

**Department of Adult
Services
Performance Plan
(2010-13)**



Adult Services Performance Plan 2010-13

Introduction

The department of Adult Services is increasingly involved in seeking to improve the health and wellbeing of the people of Wigan, through commissioning and providing directly, a broad range of services.

Responsibilities in the department include ensuring that leisure and culture opportunities in Wigan offer choice and variety for all whilst developing appropriately targeted services to improve the health and wellbeing of individuals and communities in Wigan. Statutory social care services for adults are a core function of the department, and the transformation of these services in line with the DH guidance Putting People first is a key priority for us; aiming to give choice and control to citizens and to support people to stay as independent and healthy as possible.

Whilst the above outlines our commitment to outcomes for the people we serve, we also recognise the need to make efficiencies and focus on our statutory duties in the first instance as we move in to a period where budget constraints will feature strongly in the strategic decisions of the department.

We are increasingly aware that we need to further develop existing strong partnership working in Wigan to achieve these goals, and are building on the present sound links with a range of partners. These partners include the independent, voluntary and private sector, public sector commissioning and provider agencies, and most crucially with service users, carers and the wider public. This recognition of the importance of partnership working is particularly prioritised through our joint work with Wigan Primary Care Trust in developing a single more integrated approach to commissioning services aimed to improve the health and wellbeing of Wigan citizens, through the creation of a Single Commissioning agency.

This plan is our contribution to the Local Strategic Partnership and the Health and Well Being agenda across the borough.

Due to the challenging and uncertain times in which we find ourselves, this plan represents current thinking at the time of publication. As more detail emerges about in-year cuts in resourcing and as the detail of future financial settlements reach us through the Comprehensive Spending Review we will have to re-balance our priorities accordingly.

The Priority Service Objectives for the department are outlined below, with the rationale for the choice of objective clearly explained before each of the objective action plans later in this plan:

1. Increase individuals', families and communities autonomy and perception and control over their lives and where they live
2. Improve accessibility of services to support the independence of individuals, families and communities where possible, by challenging stigma and discrimination and targeting our efforts where need is greatest.
3. Reduce early deaths and disability due to Cardiovascular Disease and cancer, with an emphasis on early intervention and prevention and a key focus on the lifestyle risk factors of alcohol, obesity, smoking and mental wellbeing.

4. Reduce social exclusion for vulnerable adults and older people, with a particular focus on tackling domestic violence and improving mental health.
5. Provide care closer to home for people with long term conditions where possible and appropriate, with a particular focus on the individual and a focus on reducing unnecessary hospital admissions.
6. Ensure that vulnerable adults and older people with social care and health needs receive services that provide the best safeguards and ensure dignity and respect for the individuals receiving them.

Organisational Effectiveness Objectives

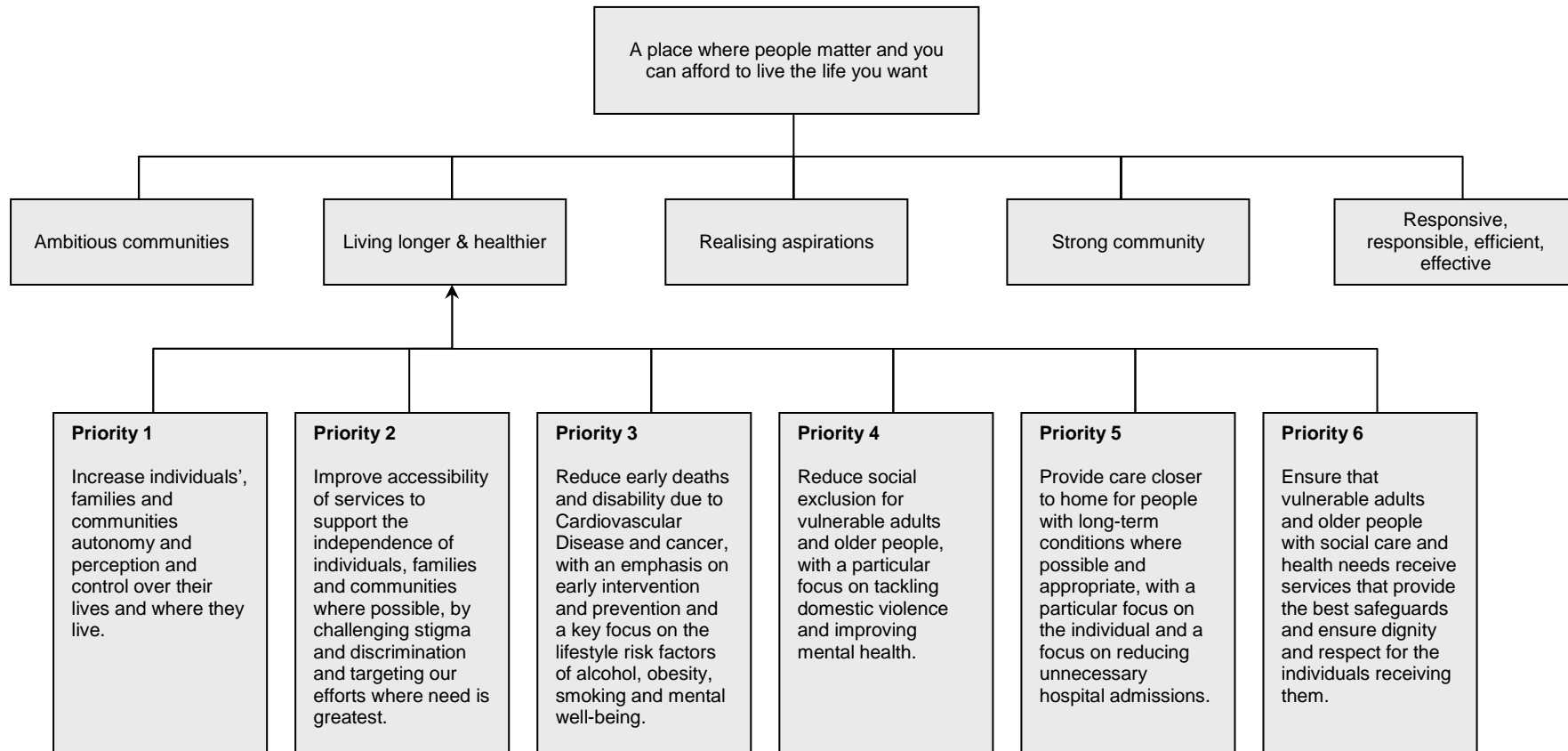
Our organisational effectiveness objectives support delivery of service objectives by ensuring we have the right capacity and capability in terms of finances, people and facilities. The department recognises that in the current financial climate, the primary focus will need to be on the statutory responsibilities that are held to vulnerable adults; therefore organisational objectives will be delivered with this in mind.

