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SPECIAL HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

DATE: TUESDAY 23 FEBRUARY, 2010
TIME: 10.00 A.M.
PLACE: COUNCIL HOUSE, PLYMOUTH (NEXT TO THE CIVIC CENTRE)

Committee Members–

Councillor Mrs. Watkins, Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Gordon, Kerswell, Mrs. Nicholson and Stark.

Co-opted Representatives-

Chris Boote, Local Involvement Network (LINK).
Margaret Schwarz, Plymouth Hospitals NHS Trust.

Substitutes–

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

Members are invited to attend the above meeting to consider the items of business overleaf.

BARRY KEEL
CHIEF EXECUTIVE

**SPECIAL MEETING OF THE HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY PANEL**

1. APOLOGIES

To receive apologies for non-attendance submitted by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL CARE 2008/09 - REPORT FROM CARE QUALITY COMMISSION **(Pages 1 - 22)**

The panel will consider the Annual Performance Assessment of Adult Social Care for 2008/09 from the Care Quality Commission, and the action plan produced to monitor progress against the key areas requiring development.

5. ALCOHOL STRATEGY **(TO FOLLOW)**

To consider and make comment on the draft Alcohol Strategy as part of the consultation process.

6. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that, under the law, the panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

CITY OF PLYMOUTH

Subject: Annual Performance Assessment of Adult Social Care 2008/9. Report from Care Quality Commission

Committee: Cabinet

Date: 19 January 2010

Cabinet Member: Councillor Dr Salter

CMT Member: Director for Community Services

Author: Covering report prepared by:
Director for Community Services (Carole Burgoyne)
Assistant Director for Adult Social Care (Pam Marsden)

Contact: Tel: (01752) 307525
e-mail: carole.burgoyne@plymouth.gov.uk

Ref:

Part: I

Executive Summary:

In December 2009, the Care Quality Commission (CQC) published Adult Social Services ratings for all English councils with Social Services responsibilities. The possible ratings are:

Grade 1	-	Performing Poorly
Grade 2	-	Performing Adequately
Grade 3	-	Performing Well
Grade 4	-	Performing Excellently

There are seven outcomes which are graded:

Outcome 1	-	Improved health and emotional well-being
Outcome 2	-	Improved quality of life
Outcome 3	-	Making a positive contribution
Outcome 4	-	Increased choice and control
Outcome 5	-	Freedom from discrimination and harassment
Outcome 6	-	Economic well-being
Outcome 7	-	Maintaining personal dignity and respect

There is also a written assessment about leadership, commissioning and use of resources.

The 2008/09 overall rating for Adult Social Care in Plymouth is Grade 3, Performing Well, and we have been awarded Performing Well for each of the seven outcomes. This means we are consistently delivering above the minimum requirements for people, we are cost effective and we make contributions to wider outcomes for the community.

The attached CQC report outlines our key strengths as

1. Adult Social Care has made clear progress with key priorities this year. The pace of change has increased and plans for 2009/10 are ambitious.

2. More people living in Plymouth are being supported to live independently in the community than in previous years.
3. The Council is providing services that help to prevent peoples care needs from increasing and which support people to live in their own homes.
4. Systems set up in contracting and commissioning makes sure the Council buys good services and rewards good providers, with a focus on quality.
5. Many more people have been able to get a direct payment this year and this is a good foundation to develop individual budgets.
6. There was an increasing focus of getting people into work and more people are involved in voluntary work and placements.
7. The safeguarding service in Plymouth performs well. People are being kept safe and referrals are being dealt with promptly.

The key areas requiring further development:-

1. The Council should continue its good work with partners to ensure sufficient and effective intermediate care is available.
2. The Council should continue to focus on drug services and the concern over the level of increasing alcohol use in the City.
3. Telecare and Telehealth are important areas for further development.
4. Housing developments and major adaptations should continue to be given a strong focus.
5. There needs to be continued focus on people being able to access paid employment including carers.

The CQC report has been discussed by senior managers within Adult Social Care and the areas for further development are being reflected in our action plans.

