

Peterborough  
Primary Care Trust



# **ANNUAL ACCOUNTABILITY AGREEMENT**

WORKING DRAFT

**2009 – 2010**

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## 1. INTRODUCTION

- 1.1 This is the sixth Annual Accountability Agreement produced in accordance with the Partnership Agreement between Peterborough City Council and the former Greater Peterborough Primary Care Partnership (now NHS Peterborough – the local Primary Care Trust – PCT).
- 1.2 The Annual Accountability Agreement is a public statement of the following:
- Peterborough City Council's contribution to the PCT's pooled budget.
  - The level of performance that this contribution enables the PCT to deliver across a range of adult social care performance indicators on behalf of Peterborough City Council.
  - Key service developments that the PCT plans to take forward in 2009/10 that are either fully, or partly, adult social care.
  - The eligibility threshold for people to receive adult social care services as set by Peterborough City Council.
  - The charges that will be made to people receiving adult social care services on behalf of Peterborough City Council.
- 1.3 2009/10 will continue to be a challenging year for the delivery of adult social care services with ongoing demographic pressures, ever increasing expectations of improved service levels, the transformation requirements of “Putting People First” and the need to generate significant efficiency savings. The growth in the number of older people, particularly in the 85+ age band, is resulting in increased demand for adult social care services, a pattern which is being experienced by most other authorities. The government has recognised that long-term care requires a fundamental review of the current arrangements and a Green Paper is expected in early 2009 which, it is also anticipated, will include changes to the national framework for eligibility criteria.
- 1.4 The partnership is well established and continues to represent one of the most advanced and integrated models of health and social care services in the country. Continued commitment to the partnership will be key to continued success in the delivery of high quality services and good outcomes for local people. It is essential that the work looking at the future of the PCT's provider arm (“Peterborough Community Services”) be fully aware of adult social care services in framing the way forward
- 1.5 The Commission for Social Care Inspection (CSCI) will carry out an inspection of adult social care and our partnership arrangements in January 2009 and the outcomes will need to feed into the 2009/10 work programme.
- 1.6 Nationally, the White Paper “Our Health, Our Care, Our Say” and its associated guidance, such as “Commissioning for Health and Wellbeing”, continue to provide a framework for the development of integrated approaches to addressing issues across health, social care and other services e.g. housing, transport, leisure, education and employment. The seven outcomes for adults – good health, good quality of life, choice and control, personal dignity, economic wellbeing, freedom from discrimination and harassment and making a positive contribution will continue to be the aims for the delivery of our integrated services. “Putting People First”, the national concordat, sets out the transformation agenda for adult social care and this agreement will ensure that the programme of work linked to this is delivered.
- 1.7 Locally, the new Community Strategy and associated Local Area Agreement will be delivered in part through the partnership between the PCT and City Council and will

set out some of the key priorities which require a collaborative approach across a range of partners in order to maximise outcomes.

1.8 In 2009/10 we, therefore, anticipate focusing the PCT's efforts on the following areas:

- Improving choice and control through increasing the number of Direct Payments and through the implementation of Individual Budgets.
- Supporting the increased number of older people and those with physical and sensory needs who are eligible for adult social care and promoting prevention, early intervention and rehabilitation in order to deliver the best outcomes for these people.
- Continuing to improve learning disability services following the previous CSCI inspection with a focus on better planning for young people moving from Children's Services and the development of more local accommodation and support services.
- Ensuring that changes in mental health services arising from new legislation are implemented effectively.
- Sustaining and, where possible, improving access to services including particular improvements where needed in waiting times for assessment.
- Delivering efficiencies.
- Addressing the requirements of "Putting People First" including the provision of universal information, advice and signposting.

1.9 Peterborough is well set to respond to this agenda and the PCT will make every effort, within the resources made available to it by the City Council, to sustain the high quality work that led to its national rating of two stars announced in November 2008.

## 2. FINANCIAL ARRANGEMENTS

### 2.1 The pooled fund

	2009 - 2010	2008 - 2009
The Council (PCC)	£37,124,000	£35,295,000
Peterborough PCT	£180,499,000	£177,482,000
TOTAL	£217,623,000	£212,777,000

The Council's proposed figure of £37,124,000 is net of assumed income from charges and other sources, capital charges and Area Based Grant.

