

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Cabinet
Date:	15 October 2019
Title:	Adults' Health and Care – Year 1 Strategy Progress
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to provide Cabinet with an update on the positive progress made by Adults' Health and Care over the past year (2018/19) in relation to the Department Vision and 5 Year Strategy that was approved by Cabinet in April 2018.

Recommendations

2. That Cabinet:
 - a) Note and endorse the positive progress made by Adults' Health and Care in 2018/19 against the Vision and 5 Year Strategy.
 - b) Acknowledge the key achievement examples included in the 2018/2019 progress section of the report.
 - c) Note the key work that is planned for 2019/20 as outlined in the report, including, but not limited to the Director-led review of HCC Care.

Executive Summary

3. This report headlines the positive progress made by Adults' Health and Care over the past year in relation to the Department Vision and 5 Year Strategy that was approved by Cabinet in April 2018. A robust and comprehensive 2018/19 business plan was prepared, worked to and regularly reviewed to help ensure that strong and immediate progress towards the Vision and Strategy aims was made.
4. The challenging operating context including increasing service demand, complexity, system pressures, workforce availability and the continued squeeze on public finances was clearly acknowledged and influenced the content and narrative in the Strategy documents, four supporting Market Position Statements (MPS) and the annual Business Plan. That said, the

approved Strategy was strong in ambition and included a number of 'where will be in 5 years-time' statements to support what we expect to achieve. In the same vein, the Market Position Statement's (MPS) contained clear and transparent commitments to the different provider groups covering Home Care, Residential and Nursing, Learning Disability and Mental Health services that combined, account for some £250m of annual commissioned spend.

5. The Strategy built upon the strengths-based direction of travel that had been adopted over the previous two to three years to increase independence and help to reduce cost. It also incorporated a stronger than ever focus on prevention and demand, recognising that over the medium-term, paid for services would only be able to be directed to the most vulnerable adults in our communities. The third and final key pillar of the strategy focused on bed-based and home-based accommodation. Targeted investment in both areas will maintain and/or improve the quality of available and appropriate provision and importantly reduce exposure to future revenue pressures.
6. Positively, strong progress has been made in all of the key business areas for the Department across 2018/19. The Corporate Management Team have been regularly apprised of the improvement made in terms of delayed transfers of care (DToC), but individual and service performance highlights go far and wide leading to a strong sense (albeit just a year in to a 5-year journey) that the Vision and Strategy aims are on course to be delivered on.

Contextual information

7. The main responsibilities of Adult Social Care are set out in three pieces of legislation; the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. As the overarching piece of legislation, the Care Act 2014 extended existing and laid down new responsibilities including:
 - promoting well-being
 - protecting (safeguarding) adults at risk of abuse or neglect
 - preventing the need for care and support
 - promoting integration of care and support with health services
 - providing information and advice
 - promoting diversity and quality in providing services
8. The strategic context that Adults' Health and Care is currently operating in is well trailed. In looking forward, especially the next 4-5 years (and arguably longer) it is expected that the different challenges faced by the Department will increase; an ageing and growing demographic, an increasing number of people with eligible care needs and increasing financial pressures. Against this backdrop and the responsibilities laid down within the Care Act 2014, the different documents that were launched and published last year set a clear direction for staff, for partners and providers and for existing and potential future service users and their families/friends.