Corporate Plan 2008-2011:

The priorities outlined in the CQC report are reflected in the Corporate Plan in CIP3.

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

While the Improvement Agenda is not just about funding, the current budget situation for the city is challenging and there is the added pressure of the demographics of an increasingly aging population. We will continue to concentrate on better commissioning and ensuring we purchase more value for money services.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

Not applicable

Recommendations & Reasons for recommended action:

Cabinet is requested to note the covering report from Plymouth City Council officers and the main report from CQC.

Alternative options considered and reasons for recommended action:

Not applicable.

Background papers:

CQC report and Letter.

Sign off:

Head of Fin	Cosf ac91 0 004	Head of Leg	DV S10 90	Head of HR		Head of AM		Head of IT		Head of Strat Proc	
Originating SMT Member: Carole Burgoyne											

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Carole Burgoyne
Director of Community Services
Plymouth City Council
Windsor House, Tavistock Road
Derriford, Plymouth PL6 5UF

Monday 12th October 2009 - 08.00am.

Dear Carole

Annual Performance Assessment of Adult Social Care for Plymouth City Council 2008/9

Introduction

The annual performance assessment report outlines the findings of the 2009 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

With this letter is the final copy of the Annual Performance Assessment (APA) report. Also attached are:

- The Performance Assessment Notebook (PAN), which you have already had an opportunity to comment on for factual accuracy following the Annual Review Meeting and
- The Quality Assurance & Moderation summary, which provides a record of the process of consideration by CQC from which the APA report is derived.

The grades outlined in the APA report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. The commentary on the two domains of leadership, use of resources and commissioning will be directly transferred to the Comprehensive Area Assessment from the APA report.

The grades we use are:

Grade	Descriptor
Grade 4: (Performing excellently) People who use services find that services deliver well above minimum requirements	A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.
Grade 3: (Performing well) People who use services find that services consistently deliver above minimum requirements	A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.
Grade 2: (Performing adequately) People who use services find that services deliver only minimum requirements	A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.
Grade 1: (Performing poorly) People who use services find that services do not deliver minimum (performing adequately) requirements	A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

The DASS Director of Adult Social Services is expected to take the report to an open meeting of the relevant executive committee of the council by 31st January 2010 and to inform us of the date this will take place. The council should make the report available to members of the public at the same time and they must copy this grading letter and report to the council's appointed auditor.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2008/09

Overall Grade Awarded for Delivery of Outcomes	Well
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Delivering Outcomes	Grade Awarded
Improved health and emotional well-being	Well
Improved quality of life	Well
Making a positive contribution	Well
Increased choice and control	Well
Freedom from discrimination or harassment	Well
Economic well-being	Well
Maintaining personal dignity and respect	Well

The attached APA report sets out progress about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate, and identifies any follow up action CQC will take.

Full details of the written representation process are available on our website at www.cqc.org.uk

The timescales are as follows:

- Councils have until 12 noon on Wed 14th Oct to inform us of their intention to make a written representation.
- Councils send in their full written representation by 12 noon on Monday 19th Oct 2009.

Any intention must be sent to: Louise Guss, Representations Officer, c/o the Representations Administrator Jenny Wright, either by email to jenny.wright@cqc.org.uk or by fax to 01484 770 420.

Yours sincerely



Ian Biggs
Regional Director
Care Quality Commission

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Council Name: Plymouth

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes.

There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall Plymouth council is performing:

Well

Outcome 1:

[Improved health and emotional well-being](#)

The council is performing:

Well

Outcome 2:

[Improved quality of life](#)

The council is performing:

Well

Outcome 3:

[Making a positive contribution](#)

The council is performing:

Well

Outcome 4:

[Increased choice and control](#)

The council is performing:

Well

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

Well

Outcome 6:

[Economic well-being](#)

The council is performing: **Well**

Outcome 7:

[Maintaining personal dignity and respect](#)

The council is performing: **Well**

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

There is a strong focus on improving performance in the council and with partners. An Improvement Board was set up to manage the modernisation programme. This has resulted in clear progress with key priorities, including the development of community support services. There is also evidence of improved practice in response to the recommendations of the service inspection (December 2007) with most actions now complete. There are new and revised strategies which set out Plymouth's vision for the future.