Our organisational effectiveness objectives are as follows:

Priority	Rationale
1. Implement the infrastructure and enable and support the cultural change necessary to deliver the Transforming Social Care agenda and the Business Development Strategy for the Single Commissioning Agency.	Skill mix, structure, processes, back office functions, systems, stimulating the local care market, etc.
2. Delivery of efficiencies through the Single Commissioning Agency & Transforming Social Care	This is fundamental if we are to deliver efficiencies whilst at the same time providing high quality services.
3. Strengthen Management Intelligence Function and Performance Management function	Quality management intelligence is vital for effective commissioning
4. Remodel Provider Services	Required to meet the Transforming Social Care and improvement/efficiency agendas.
5. Implement a strategic commissioning framework for culture, health and Well Being	Improved management information for decision making.

Strategic Links

We support achievement of Wigan's strategic priorities by:



Key Performance Targets

The following performance indicators and targets reflect the areas of work which we will be prioritising over the next three years. However, in the recognition that some of the indicators included may not be the best measures of success, we are looking to develop more local indicators. The indicators which we are looking to supplement with local indicators in the future are highlighted with a '*' next to them.

Our key performance targets:

Measure	Responsibility	Actual	Targets		
		2009-10	2010-11	2011-12	2012-13
Priority Service Objectives					
* NI 8 Adult participation in physical activity	Paul Gover	20.4	22.7	23.7	24.7
* NI 9 Use of public libraries	Paul Gover	40.7	40.7	41.7	42.7
* NI 10 Visits to museums and galleries	Paul Gover	38.6	43.19	44.19	N/A
NI 39 Alcohol related hospital admissions	Pat Keane	2048 (07/08)	2595	2665	2705
NI120 All age all cause mortality rate male	Paul Gover	804 (12/08)	681 (09)	N/A	N/A
NI 121 Mortality rate from all circulatory diseases at ages under 75	P Gover	96.35 (12/08)	91.69 (09)	86.53 (10)	N/A
NI 125 Achieve independence for older people via rehabilitation/intermediate care	Sharon Eid	80.8%	84%	86%	87%
NI 130 Social care clients receiving self-directed support	Louise Sutton	16.3%	30%	60%	80%
* NI 135 Carers receiving needs assessment or review	Sharon Eid	21.3%	23.5%	25.5%	27.5%
NI 136 People supported to live independently through social services	Louise Sutton	2945	3182	3408	3635
NI 141 % of vulnerable people achieving independent living	Liv Bickerstaff	81.8%	83.6%	83.6%	83.6%
NI 142 Percentage of vulnerable people who are supported to maintain independent living	Sally Hobbs	90.8%	98.8%	98.8%	98.8%
% of vulnerable adults and/or appropriate representatives, invited to attend initial safeguarding case conference (Local LAA PI)	Julie Jeffers	91%	91%	92%	93%
Local PI - Adults assisted into employment by Learning and Employment Service ¹	A Mohammed L Davison	649	600	500	500
Local PI – Adults assisted to obtain a Level 2+ qualification by Learning and Employment Service ²	A Mohammed L Davison	600	500	300	300