9. In terms of the operating environment, demand for advice, help and support continues to increase, partly driven by an ageing population and partly because of the increasing number of children and younger adults with highly complex needs that are surviving into old age. Across the Strategy period, the number of people aged 85-89 is on course to rise by 14% with an even higher (31%) increase in those aged 90 and above; in short, this means close to an additional 2,000 people per year attaining the age of 85. The importance of this growth in the population over 85 is that care needs increase with age. Whilst many of our population continue to enjoy good health and independence, a major source of social care provision is driven by this demographic, in comparison approximately 150 young people with complex needs transition each year from Children's Services to Adult Social Care.
10. We know that the squeeze on public finances is set to continue into the next decade, so we will have less money in real terms to pay for Adult Social Care. Since the Strategy was approved, planning for Transformation to 2021 has been completed and this will require the Department to secure a further £43m of savings. This will follow on and overlap with elements of the Transformation to 2019 programme. Transformation to 2019 requires some £56m to be achieved, with the Department having some £15m to deliver on.
11. The complications of double running of the two transformation programmes when also set alongside higher service demand and complexity levels and market cost increases (that are running ahead of inflation) are combining to significantly impact on the in-year budget position. Further, whilst recently we have benefitted from one-off Government funding sources e.g. the Improved Better Care Fund and monies for winter pressures, the absence of the now significantly delayed Green Paper results in uncertainty and thus makes planning ahead more difficult than it otherwise might be. Therefore, the presence of the strategy and its accompanying supporting documents gives comfort and confidence to the department, our partners and providers to ensure we continue to support our population appropriately and in maintaining the appropriate ambitions and services within such a turbulent environment.
12. Furthermore, higher regulation (emphasis on quality) and the continued tough economic climate continues to impact on the viability of the provider market, especially in the Residential and Nursing sector. The County Council relies heavily on the independent sector across all care groups and commissions some £110m (out of an overall £250m) of paid for care services from the Residential and Nursing sector. In the second half of 2018/19 a number of care businesses in this sector closed culminating in the loss of c150 beds to the system as a whole. This adds to a net loss of some 300 care beds the previous year. In these regards, the strategy to widen the influence of our own in-house service operation continues to look a sound one both as a means of better containing costs, but also to ensure suitable provision exists in specific Hampshire locations at a quality and cost that is sustainable.
13. Whilst price is clearly an issue for providers, they, like us, are also struggling to recruit and retain a skilled workforce in the face of competition from other parts of the economy and from the general availability of labour – the latter, partly a consequence of the continued delays and uncertainty regarding

BREXIT. It is estimated that the overall workforce, which currently stands at approximately 35,000 care staff in Hampshire, needs to increase by as much as 20% over the strategy period due to the increase in the number of older people, higher demand for mental health services and increasing numbers of younger adults with learning and physical disabilities. This is clearly neither affordable or achievable. It therefore places a premium on the success of our preventative work, our service transformation and our modernisation work and on innovation and productivity.

14. Our key public sector partners, particularly the NHS provider organisations and Clinical Commissioning Groups (CCGs) are also facing their own operating pressures and although this is positively bringing different parts of the system closer together e.g. around Delayed Transfers of Care (DToC), the extent of the challenges being faced is a cause for some concern. Targeted integration work is set to be taken forward as a means of reducing duplication, overlap, management structures and cost whilst maintaining service outcomes. Progress with the integration agenda is generally positive, albeit with much work still to be done with the CCGs and the Acute Hospitals to secure beneficial outcomes that are felt by residents and all organisations. The pressure on partners also extends to the Voluntary Sector who are feeling the squeeze on their own finances as sources of income from the NHS and local authorities continue to reduce in overall terms.

The Vision and 5 Year Strategy – A Reminder

15. Our Vision is for Hampshire residents to **live long, healthy and happier lives** with the **maximum possible independence**. The Vision is being achieved by 'encouraging people to stay well', by supporting people to help themselves and by carefully working with people when they need the County Council's help.
16. The Vision is predicated on the well-established strengths-based practice. It places a strong emphasis on prevention (people staying well) and pushes further and harder at our strengths-based work by pointing people, partners, providers and our staff to play to people's strengths in the expectation that increased no cost (or low cost) contributions will come from family, friends and local communities. This is specifically underpinned by the evidence in support of reducing social isolation, encouraging activities and reducing, wherever possible, 'doing for' as this maintains individuals ability to remain independent.
17. The Vision directly responds to the County Council's responsibility to promote well-being, to prevent the need for care and support and to provide information and advice (ahead of providing paid for services). Every piece of credible evidence points to people wanting to be free of state intervention, wanting to remain in their own homes for as long as is practically possible and to staying socially connected (networked). In almost all cases this results in people living happier and more independent lives. Happiness is clearly difficult to measure but we know how important it is and we know that there is a direct correlation between isolation, health regression and then high cost institutionalisation.

18. With an ever-ageing population and worrying increases in mental health issues and social isolation cases, we are working harder and earlier at **improving and maintaining (good) health and independence**. We are benefitting in this regard from having the Public Health function now firmly embedded in the wider work of the Department. Success is key in terms of our ability to stretch our reducing financial resources over a greater number of people who will require our help and support into the future and in creating resilience within our local communities. Our Vision and Strategy is based on us delivering against this challenging, but realisable ambition.