This vision involves an ambitious programme of increased integration with health, modernised services and commissioning which supports individual choice. The council needs to ensure there is enough management capacity and resources to make these changes a reality. Opportunities for working in more formal partnerships with health are now being explored. It is important that this happens alongside developing joint health and social care delivery of services, so that people have a positive experience of assessment and service provision, and a clear pathway between services.

Plans are in place to develop and monitor the implementation of the government's Putting People First agenda. There has been uneven progress to date, as the council had chosen to focus on specific projects leaving some areas less developed. To take forward the personalisation agenda it is important that the workforce is fully prepared and that systems are in place to increase the pace of change, particularly around personal budgets.

People who use services and carers have increased opportunities to be involved in decision-making about service development. This has been achieved through improved opportunities for consultation and revised arrangements in programme boards.

People who work for the council have access to a good range of training opportunities. Only comparatively small numbers of people leave their jobs in the council each year. A workforce strategy has been written in draft which aims to create a social workforce to meet modernised services. However although this covers partnership working it is not a joint workforce strategy agreed with partners.

Performance management is improving. There is evidence of successful monitoring of targets to make sure improvement plans are delivered. Plymouth City Council increasingly uses customer surveys and audits to find out the impact of services on people who use them.

Commissioning and use of resources

Budget management is good. Plymouth City Council is on target to remain within budget for another financial year, however resources are tight. Risks to the budget have been identified and plans are in place to address these risks. The new medium term financial strategy reflects the pressures that will come from the growing numbers of older people. Joining up social and health care provision is considered an important way of delivering more services within existing budgets. Currently each older person and those with mental health needs living in Plymouth does not have as much of the social care budget spent on them as in other council areas. The council is exploring the reasons for this.

The findings of the Joint Strategic Needs Assessment (JSNA) are being used, with partners, to make decisions about what services need to be commissioned. The JSNA is helping to identify and target inequalities and chose priority areas for service development. An increasing range of joint strategies are being used or are in the planning stage. This includes stroke care, dementia care and a joint carers' strategy.

Providers are getting involved in designing and planning person centred services. Workshops have been run to involve and brief providers, a newsletter is sent out regularly and the internet site keeps people informed. Providers are also part of working groups to plan specific new services. Providers reported that they feel confident in the support provided by contracting and commissioning staff.

There is a good focus on purchasing quality services. Decisions about purchasing and using services are based on good local knowledge of what is needed and how well the service meets quality standards. Once a service is being used the contract is monitored robustly and providers are rewarded for quality. How often providers meet with contracting managers depends on the risks in the service and monitoring meetings are used to improve the quality of the service.

Summary of Performance

Brief overview of performance and progress

Plymouth City Council has made clear progress with key priorities this year. The focus on managing performance and the high priority the council has given to taking forward social care issues has resulted in improved service delivery. The pace of change has increased and plans for 2009/10 are ambitious. The council will be working towards increased integration, continuing the modernisation of services and developing the personalisation agenda. Service planning is closely linked to analysis of population needs.

More people living in Plymouth are being supported to live independently in the community than in previous years. In the past too many people were living in residential care but this is now being addressed and the council is developing services based in the community which prevent people going into care. This includes services that help to prevent people's care needs from increasing and which support people to live in their own homes. If people can no longer live in their own homes there is more choice of alternative accommodation. There is still more to do to make these choices available to everyone. People are getting aids and small adaptations to support them to live at home more quickly, however people have to wait a long time for major adaptations to be carried out on their homes.

Alongside this modernisation of services the council has clearly focused on quality. Systems set up in contracting and commissioning make sure that the council buys good services and rewards good providers. There is help available to support services to improve.