### 2.2 Charges for Social Care Services

The PCT operates and administers Peterborough City Council's charging policy for non-residential social care services (referred to as the Fairer Charging policy) on behalf of the Council, but it cannot vary the level of charges.

There are no changes to the charging policy to be implemented in 2009/10.

### 2.3 Eligibility Criteria

The PCT operates and administers the eligibility criteria for adult social care services (within the Fair Access to Care framework) on behalf of Peterborough City Council. Eligibility for services is currently set at the level of "high moderate". It will remain at this level for 2009/10. This notes an intention to maintain the eligibility threshold and reflects partners' wishes to continue to support vulnerable people through preventative approaches whenever possible.

### 2.4 Medium Term Financial Arrangements

Contributions to the pooled fund for 2010/11 and 2011/12 have been agreed by the City Council at £37,643,000 and £38,379,000 respectively.

### 2.5 Capital

No new items of capital funding for adult social care have been included in the programme for 2009/10.

### **3. GENERAL COMMITMENTS AND DEVELOPMENTS FOR ALL SERVICE USERS**

#### **3.1 "Putting People First"**

3.1.1 Designed to build upon "Our Health, Our Care, Our Say ", Department of Health – DH (2006), "Putting People First", HM Government (2007) reinforced the message of the government's ambition and commitment to "put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity". This ministerial concordat established the importance of collaboration between central and local government, the sector's professional leadership, providers and the regulator. By ensuring strong links and alignment to the NHS reforms of "The Next Stage Review" (Darzi, DH June 2008) and the "NHS Operating Framework", it sets out the shared aims and values which will guide the transformation of adult social care and recognises that the sector will work across agenda with users and carers to transform people's experience of local support and services. "Putting People First" seeks to establish Individual Budgets for everyone eligible for publicly funded adult social care support and links this to Lord Darzi's "NHS Next Stage Review", which suggested that in the future, personal budgets for people with long-term conditions could include NHS resources.

3.1.2 A key component of the 2009/10 agreement is the delivery of the requirements set out in "Putting People First". Key aspects have been detailed in the descriptions of major service developments. However, the aim by March 2011 is to have delivered the transformation in its entirety.

#### **3.2 National Strategies**

3.2.1 NHS Peterborough will need to ensure that all relevant national policy and guidance in relation to adult social care is implemented and adhered to. This includes, but is not limited to, "Putting People First" (as above), "Our Health, Our Care, Our Say", the commissioning framework for health and wellbeing, "No Secrets", the national carers' strategy, national service frameworks across all client groups, all relevant legislation including such recent changes as the Mental Health and Mental Capacity Act, "Valuing People" and the forthcoming "Valuing People Now" and the forthcoming dementia strategy.

#### **3.3 Summary of major service developments to be delivered in 2009/10**

3.3.1 Effective performance management and quality monitoring of all aspects of adult social care:

- Maintain or improve performance on all adult social care performance indicators, including achieving the necessary improvement on those where thresholds have been raised.
- Establish and improve performance monitoring for all adult social care national indicators, including proactive involvement in regional and national benchmarking work.
- Review integrated quality assurance processes to ensure that adult social care standards are achieved.
- Implement the recommendations from the 2007/08 performance assessment and from the January 2009 social care inspection.
- Further strengthen contract management processes to support performance improvement.

3.3.2 Implementation of national and local service reforms:

- Implement Individual Budgets for all new clients and for existing clients at the point of their annual review.
- Implement new arrangements and the action plan for safeguarding vulnerable adults and evaluate progress at regular intervals.
- Strengthen mechanisms for service users and carers to influence the development of services.
- Improve assessment and care management processes, including specific improvement in waiting times for assessment.
- Ensure that adult social care is taken account of in the work towards submitting an application for community Foundation Trust status for the PCT provider arm.

### 3.3.3 Ensure effectiveness and quality of care records:

- Remap the care management processes to ensure robust use is made of RAISE as the electronic care management record, including incorporation of workflows to support Individual Budgets.
- Ensure robust information security and information management for all adult social care information and records.
- Improve the RAISE system to incorporate better recording in relation to safeguarding vulnerable adults.