¹ Contributes to NI 153 Working age people claiming out of work benefits in the worst performing neighbourhoods

² Contributes to NI 163 % of working age population qualified to at least Level 2 or higher

Organisational Effectiveness					
** Employee turnover (%)	DAS SMT	6.58%	6.58%	6.58%	6.58%
** Days lost to sickness (%)	DAS SMT	7.28%	5%	5%	5%
Budgeted expenditure	DAS SMT	£76.8m	£78.1m	£67.7m	£59.7m
Efficiency savings (£)	DAS SMT	£0.8m	£2.4m	£8.0m	£8.0m
Cost per head Adult population	DAS SMT	£320	£315	£282	£249

** Indicates that targets have been kept constant from 2010/2011 due to the current financial climate where redundancies are being made. It is therefore difficult to predict the impact that this may have on sickness levels and staff turnover at this point. Once the situation is clearer, the department will set targets as appropriate.

Our Delivery Plan for 2010 - 13

1. Increase individuals', families and communities autonomy and perception of control over their own lives and where they live.

Why is this a priority for Wigan?

Through a wide range of local activity we are developing approaches that increase autonomy and control, with a view to increasing the self-reliance of individuals and communities and reducing dependency upon public services where appropriate. In particular we are developing a more universal offer to information and advice through a range of different media and formats, and integrating this with NHS ALW through the QIPP communications and engagement workstream.

Remodelling accommodation options supporting adults of working age with a learning disability, ensuring care and support gives maximum potential to access positive opportunities and mainstream services such as leisure and culture is a priority work area.

Wigan has made significant progress in the development of direct payments and latterly personal budgets as a standard offer following our assessment and support planning processes, with performance on the relevant national indicators strong against comparators.

Personal Budgets give people a clear, up-front idea about how much money there is for their support, allowing them to:

- Make assessment quicker and easier and mean people have to give out information fewer times – including self-assessment
- Bring together different kinds of support or funding from more than one agency (see 'which income streams are included, below).
- Let people use the money in a way that best suits their own needs and situation.
- Have support to plan what they want and to organise it, from a broker or advocate, family or friends, as the individual wants.

Next phase developments include the piloting of personal health budgets with a particular initial focus on Continuing Health Care.

Following the implementation of significant capacity building work through the Transforming Social Care Programme to we will continue to appropriately decommission some directly provided and block-commissioned services on the basis of market intelligence and the choices of individual personal budget recipients

Priority Action Plan:

Workstream / Programme	Action	What we will do differently.	How will we know we have made a difference?	Target Year	Lead
1.1 Transforming Social Care	1.1a Roll out of personal budgets linked to outcome focused support plans.	Reduction in block contracts.	<ul style="list-style-type: none"> • NI 130 Social Care clients receiving self directed support. • Reduction in support costs across the score (targets to be established). • % of clients partially/fully achieving individual outcomes. 	2010/11	Sharon Eid
	1.1b Develop alternative support models to improve access to Direct Payments particularly focussing on Older People	We will develop alternative brokerage arrangements and develop 'managed account' options	<ul style="list-style-type: none"> • NI130 Social Care clients receiving self directed support. 	2010/11	Anthony Mohammed
	1.1c Build on engagement approaches with Service Users, Carers and the wider Community, with the focus on the facilitation of User Led Organisations as valued co-producers of strategy, service design and delivery	More user led organisations	<ul style="list-style-type: none"> • NI7 Environment for thriving third sector • Increase in the number of user-led organisations in the borough 	2010/11	Anthony Mohammed
	1.1d Further develop the range of options available to self funders and individuals who do not meet eligibility criteria. This will include the development of 'Quickheart' which is a web based information portal and self assessment tool.	Increased opportunity for self assessment and easier access to information and advice	<ul style="list-style-type: none"> • Web portal Launched 	2010/11	Anthony Mohammed
	1.1e Develop alternatives to traditional building based	Working within local communities we will develop	<ul style="list-style-type: none"> • NI 130 Social Care clients receiving self directed support. 	2010/11	Anthony

	services	support networks			Mohammed
1.2 Single Commissioning Agency	1.2a Development of joint health and Social care personal budgets initially focused on CHC and jointly funded support.	Developing alternative commissioning options that enable choice and control balanced against quality and cost efficient provision.	<ul style="list-style-type: none"> NI 130 Social Care clients receiving self directed support. Reduction in support costs across the score (targets to be established). % of clients partially/fully achieving individual outcomes. 	2011/12	Sharon Eid
	1.2b Re-commission existing supported living services (SLS)	<p>Services will be separated into:</p> <ul style="list-style-type: none"> Accommodation options linked to housing related support. Learning skills & employment. Personal Care based on enabling model. Day time activity linked to Universal Services and Leisure & Culture. 	<ul style="list-style-type: none"> Reduction in hours in SLS. % reduction in budget for supported living provision through recommissioning. % people enabled and live independently. 	2011/12	Liv Bickerstaff and Sally Hobbs
	<p>1.2c Information & Advice:</p> <ul style="list-style-type: none"> To develop integrated Health & Social care advice and information in a range of accessible formats. Health & Social Care workforce trained to access information. 	Single approach to advice and information.	<ul style="list-style-type: none"> Target feedback survey. Reduction in infrastructure costs. % of workforce accessed training No of people accessing health trainers. No of engagement events held by health trainers. Reduction in support costs 	2012/13	Anthony Mohammed
	1.3c Review of housing care and support for older people, people with dementia and people at end of life	Create a market within which there is a balance of residential care and affordable housing.	<ul style="list-style-type: none"> Reduction in residential and nursing placements Increase in number of people choosing to die at home 	2011/12	Sally Hobbs