19. Delivery of the Vision means focussing our efforts, time and resources into three key areas as follows:

Prevention (incorporating Demand Management): preventing and/or reducing demand for formal social care services. This includes helping people to remain fit and well, or to maintain their current abilities for longer by making more informed choices.

Independent Living at Home: supporting people with emerging care needs to live independently in their own homes for as long as they can. This is at the heart of our carefully developed Vision for Hampshire residents and will result in people generally living happier and as independently as possible in familiar surroundings, staying connected to family, friends and neighbours.

Accommodation: helping to maintain the independence of people with the greatest needs including commissioning accommodation and directly providing in-house services to maintain or increase the independence of people with the greatest needs. The County Council has a long tradition of facilitating community-based accommodation-based services (reducing institutionalised care levels) and for directly operating our own suite of residential and nursing homes and the Strategy was developed to build on and widen our involvement in different forms of accommodation.

2018/19 Progress

20. As outlined, strong and positive progress has been made across 2018/19 in each of the above areas, which contained fourteen priority objectives and this bodes well for the year ahead (and beyond) as we look to achieve on our stated Strategy ambitions and MPS commitments. The following paragraphs outline a small number of some of the more key performance highlights for the past year serving to demonstrate the scale and breadth of the Department's work covering a myriad of different work areas.

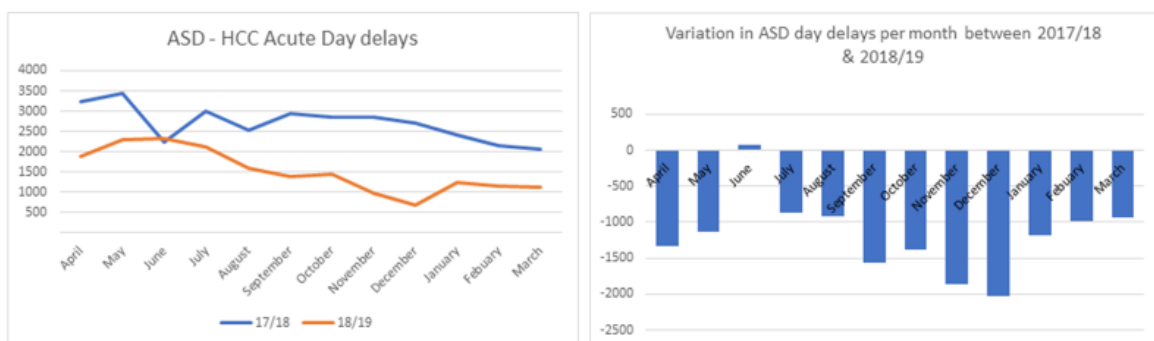
21. The demand management agenda encompasses a number of strands of work. One is the web-based **Connect to Support Hampshire** site that has been developed for professionals and new or existing service users to better connect them to forms of low cost or free support or information and advice that can keep people more independent for longer and thus away from paid for services. Over the past year regular use of the site has increased markedly from some 5,000 hits a month to a high of 31,000 in January. More GP's are using the site as an alternative to prescribing medicine and work is now in train to further improve the effectiveness and user-friendly

nature of the site so that there is a stronger correlation between awareness, site use and reductions in contacts to the Contact, Assessment and Referral Team (**CART**) Service in Fareham. The latter is also key to the Demand Management efforts and agreement to join the Hantsdirect element to CART and a recent rapid improvement project, provide the right foundations for further improvement and thus greater demand containment as we move through and beyond 2019/20.

22. Sustained **DToC improvement** has been regularly reported to the Corporate Management Team during 2018/19. The Department led the arrangements for a Care Quality Commission system-wide review of DToC performance last June and worked with Newton Europe to help inform an improvement action plan that has since been successfully implemented. The graph over page shows the consistency of performance improvement over the past year and all the signs are that this will be maintained and taken further partly as a consequence of enhanced partnership working, particularly in relation to a new discharge pathway model and partly due to an increased level of leadership, capacity and focus in the Department. Importantly, outcomes for people have improved markedly. Less are staying unnecessarily in a hospital setting and within the overall achievements, a focus on improving the discharge rates for people with more complex issues and potential continuing health needs has been a great success.