## **4. CARERS**

### **4.1 Analysis of need and changes to legislation**

- 4.1.1 At any one time, one in ten people in Britain are carers and every day, 6,000 people take on new caring responsibilities. The number of people over the age of 85 (the most likely to need care) is set to double in the next 20 years (DH 2008).
- 4.1.2 Carers at the heart of the 21st century – families and communities (DH 2008) sets out a vision that by 2018, carers will be universally recognised and valued as fundamental to strong families and stable communities. Support will be tailored to meet individual needs, enabling carers to maintain a balance between their caring responsibilities and life outside caring, whilst enabling the person they support to be a full and equal citizen.
- 4.1.3 National estimates suggest that up to 20% of employees are likely to have caring responsibilities which can cause financial hardship and difficulties in employment.
- 4.1.4 The 2008 drug strategy sets out the government's aims for the next 10 years in drug treatment and prevention to improve the care and support service users receive, placing greater emphasis on families' and carers' needs. This represents a positive step towards better support and outcomes for carers.
- 4.1.5 The Carers Equal Opportunities Act identifies three elements that must be addressed by all agencies:
- The duty to inform carers of their right to an assessment including those carers not presently in contact with the service, the so called hidden carers.
  - The assessments must take into account the carer's wish or need to work or take up opportunities that are taken for granted by other people who have no caring responsibilities.
  - Co-operation between authorities, e.g. health and housing. How requests for support and information should be given due consideration to ensure planning for services for carers is more inclusive.
- 4.1.6 The Children Act 2006 has relevance for support for parent carers – those parents with responsibility for a child with disabilities. The right support at this stage can bring huge benefits for the family and for statutory bodies in terms of future care needs.

### **4.2 Summary of major service developments to be delivered in 2009/10**

- 4.2.1 Improve access to information, advice and support for carers:
- Increase awareness and understanding by carers of the support and services available.
  - Achieve a year-on-year improvement against the national performance assessment framework indicator for services to carers.
  - Develop plans to ensure that young carers know how to access information and are aware of the services that are available by September 2009.
  - Achieve a year-on-year percentage increase in the total number of carers' breaks provided.
  - Pilot the delivery of seamless, integrated services that support carers at high risk times by April 2010.
  - Ensure carers from previously under-represented groups are able to access culture specific or specialist services by September 2009.
  - Achieve a year-on-year increase in the number of new carers' assessments completed.
  - Achieve a year-on-year increase in the number of completed carer reviews.



- Increase the involvement of carers in service development.

#### 4.2.2 Support and promote the wider well-being of carers:

- Develop processes with local employers to ensure that, where possible, carers are supported to work flexibly and are able to combine work and learning with care if they wish to do so from April 2009 onwards.
- Raise the awareness of the rights to flexible working practices by employees who are carers and by carers wishing to access employment by linking into the new Job Centre Plus Carers from April 2009 onwards.
- Work with Children's Services to ensure young carers are aware of and are able to access emotional and practical support services where appropriate from April 2009 onwards.
- Ensure specific equality targets are set within SLAs and contracts to assist organisations in working towards more equal access to services from April 2009.
- Increase the training and awareness of all key professionals from health and housing support about the needs of carers.

## 5. OLDER PEOPLE

### 5.1 Analysis of need and changes to legislation

5.1.1 At present, there are approximately 24,100 people living within Peterborough City Council boundaries aged over 65 years. The predicted percentage increase in older people in Peterborough is higher than that predicted both for Cambridgeshire and nationally. The growth rate for those aged over 80 is around 4.5% per annum, with this group consuming around 70% of service provision. However, the greatest level of increase will be amongst those aged 85+, and it is well established that it is this very elderly group that is the highest user of social care resources. In the 2001 census, 4.1% of the older residents described themselves as non-white, the largest populations being Asian British Pakistani and Asian British Indian. This is a larger percentage than for England as a whole.

5.1.2 The national census 2001 showed that:

- Over 8,750 people aged 60+ were living alone.
- 56% of people aged 75+ had a limiting long-term illness.
- 77% of people aged 85+ had a limiting long-term illness.

