

Last year we pledged to support at least 2500 older people to remain living in their own homes during 2005-06. By January 2006, we had already exceeded this pledge target.

Chapter 7 Adult care and health

Introduction

Lewisham has a good track record of delivering high-quality social care services to vulnerable adults and their carers. Whilst our priority is to target services to those in greatest need, and to support them to remain in the community, we are also committed to keeping people healthy and active for as long as possible. Adult Social Care is now located within the Community Services Directorate. This provides an exciting opportunity to develop early intervention and preventative services that promote the independence and well-being of our citizens.

Progress in 2005/06

In 2005 Adult Social Care maintained its two star status. This was within an improved rating for social services overall (Adult Social Care and Children's Social Care combined) which saw us moving from one to two stars. In 2005 an inspection of services for older adults was undertaken by the Commission for Social Care Inspection (CSCI). This concluded that Lewisham is serving most older adults well, with promising capacity for improvement. Inspectors commented on Lewisham's clear vision for older adults and its excellent standard of professional service.

Strategic objectives

Promote and enhance the independence of adult service users

People who need social care services generally prefer to receive those services in a way that enables them to maintain their independence and remain living in their own homes. Lewisham performs well on indicators that measure the number of older adults, adults with physical or learning disabilities and adults with mental health problems supported to live independently in the community. Admission to a care home is only offered if support at home is inappropriate. There is a strong mixed economy of services for all adult care groups, and a good intermediate care service to provide rehabilitation and to help prevent unnecessary hospital admissions. Many traditional services that promote a culture of dependency have been reviewed through the Best Value process. Where appropriate, day care is being replaced by programmes that focus on life skills, access to community services, access to employment and the development of social networks. There is a recognition of the need to work in partnership with, and support, informal carers and the need to protect vulnerable adults who are at risk of abuse through the development of robust joint agency adult protection procedures.



Early intervention and prevention will become increasingly important parts of our work. We will signpost people to sources of help as early as possible, and support them to manage their own long-term conditions, to prevent or defer their need for more costly intensive support. This will entail partnership work across the Community Services Directorate and with health, voluntary and independent sector partners. Our aim will be to help people remain integrated in their communities, maintain their independence and avoid becoming socially isolated.

Meet individual needs through the provision of seamless services

Vulnerable service users require a coordinated response from service providers if their needs are to be met in the best possible way. Considerable progress has been made in Lewisham to examine care pathways and reshape services to develop integrated patterns of service delivery. We have used the flexibilities of the Health Act 1999 and other management arrangements to integrate services, with adult mental health, learning disability services, intermediate care and adult therapies leading the way. A programme of service integration is planned and this will be a key feature of the work of the directorate over the coming years.

Placing adult social care within the Community Services Directorate provides opportunities to work closely both with targeted community services, such as the Supporting People programme, drugs strategy and crime reduction, and with universal services such as libraries, sports and active recreation, adult learning and the arts. These new partnerships will strengthen our approaches to prevention.

Commission services with partner agencies to meet the needs of the local population within a Best Value framework

Service commissioning in Lewisham must be integrated across agencies if local needs are to be met in a coordinated and cost-effective way. A number of joint commissioning posts have been established with the Primary Care Trust (PCT), and joint commissioning intentions are being developed with the PCT within a joint strategic commissioning framework for 2006/07. Commissioning is informed by joint assessment of needs, sound market intelligence and excellent quality assurance mechanisms and is delivered within a framework of Best Value. We will pay particular attention to commissioning services that meet the diverse needs of our population. We will also aim to achieve a balance between universal preventative services, meeting low-level needs, and providing intensive care and support for those with high-level, complex needs.

Ensure fairness and equity of access to social care services and empower service users

National guidance on 'Fair Access to Care Services' (FACS) provides a framework for determining eligibility and equity of access to services. 'Fairer Charging' guidance ensures that people are charged for services, taking into account their personal circumstances, within an equitable framework of financial assessment. Our monitoring of service take-up, by gender and ethnicity, enables us to identify whether any sections of the community are failing to access services.

We are improving information, publicity and signposting for care and related services, ensuring we endeavour to reach socially excluded communities and individuals. We are developing improved consultation and user feedback arrangements, continuing to publicise our service standards and using questionnaires, surveys and information from complaints to improve the quality of our services. We continue to promote Direct Payments to enable service users to manage their own care services.

Modernise organisational and business systems, including staff recruitment and retention, to effectively support service delivery

Good staff and business systems are essential to the effective and efficient delivery and commissioning of services. The shortage of social workers and other key staff is a national issue, and the directorate has in place a robust recruitment and retention strategy to ensure Lewisham is well positioned within the social care market. Business systems must deal with a high level of complexity since each service user receives a unique range of services. Work is in progress to implement improvements to key business systems and processes, including financial management, invoices and data entry onto the client database, and to strengthen the business support role in the operational divisions. The overall aim is to improve the quality of information, to make it available 24 hours a day to support work with service users, and to improve financial management and the effective use of resources.



