and the consultation process with staff for the closure has been completed. The staff moving to Reablement have been interviewed. Arrangements being finalised to transfer Homecare service users to our main four Dom care providers with the exception of the Aylesbury area where spot provision will be utilised.</p>				<p>Continue the transfer of clients which is planned to be completed by March 2014. Reablement staff will move across beginning of August for Reablement training.</p> <p>The challenge is to ensure that we have capacity which both supports the transfer of internal clients at the same time as maintaining our ability to place new service users and people awaiting discharge from hospital in a timely manner. To ensure the capacity, our 4 main providers are extending their sub-contracting arrangements.</p>




Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Day Opportunities Programme</b> - the programme will continue with the first Day Opportunities centre due to be opened in Aylesbury by mid 2013, and Buckingham to be open in autumn 2013. Work will continue to develop the other 4 sites with Chesham and High Wycombe sites to be further developed during 2013</p>	<p>Development of new buildings on track although delay on purchase of High Wycombe site. Contractor appointed for the Buckingham site. Planning permission submitted for the Chesham site. Restructure of internal services completed with move from 22 to 6 day centers and 2 community services. Assessments and Brokerage reviews completed for all service users. Successful market shaping work undertaken resulting in 23 new providers delivery day opportunities to over 300 clients and more continuing to develop as an alternative to day centres. Savings of 45% of the value of block contracts achieved to date. Draft specifications for services transferring to Buckinghamshire Care (LATC) developed.</p>				<p>Secure purchase of High Wycombe site from WDC to ensure building completed by Oct 2015 in line with build programme. Aylesbury (Hartwell site) to be completed by end of 2013. Put in place transition programme for client moves to new centres. Continue developing the external market in respect of employment services. Consultation on draft specifications for Buckinghamshire Care.</p>
<p><b>New Delivery Model for In-House Services</b> - we will establish a Local Authority Trading company, to directly provide services including:</p> <ul style="list-style-type: none"> <li>• The new Reablement Service</li> <li>• Day Opportunities</li> <li>• Laundry Service</li> <li>• Respite Care</li> </ul>	<p>Outline business plan and approval granted by Cabinet on 24th June to implement TUPE processes. Company name (Buckinghamshire Care) chosen and companies incorporated. Recruitment of company Board initiated. TUPE commenced and services specifications in development. All work on company systems and infrastructure underway and on target.</p>				<p>Contract and service specification negotiation</p> <p>Further development and refinement of KPIs as part of service specification development. Appointment of Company Board (MD, FD, Chair and Non-Execs), Formation of Shareholder Scrutiny Group, Completion of TUPE consultation, Development of new pathways and further work around contract innovation, Determining a method for support services to price provision, Appoint external solicitors for provision of LATC legal advice</p> <p>Decision to be made on pension provider for new members of staff joining the LATC after go-live. Develop branding and marketing for the LATC including web presence</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Improving peoples access to Self Directed Support:</b> We will improve peoples experience of Self Directed support and take up of Direct Payments</p>	<p>Establishment of a clear pathway and reporting structure for Self Directed Support.</p> <p>Establishment of a staff team to deliver direct payments service for AFW.</p> <p>Service specification and contracts developed for brokerage service and independent brokers.</p> <p>Brokerage function embedded across AFW, including transitions, and carers brokerage services.</p> <p>Development and implementation of comprehensive information and advice for internal and external customers.</p> <p>Support with Confidence scheme established;</p> <p>Promotion and accreditation to providers in place to be delivered in next few weeks.</p> <p>Business case submitted; Trading standards administrative lead in place; promotion and launch ready to go</p> <p>903 people in receipt of a Direct Payment.</p>				<p>Information, guidance and training for responding to carers to be developed and rolled out.</p> <p>Establishment of RAS for carers</p> <p>Widening of the support brokerage service and increase in direct payment take up.</p> <p>RAS modelling and testing</p> <p>ALS configuration and testing.</p>
<p><b>Carers Services</b> - we will complete the re-tender of Carers Support Service, expand direct payment and brokerage services to carers and improve carer experiences and satisfaction with our services.</p>	<p>Carers Support Services, consultation completed, report published and specification drafted. Work to expand SDS pathway currently being mapped.</p>				<p>Method statement and finance assessment to be completed. Tender for Carer Support Services to be published 2<sup>nd</sup> September 2013</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Dementia Support Services</b> - we will continue to develop an integrated and resourced Dementia Care Pathway for residents in Buckinghamshire, including both delivery and evidence of the impact of the new services commissioned through funding obtained in 2012/13.</p>	<p>Recruited Pharmacy lead for the Dementia Challenge fund project. Post will start in September 2013. Project scope for closer to home memory assessment has been agreed by project board. Plan on page for Dementia has been signed off by CCG Exec within the mental health programme to support the 60% diagnosis target for the next three years.</p>				<p>Recruitment process for Dementia Friendly community post to be completed. Identify suitable GP practices to host the new clinics and agree start dates of the four new memory clinics with GP Surgeries. Identify the five top care homes for the pharmacy lead to target for medication reviews</p>
<p><b>Development of an integrated care and support pathway for people with Autism</b> - we will expand the current training programme to include training for GPs and primary care staff and develop support services to include psychology out-patient interventions.</p>	<p>Training programme rolled out to LD and MH staff – GP and primary care training package being developed. Assessment and diagnosis responsibilities agreed between OHFT and SHFT. Embedded into transitions protocol in terms of who sees under 18's.</p>				<p>All age integrated Strategic Plan to be revised with clear targets for next quarter. This will include scoping of an integrated children/Adult Care pathway.</p>
<p><b>Development of services to provide high quality and integrated services for people with long term neurological conditions</b> – we will review current services for people with long term neurological conditions</p>	<p>Service Review commenced in June 2013 led by the Commissioning Support Unit. First project board meeting held on 18<sup>th</sup> July to agree project plan.</p>				<p>Complete pathway mapping by end of August, Evidence base for changes to be completed by end of September</p>
<p><b>Improved services for people with mental health problems</b> –Review of all specialist community mental health services alongside the development of locality-focused provision serving the two Clinical Commissioning Groups (CCGs) with a single point of access.</p>	<p>The proposal from Oxford Health Foundation Trust (OHFT) on two locality based services covering AVCCG and CCGG has been discussed within the CCG mental health commissioning team. Further granulation is being considered by OHFT. Single Point of Access development is on target and will be in place within this year. All Primary Care practices now have linked Care Coordinator leads and psychiatry time.</p>				<p>The development will continue until the beginning of next financial year.</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
Development of a new fit-for-purpose, high-quality, psychiatric in-patient facility in Aylesbury	New fit-for-purpose psychiatric in-patient facility in Aylesbury is on target. Build is continuing until the end of the year. The facility has been named The Whiteleaf Centre, Buckinghamshire Health and Wellbeing Campus.	🟢	🟢	🟢	Patients will move in during the early part of 2014.
Review of current delivery of personality disorder services across the county.	Review of current delivery of personality disorder services across the county - review work has started on time within the Thames Valley service.	🟢	🟢	🟢	OHFT will hold discussions with CCG commissioners regarding the need and make-up of services for the future.
Development of a new service contract with Oxford Health Foundation Trust (OHFT) readiness for 2014/15 with a focus on embedding Payment by Results performance monitoring.	All aspects are on schedule to have a new contract in place with OHFT for 2014/15 going forwards. Payment by Results monitoring is being developed.	🟢	🟢	🟢	Contract negotiations for next year will start in September 2013.
Development of Psychiatric In-Reach and Liaison Service (PIRLS) from Oxford Health NHS Foundation Trust within the acute NHS Trust.	PIRLS development is on time. Project group has formed. Mapping of Emergency Dept usage is taking place for snapshot. Service specification under finalisation	🟢	🟢	🟢	Discussion regarding funding for ongoing PIRLS needs to be agreed in the next quarter for service to start in September 2013.
Improved access to healthcare for people with learning disabilities – we will improve the delivery and take up of Annual Health Checks	Annual Health Checks - 70% of GP practices have now signed up to undertake annual health checks, an increase of almost 20% from 2012/13. Learning Disability nurses assigned to GP localities to provide expert knowledge and a point of contact for surgeries.	🟡	🟡	🟢	Annual Health Checks - A certified training package for primary care staff will be available from July 2013, developed by Southern Health Foundation Trust and Talkback. Target to increase delivery of health checks from 20% to 40% by March 2014.
	Specialist Learning Disability Health Services - focus on delivering the requirements of the Winterbourne Concordat in terms of reviewing and supporting people with learning disabilities in in-patient settings.				Specialist Learning Disability Health Services - joint health and social care project group to be established to review and agree pathway development and governance arrangements.



Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Improved services for stroke survivors and their carers</b> – we will work with the CCGs and Public Health partners to improve support services for stroke survivors and their carers.</p>	<p>Stroke Action plan Revised Stroke Association contract for community support services continuing although low take up of Expert Stroke Patient Programme training Revised Stroke Patient Portfolio in draft</p>				<p>Stroke Action Plan to be endorsed at Stroke Network meeting in September. Implementation of improvement plan to increase take up of training to be agreed by end of July. Implementation of revised stroke patient portfolio to commence in August.</p>

## Making It Real



The Prime Minister's Challenge on dementia includes a focus on dementia friendly communities. As part of this programme, Curzon C of E Combined school in Buckinghamshire was one of the 21 schools that took part in this intergenerational work with schools project nationally.

The overall vision behind this project was to:

- Remove the stigma of dementia in society and achieve better community support and engagement for now and in the future, by educating children about the condition.
- Simultaneously providing children with confidence and insight into a widespread issues affecting their lives and communities; and
- Providing interaction and enrichment between people with dementia and children/young people.

The children, teachers and volunteers of the school actively engaged with the programme and developed their own dementia lesson plans. They have made a commitment to become dementia friends, and furthermore, they finished off their learning by signing with people living with dementia at Alzheimer's Society Singing for the brain group.

Key Performance Indicators	2012-13 Performance	FY 2013-14				Quarterly performance RAG status	Target 2013/14	Explanation
		Q1	Q2	Q3	Q4			
The proportion of:								
People who use services who have control over their daily life <b>(as at)</b>	77%	*					80%	Higher is better.
Carers reported quality of life <b>(as at)</b>	8.1	*					70%	Higher is better.
People using social care who receive self directed support <b>(cumulative)</b>	85.5%	90.6%					85%	Higher is better.
People using social care who receive Direct Payments <b>(cumulative)</b>	16.2%	12.5%					20%	Higher is better.
Adults with a learning disability in paid employment <b>(as at)</b>	14.5%	14.1%					15%	Higher is better.
Adults in contact with secondary mental health services in paid employment <b>(as at)</b>	14.1%	*					14%	Higher is better
Adults with learning disabilities who live in their own home or with their family <b>(as at)</b>	73.2%	72.3%					75%	Higher is better.
Adults in contact with secondary mental health services who live independently with or without support <b>(as at)</b>	66.7%	*					76%	Higher is better
People who use services and their carers, who reported that they had as much social contact as they would like <b>(as at)</b>	<input checked="" type="checkbox"/>	*					50%	Higher is better

2012-13 data has been submitted to the Dept. of Health and is currently going through their national validation process. Once we have received confirmation from them of year end results these will be published in our next quarterly progress report.