5.1.3 On average in 2008:

- Over 1500 people aged 65+ receive a community package to help them to remain living at home. This includes home care, meals on wheels, community equipment and day care.
- Over 800 people aged over 65 with high support needs were receiving care, either as part of an intensive home care package or as a resident in a residential or nursing home.

5.1.4 The direction for older people's services was set in the National Service Framework for older people and provided the framework to achieve the elimination of age discrimination, the provision of person-centred care, the promotion of older people's health and independence, and fitting services around people's needs. Therefore, with an increasing focus on enabling older people to live independent lives, the current pattern of service provision is being remodelled, over a period of time, to shift away from institutional settings to enhanced support to remain at home. The following themes run through all of the projects below and apply to all adult service users. However, they are expected to demonstrate a particularly significant impact in older people's services and will ensure the delivery of key outcomes highlighted in national and local strategies. These are personalisation, prevention, early intervention, care closer to home, better management of long term conditions and end of life care.

5.1.5 Essential to all of this is ensuring that a network of co-ordinated services is available to citizens which support independence and ensure access to effective timely health and social support when needed. The implementation of Independent Living Support Services, which aim to provide integrated services across sectors and professional boundaries, including housing-related support, social care and health for all adults, will have strong links to community nursing. This replaces and improves upon traditional arrangements for Supporting People and domiciliary care.

5.1.6 Putting People First requires the provision of universal information, advice and sign-posting and this will be incorporated into the development of the universal hub from 2009. The hub will also ensure independent professional support to service users in accessing self-directed support via assessment and referral processes.

## 5.2 Summary of major service developments to be delivered in 2009/10

### 5.2.1 Improve awareness and support for older people's health and wellbeing:

- Develop the role of the Older People Partnership Board in ensuring a collaborative approach to implement the older people's strategy.
- Develop a range of community-based and peer delivered activities for older people and their carers, involving public health care professionals and the voluntary sector, including long term support.
- Following the review of day services and non-centre based day service provision from the range of in-house, independent sector and voluntary organisations, develop a commissioning strategy which will address unmet needs and gaps in provision. This will look at increasing capacity, the development of self directed support and physical activity, ensuring older people are able to access a range of support which is appropriate to their needs.

### 5.2.2 Ensure appropriate preventative services are available to support older people to remain in their own homes:

- Continue to increase the range of housing and support options to enhance opportunities for independence for older people. This will be done through implementation of the agreed Accommodation and Support Strategy for Older People using a phased approach and building on current good practice.
- Implement improved primary support and integrated teams' support into care homes.
- Develop and commission a health and well-being model of respite, offering a health check, holistic assessment and support to manage social and health needs.
- Continue to focus on prevention and early intervention and ensure that services are accessible to all who need to use them, including the development of the integrated falls team.

### 5.2.3 Increase the availability of rehabilitation services in the most appropriate setting based on the individual's need at all relevant parts of the pathway, including access to early and specialist rehabilitation:

- Increase the amount and effectiveness of intermediate care services which support people living independently in their own homes.

### 5.2.4 Increase choice and control for older people:

- Complete the development of the Independent Living Support Service and introduce from October 2009.
- Introduce phase one of the Universal Hub from October 2009.

### 5.2.5 Continue to develop commissioning plans:

- Develop the accommodation strategy to ensure the mental health and dementia needs of older people are reflected and aligned with the mental health strategy and develop the local dementia strategy in 2009 (see section 8).
- Review the demand for residential and nursing care in the light of recent trends, and national and local strategic drivers.

## **6. LEARNING DISABILITY**

### **6.1 Analysis of need and changes to legislation**

6.1.1 Over the next twenty years, expected demographic trends will result in a significant increase in the number of older people in need of care and support due to:

- An increase in life expectancy, especially among people with Downs Syndromes.
- Growing numbers of children and young people with complex and multi-disabilities now surviving into adulthood.
- A sharp rise in school aged children with autistic spectrum disorders, some of whom will have learning disabilities.

6.1.2 The biggest challenge is how to provide for increasing demand whilst making services person-centred, keeping them within the resources available and on a path of steady performance improvement in line with the guidance in "Putting People First". The government's forthcoming review of social care funding and eligibility will be critical.