2. Improve accessibility of service to support the independence of individuals, families and communities where possible, by challenging stigma and discrimination and targeting our efforts where need is greatest.

The need to 'put people first' as set out in the challenges through the Transforming Social Care Programme in particular have led to a prioritisation of working with people to understand what interventions will most help them live independent and fulfilling lives, via services designed around them.

There is a particular focus on working with people in an integrated way to maximise their potential, including those with complex needs, with a focus on early intervention and prevention. Falls prevention and night support are two particular areas where we wish to build on emerging good practice. Outcomes focused commissioning approaches aim to give choice and control and design culturally appropriate targeted services, and crucially, access to universal and mainstream provision that allows people to:

- keep in touch with friends and family
- obtain goods and services
- continue to live independently.

The incapacity claimant rate in Wigan continues to be higher than the national average, therefore an area of focus for our work is to prioritise access to skills training and employment opportunities across the range of mental health, physical disability and learning disability needs.

Support for carers and improved opportunities for respite care is also a particular area where we continue to develop our commissioning response, working closely with carer organisations and forums to ensure user led design into new models of service delivery.



Priority Action Plan

Workstream / Programme	Action	What we will do differently.	How will we know we have made a difference?	Target Year	Lead
2.1 Single Commissioning Agency	2.1a Review and Re-commission the Integrated Community Equipment Service.	<p>Service outcomes to be singularly commissioned to meet growth in demand and achieve VFM.</p> <p>Enables alternative service model options and provider options to be explored.</p>	<ul style="list-style-type: none"> NI 133 Timeliness of social care packages following assessment. Number of people supported by equipment. Reduction in hospital admission and delayed discharge. Reduction in support costs. 	2010/11	Sally Hobbs
	2.1b Integration of rehabilitation and reablement services to maximise potential & recovery for people with complex support needs.	<p>Clients will be directed through a jointly agreed pathway and processes from Secondary Care, Intermediate Care, Community Therapy and DAS.</p>	<ul style="list-style-type: none"> NI 125 Achieving independence for older people through Rehabilitation and Intermediate Care. Reduction in major adaptations to homes. Reduction in admissions to residential nursing homes. % reduction in support costs. 	2010/12	Liv Bickerstaff
	<p>2.1c Falls Prevention:</p> <ul style="list-style-type: none"> Review and commission a strategic approach to falls prevention. Evaluate emergency night support including enhanced falls support with a view to mainstreaming. Implement linkage into health falls service and Active Living programmes to prevent further falls. 	<p>Development of a health & social care whole system approach to falls prevention.</p>	<ul style="list-style-type: none"> No of ambulance admissions prevented through the night support scheme. Hospital admissions avoided through night support intervention. No of care hours saved through night support scheme. Active Living: <ul style="list-style-type: none"> - % of participants who complete the programme. - % of people referred from night support scheme to Active Living programmes who complete the 	2010/11	Liv Bickerstaff

			programme.		
	2.1d Re-commission Domiciliary Care based on enabling/reabling model of support.	Service re-commissioned across Health & Social Care	<ul style="list-style-type: none"> • % of people going through reablement who have a reduced care package. • % people enabled and live independently. 	2010/11	Liv Bickerstaff
	2.1e Re-commission day time support for adults of working age - LD/PD/MH	Support will focus on access to skills, training and employment. Improved access to local universal services.	<ul style="list-style-type: none"> • NI 146 Adults with LD in employment. • NI 150 Adults in contact with secondary Mental Health services in employment. • Reduction in Day Centre places. 	2011/12	Sally Hobbs
2.2 Transforming Social Care	2.2a Development of 'Quickheart' a web based portal for information and advice and self assessment	Increased opportunity for self assessment and easier access to information and advice	<ul style="list-style-type: none"> • Web portal Launched 	2010/11	Anthony Mohammed
	2.2b Enhance opportunities for social care service users and the wider community to access leisure and culture, skills and employment, and volunteering opportunities. This will be done by reviewing current service models.	Increased employment opportunities via Wigan Life Centres and Skills shop	<ul style="list-style-type: none"> • Reduction in number of residents in borough of worklessness 	2010/11	Anthony Mohammed & Paul Gover
2.3 Customer Transformation	2.3a Progress the connections of our work to the wider community via the roll-out of the Wigan Life Centres, further developing our targeted leisure and culture commissioning	Better access to services	<ul style="list-style-type: none"> • Increased number of people accessing leisure and culture services 	2010/11	Paul Gover
2.4 Carers Strategy	2.4a Development of access to breaks for carers	Health and Social Care jointly to develop an action	<ul style="list-style-type: none"> • Increased uptake of carers accessible breaks. 	2010/11	Anthony Mohammed