Progress with the governments Putting People First agenda has focused on improving access to information and advice, while developing preventative services which people can access directly. Many more people have been able to get a direct payment this year and this is a good foundation on which to develop individual budgets during 2009/10. The council is clear about its priorities under this agenda and has set ambitious targets.

As part of the modernisation of day services there is an increasing focus on getting people into work. At the moment more people are involved in voluntary work and work placements. It is important to people who use services that this is a route into real, paid employment. The council is putting systems in place to make sure they are a good employer and can be an example for others in the city.

Involving people who live in Plymouth in shaping and developing services has been a priority for the council. This has been successful this year, with more ways for people to get involved and evidence of good use of surveys to find out what people think about their services. It is important that all groups of people who use services are given opportunities to monitor the implementation of strategies and check how the council is developing services.

Addressing inequalities in Plymouth is a challenge. There are clear geographical areas where people do not have good health. Also the population is changing, becoming more culturally diverse. The strong political and managerial leadership of the equality and diversity agenda will be important in taking equalities issues forward and making sure that services are responsive to the requirements of different cultures and religions and accessible for everyone.

The safeguarding service in Plymouth performs well. More people are being kept safe and referrals are dealt with promptly. People who are referred for safeguarding are asked for their views and are able to influence the process.

Outcome 1: Improved health and emotional well-being

The council is performing: **Well**

What the council does well.

People are increasingly using intermediate care services both to prevent them going into hospital and to help them to leave promptly. New developments include Pathway flats which have been set up to give people an opportunity to learn independence skills and a specialist intermediate care domiciliary service for people with dementia. This has meant that people do not have to stay unnecessarily in hospital while waiting for social care support to be arranged.

Plymouth is clear about the need to improve the health of its population, focusing on areas of greatest need. The Local Area Agreement includes targets to promote health and reduce behaviour which causes harm, for example smoking and obesity. The council has supported these targets by increasing available information. The Be Smart Be Safe Handbook has been distributed to 12,000 households and has been well received.

More people have had their needs reviewed this year across all groups of people who use services. Good progress has been demonstrated in improving the efficiency of the review service, the council now needs to demonstrate the quality of reviews and develop links to the future planning of services.

What the council needs to improve.

It is important that the council continues to work with partners to ensure that sufficient and effective intermediate care services are available in the community to prevent hospital admissions and to speed up discharges from hospital. A review of intermediate care has been conducted and an action plan is being written to support further expansion of the service in 2009/10. A new system, started in December 2008, flags people up as soon as they arrive in hospital to prompt social workers and community health workers to create a discharge plan. The council can show this is reducing the number of days people spend in hospital. More people are using the hospital discharge Care and Repair Service and the enabling domiciliary care team is supporting people in their own home to relearn independence skills.

People with mental health needs are not yet benefiting from a fully modernised service. This year good progress has been made to support people in crisis and the team which provides early intervention in psychosis. Modernisation of the mental health service needs to continue, alongside the development of indicators which demonstrate the effectiveness of services in meeting people's needs.

It is not clear whether enough people who abuse drugs and alcohol are able to access and stay in treatment. Targets set by the council and partners have not been met but the national data used to evidence performance may not be accurate. There is concern over the level of alcohol use in Plymouth and hospital admissions are increasing. The council, supporting people and the Drug and Alcohol Action Team, have commissioned a new alcohol support service.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

More people have been supported to live at home in Plymouth this year. Resources have been reallocated to promote new initiatives and systems of support for people living in their own homes. There is an increasing range of preventative services. An example of this is the new Starting Point service which offers information, support and guidance to people aged over 50 years. The aim of the service is to enable older people to remain at home and link them into wider services, while offering low-level support when needed.

People living in Plymouth have good and increasing access to extra care housing and supported living opportunities. Plymouth continues to lead across the south west peninsula in developing extra care provision. This year new extra care housing schemes for people with learning disabilities and for people with visual impairments have been developed. A new supported housing project for people with mental health needs has prevented six people from being admitted to care during 2008/9.

People are receiving aids and minor adaptations more promptly. The average waiting time for minor adaptations has been cut by half. This improvement has been achieved through the support of three occupational therapy assessment centres which are located across the city.