\* AFW has no systems in place to report on these performance measures on a monthly/quarterly basis. A program of work is underway to report on these more frequently throughout the year and will be reported upon as the work is developed.

## Outcome 2 – Delaying and reducing the need for care and support



This will mean that:

- Everybody has the opportunity to have the best health and wellbeing through their life, and can access support and information to help them manage their care needs
- Earlier diagnosis, intervention and re-ablement will lead to people and their carers being less dependent on intensive services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence

### Position statement

Each year all local authorities are required to obtain the views of service users about their services. Below are some of the results:

- 82% of our social care service users felt their services helped them to maintain a better quality of life (compared to 78% during 2011/12)
- 66% of service users said they spent their time doing things they valued and enjoyed (the same as 2011/12)

In addition to the national survey, local authorities are also required to provide information to the Government on specified areas of performance.

- 78% of Older People receiving rehabilitation or intermediate care after leaving hospital were able to improve or maintain their independence in Buckinghamshire compared to 77% during 2011/12.
- Delays on being discharged from hospital were further improved to 8.4 compared to 9.8 per 100,000 of the population during 2011/12

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Changing how Social Care operates</b> - we will ensure that we are able to respond to the requirements arising from the Care Bill 2013.</p>	<p>Care Bill implementation will involve fundamental changes to the operating model for social care and has been identified as the most significant financial risk facing the local authority. Initial work has focussed on analysing the Care Bill and raising awareness of its contents, and implications with presentations to managers and staff, service users and carers, Cabinet and AFW board. Initial financial modelling has been carried out. We have joined a group set up by the Dept. of Health which is looking at the financial formula calculations. A project management approach has been adopted and a project board set up to meet on a bi-monthly basis</p>				<p>Project initiation document and project plan to be completed and signed off. Financial modelling to be carried out and data on the impact of self funders to be refreshed. Project Board to meet on 15<sup>th</sup> October. Impact assessment and workshop to take place at end Sept early October and which will also inform a future risk on the AFW risk register. Briefings to be provided to member groups. The most significant challenges are:  Ensuring that there are robust processes for planning and implementing changes in a timely way and resources/capacity that it will take to deliver this preparation</p>
<p><b>Development of a social care re-ablement model</b> - we will ensure that people are supported to reduce hospital admissions, and they are given the best opportunities to regain/retain their ability to live more independently, through our new Reablement Service.</p>	<p>Interviewing and slotting in of staff for Reablement is complete. Detailed service design currently being finalised. Logistics being sourced and set up (IT/property etc).  Draft plan to provide re-ablement to people with mental health difficulties scoped following meeting between Mental Health Social Care Commissioner, Head of Social Care and Operational Managers in OHFT.</p>				<p>Registered Business Manager takes up the post 5<sup>th</sup> August. Training also starts 5<sup>th</sup> August. Service due to go live 2nd September  Plan to be developed in more detail with job descriptions and costing for proposed posts. Timescale for posts to be advertised 1<sup>st</sup> September 2013.</p>
<p><b>Falls Prevention Pilot</b> - we will work with partners to implement the pilot project to reduce falls amongst over 65s, and if people fall, to ensure that their care and support is better coordinated between ourselves, health partners and community support organisations</p>	<p>Programme Lead identified end of June. Key stakeholders identified. Background research and papers collated. Workshop planned for 16<sup>th</sup> July 2013 to agree Commissioning Intentions and way forward.</p>				<p>Engaging with the CCGs clinical priorities and existing projects (4 practices pilot). Agreeing model and options against the evidence base. Keeping key players on Board.</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Full implementation of Prevention Matters</b> - we will fully implement the prevention matters programme to support people with a lower level of needs to maintain their independence.</p>	<p>13 out of 14 Community Practice Workers (CPW) have been recruited through Voluntary Sector &amp; 7 Community Links Officers recruited by the Council. The Volunteer Hub has been part commissioned with a host provider for the Volunteer Coordinator appointed. Timebank development has been deferred to Q2 to enable a competitive tender process. The monitoring and recording database for CPW activity is operational and CPWs trained on using the system. Grant criteria for new pump priming money for service development and administration process under development</p>				<p>Performance monitoring data to be analysed and evaluated. System Analyst to be recruited and external programme evaluator commissioned to ensure that there are robust systems in place to effectively demonstrate outcomes. Grant process to be in place to support the VCS deliver community based services in response to identified needs of people using the service. Key challenge is accessing client data from GPs which is required to help identify people who will benefit from the service and analyse the effectiveness of the programme in reducing demand on health and social care services</p>
<p><b>Equipment and Assistive Technology</b> - We will continue to extend the opportunity for people to access and use Assistive Technology, through implementing an online self assessment tool during 2013/14.</p>	<p><b>Assistive Technology</b> - Online self assessment tool in place with NRS. New Telehealth GP and Project Officer appointed to support growing programme of activity. 13/14 investment from health has enabled the team to extend the scope of the Telehealth programme beyond the 4 initial project areas. Accredited Assistive Technology training and development offering for phase 1 social and healthcare practitioners complete. Training tender process completed for phase 2 delivery (50 delegates) in 2013/14 with Bucks New University being the successful bidder. Prevention Matters Telecare offer planning almost complete and training part delivered.</p> <p><b>Community Equipment</b> - The self assessment tool is in the final stages of loading on to the BCC internet site. Means to measure the success of implementing the tool are still to be decided.</p>				<p><b>Assistive Technology</b> - Enrol 25 students on September training course. Commence work around making Telehealth pilots operational through provider contracts for 2014/15. Finalise Prevention Matters Telecare offer ready for launch in September.</p> <p><b>Community Equipment</b> - Raising awareness of staff and the public. Agree how to measure success (e.g. increase of private equipment sales in Bucks by NRS) Awareness of the self assessment tool and its uses will commence in July 2013</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Supporting People</b> - we will continue to ensure that vulnerable groups of people (e.g. homeless people who are subject to domestic violence, , domestic violence, alcohol/drug problems) are supported through reviewing and re commissioning these services.</p>	<p>Commercial strategy and business case initiated with 2013/14 budget saving priority areas confirmed. Scoping of project priorities carried out and process for sign off of Business Case agreed. Project Board in place with Terms of Reference agreed.</p>				<p>Development of outline business case and commercial strategy with clear options and recommendation. Development of consultation plan.</p>
<p><b>Information and Advice</b> - we will ensure that Carers and families are better informed, by improving local information and advice for people who use social care services</p>	<p>We have revised our commissioned service with Carers Bucks to include provision for an enhanced service for local carers, over and above the general information and advice service. The new specification set out detailed expectations of the new carers support service in providing advice and information to carers</p>				<p>Gain feedback on changes made and look for linkages to carers reported experiences.</p>