		plan to deliver equitable breaks for carers.			
--	--	--	--	--	--

3. Reduce early deaths and disability due to Cardiovascular Disease and cancer, with an emphasis on early intervention and prevention and a key focus on the lifestyle risk factors of alcohol, obesity, smoking and mental wellbeing.

Why is this a priority for Wigan?

The Greater Manchester conurbation still has the lowest life expectancy at birth in England for men and women. Large inequalities in health and health care remain between Greater Manchester and England, and within Greater Manchester as a whole. The major disease areas contributing to this gap are coronary heart disease and cancer, with an increasing proportion linked to alcohol misuse. Action to tackle Coronary Heart Disease and alcohol have therefore been prioritised and the two main priority areas for partnership innovation in the LSP Health and Wellbeing Partnership.

In order to improve on this position and to narrow the health inequalities gap most Greater Manchester PCTs, with public sector partners, will need to improve performance on tackling health inequalities at a level greater than that required nationally.

Coronary heart disease is still the most significant contributor to the life expectancy gap in Wigan and Greater Manchester as a whole. In the period 2001-3 the indirectly standardised mortality ratio (SMR) for coronary heart disease for Wigan residents under 75 was 143 (i.e. 43% higher than the England average), with an SMR of 135 for men and 165 for women (35% and 65% higher respectively). The Greater Manchester SMR for coronary heart disease in under 75s during the same period was 134. Recent academic evidence has demonstrated how improved access to evidence based treatments and reduction of risk factors works to significantly reduce deaths from coronary heart disease.

A particular issue for Wigan is the incidence of disability resulting from stroke. Studies have shown that patients who have their stroke confirmed by a scan quickly, and are given access to clot-busting drugs, have higher chances of survival. Patients suffering a Transient Ischemic Attack (TIA) have stroke-like symptoms but do not realise they are at risk of a major stroke and that they need urgent treatment. Significant work is underway to redesign the stroke pathway in Wigan which will be a feature of SCA review activity going forward.

Priority Action Plan

Workstream / Programme	Action	What we will do differently.	How will we know we have made a difference?	Target Year	Lead
3.1 Single Commissioning Agency	3.1a Develop whole system approach to prevention of early deaths with a focus on lifestyle risk factors.	All Social Care front line staff to engage & deliver on health improvement i.e. smoking cessation, weight management and alcohol abuse.	<ul style="list-style-type: none"> NI 120 All age, all cause mortality. NI 121 Mortality rate from all circulatory diseases at ages under 75. NI 122 Mortality rate from all cancers at ages under 75. NI 123 Stopping smoking. NI 39 Rate of hospital admissions. 	2011/12	Stuart Cowley
	3.1b Engage with service redesigns emerging from the local practice based commissioning consortia	Preventative and rehabilitative interventions to improve stroke and diabetes services.	<ul style="list-style-type: none"> NI 120 All age, all cause mortality. NI 121 Mortality rate from all circulatory diseases at ages under 75. 	2010/11	Liv Bickerstaff
	3.1c Develop an integrated approach to Drug and Alcohol prevention and recovery by exploring hosting arrangements of the Drug and Alcohol agenda and expanding the scope of the Drug and Alcohol Team	Whole system approach across SCA, DAS and Public Health.	<ul style="list-style-type: none"> NI 120 All age, all cause mortality. Reduction in readmissions and alcohol related services. Reduction in support costs. NI 39 Alcohol related hospital admissions 	2012/13	Sally Hobbs
	3.1d Contribute to the development of the Joint Intelligence Unit to develop the JSNA	Joint analysis to reveal cross cutting themes to provide focus for commissioning	<ul style="list-style-type: none"> JSNA and JIU in place 	2010/11	Paul Stevenson
3.2 Transforming Social Care	3.2a Re-focus the work of the Leisure & Culture Trust to deliver on priority	Re-commission/re-tender the Culture and Leisure Trust. Develop commissioning	<ul style="list-style-type: none"> Increased participation of over 65s and disabled people in creative and physical activity. 	2011/12	Paul Gover

	outcomes including outcomes 1, 2 and 5.	action plan resulting from a review of the culture and leisure offer and the personalisation agenda.	<ul style="list-style-type: none"> Continued reduction in incidence of CVD. 		
	3.2b Continued development of the Heart of Wigan.	Delivered through a CVD commissioning framework for the Heart of Wigan	<ul style="list-style-type: none"> Increased participation of over 65s and disabled people in creative and physical activity. Continued reduction in incidence of CVD. 	2011/12	Paul Gover

4. Reduce social exclusion for vulnerable adults and older people, with a particular focus on tackling domestic violence and improving mental health

Wigan is ageing. By 2015 there will be 5,300 more women over 65 in Wigan than there will be in 2008, and almost 6,000 more men. The impact of Wigan's longstanding problem of limiting long term illness is starting to catch up with us. By 2015 there will be more than 6,000 more older people who have had a long term, limiting illness, and by 2025, 12,000 more than next year in a Borough of 300,000.