### **6.2 Summary of major developments to be delivered in 2009/10**

- Reduce number of people living in residential and nursing homes – particularly the number of out of area placements.
- Increased privacy and dignity for service users within local in-patient accommodation.
- Increase engagement for black and minority ethnic groups with social services.
- Increase the number of people with learning disabilities identified within GP registers.
- Produce an implementation plan for day opportunities for adults with physical and learning disabilities by September 2009 and commence implementation.
- Increase the number of people with learning disabilities in paid and voluntary employment.
- Transitions strategy, as developed by the group, to be adopted by all relevant organisations and used for all transitions by September 2009.

## **7. PHYSICAL DISABILITIES AND SENSORY NEEDS**

### **7.1 Analysis of need and changes to legislation**

- 7.1.1 It is estimated that approximately 52,000 people in Peterborough have some sort of long-term condition, with more than 5,000 of those having more than one condition. We know that 26,285 people in Peterborough stated that they had a "limited long-term illness" (OPCS 2001).
- 7.1.2 For people with sensory impairments, the Grant Funded Services Return (GFRS1) provides information on people provided with non-community care preventative social care services. The PCT also maintains registrations of people with sensory impairments.
- 7.1.3 In total, 388 people with sensory impairments were supported by a community based social care service at 31 March, 26.1% of the numbers registered.
- 7.1.4 Overall admissions for adults aged 18-64 into long term care are favourably low compared to both nearest neighbour (IPF) comparators and the national average. This corresponds to an increase in the number of people aged 18-64 with a physical disability receiving community care services to support them to live at home.
- 7.1.5 Adults with physical disabilities were the biggest growth area for receipt of Direct Payments. This trend will increase with the implementation of Individual Budgets from January 2009.
- 7.1.6 People with long term conditions place considerable demands on health and social care services. Nationally they account for:
- 8 of the 11 top causes for hospital admission.
  - 80% of GP consultations, and
  - 5% of in patients who occupy 42% of all acute bed days.
- 7.1.7 With an ageing population and increased longevity due to new technologies, demand will only increase.
- 7.1.8 The latest evidence continues to support the clear messages about long term conditions:
- People with long term conditions are intensive users of health and social care services, including community services, urgent and emergency care and acute services.
  - Numbers are predicted to increase due to factors such as an ageing population and certain lifestyle choices that people make.
  - Ill health among the working population places a significant burden on health and social care.
- 7.1.9 Therefore, investment by health and social care communities in effective management of long term conditions delivers benefits to the population and value for money.
- 7.1.10 The Long Term Conditions Strategy is driven by standards in key National Service Frameworks, including long term conditions, coronary heart disease, cancer, children, young people and maternity services, mental health, older people, paediatric intensive care and diabetes.

## 7.2 Summary of major developments to be delivered in 2009/10

### 7.2.1 Improve education and awareness about long term conditions for both patients and health care professionals:

- Develop programmes to educate high risk groups (targeting areas of inequality, BME and areas of deprivation) by September 2009.
- Review the educative model of care developed as part of the integrated community diabetes service to assess suitability of implementing this model for other long term conditions by June 2009.
- Ensure voluntary sector public and patient engagement in working groups.
- Develop the Healthy Living Centre model of care promoting treatment, education and promotion of self-management for a range of long term conditions from a single access point from September 2009 to March 2010.
- Capture expertise and input from the voluntary sector by June 2009.
- Create and extend support services for all families and carers, including bereavement support.

### 7.2.2 Develop a range of community based and peer delivered activities for people who have long term conditions and their carers, involving public health, health care professionals and the voluntary sector, including long term support:

- Review and develop expert patient and condition-specific education programmes by March 2010.
- Implement the agreed plans for the social care ring-fenced stroke funding, including the development of a communication disability support group for stroke patients in conjunction with the Stroke Association and peer support. This is a two year goal from April 2009 - March 2011.
- Ensure an action plan is in place to focus the exercise referral scheme on areas of inequality by June 2009.

### 7.2.3 Ensure a preventative approach to reduce the incidence of long-term conditions and ensure early intervention:

- Increase coverage of screening programmes and primary care registers, proactively and opportunistically targeting areas of the population with the most need to identify a patient's risk of developing a long term condition.
- Offer early recognition of significant symptoms, timely diagnostic tests, effective education to maintain a healthy lifestyle, and appropriate access to specialist advice and support.