### Making It Real



Mr. S is an InTouch client, and he contacted the team to ask for some support for his daughter who has a disability. Although his daughter was not receiving a service from the council, but the InTouch team were able to make a referral for her to the Carers Bucks service. After receiving permission from S and his daughter, the InTouch team was able to provide a detailed referral to the Carers Bucks service. When Mr. S was contacted by the InTouch team for his review, he stated that he was very impressed that the InTouch team had gone that extra mile in helping him in this matter. Mr. S said that he really appreciated all the help and assistance that he receives from InTouch.

Key Performance Indicators	2012-13 Performance	FY 2013-14				Quarterly performance RAG status	Target 2013/14	Explanation
		Q1	Q2	Q3	Q4			
Number of older people admitted to residential/nursing care per 100,000 of population <b>(cumulative)</b>	686.3	169					697	Lower is better.
Number of adults admitted to residential/nursing care per 100,000 of population <b>(cumulative)</b>	16.4	3.7					11	Lower is better.
Number of delayed transfers of care from hospital <b>(cumulative)</b>	8.3	5.1					8.2	Lower is better.
Number of delayed transfers of care from hospital which are attributable to social care <b>(cumulative)</b>	1.7	*					1.6%	Lower is better.
Number of people in receipt of monitored Assistive Technology <b>(cumulative)</b>	3612	3727					3864	Higher is better.
Proportion of people completing a re-ablement intervention that do not require long term support <b>(cumulative)</b>	☒	*					13/14 baseline	Higher is better
Proportion of people completing a re-ablement intervention who feel all their expected outcomes are achieved	☒	*					13/14 baseline	Higher is better.

☒ 2012-13 data has been submitted to the Dept. of Health and is currently going through their national validation process. Once we have received confirmation from them of year end results these will be published in our next quarterly progress report.

\* AFW has no systems in place to report on these performance measures on a monthly/quarterly basis. A program of work is underway to report on these more frequently throughout the year and will be reported upon as the work is developed.

## Outcome 3 – Ensuring that people have a positive experience of care and support



This will mean that:













- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect dignity of the individual and ensure support is sensitive to the circumstances of each individual

### 2012/13 Position statement




Each year all local authorities are required by the Department of Health to undertake a standard survey to obtain the views of Service users and carers about the services they receive. Below are some of the key results:

- 57% of service users were extremely or very satisfied with their services (compared to 54% during 2011/12) Whilst there has been a slight improvement compared to last year, we are taking actions to ensure that many more of our service users rate the services highly during 2013-14.
- 89% of respondents expressed overall satisfaction with their services, compared to 88% during 2011/12
- Almost a third of carers (32%) reported that they were extremely or very satisfied with the support or services they and the person they cared for had received in the last 12 months from Social Services, a further 37 % said they were quite satisfied
- For those carers who sought out information from Buckinghamshire county council, over two thirds (68%) found this information easy to find
- Of those carers who received information and advice, 87% found this information to be very or quite helpful to them
- 68% of service users said they found it easy to find information about services (compared to 75% during 2011/12)
- 65% of service users in care homes, and 85% of service users in their own homes have received an annual review. We are working to improve this for 2013/14, and have already increased the capacity of the review team and improved the recording of reviews.