We know we want to concentrate on 'adding life to people's years' as well as 'years to people's lives'. Issues such as isolation lead to worsening medical conditions and worse outcomes for people.

63% of Wigan Adults live as a couple – 3% above the England average and 4% above the North West average. However, 53% of people in the most deprived 3% of the Borough live alone. (Many of these will be older people, sometimes living in sheltered housing which is all single tenant occupancy).



Research suggests there are multiple reasons for isolation in older people. These include:

- Relocation following further dependency
- Being a carer
- Fear of crime
- living in a rural or remote area (unlikely to affect most people in Wigan Borough but lack of closeness to facilities could apply)
- Having low social confidence
- Being from a different cultural and linguistic background to most community members
- Leaving the workforce and the social networks of work
- Physical disability and ill health – including mental ill-health - sometimes depression and certainly dementia and confusion
- Loss of relationships, particularly bereavement; and
- Loss of transport options
- Inappropriate housing including housing that reinforces loneliness
- Poverty (can't afford social activities)

Priority Action Plan

Workstream / programme	Action	What we will do differently.	How will we know we have made a difference?	Target Year	Lead
4.1 Transforming Social Care	4.1a Support Third Sector to develop and plan their capacity to meet need locally.	Increased wellbeing opportunities at a local level.	<ul style="list-style-type: none"> Reduction in Day Care dependency. Increased take up of Third Sector support. Increase in volunteering, social enterprise and user-led organisations. Reduction in transport costs. 	2011/12	Anthony Mohammed
4.2 Single Commissioning agency	4.2a Develop appropriate day options for people with mental health	Develop models that will enable people to participate fully and equally in economic and social life of citizens of Wigan	<ul style="list-style-type: none"> NI150 Adults in Contact with Secondary Mental Health Services in employment Reduction in day centre places Reduction in support costs 	2011/12	Sally Hobbs
	4.2b Explore opportunities for new approaches to commissioning to prevent domestic abuse	Work through the DH pilot 'Healthy Places, Healthy Lives' programme to identify best practice and more effective integrated commissioning opportunity	<ul style="list-style-type: none"> PSA 16 Measures 	2010/11	Sally Hobbs
	4.2c Further develop services linked to technologies to enable people to access support when required.	An integrated approach to enabling people to live independently in the community.	<ul style="list-style-type: none"> Number of people in receipt of Assistive Technology Number of people in receipt of Telehealth Percentage of people enabled to live independently 	2012/13	Liv Bickerstaff

5. Provide care closer to home for people with long term conditions where possible and appropriate, with a particular focus on the individual and a focus on reducing unnecessary hospital admissions

Why is this a priority for Wigan?

We have developed locally a commitment to reduce unnecessary hospital admissions and commissioned a range of services including Hospital at Home and Intermediate Care as part of our efforts to ensure people are cared for in the community and their own homes where possible.

There is an increasing onus on a broader approach to reducing unscheduled care episodes both through looking at broader preventative approaches like reablement and assistive technology; and post discharge rehabilitative services that allow people to avoid repeat hospital admissions where possible. There is also a recognition that to bring care closer to home, clinical redesign needs to enable services to be removed from secondary into primary and community care to support people with a range of long-term conditions, with a particular focus on stroke, diabetes, and breathlessness. Further work is required to implement commissioning redesigns and develop a more integrated workforce design around improving outcomes for people.



Six out of ten adults report having a long-term condition that cannot currently be cured - and people with long-term illnesses often suffer from more than one condition, making their care even more complex. 80% of primary care consultations and 2/3 of emergency hospital admissions in the UK are related to long-term conditions.

Although rates of residential care admissions for older people are reducing to more normalised levels in Wigan, we still need to develop other appropriate models of provision including dementia care and extra care housing.

There are a variety of reasons for this:

- Much of the sheltered housing is not suitable.
- There is slow development in ExtraCare housing.
- Intermediate Care is underdeveloped.
- Too many people re-enter hospital following an I/C stay rather than going home.

- Waits for Occupational therapy assessments are longer than we would wish.