DToC Performance

Adult Service day delays were **931 days lower** in March 2019 when compared with March 2018 (45% reduction).



- Delays have been significantly lower EVERY month of 2018/19, bar one, compared to the same month in the previous year.

23. A key enabler re the above, but a stand-out achievement in its own right is new framework and payment system arrangements that have supported a significant turn-around in terms of **Care at Home** provision. A major piece of transformational work, involving contributions from across and beyond the Department (notably the Integrated Business Centre (IBC) and Information Technology) has resulted in a service that is now reliable, generally plentiful in supply and administratively straightforward to operate. Waiting lists have radically reduced and are now regularly 30 or lower, i.e. approximately the

number of referrals received in a 24-36 hour period. The new (internally designed and developed) payment system has all but eradicated payment queries, reducing frustration and bureaucracy for providers and taking out excess costs for the IBC. Importantly service users and social workers are benefitting from a service that can now be relied upon.

24. Staying with the themes of improving discharge performance and enabling independence, in the second half of 2018/19 real momentum was made with an exciting **integration project** in the area of **Intermediate Care**. This aims to bring together some 700 staff combining the Council's Reablement Service with the CCG commissioned Rehabilitation Service that is operated by Southern Health Foundation Trust. The integration project, which is due to be completed in the first half of 2020/21 will help to reduce costs, reduce duplication, improve the service user experience and importantly will result in fewer hospital admissions and speedier discharges. Ahead of the new integrated service formally commencing in 2020/21, new, joint senior management arrangements are set to be implemented later this year.
25. In another area of direct provision, the Department managed to **secure good or outstanding ratings for all of its in-house residential and nursing care homes during 2018/19**. Just one of the many success stories includes a cross Care Home hydration project that has improved wellbeing and reduced falls levels despite the increasing frailty of residents. Another notable success involves the taking over of the running of Portsmouth City Council's **Harry Sotnick House** and over the second half of 2018/19 managing to turn around the Home that had previously been rated as inadequate by the CQC, achieving a 'Good' rating in February of this year. The Home is now accepting new admissions, has received numerous compliments and is set to continue to flourish.
26. Staying with buildings, in the past year two excellent new facilities have opened in Winchester (Chesil Lodge), **Older Adults Extra Care** and in Fareham (New Croft), **Learning Disability Respite**. These add to previous Extra Care and Supported Living accommodation projects that not only deliver modern living arrangements for vulnerable adults but also deliver savings in terms of reduced onward revenue costs. Member support for more developments is unwavering and project pipelines and the necessary supporting capital investment exist to enable us to add additional facilities of these types into the future.
27. Improved independence and managing demand (reducing the levels of paid for services) is a key feature of our continued focus on how **technology** can play an even bigger role for people requiring help and support. The County Council, working in partnership with PA/Argenti, is leading the way in the field of **Technology Enabled Care (TEC)** and has in excess of 5,000 service users benefitting solely from TEC as opposed to the more traditional and the significantly more costly, paid-for services and some 10,000+ service users in total benefitting from this innovative care.
28. The County Council's 5-year contract with Argenti concluded last year, but very positively has been succeeded by a new (up to 10 year) successor contract with the same supplier. Maximising the benefits that TEC has to

offer, including emerging new opportunities e.g. collaborative robots (COBOTS), could be the key to financial sustainability over the next 5 years or so. Subject to sign-off and mobilisation we intend to have a pathfinder project up and running later this year which will see the testing of this technology in care settings with service users and carers.