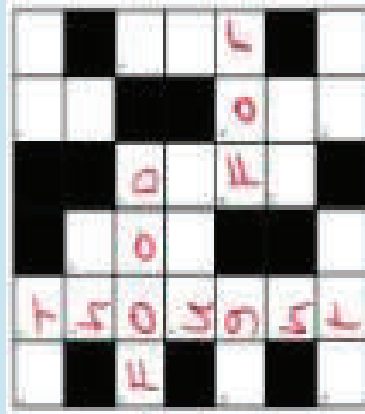


Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Driving Up Social Work and Professional Practice</b> – we will continue to improve the quality of all social care we deliver by ensuring all staff are both highly skilled and confident in working with service users, carers and their families.</p>	<p>Recruitment to the Social Work Lead role is underway. ASCOF performance indicators are monitored monthly in Budget &amp; Performance meetings attended by Business Managers &amp; Service Manager. Business Managers ensure monthly data clean up as appropriate</p>				<p>Establish policies and guidance to act as a framework for staff and managers. Use DSP process and professional supervision to identify knowledge and skills gaps. Work with training officers to ensure suitable learning opportunities are provided.</p>
<p><b>Effective Transitions for Young People</b> – we will review and update the Transitions Delivery Plan to ensure that the experience of young people and their carers are improved and that their transition to adulthood is effective, seamless and timely.</p>	<p>Transition Plan has been reviewed and updated. Transition pathway has been rolled out across agencies and young people and their parent/carers. Work will be undertaken with Safeguarding Children and Adults to record young people's experience of transitions. Various pilot projects have now been set up which will look at measuring improved outcomes for young people.</p>				<p>Work on ensuring the outcomes are captured in a routine and systematic way. Joint meeting with children and adult services to be set up to ensure referrals before the young person is 17 are made in good time and referrals to brokers are made so support planning process can begin earlier than at the moment</p>
<p><b>Data Quality and Security</b> – we will develop a programme of work to drive up all data quality issues covering: Compliance; Systems; ICT; Driving Performance and Financial Management plus an external audit around Data Protection</p>	<p>Data Quality Strategy and Action plan has been produced and is with Service Manager.</p>				<p>Strategy to be signed off by Leadership Team and AFW Board. Challenges remain including the scale of work required both to improve and maintain data quality.</p>
<p><b>Contract Management and Quality in Care</b> - we will carry out a review of our major contract providers to ensure that the services they provide are fit for purpose, deliver high quality services and achieve best use of resources. The remit of the Quality in Care Team will also be extended to cover community based services.</p>	<p>Annual performance reviews have been undertaken with all Platinum providers (where contracts are generally in excess of £1M pa. This process has identified where both quality and service efficiency improvements need to be made. From the 1<sup>st</sup> April 2013, the remit of the Quality in Care team now covers community-based services e.g. Homecare, Day care and Day Opportunities.</p>				<p>The challenge remains that contract management capacity is significantly less than other Portfolios given the number of Platinum providers – 18 as at the end of June 2013. Some additional capacity has been improved and recruitment will be a priority as there are stretching savings targets that need to be achieved.</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Ensuring that we have a skilled workforce</b> – we will have a workforce plan and a training/development programme in place for all staff.</p>	<p>There are activities within the Learning and Development Programme that contribute to projects that other leads will report on, i.e. Reablement, AIS/Care Management update, My Home Life, CPW Induction.</p> <p>The training plan for the 2013/14 calendar year is in development. Information will be presented to Leadership Business Team meeting in July/August.</p>				<p><b>Next Steps:</b> Finalise the 2013/14 priorities to establish any budget challenge.</p> <p><b>Challenges:</b> The AIS/Soft skill training for Care Management will be a significant piece of work and it has confirmed that the £1 million budget held does not have any allowance for spend on soft skill training. Funding is therefore an issue.</p> <p>The 'My Home Life' programme is a significant spend of £80,000 - £100,000, which cannot be resourced from the Learning &amp; Development Budget. Additional funding must be sourced.</p>
<p><b>Ensuring and evidencing improved outcomes</b> – we will produce an annual Local Account which provides straightforward information on our service for local people; ensure that all staff are aware of key new policy developments and ensure that the portfolio works in a more evidence based way, with greater emphasis on the outcomes that people wish to achieve</p>	<p><b>Local Account (LA)</b> has been produced and was signed off at AFW Board on 10<sup>th</sup> July. Continued partnership working with the LA working group and the Executive Partnership Board. LA quarterly update taken to LA working group and was followed up with information about improvement actions being taken.</p> <p><b>Policy</b> – Policy Forum is in place and operational and reviewing and updating local policies. There is also work underway with stakeholders to examine the implications of the Care Bill.</p> <p>Involved in a pilot serious case review using the SCIE approach. This has generated good practice findings for an effective multi-agency approach to safeguarding</p>				<p><b>Local Account</b> – at the next meeting of the LA working group in Sep 2013 officers present progress on Dementia, Carers and Day Opportunities, giving working group members the opportunity for more detailed scrutiny.</p> <p><b>Policy</b> - stakeholder meeting to take place in October and project documentation to be in place to take forward the planning for Care Bill implementation. Building on the 2012/13 success of our Policy into Practice sessions, the next one will take place in Sep/Oct on the Care Bill</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
	<p><b>Outcomes Based Approach</b> - an overview report was produced for AFW Board on May 29th which set out the extent to which the portfolio is already delivering outcomes for service users and carers, and what further work is still required to ensure that outcomes become an integral part of our performance culture.</p>				<p><b>Outcomes Based Approach</b> – as part of the implementation of AIS, care managers will receive training on both recording outcomes on SWIFT as well as ensuring that both discussions with service users and carers take place about the outcomes they wish to achieve as well as recording those outcomes on SWIFT.</p>

### Making It Real



Miss S suffers from Hydrocephalus, depression and anxiety, and suffering from ME. She had been living and working independently, but when her mother became ill she had to return home and look after her mother. Being out of work, and the stress and worry of the situation, caused her symptoms of depression and anxiety to increase and her mental health rapidly deteriorated.