Objective Action Plan

Workstream or programme	Action	What we will do differently.	How will we know we have made a difference?	Target Year	Lead
5.1 Transforming Social Care	5.1a Implementation and evaluation of dementia adviser service linked to 'Living Well' with Dementia strategy.	<ul style="list-style-type: none"> • Enabling people with a diagnosis of dementia to be supported in their home. • Carers receive practical and emotional support. 	<ul style="list-style-type: none"> • National and local evaluation data – to be confirmed. 	2011/12	Sharon Eid
	5.1b Embed revised customer pathway	This will give service users greater input in to the support planning process	<ul style="list-style-type: none"> • NI 130 	2010/11	Sharon Eid
5.2 Single Commissioning Agency	5.2a Health & Social Care Pathway: <ul style="list-style-type: none"> • Development of an integrated Health and Social Care pathway and process focused on prevention & early intervention for Long Term Conditions. • Development of Health and Social Care pathway & process focused on early diagnosis and intervention for Dementia 	<ul style="list-style-type: none"> • Singularly commissioned fully integrated Health and Social Care Community based support linked to GP consortia. • Clients supported in the most appropriate setting. 	<ul style="list-style-type: none"> • NI125 Achieving independence for older people through Intermediate Care/rehabilitation. • NI134: No of emergency bed days. • NI137 Healthy life expectancy at age 65. 	2011/12 2012/13	Liv Bickerstaff
	5.2b Stroke - Redesign of stroke services from acute admission through to	Shift of rehabilitation service into patients own home or community setting.	<ul style="list-style-type: none"> • Reduced length of stay on acute ward. • Reduce length of stay on an 	2010/11	Liv Bickerstaff

	rehabilitation.		acute site for rehabilitation. <ul style="list-style-type: none"> • Increased patient function following rehabilitation. • Reduced long-term support costs. 		
	5.2c Diabetes – To remove 80% of activity out of acute setting into community setting.	Development and implementation Community Diabetes Team. Whole system approach in community setting. Standardisation of Diabetes care in Primary Care.	<ul style="list-style-type: none"> • Shift in activity and reduction in budget for Secondary Care. • Reduction in admissions into Secondary Care. • Reduction in mortality. 	2010/11	Liv Bickerstaff

6. Ensure that vulnerable adults and older people with social care and health needs receive services that provide the best safeguards and ensure dignity and respect for the individuals receiving them

Why is this a priority for Wigan?

Safeguarding adults work aims to help people to live a life that is free from abuse and neglect. It also helps to maintain good health and well being. It includes arrangements for responding to allegations of abuse. Local councils have a responsibility to set up multi-agency procedures by following the Department of Health guidance No secrets.

We all have the right to live our lives free from abuse - It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe. One such group is people with community care needs. This group may include people with:-

- a learning / physical / sensory disability
- mental ill health or dementia
- frailty due to age
- acquired brain injury
- a drug / alcohol problem
- certain types of physical illness

Abuse can be:-

- Physical - such as hitting, slapping, rough handling, misuse of medication, misuse of restraint.
- Sexual - making someone carry out a sexual act they have not or cannot consent to.
- Psychological - such as threats or humiliation.
- Financial - such as theft of money / possessions, misuse of someone's benefits.
- Neglect - such as a carer not meeting a person's care or health needs.
- Discriminatory - Any form of abuse based on discrimination because of a person's race, gender, age, disability, sexual orientation etc.
- Institutional - abuse or poor practice throughout an organisation.

Abuse can be perpetrated by anyone - relatives, partners, friends, care workers, or strangers - and can happen anywhere.

There is little reliable comparable information around safeguarding vulnerable adults to make any meaningful comparisons. That said the number of referrals within Wigan in 2006/07, at 130, was lower than the average across authorities in England (267). This figure does not take into account variables such as the size of the local authority area.



Priority Action Plan

Workstream / Programme	Action	What we will do differently.	How will we know we have made a difference?	Target Year	Lead
6.1 Provider Services	<p>6.1a Develop single quality and outcomes frameworks against clearly defined service standards for residential, nursing provision with a particular focus on Dementia Care.</p> <p>Roll out similar approach to all service provision.</p>	<ul style="list-style-type: none"> Single commissioning and performance monitoring of care provision. Re-shape the market and drive up standards of care through quality premiums and achievement of individual outcomes. 	<ul style="list-style-type: none"> % of providers achieving continuous improvement against agreed quality standards and outcomes through developed performance and quality framework. Reduction in safeguarding and complaints. 	2010/11	Julie Jeffers
6.2 Transforming Social Care	6.2a Working with the LINKS to enhance service user/carer influence on dignity in care.	Enabling service users and carers to influence quality in care.	<ul style="list-style-type: none"> User surveys % of people achieving personal outcomes. % of providers achieving improved quality standards. 	2012/13	Anthony Mohammed
	6.2b Acceleration of carer input in to service design and delivery, through our recently opened carers centre	Carers will be taking a more prominent role in service design	Greater satisfaction by carers	2010/11	Anthony Mohammed
6.3 Adult Safeguarding Board	6.3a Further enhance safeguarding governance which includes proactive engagement of commissioned care sector through the	A more robust governance approach	<ul style="list-style-type: none"> Improved quality standards in homes 	2010/11	Julie Jeffers