More carers have had their needs assessed and have been able to get services during 2008/9 compared to the previous year. There has been an increase in the number of carers who use direct payments, which are used for a whole range of social and leisure activities and to facilitate

people to have a break. Access to short term break services is more flexible through a voucher scheme which can be used in good quality homes.

People who use services are increasingly able to access community facilities and mainstream services in Plymouth. The modernisation of day services has focused on increasing people's opportunities to take part in ordinary community events, including leisure and cultural activities. A good example is the employment of a disability sports coordinator who supports people with learning difficulties to access the university's sports facilities.

What the council needs to improve.

People are waiting too long for major adaptations to be carried out on their homes. Although the council has managed to slightly decrease waiting times during 2008/9 people still have to wait too long. Additional capacity has been put into the service and Plymouth is looking at how to make links to the decent homes initiative and the housing stock transfer to ensure people's needs are met more promptly.

It is important that the council is able to offer a wide enough range of Telecare (electronic sensors and aids that make the home environment safer) and Telehealth (electronic sensors or equipment to monitor people's health in their own homes), in order to meet more complex needs. Plymouth does not spend as much on telecare as other councils although the rate of new people provided with a service is around average. This would indicate that mainly smaller items are being provided.

Services are not yet fully developed to meet the needs of people with autism and challenging behaviour. The council is clear about the gaps in provision and is working towards new commissioning strategies to fill the service gaps.

Outcome 3: Making a positive contribution

The council is performing: **Well**

What the council does well.

People living in Plymouth have increasing opportunities to be involved in shaping and developing services. There is a wider range of ways that people can participate and the council can provide evidence of the impact of their involvement. This includes surveys, consultation events and ongoing involvement in reference groups and partnership boards. Consultation can be shown to have made changes in service delivery. A good example is the Lifestyles service for people with physical and sensory impairments which ensures access to community based activities and the development of an information shop in the centre of the city.

Opportunities to go on training courses have been provided to help people to become more confident to get involved in service development. Carers have been involved in skills training and a development worker has been appointed to support people with physical and sensory impairments to become more involved in service planning.

The adult safeguarding board meets regularly with carers and people who use services to discuss how safeguarding can be improved. As a result of this the number of professionals attending safeguarding meetings has been reduced, so people can feel more relaxed. After a safeguarding investigation has taken place people who were referred to safeguarding are invited to tell the council their view of the experience.

People are being encouraged to take an active part in their communities, with increased opportunities for volunteering. There are good examples of community events which focus on intergenerational activities, for example a project where older people are spending time at a local school reading to children.

What the council needs to improve.

People are beginning to have opportunities to take a real part in monitoring service delivery. People with learning disabilities are able to get involved through the Learning Disability Partnership Board. The council is looking at how older people will be involved in monitoring the older people's strategy All Our Futures and has got together the original reference group to take this forward. There is more to do to make sure people who use services are effectively involved in monitoring service delivery.

Processes for gaining feedback on people's experiences of assessment and review should be further developed. A survey of a random selection of people who had recently been assessed was undertaken to gain their views of the experience. This is being used to inform improvements in the care management process. It is important that this becomes a regular activity and is integrated into team planning.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

Plymouth has taken a number of steps to improve the accessibility of advice and information. Older people can use the new Age Concern Starting Point service, which is already demonstrating its effectiveness. Leaflets and information packs are available in community locations as well as from social care teams and the council's contact centre. The council's website has been improved and now includes Word speaker and adjustable font sizes. A new website called Open to All opened in January 2009 for people with learning disabilities.

More people are using a direct payment to purchase their own care during 2008/9, with particularly good growth in the number of older people and carers involved. There has been an increase in staffing in the direct payments team with investment in services to support people to use personal assistants. This, alongside the promotion of direct payments to stakeholders, the public and staff through road shows, campaigns and training, has resulted in this good increase.