She was referred to Back2Base and was allocated an employment support officer, who helped her to assess her skills and needs and devised an action plan to enable her to get back to work step by step. She previously had some experience in catering, and was secured a training position at Food4Thought. S started off working for one day a week, with the plan to gradually reduce the support and increase her hours. Her Supported Employment officer helped her to grow in confidence, enabling her to take more responsibility for her own health and wellbeing. Her confidence and self esteem grew, and S decided to go to college. When her mother's health improved, S decided that it was time for her to think about independent living and was supported to move to her own flat. When S graduated from her college course, her Employment officer was able to provide her with interview practice, helping her to develop her skills. Eventually after persistence, she was offered a part time job in a perfume shop. She has now been working for 6 months. Feedback from S, " Life is good. I feel I am finally back on track. But I wouldn't have been able to achieve this without the support, advice and opportunities given to me by Back2Base – it changed my life".

Key Performance Indicators	2012-13 Performance	FY 2013-14				Quarterly performance RAG status	Target 2013/14	Explanation
		Q1	Q2	Q3	Q4			
Overall satisfaction of people who use services (as at)	57%	*					63%	Higher is better.
Overall satisfaction of carers (as at)	32.4%	*					60%	Higher is better.
Proportion of carers who report that they have been included or consulted in discussion about the person they care for (as at)	65.7%	*					70%	Higher is better.
Proportion of people who use services and their carers who find it easy to find information about their services ( as at)	67.4%	*					78%	Higher is better.
Average waiting time for a service (cumulative)	36.6	72 days					38 days	Lower is better.
% of CBS service users receiving a review (cumulative)	85%	30%					95%	Higher is better.
% of Placement service users receiving a review (cumulative)	65%	19%					80%	Higher is better
Proportion of service users transitioned into ASC in a timely manner (no later than one month after their 17 <sup>th</sup> birthday) (cumulative)	20%	*					90%	Higher is better
Overall satisfaction of people who use services (as at)	<input checked="" type="checkbox"/>	*					63%	Higher is better

2012-13 data has been submitted to the Dept. of Health and is currently going through their national validation process. Once we have received confirmation from them of year end results these will be published in our next quarterly progress report.

\* AFW has no systems in place to report on these performance measures on a monthly/quarterly basis. A program of work is underway to report on these more frequently throughout the year and will be reported upon as the work is developed.

## Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm



This will mean that:

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self harm
- People are protected as far as possible from avoidable harm, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish




### 2012/13 Position statement




Each year all local authorities are required by the Department of Health to undertake a standard survey to obtain the views of Service users and carers about the services they receive. Below are some of the key results.










- 59% of people who use services said that those services have made them feel safe and secure compared to 54% during the last year. Whilst this is an improvement upon last year, we are taking action to ensure that many more of our service users feel very safe and secure through receipt of their services.
- 94% of service users said they generally feel safe, compared to 93% during the last year

In addition to the national survey, we set ourselves some local targets to assess performance in this area:













- 91% of service users safeguarding investigation started within two days of alert compared to 85% during the last year
- 67% of service users had their safeguarding investigation completed within 28 days, compared to 66% during the last year

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Safeguarding Team:</b> The Safeguarding Team will work with all care groups to embed audit across services and we will work with service users to adapt safeguarding arrangements and establish an effective referral pathway across services</p>	<p><b>Audit:</b> this has re-started and peer audits have been introduced. A report of the first 6 months of the new audit framework will be completed in September 2013.</p> <p><b>Recruitment:</b> this has improved, with 5 out of 7 appointed, but this has been partly offset by an SVA team worker leaving. Recruitment is ongoing.</p> <p><b>Improvement activities:</b> Practice Standardisation Group is operating to improve consistency and share good practice. Work is ongoing across teams and with other agencies to ensure arrangements are fit for purpose and all pathways are effective in protecting vulnerable adults.</p>				<p><b>Audit:</b> continue to embed the audit framework at all levels. All Business Managers to be responsible for addressing practice issues identified. Continue to improve recording in line with new business processes and systems. Continue to develop professional working practices through audit and the standardisation group.</p> <p><b>Improvement activities:</b> Continue work with partners and the BSVAB to develop appropriate joint working. Establish an effective means of ensuring feedback from clients and carers.</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Minimising future risk by acting on lessons learned</b> - we will act on lessons learned through both Local and National Serious Case Reviews.</p>	<p>In Buckinghamshire the Safeguarding Adults Board has a committee which commissions and oversees the production of Adult Reviews. This includes the selection of the most proportionate and efficient type of review. When a review is completed it is published on the SABs website. Learning from local and national SCRS is fed to the SAB training manager in order that SVA training can be updated. Learning is also published in the SABs annual report. This year the SAB has entered into a pilot with the Social Care Institute for Excellence to pilot a "systems approach" methodology for case reviews and SCRs involving vulnerable adults. SCIE's Learning Together model has been successfully developed in the field of safeguarding children. There has been growing interest from the sector in trying out the approach in relation to multi-agency work with vulnerable adults. The Department for Health and SCIE are working with four Safeguarding Adults Boards on a training and piloting programme. This case was selected for the pilot by the BSVAB to provide a 'window on the system'. By looking initially at this case, a range of participating agencies hoped to learn and apply the outcomes to inform the way in which agencies work.</p>				<p>Following the completion, quality assurance and signing off of the Serious Case Review report the board will need to decide how it will take forward the findings. The approach taken will need to ensure that through effective multi-agency working, the board can maximise the attainment of sustainable improvements in safeguarding and protection work with vulnerable adults. The board will also be in a position to evaluate the SCIE approach and determine its usefulness as an approach and in what circumstances.</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Proactively preventing harm</b> - we will ensure that whilst individual complaints are followed up in accordance with our guidance that we will also implement broader changes and improvements arising from individual cases.</p>	<p>CQC meetings held on a bi-monthly basis with lead inspectors and reps from all key providers from across Health &amp; Social Care.</p> <p>Perpetrator monitoring has been on SWIFT since 1<sup>st</sup> April 2013.</p> <p>Comprehensive complaints monitoring process is in place which now ensure timely responses to complainants and follow up on wider issues across the Portfolio.</p> <p>'Power of entry' still being considered in line with government proposals.</p>				<p>Progress agreed joint work with CQC</p> <p>Ensure we maintain timely responses against complaints already established.</p> <p>Analyse provider profiles to undertake targeted work with those providers where there are significant safeguarding concerns.</p>
<p><b>Safeguarding Board</b> - we will deliver the 2013/14 Safeguarding Board work programme, and evidence the impact of this work on the safety and wellbeing of vulnerable adults.</p>	<p>The Independent Board has a SMART work plan. This translates into the work plans of the committees. Dignity in care now reports to the Adult Commissioners Board</p>				<p>The Board works hard to ensure consistent membership during a period of extensive change for key organisations. At present financial resources are being committed by partners. Consider implications in this area in relation to the Care Bill i.e. statutory footing of Safeguarding Board.</p>
<p><b>Dignity in care</b> - we will establish a Buckinghamshire wide high profile, multi agency project to drive improvement in Dignity in Care.</p>	<p>Dignity in Care (DIC) Strategy Group has been set up and Adult JET Team has agreed to governance arrangements for new DIC Strategy Group</p>				<p>Invite members to DIC Strategy Group and arrange first meeting for September</p> <p>DIC Strategy Group to agree action plan - September</p>



Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Creating and maintaining Providers resilience within the social care market</b> – we will enhance both the approvals and contract monitoring process for all new providers to include a review of their Business Continuity Plans</p>	<p>Several engagement sessions with providers have been held since December 2012. Operational policy and memorandum of understanding have been written, approved by legal and sent to all interest parties for comment. Meeting with MKB care with regards to the operation of the service has been held and agreement reached.</p>				<p>To ensure that the service is delivered as required. Move to implementation and testing of the Bucks Emergency Assistance and Response Service (BEARS). Paper to AFW board with update on project and final sign off. Launch the Service.</p>
<p>Develop and Implement resilience service for Domiciliary care market across Buckinghamshire.</p>	<p>BEARS resilience handbook finalised. Memorandum of agreement written. Contract with MKB drafted.</p>				
<p>Develop closer working relationships with Prevention Matters</p>	<p>Work currently underway in relation to summer resilience giving vulnerable people advice on how to stay hydrated and well.</p>				<p>Review all the services that the team operate to identify most suitable linkages. Put into place plans for winter</p>
<p>Engage in proactive community resilience programmes with Corporate Services and the voluntary sector</p>	<p>Working alongside the resilience team to develop shared plans and specific projects to engage with communities to make them more self resilient.</p>				<p>Monthly meetings to be set up to develop strategy and identify potential funding streams.</p>

Key Performance Indicators	2012-13 Performance	FY 2013-14				Quarterly performance RAG status	Target 2013/14	Explanation
		Q1	Q2	Q3	Q4			
100% of adult protection plans to be developed for those who need them <b>(cumulative)</b>	☒	*					100%	Higher is better.
100% of adult protection plans reviewed by team manager within timescale <b>(cumulative)</b>	☒	*					100%	Higher is better.
% of SVA assessments starting within 2 days of contracts <b>(as at)</b>	91%	84%			▲		92%	Higher is better.
Proportion of people who use services who say that those services make them feel safe and secure <b>(as at)</b>	59%	*					60%	Higher is better.
Proportion of people who use services who say they feel safe	58.1%	*					68%	Higher is better.

☒ 2012-13 data has been submitted to the Dept. of Health and is currently going through their national validation process. Once we have received confirmation from them of year end results these will be published in our next quarterly progress report.

\* AFW has no systems in place to report on these performance measures on a monthly/quarterly basis. A program of work is underway to report on these more frequently throughout the year and will be reported upon as the work is developed.


## Outcome 5 – Improving the health of Buckinghamshire residents






This will mean that:

We will work with local communities and partner agencies to improve health and wellbeing for everyone in Buckinghamshire by:

- Creating the conditions so that people are able to take control of their lives and greater responsibility for their health and wellbeing. This includes ensuring people have the chance to develop the skills and attributes they need to get the most out of life.
- Ensuring local communities remain strong and resilient and able to support each other
- Addressing the broader determinants of health – supporting the local economy in Bucks, ensuring good education for all, a high quality built and natural environment, material wellbeing and opportunities for leisure and lifelong learning
- Supporting people to live healthier lives at all ages and working to make healthy choices the easy choices
- Ensuring robust arrangements are in place to protect residents from infectious diseases and environmental hazards
- Working with NHS commissioners and residents to design and commission high quality, integrated health and social care services