Performance against 2005/06 top level commitments

Last year the Mayor pledged to ‘support at least 2,500 older people to remain living in their own homes’ during 2005/06. By January 2006 we had already exceeded the Mayor’s pledge target. We remain committed to enabling as many older people as possible to maintain their independence and to have a better quality of life.

Other key achievements in 2005/06

Promote and enhance the independence of adult service users

- We have developed a draft Independence and Well-being Policy to underpin the Council’s approach to prevention.
- With the PCT, we have reorganised intermediate care to prevent the need for hospital admission whilst continuing to achieve early hospital discharge.
- The cabinet’s Adults Task Group has reviewed day care services and developed a policy to re-focus this area of service.
- We implemented the Joint Agency Carers’ Strategy and continue to commission a range of services to support carers.
- We developed a strategy for sheltered housing, including the development of communal areas.

- We published and implemented revised joint-agency adult protection procedures to protect vulnerable adults from harm.
- We implemented a new transport policy for the most vulnerable people arising from the transport Best Value review.
- We have continued the development of the Crisis Resolution/Home Treatment service to enable service users to remain in their own homes.
- We have extended the scope of Assertive Outreach Teams to deliver help to people with the most severe and enduring mental health problems and have established an Early Intervention Service.
- The Community Mental Health Teams now provide walk-in access at all locations.
- We have modernised mental health day services to develop innovative and individualised programmes.

Meet individual needs through the provision of seamless services

- We have reviewed and revised the Single Assessment Process (SAP) to enable key practitioners from health and social services to work more closely together.
- We established joint health and social care procedures and access criteria for adults with learning disabilities.
- We opened two new supported housing projects providing 12 extra tenancy opportunities for adults with learning disabilities.
- We worked jointly with the PCT to introduce Community Matrons into local arrangements for the management of long-term conditions.
- We worked with the PCT to review district nursing and opportunities for joined-up ways of delivering community services.

Commission services with partner agencies to meet the needs of the local population within a Best Value framework

- We developed joint commissioning intentions for mental health, physical disability, learning disability and older adults services.
- We re-tendered residential, nursing and domiciliary care services for older and younger adults to achieve higher quality and best value.
- We established brokerage for domiciliary care to improve our use of contracts and to achieve efficiencies.
- We achieved an inflationary uplift settlement with out-of-borough residential and nursing care providers at less than 1% over inflation funding.
- We worked with the PCT to implement the National Service Framework for people with long-term conditions.
- We worked with the PCT to establish an integrated community equipment system and consider integrating hospital and community therapies into one borough-wide service.

Ensure fairness and equity of access to social care services and empower service users

- We put in place a rolling programme to renew public information.
- We developed and piloted a person-centred framework for adults with learning disabilities.
- We introduced a service user feedback questionnaire on assessment and care management.
- We facilitated and funded the establishment of an independent self-advocacy service for adults with learning disabilities.
- We completed equality impact assessments of all new areas of policy or service.



Key commitments for 2006/07

Modernise organisational and business systems, including staff recruitment and retention, to effectively support service delivery

- We piloted electronic social care records in adult services for home care and residential care.
- We implemented an internal automated invoice reconciliation and payment system for home care and internal residential/nursing care services.
- We piloted e-procurement processes for home care and residential care.
- We reorganised management and business support in adult social care.
- We successfully implemented measures to recruit and retain staff and reduce reliance on agency workers.
- We provided training and development to equip staff and managers to take on enhanced or new roles.
- We developed service-level agreements to strengthen quality standards within our internally commissioned services.

The White Paper *Our Health, Our Care, Our Say: A new direction for community services* (January 2006) will determine much of our agenda for the next five years. Its four key aims are to:

- develop better prevention and early intervention services
- give service users more choice and a louder voice
- do more on tackling inequalities and improving access to community services
- provide more support for people with long-term needs.

These four aims build on, and strengthen, the work we are already undertaking with partners across the borough, particularly our health, voluntary and independent sector partners. They are also embedded in our Local Area Agreement.

Introducing a culture of continuous improvement has been a priority for the directorate, and we will continue to modernise and improve the quality of both in-house and independent-sector services, increasingly using feedback from service users and carers to help improve service quality. We will work with all our partners to explore joined-up approaches to performance management.

