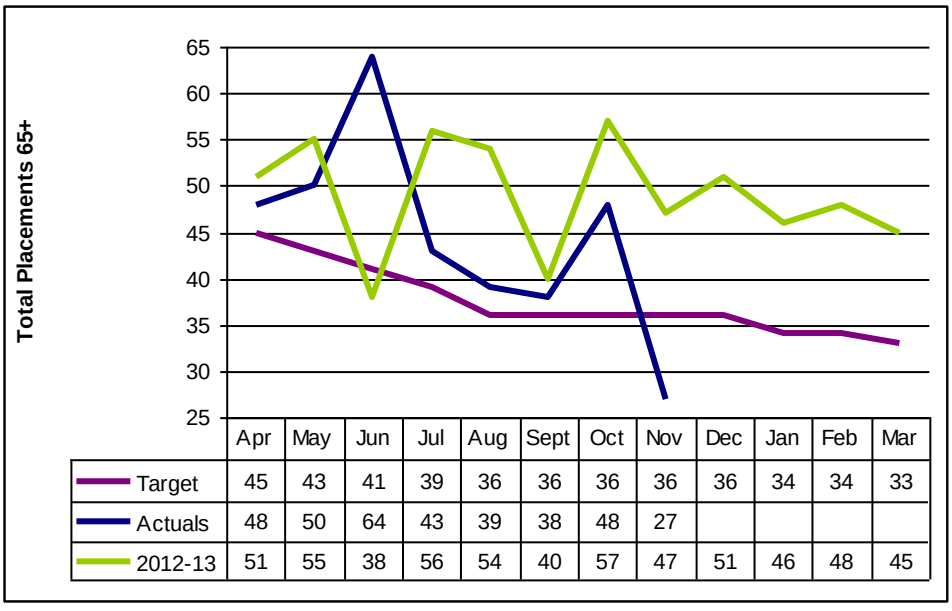
PERFORMANCE ACTION PLAN TEMPLATE

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	724.0 (November) / 695.0 (March 2014)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	852.2	+ / - Target: -128.2 (18%)
Non-compliance reason	Performance to date during 2013/14 shows a 6% reduction in total placements when compared to the same period (Apr-Oct) in 2012/13. Placement levels have started to reduce since July 2013 and are now broadly in line with targeted performance levels with the exception of October. Quarter 1 placement levels were 22% higher than target with June a particular outlier which has impacted on the overall status of this indicator. The targeted number of placements for Q2 was 111 and the total number of placements equalled 120 (+8%). There remains a risk that backdated placements may still be entered onto the social care system thereby impacting reported levels.	



	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	48	50	64	43	39	38	48	27				
2012-13	51	55	38	56	54	40	57	47	51	46	48	45

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 are 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 including to 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. In some situations this can be affected by a lack of suitable community based alternative services, 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 that in Wirral very high numbers of people are admitted to care on a short term basis. Many of these placements are made outside of the control of Local Authority pathways. There are a number of risks engendered. There is clearly a financial risk which currently falls on the Local Authority to pick up people who have been placed by the NHS. There are quality risks in the placement processes. There is also a 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 reablement 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 reablement/intermediate care services 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)	A new scheme of delegation has been issued within the department with regards all placements/packages of care arranged after the 31st July 2013 to ensure appropriate authorisation levels are in place and continued rigorous scrutiny. Within this there is now enhanced recording of short term placements being made which will enable in-depth analysis of the reasons for care home placements to inform future management actions and commissioning intentions. The Pull Pilot is now operational within A& E and DASS staff are working as part of a multi disciplinary team to avoid wherever appropriate hospital admission. This focuses on the use of community based resources. People that are unfunded and need a placement to meet their needs either from Hospital or community will be prioritised There are a number of placements that are the responsibility of the NHS, the system of prioritisation and assessment will 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 Work is progressing regarding the joint appointment of an Integrated Discharge Manager (funded by DASS, Community trust and WUTH) to facilitate a more cohesive approach to discharge and work is going on to enhance the development of the team. Within this there is a key focus to reduce the numbers of individuals going direct to placements, to ensure the right assessment at the right time and a more joined up approach between health and social care colleagues 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. The development of community Integrated Care Co-ordination Teams (ICCTs) may also assist with this as we move into a more fully integrated service model. Five ICCT's are planned for October 2013 where the focus will be to maintain individuals within the community and where needed support earlier discharge. We have recently piloted a team in the Birkenhead locality who have 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 Team 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 were to continue it is unlikely that year end performance against this indicator would be 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. New contract arrangements for Domiciliary care and Reablement 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. **September Update** As previously reported, data has been gathered to analyse the impact of the initiatives and management actions as at the end of September 2013. Whilst the data shows a marginal improvement some of the management actions are still being embedded in operational teams and the impact of these will continue to be closely monitored over the next few weeks. Analysis of the data indicates over 50% of people requiring a service post hospital discharge were not previously in receipt of a package of care prior to admission. In addition to the management actions and initiatives previously identified, the Department is also piloting a new mobile night service which is due to commence 14th October. This commissioned service will be able to respond to both planned and unplanned episodes of care and will facilitate both admissions prevention and discharge from hospital and care homes. This will have a positive impact on the number of permanent admissions to care homes. Improved monitoring arrangements have also been put in place together with enhanced performance reporting to Senior Managers.

	October Update Management actions now appear to be having an impact on placement levels. As take up of the mobile night service increases and the pull pilot continues to prevent hospital admissions there should be a continued positive impact on reducing permanent admissions to care homes. Assuming placement levels continue on target this indicator could potentially change to Amber status in November/December. However, demand due to winter pressures on the social care system is a potential risk. **November Update** Due to the level of activity to date it is now unlikely that this indicator will achieve a green status during 2013-14. As the result of a recent exercise completed to resolve outstanding queries there have been a number of backdated placements recorded this month. This was a one-off exercise and the impact should not be replicated in future months. Under the scheme of delegation senior managers will continue to authorise all permanent placements. Decisions about permanent placements will be recorded on a quality assurance document signed by the senior manager to ensure an auditable decision making process. Hospital discharges continue to be the main source of permanent placements although the majority of discharges are initially into a short term bed. This can be tackled in one of two ways, either preventing admissions to hospital or ensuring a range of services are available to facilitate discharge and provide tangible alternatives to bed based services. Two members of staff will be located in the Alternative 2 Hospital (A2H) service in Arrowe Park from January 2014 and will seek to support the prevention of admissions by ensuring individuals are appropriately supported through both short term placements and community based alternatives such as the mobile night service. In instances where short term placements are used to either prevent a hospital admission or facilitate a hospital discharge these placements will be followed up in a timely manner to ensure any long term needs are fully assessed and individuals can be supported to return home where possible and appropriate. The re-tender of the intermediate care and reablement contracts should ensure there is a positive impact on placements and availability of community based alternatives.