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p><b>Public Health:</b> To embed the public health team and the commissioning of public health services into BCC following transfer from the NHS</p>	<p>The public health team have successfully transferred to BCC as per the transition work plan.</p> <p>All key actions (such as training, integration into BCC processes have been completed).</p> <p>Progress has been reported to the Regulatory and Audit Committee</p>				<p>Discussions with commercial services on the re-commissioning of services to be underway</p> <p>Actions for the progression of priority work with commercial services to have been agreed</p> <p>Review of Public Health budget to have been undertaken with finance lead to review expenditure on new commissioning responsibilities and ensure accurate budget profile</p>
<p>To develop and implement a public health work programme to deliver the agreed priorities in the BCC Public Health Strategy</p>	<p>High level work programme to reflect key programmes and milestones completed</p> <p>Public Health Communications lead recruited within the communications team</p>				<p>Work programme to be monitored</p> <p>Work to commence on the development of a public health communications work programme (including internal and external comms)</p> <p>Proposals for MTP to be developed</p>
<p>To ensure effective systems are in place to provide co-ordination of public health emergency planning, immunisations and screening at a local level</p>	<p>Public health linked in with BCC resilience team and worked jointly on the recent Heat wave alert.</p> <p>Public health has been added to the BCC emergency plan. Public health also linked into Local Health Resilience Partnership (subgroup of Local Resilience Forum) to be assured on the coordination of emergency plans across Thames Valley. PH held a Bucks wide group of all stakeholders to discuss how responses to outbreaks would now be managed. Immunisations are monitored at the quarterly immunisations meetings, now run by Thames Valley Area Team (TVAT); and immunisations, screening and emergency planning also discussed at the quarterly Buckinghamshire health protection forum, chaired by PH</p>				<p>Work in progress to ensure coordination of emergency plans and emergency response across Buckinghamshire. Meeting with TVAT and screening team in August to discuss next steps of MMR catch-up campaign which may contain schools based immunisation programmes.</p> <p>South Central Quality Assurance visits for breast cancer and cervical cancer screening will take place in July.</p>

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
To deliver a robust healthcare offer to Clinical Commissioning Groups	We have developed robust arrangements for the provision of the Health Care Offer supported by a Memorandum of Understanding and an annual work programme. Each CCG has a link Public Health Consultant.				Continue to work closely with the CCGs and ensure delivery of agreed projects for Q2 as well as agreeing priority areas for the remainder of this year.
To produce a Director of Public Health's Annual Report and set trajectories against key public health indicators for the next 3 years	Draft report produced for 2012/13 Draft performance dashboard produced				Approval processes for the DPH annual report to be agreed and actioned. Key indicators selected and work on draft trajectories to commence
<b>Drug and Alcohol:</b> Implementation of the Substance Misuse Treatment Plan for Buckinghamshire 2011-14 and work in partnership with community safety responsible authorities to reduce impact of drugs and alcohol on communities	All the key treatment plan objectives have been met to date. Performance is on the whole above cluster or national averages. Good relationships have been forged with the new Police and Crime Commissioner. The DAAT's former Home Office allocations have now moved over to the PCC. In the PCC's budget the DAAT received all of the former allocation amounts as the PCC places a high priority on reducing the impact of drug and alcohol related crime. The Safer Stronger Partnership Board is regarded as a highly effective and well functioning vehicle for bringing together the responsible authorities.				The DAAT will undertake a needs assessment to understand better the changing substance misuse demographics of Bucks. Whilst opiate use is on the decline there is an emergent trend of increasing legal high use. The DAAT ceased to be a partnership at the beginning of the year and is now a team in the Council with the majority of funding now being drawn down via Public Health. We plan to draft a new commissioning strategy to align our work plan more closely with that of Public Health and taking into account the key themes from the needs assessment work. We are currently restructuring our adult structured treatment services into one contract with the new contract due to commence 1/2/14.

Main activities to achieve outcome	Progress to date	P	T	C	Next steps and the challenges ahead
<p>Establish a positive working relationship with the Police and Crime Commissioner to ensure ongoing financial support for criminal justice funding in relation to drug and alcohol treatment services</p>	<p>The PCC has committed to fund to the same extent in 13/14 the Community safety activity previously funded by the Home Office. This has provided £95,910 for DIP (arrest referral interventions) and up to £60k for work on the communities and drugs agenda</p>				<p>The funding agreement is a one year grant agreement and it is likely that we will receive a reduction in future funding. It is not clear how much of a cut, but the PCC is anticipating a significant cut to this element of his pooled budget and he has committed to protect the policing front line which potentially puts community safety in a vulnerable position. He is however exploring the possibility of announcing a 3 year indicative budget for 2014 - 2017 which would facilitate longer term planning</p>

Key Performance Indicators	2012-13 Performance	FY 2013-14				Quarterly performance RAG status	Target 2013/14	Explanation
		Q1	Q2	Q3	Q4			
% of eligible population invited to an NHS Health Check – invite	20%	4.49% (7075)					80%	Higher is better
% of eligible population invited to an NHS Health Check – attend for a test	10.5%	1.72% (2714)					45%	
<b>Number of people achieving a 4 week quit (cumulative)</b>	2107	◆				●	2255	Higher is better
% of Year R and Year 6 children measured as part of the National Child Measurement Programme (annual)	Year =R 94.2% Year =6 92.2%	⌘				■	85%	Higher is better
Proportion of all in treatment who successfully completed treatment and did not re-present within 6 month	8.3%	◆					16%	
Successful completion of drug treatment	162	◆					140	
Successful completion of alcohol treatment	306	◆					296	

◆ Data due September 2013

⌘ Data reported annually based on academic year – 2012/13 year end data should be available Sep 2013


## We always want to hear what people think about Adult Social Care



By hearing and acting on your views we can work to improve adult social care for everyone. If you are interested in telling us your views or want to know more please contact the Complaints and Information Team at:

Freepost RRB5-EBKU-LJXR  
Complaints and information team  
Adult Social Care  
Buckinghamshire County Council  
County Hall  
Aylesbury  
HP201YU



 Telephone us: 01296 383350  
 Fax us: 01296 382206  
 Email us: [posfeedback@buckscc.gov.uk](mailto:posfeedback@buckscc.gov.uk)

Alternatively you can:

Read our Portfolio Plan here ([insert hyperlink](#))

Read our Local Account here ([insert hyperlink](#))