### 7.2.4 Increase the availability of a full range of rehabilitation services in the most appropriate setting based on the individual's needs at all relevant parts of the pathway, including access to early and specialist rehabilitation:

- Develop the role of Stroke Co-ordinator to promote integrated stroke services across pathway.
- Review the provision of community based intensive stroke rehabilitation as part of the development of the City Care Centre from May 2009.
- Ensure optimum support to care pathways through intermediate care and rehabilitation resources based at the City Care Centre from May 2009.

### 7.2.5 Increase choice and control for people with physical disabilities and sensory needs:

- Increase the utilisation of personal health plans empowering people to manage their own long term condition.

- Increase access to integrated independent living support services, including the universal hub, from October 2009.
- Develop a patient experience survey during 2009/10.
- Increase individuals' choice within end of life care pathway, including choice of place of care.

7.2.6 Continue to develop commissioning plans:

- Develop an action plan following the review of sensory support services by September 2009.

## 8. MENTAL HEALTH AND SUBSTANCE MISUSE

### 8.1 Analysis of need and changes to legislation

8.1.1 Mental Health is fundamental to good health, wellbeing and quality of life. It impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. One in four people will experience mental health problems at some point in their lives and it is likely that for general emotional difficulties such as stress and anxiety the figure is much higher. Many of these problems are already treated in primary care and effective commissioning should, therefore, be a priority for NHS Peterborough. The population growth, especially among older people and new communities in Peterborough, are going to have a significant impact on mental health of the population in these communities, mainly due to issues related to social cohesion. Major development areas are central and east wards. It will be necessary to ensure people in new and existing communities are informed and involved in supporting decision making in order to create cohesive, healthy communities. The Peterborough Primary Care Trust operational plan for 2008/09 – a new health service for Peterborough has developed the following strategic priorities: access, healthy lifestyle, vulnerable people and health inequalities.

8.1.2 The aims of the mental health strategy are:

- To increase and improve the level of support for those suffering mental health issues through improved housing provisions.
- Improved referral times at primary and secondary settings for those suffering mental health issues within 18 weeks and, in many cases, quicker.
- Introduce specialist mental health service provision for pregnant women.
- Improved early identification of mental health problems through other routes.
- Fully implement the Mental Health Act 2007 and Mental Capacity Act 2005.
- Improve the process for identifying the support offered to carers of those with mental health issues.
- Enable more people suffering from mental health issues to return to work through the provision of psychological therapy.
- Reduce social isolation for those suffering from mental health issues.
- Improve the quality of acute provision for those suffering from mental health issues.
- Develop and implement a local dementia strategy in line with national strategy.

### 8.2 Summary of major developments to be delivered in 2009/10

8.2.1 Well-being and prevention:

- Increase the number of those people with mental health problems to return to work through increased access to psychological therapies. This goal will be completed over a two-year period with the recruitment of staff and the roll-out commencing during quarter one of 2009/10.
- Revisit the review of mental health day care and update information as required. This will lead to the development of a day care review option appraisal and appropriate consultation by March 2010.

8.2.2 Older people's mental health services:

- Improve the level of appropriate mental health provision for older people. This goal will be completed in two phases with phase one being the completion of an older people's mental health strategy by September 2009.
- Implement the national and local dementia strategies.



### 8.2.3 Long term and acute mental health services:

- Reduce the social isolation of those suffering with mental health issues by the implementation of a mental health promotion strategy and suicide audit being completed through 2009/10.
- Improve the level of support for those suffering with mental health issues through the provision of improved housing. This goal will be achieved in two stages, with needs assessment options and appraisal work completed by September 2009 and newly commissioned services tendered and commissioned by March 2010.
- Improve and increase the access to services for BME groups.
- Ensure that those requiring intervention and treatment from acute mental health services receive the appropriate intervention in a timely manner.

## **9. PERFORMANCE INDICATORS**

The attached table summarises the targets set for adult social care in 2008/09 [2008/09 table included currently – this will be updated by Quarter 1 of 2009/10].