In the coming year we will:

- work to ensure service users remain at home wherever possible
- support individuals to take control of their own lives and to make the choices which matter to them
- increase the use of Direct Payments and individual budgets
- support preventative approaches to promote independence, self care and healthy lifestyles and improve quality of life
- consider how we realign the range and cost/quality of services commissioned for adults with learning disabilities
- develop robust commissioning arrangements for young people with long-term needs to ensure that financial commitments offer value for money over the lifetime of the service user

- work with colleagues in housing, Supporting People and registered social landlords to complete a strategic review of supported housing for adults with learning disabilities
- actively promote the engagement of adults with learning disabilities in the local democratic process with particular reference to the provision of accessible information and services
- implement the revised Workforce Planning Strategy
- continue to develop and support our workforce and contracted staff to ensure they are fully equipped with all the necessary knowledge and skills
- use the Single Assessment and Common Assessment frameworks to further develop joint-agency assessment practice, information sharing, and care coordination
- work with our partners in the PCT to look at how we might reconfigure services to deliver urgent care out of hospital in a joined-up way

- ensure the contract monitoring framework and specification are reviewed
- jointly with the PCT, develop and implement commissioning strategies for all adult care groups
- promote employment opportunities for adults with disabilities
- develop the expertise of staff working for our in-house domiciliary care services to work with older adults with mental health problems
- deliver improvements identified in the CSCI reports following their inspections of our services for older adults and our in-house services (home care, very sheltered housing)
- continue to implement the National Service Frameworks for mental health, older adults and people with long-term conditions
- promote the physical as well as mental well-being of service users in close partnership with Primary Care.



Adult social care and health

Best value ref no.	Indicator	Lewisham performance			Comparative performance in other areas					Lewisham targets				Performance against target
		Actual 2003/04	Actual 2004/05	Actual 2005/06	Best England quartile 04/05	Best London quartile 04/05	Greenwich 04/05	Southwark 04/05	Bromley 04/05	Target 2005/06	Target 2006/07	Target 2007/08	Target 2008/09	
Assessment and review														
BV58	percentage of people receiving a statement of their needs and how they will be met (PAF D39)	98%	99.8%	99.8%	97%	96.6%	87%	98%	97%	100%	100%	100%	100%	on target
PAF	clients receiving a review as a percentage of adult clients receiving a service (PAF D40)	72%	72.3%	58.5%						75%	64% (76%)	65% (77%)	66%	way off target
BV195	percentage of new clients for whom the assessment process starts within 48 hours of contact and is completed within 28 days of contact (PAF D55)	61%	81.16%	78.9%	77%	77%	69%	71%	77%	100%	80% (100%)	82% (100%)	84%	way off target
BV196	percentage of new clients for whom the length of time from completion of assessment to the provision of service is less than 28 days (PAF D56)	52%	75.4%	86.7%	90%	91%	90%	78%	87%	100%	90% (100%)	91% (100%)	92%	way off target
Services for adults														
BV53	number of households receiving intensive home care (10 or more contact hours and 6 or more visits) during a survey week per 1000 population aged 65 and over (PAF C28)	23.8	23.8	27.4	n/a	n/a	20.5	22.2	14	25.5	27.5 (26.5)	28	28.5	exceeds target
BV54	older people (aged 65 or over) helped to live at home per 1000 population aged 65 and over (PAF C32)	101	102.7	95.7	98.54	116.25	69	113.9	90.6	103	96 (103.5)	96.5 (104)	97	off target
PAF	number of adults under 65 with learning disability whom the authority helps to live at home per 1,000 adults under 65 (PAF C30)	2.8	2.86	3.10						3.2	3.10 (3.21)	3.10 (3.22)	3.20	on target

Adult social care and health

Best value ref no.	Indicator	Lewisham performance			Comparative performance in other areas					Lewisham targets				Performance against target				
		Actual 2003/04	Actual 2004/05	Actual 2005/06	Best England quartile 04/05	Best London quartile 04/05	Greenwich 04/05	Southwark 04/05	Bromley 04/05	Target 2005/06	Target 2006/07	Target 2007/08	Target 2008/09					
PAF	number of adults under 65 with mental health problems whom the authority helps to live at home per 1,000 adults under 65 (PAF C31)	3.5	3.3	3.2										3.4	3.6 (3.4)	3.6 (3.4)	3.6	off target
PAF	number of adults under 65 with physical disability whom the authority helps to live at home per 1,000 adults under 65 (PAF C29)	3.4	4.3	4.2										4.3	4.2 (4.4)	4.3 (4.5)	4.4	on target
BV201	number of adults aged 18 and over receiving direct payments per 100,000 adults (PAF C51)	22	42.7	50	n/a	n/a	106	55	59	66	66 (95)	90 (138)	114					way off target
BV56	percentage of items of equipment delivered within 7 days (PAF D54)	78%	87.2%	90%	89%	91%	69%	82%	91%	100%	92% (100%)	92% (100%)	92%					way off target
PAF	admissions during year of supported residents aged 65+ to residential/nursing care per 10,000 people (PAF C26)	114	93.2	101.5						91	replaced by C72							well exceeds target
PAF	number of admissions of supported residents to residential/nursing care per 10,000 people (PAF C72)		new for 2005/06	91.4							90	89	88					

PAF = Department of Health performance assessment framework reference
note: figures in brackets denote previous targets