	Homes Liaison role				
--	--------------------	--	--	--	--

Organisational Effectiveness Objectives

Our organisational effectiveness objectives support delivery of our priority service objectives. They help us ensure that we manage and develop our people to ensure they are supported and have the right skills and experience to deliver great public services. They help us to identify how we can work more effectively to deliver the things that matter to our communities, by maximising efficiency and releasing resources for reinvestment. They help us deliver our commitments for equality and diversity in the way we deliver public services and as an employer. We will deliver our organisational effectiveness objectives through clear plans that identify specific workstreams, projects and actions:

1. Implement the infrastructure and enable and support the cultural change necessary to deliver the Transforming Social Care agenda and the Business Development Strategy for the Single Commissioning Agency to deliver the Transforming Social Care agenda and the Single Commissioning Agency agenda

Workstream/Project	Action	Responsibility	Milestones	Performance Target	Funded by
What	How	Who	When	How measured	Cost/sources of funding
1.1 Communication and Leadership	1.1a Implementation of inclusive Transforming Social Care Communication Strategy and SCA Business Development Strategy	Louise Sutton & Stuart Cowley	October 2010	Engagement with providers, social care workforce, service users and wider partnership	Transforming Social Care Grant
1.2 Market Development	1.2a Oversee through DASS leading the QIPP workforce programme on behalf of the NHS a commissioning led approach to workforce reform. Twin dimensions including further enhancement and integration of both commissioning capacity, and the provider workforce	Stuart Cowley	2010/11	Efficiencies realised	SCA
1.3 Strategy and Commissioning	1.3a Restructure of Commissioning Intelligence and performance team	Paul Stevenson	July 2010	Restructure in place	DAS revenue Budget
	1.3b SCA structure in place	Stuart Cowley	2010/11	Structure in place	DAS / PCT

1.4 Transforming Social Care	1.4a Complete implementation of Targeted services restructure	Sharon Eid	2010/11	Locality Teams in place	TSC Reform Grant
------------------------------	---	------------	---------	-------------------------	------------------

2. Delivery of efficiencies through the Single Commissioning Agency & Transforming Social Care

Workstream/Project	Action	Responsibility	Milestones	Performance Target	Funded by
What	How	Who	When	How measured	Cost/sources of funding
2.1 Efficiency and Effectiveness	2.1a Full implementation of menu of costs	Stuart Cowley, Louise Sutton & Paul Stevenson	June 2009	All service users reassessed and offered a personal budget	DAS revenue budget
	2.1b Full implementation of system to evaluate PPF outcomes	Stuart Cowley, Louise Sutton & Paul Stevenson	October 2010	Systems in place	TSC Grant
	2.1c Full implementation of system in place to monitor efficiencies achieved through reablement	Louise Sutton	October 2010	Systems in place to enable the reporting of efficiencies	TSC Grant
	2.1d Full implementation of system in place to monitor movement through levels of required support	Paul Stevenson	March 2011	Systems in place and able to report on movement through levels	TBC
	2.1e Programme to deliver the Medium Term Financial Strategy in the context of the current challenging financial environment. This will be overseen fortnightly by Senior Managers.	Stuart Cowley	March 2011	Demonstrable savings	N/A
	2.1f Strategic Commissioning review of Supported Living Services	Sally Hobbs	March 2011	Review complete	DAS / PCT

3. Strengthen Management Intelligence Function and Performance Management function

Workstream/Project	Action	Responsibility	Milestones	Performance Target	Funded by
What	How	Who	When	How measured	Cost/sources of funding
3.1 Strategy and Commissioning	3.1a Restructure of Commissioning Intelligence and Performance team	Paul Stevenson	July 2010	Restructure in place	DAS revenue Budget
3.2 IT Systems	3.2a Contribute in the appropriate way to the Joint Intelligence Unit and the production of the JSNA	Paul Stevenson	October 2010	JIU and JSNA in place	N/A
	3.2b Implement RAP function within SWIFT	Paul Stevenson	November 2010	RAP in place	N/A
	3.2c Develop the use of GIS within the department	Paul Stevenson	TBC	GIS being utilised to inform commissioning	DAS revenue budget
3.3 Performance Management	3.3a Sustain and improve performance during period of change	Paul Stevenson	On-going	CQC monitoring	DAS Revenue Budget
	3.3b Improve timeliness of performance reporting	Paul Stevenson	Ongoing	N/A	DAS Revenue Budget

4. Remodel Provider Services

Workstream/Project	Action	Responsibility	Milestones	Performance Target	Funded by
What	How	Who	When	How measured	Cost/sources of funding
4.1 Efficiency and Effectiveness	4.1a Modernisation of in-house services to support personalisation	Julie Jeffers	March 2011 (completion)	TBC	DAS Revenue Budget

5. Implement a strategic commissioning framework for culture, health and Well Being