29. Another arena in which the County Council's leadership credentials are well recognised is **Public Health** and over the past year we have successfully progressed with our **Isle of Wight** leadership role to the point whereby the partnership arrangements have recently been formalised. This reflects well on the efforts of the team to stabilise the provision of the public health service on the Island and to develop robust plans for transforming the service over the coming year. This success adds to an already impressive list of leadership roles the County Council has been asked to perform on behalf of numerous other local authorities who have struggled for different reasons with service leadership responsibilities.
30. Key enablers for the above (and a much wider array of impressive performance achievements) include the disciplined approach to Business Planning including focused and transparent quarterly Adults' Health and Care Departmental Management Team / Senior Management Team reviews, alongside strong financial management in 2018/19 which together provided the solid foundations for the Department to perform in the face of mounting pressures. T19 savings were delivered to target and overall expenditure was contained with the 2018/19 cash limit. As the year concluded, however, there were underlying signs of demand and cost pressures beginning to emerge in some of the care budget areas and these trends have continued into 2019/20 - see next section.
31. Clearly whilst much of this report is detailing positive achievement, not everything last year went to plan. The sheer size and scale of the Department and the myriad of responsibilities it carries has understandably meant that there have been challenges to manage.
32. Work with the voluntary sector, especially around our Demand Management intentions has steadily progressed, but there is more to do as we look forward. Despite our improved DToC performance, our interaction and working with the Acute Hospitals is still, at times, too frenetic and too much in the moment, rather than seeing overall system planning based upon known 'rising tide' issues. Whilst good progress has been made with Learning Disability and Mental Health integration work, final agreements on future financial arrangements and operations remain complex and still require more work. We also have more work to do in relation to determining the right future for the Orchard Close respite centre.
33. That said, and as per the previous paragraphs, performance has generally been good or strong. Some notable individual achievements have been recognised along the way both nationally and through our own 'Making a Difference' awards. A new 'Practice Network' was introduced in the second half of the year, under the leadership of the Principal Social Worker and this is helping to ensure operational staff, from across different care group

disciplines are supported and further developed recognising the increasing challenging circumstances in which our front-line staff are operating.

The Year Ahead – 2019/20

34. As we move on and through 2019/20, a lot of what has already been described will seamlessly continue. The direction of travel for the Department and for our key service areas is well established and will be taken further in line with our Strategy ambitions. A refreshed Business Plan is in place and is helping to guide us through what was always going to be an even more challenging year. The Business Plan has a stronger emphasis this time around on performance metrics, which given the complex operating environment is increasingly necessary.
35. As we look forward, our Strategy provides us with a clear sense of direction. We also know that it remains essential that strong financial management and savings performance continue to provide the solid platform for our ambitious forward agenda, and that managing demand/care volumes and that the way we operate in terms of applying Strengths-Based practice, maximising TEC opportunities and working harder to divert people away from paid for care, are all ever more important for our staff and are absolutely not optional.
36. In the case of the former, increased levels of service demand and complexity (proportionately more dementia service users and frail elderly with multiple conditions), together with higher market prices is a growing cause for concern. Firm and robust management action is being applied and this is extending to all front-line staff, but nevertheless the challenge remains a significant one. The premium we are placing upon demand management/containment and even greater levels use of TEC as a means of reducing paid for Care levels has thus increased and new service targets for these areas of the business have been introduced. We are seeing good delivery against these targets.
37. The Business Plan very much concentrates on the above, but also enables us to re-orientate our focus in some key areas so that we can continue to make the overall progress we need to make. In 2019/20 we will complete our work to disentangle the Physical Disability service from our Older Adults function and establish it alongside Learning Disability and Mental Health Services in a new Younger Adults service arena. This will help ensure that people with Physical Disabilities receive consistent and more focused help and support and overall workloads across our two main disciplines will be better balanced.
38. Another important focus for this year is the (Director-led) review of our in-house Care function (HCC Care). This is looking at all aspects of the current operation and will look to define a future operating model that helps to strengthen it further both in terms of quality and service cost and potentially enables it to operate more commercially. This review and the options it identifies will be key in determining the future direction, capital and workforce / service strategy for HCC Care.

39. Linked to the above, but especially the Physical Disability service area changes, we will also be taking forward and looking to complete a number of related pieces of work based around our operational and HQ functions and structures. This will impact each area of the Department in different ways with the work being led by the Departmental Management Team. The work will include the CART integration work referred to earlier, key changes to our operational structures, the continued Intermediate Care Integration work with Southern Health NHS Foundation Trust and a number of other specific reviews all aimed at ensuring that the Department is better positioned as we move into 2020 and the next decade. The planned work will also enable the staffing related savings for T19 and T21 to be realised as our efficiency and productivity continue to increase.
40. Alongside the staff re-structure work, we will also ensure that the Practice Network for operational managers and staff continues to be supported so that it can further develop, and we will formulate and implement robust responses to the outputs and areas for improvement following the 2018 Inclusion and Diversity and the Wellbeing staff surveys.

