Appendix 4

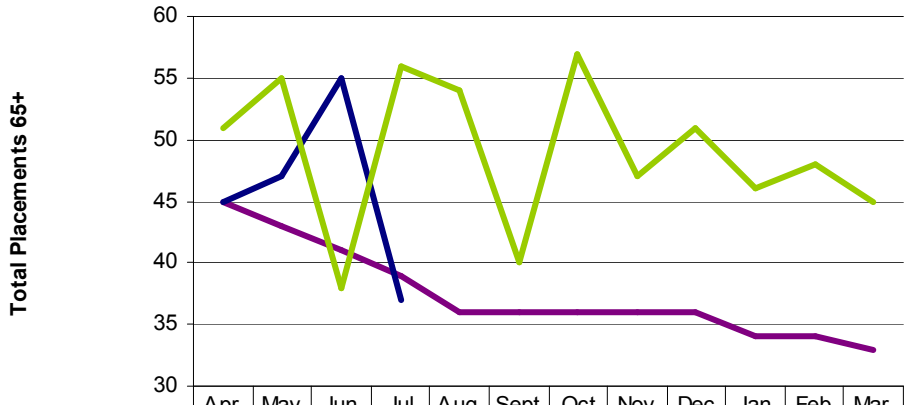
WIRRAL

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
Strategic Director Lead	Clare Fish
Departmental Lead	Chris Beyga
Target	758.0 (August) / 695.0 (March 2014)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	910.2	+ / - Target: -152.2 (20%)
Non-compliance reason	The chart below illustrates that placement levels during 2013-14 are on an upward trend (with an average per month of 49 for quarter 1 against a target average of 43). Although the figures currently available for July indicate a significant reduction in placements this may be the result of delays in the recording of placements on the social care system. Between July and August a total of 8 placements had been recorded on the social care system with start dates in June. Action is being taken as part of data cleansing process to ensure that backdated placements are entered on the system.	



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	45	43	41	39	36	36	36	36	36	34	34	33
Actuals	45	47	55	37								
2012-13	51	55	38	56	54	40	57	47	51	46	48	45

WIRRAL

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	**Understanding the problem:** 47% of all permanent admissions can be traced back to hospital discharges and a further 16% linked to other health related initiatives (Rapid Access, Social Care Funding, etc).These are placements that are generally made in the community by health practitioners. All placements from hospital start as short term, the only exception being where a long term placement has previously been agreed and there is a change of need e.g. residential to nursing. Short term placements can be commissioned for a variety of reasons: - expedite discharge whilst waiting for community based services - carer breakdown or environmental reasons where an immediate return is not viable or the level of presenting need is felt to be so great that the individual cannot be supported safely within a community setting - a lack of suitable community based alternative services (in some situations), making placements the only viable and safe option. A further 13% of admissions are due to capital depletion of individuals previously self-funding their placements. The above scenarios mean Wirral has a very high number of people admitted to care on a short term basis. Many of these placements are made outside of the control of Local Authority pathways. This creates a number of risks: -a financial risk which currently falls on the Local Authority to pick up people who have been placed by the NHS - quality risks in the placement processes - the risk that once admitted people will lose their independent living skills. **Focus of activity to improve performance:** Community based options must be maximised post discharge and all re-ablement options exhausted for all Hospital discharges. All disciplines within the acute hospital discharge team must focus on promoting independence rather than bed focused solutions. This does require some leverage and challenge to current processes

	Current commissioning activity will deliver more capacity and a greater range of domiciliary care and re-ablement/intermediate care services. However, work needs to continue with Health Commissioners to reduce and ultimately eliminate the use of alternative initiatives such as the social fund and rapid access, thus ensuring the health and social care economy work together to improve decision making, utilise resources and reduce the use of bed based options. With immediate effect the Local Authority should not "automatically" take responsibility for picking up the funding for placements made by the NHS. The responsibility for these placements should remain with the NHS until DASS assessment and formal decision making processes have been followed including the scheme of delegation. All appropriate assessments should be fully completed including exploration where relevant of alternative funding streams such as CHC.
How (will it be achieved)	1. A new scheme of delegation has been issued within the department with regard to all placements/packages of care arranged after the 31st July 2013. This is designed to ensure appropriate authorisation levels are in place and continued rigorous scrutiny of placements. For example, the enhanced recording of short term placements will enable in-depth analysis of the reasons for care home placements and in-turn will inform future management actions and commissioning intentions. 2. The Pull Pilot is now operational within A&E, and DASS staff are working as part of a multi-disciplinary team to avoid inappropriate hospital admissions. It focuses on the use of community based resources and prioritises people that are unfunded and need a placement from either hospital or community. Through a system of prioritisation and assessment it will also make NHS funded places a lower priority than the non-funded placements. This will ensure that people are not at risk. However, it will lead to the funding risk remaining with the NHS for people placed by them 3. Work is progressing on the joint appointment of an Integrated Discharge Manager (funded by DASS, Community trust and WUTH) to facilitate a more cohesive approach to discharge and to enhance team development. Specific focus will be given to reducing the numbers of individuals going direct to placements, ensuring the right assessment at the right time and a more joined up

	approach between health and social care colleagues 4. The recent restructure within DASS has resulted in several staff moving into the hospital from locality teams encouraging a sharing of differing experiences, skills and knowledge. 5. The development of community Integrated Care Co-ordination Teams (ICCTs) may also assist the move to a more fully integrated service model. Five ICCT's are planned for October 2013 and will focus on maintaining individuals within the community and supporting earlier discharge. 6. A recent team pilot in the Birkenhead locality has focused upon ensuring that short term placements are picked up quickly in the community. This is currently being evaluated and processes transferred into the above multi-disciplinary tam work across all teams to ensure speedy resolution.
Who (will be responsible)	Head of Service (Delivery) Senior Manager (Independence), Senior Managers Neighbourhoods
When (will results be realised)	If the volume of placements made during quarter 1 of 2013-14 continues it is unlikely that year end performance will be delivered for this indicator (e.g. within the "green" tolerance level). However, as identified above, there are a number of initiatives in place or progressing with Health partners. These initiatives, together with the management actions that have already been put in place, should have a positive impact on the number of permanent placements made by the Department. Data is currently being gathered to analyse the impact of the initiatives and management actions and this will be available at the end of September 2013. This will enable a more accurate forecast of year end performance to be provided (as part of an updated exception report/delivery plan). New contract arrangements for domiciliary care and re-ablement services, which will be in place early in the new year, should also have a positive impact offering enhanced capacity and responsiveness. Progress will continue to be rigorously monitored and dependent on the scale of impact and evaluation there may be a requirement for further management actions to be agreed.