Conclusion

41. The strategic context and operating climate for Adults' Health and Care is especially challenging mainly as a result of increasing service demand, market volatility/pressure and continuing austerity. A range of other factors are also prevalent, and these are impacting across the whole Social Care system. The premium on transforming the way we work in order to maintain and / or improve service outcomes at reduced cost is thus absolutely paramount and requires everyone from partners, providers, staff and clients to be working to a coherent and consistent script.
42. The Cabinet approved Adults' Health and Care Vision, that at its heart promotes well-being, happiness and independence, together with the 5-year Strategic Plan that is rightly aspirational and ambitious, but constructed in a manner that makes it realisable, is the script. This report ably outlines the positive progress made by the Department over 2018/19 in pursuing our strategic aims and provides examples of key successes and/or improvements that are worthy of celebrating and bode well for the next stages of the journey.
43. The disciplined approach to Business Planning and to strong financial management have provided the foundations for the Department to succeed over the past year. Staff contributions have been significant in all areas of the business and increasingly the support from other parts of the Council has been excellent (in many different ways) and is acknowledged across the Departmental Management Team and the Department generally as a key success factor.
44. As we look forward, the operating and external environment remain especially difficult. Service demand pressures and pressures on the budget have increased significantly throughout 2019 and containing expenditure within budget limits and delivering T19 and T21 savings over this year and

next is undoubtedly going to represent the biggest challenge yet for the Department. The absence of a Green Paper and long-term financial sustainability makes planning too far ahead very difficult. Whilst these and other issues (partners, providers, NHS) are well trailed and have travelled with us for some time and have been well managed and responded to, it does appear that we are at a significant moment for our service's and for Local Government generally in terms of the financial sustainability of Social Care (including Children's social care). Securing a solution is key to our planned improvement and transformation journey being successfully progressed over the coming year and our 'where will we be in five years' time' statements (see appendix) being realised.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Adults' Health and Care- Vision and Strategy	<u>Date</u> 16 April 2018
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

This is an update report and any service specific proposed changes resulting from execution of this strategy and any associated equality impact assessments will be taken forward in the appropriate manner.

Where we will be in five years time

APPENDIX 1

Prevention:

- ✓ more people will be keeping fit and well in the community, reducing the demand for health and social care services
- ✓ information and advice via Connect to Support will be routinely accessed to enable people to make informed choices about their care and support
- ✓ the Council's contact centre will directly resolve 75% of a reducing number of client enquiries for help and support
- ✓ private pay assistive technology solutions will be routinely requested and provided
- ✓ community support offerings will be increasingly known about (partly through Connect to Support), better trusted and more widely used
- ✓ social Isolation will be reduced. Carers will be better supported

Independent living at Home:

- ✓ more service users will be using Direct Payments as a means of taking control and organising their own social care
- ✓ a system-wide single intermediate care function will have been in operation for at least three years. Hospital admissions for older persons and service costs will be reduced
- ✓ an integrated learning disability and mental health service will be in place, resulting in improved earlier intervention, less client crisis and reduced Hospital admissions
- ✓ we will have Help to Live at Home service arrangements that are geared to maximising independence. Average care hours per week will be lower than they are at present
- ✓ more than 12,000 service users will be benefitting from the very latest assistive technology solutions to enable them to remain at home and live independently
- ✓ our wellbeing centres, our work with communities and our My Life My Way programme will all combine to further improve the independence of people with mental health and learning disability needs

Accommodation:

- ✓ unplanned hospital admissions will be reduced as more people will benefit from reablement type services in new community facilities developed by the Council
- ✓ system discharge performance will be improved with access to reablement services available at acute settings as a result of joint Council/NHS investment
- ✓ the Council will have developed its own dementia hubs for those with medium to high end dementia, complementing and adding to specialist market provision
- ✓ in response to the expected significant increases in the 85 year and over population, we will have developed facilities for frail elderly clients with multiple conditions
- ✓ there will be more supported living accommodation for learning disability and physical disability clients and accommodation solutions to improve independence amongst those suffering from mental health conditions will have been implemented
- ✓ we will have increased the level of older person extra care units facilitated or delivered by the Council to 1,500, doubling the number of units currently
- ✓ our remaining residential and nursing homes will have been updated, modernised and improved. They will benefit from the latest technology