Less people with learning difficulties are now living in residential care. Plymouth is reducing the numbers of people in residential care as historically too many people have lived in these settings. This year (2008/09) the number of people permanently living in care homes was reduced by more than 16%. The council has increased the housing options available and is setting targets to make sure people are moving into more independent living situations. It is important that the council continues to meet these targets so people can achieve better levels of independence in the community.

Improvements to care management processes have resulted in people having their needs assessed more quickly and reviewed more regularly. This has been achieved through a redesigned reception and initial assessment service and clear target setting in teams. Progress needs to continue to ensure performance is maintained at a good standard

What the council needs to improve.

People living in Plymouth are not currently offered a personal budget. However systems are in place to start the roll out of personal budgets during 2009/10. The council has set ambitious targets; all new social care users will be on a personal budget from October 2009. Agreement has been reached on the development of a system to allocate resources. Champions have been recruited to get these systems working in practice.

There have been good improvements to the advocacy service in Plymouth during 2008/9. This includes the development of a directory of advocacy with providers and the commissioning of a new service for people with learning disabilities and complex needs. However it is not yet clear that advocacy is embedded in service delivery or that there is sufficient capacity in the advocacy service. The council has recognised this and is planning additional services in 2009/10 and has set this as a corporate priority.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

What the council does well.

A new corporate Equality Scheme is in place and linked into service delivery plans. Equality impact assessments have been completed on all policies and strategies. A system is in place to monitor progress of the actions arising from the Equality Scheme. However, people cannot currently access any evidence of progress against objectives on the Internet site. It is clear that the council is monitoring equality actions therefore it is important that the public is able to see progress.

People who do not meet the current eligibility criteria (that people must have critical or substantial needs) are able to access an increased range of information and preventative services. There is universal access to initial assessments and within the eligibility policy there is flexibility to provide services to individuals whose needs may increase within the next six months. The council monitors the numbers of people who are signposted to alternative services.

People who have a direct payment and are assessed as needing Continuing Health Care can now continue to receive a direct payment. A joint approach between the primary care trust and adult social care has led to an agreement which maintains person centred care.

The council has successfully achieved level 3 of the equality standards and is now moving forward with its plans to achieve the standards of level 4 during 2009/10. The independent assessment of level 3 noted clear evidence of strong political and managerial leadership of the equality and diversity agenda and a strong momentum for positive change. A staff training programme supports the delivery of equalities practice.

Although crime is relatively low in the area people's perceptions and fears are understood to be disproportionately high. It is therefore a priority for the community safety team to improve perceptions around crime and disorder. The council and partners are working on improving confidence by telling people what has happened as a result of crime. Initiatives have also been taken to reduce hate crime and increase the reporting of incidents of discrimination or harassment in the area. Of particular note are; a DVD produced by local service users and Scope (a national organisation for disabled people) and a letter of advice and information on keeping safe for people with learning disabilities.

What the council needs to improve.

The council needs to ensure that information about eligibility for services is clear and presented in formats which people understand. It is important that improvements being made to the council's website address this.

Working with diverse groups around the city to make sure that services are appropriate and responsive to requirements of different cultures and religions is a continuing priority for Plymouth, particularly as the composition of the city's population changes. Money has been allocated to third sector organisations to deliver community events and links are being made with representatives from the area's diverse communities through informal 'cup of tea' sessions.

Outcome 6: Economic well - being

The council is performing: **Well**

What the council does well.

People living in Plymouth are helped to maximise their income through council and voluntary sector support. There are also initiatives to protect the financial interests of people who use services. There is good evidence of the success of these systems.

Increasing numbers of people with learning disabilities are in voluntary work and work placements. The council has a contract with an independent provider who finds opportunities for placements and supports people in these.

The council is setting an example for other employers by extending ways of employing people who use services. A guide for managers has been introduced and simplified application forms and job descriptions provided. Action is being taken to make sure the council actively recruits individuals with learning difficulties and mental health needs. It is important to develop and monitor the effectiveness of these initiatives to evidence how the council acts as a good employer for people with disabilities.

What the council needs to improve.

Not enough people who use services are currently able to access paid employment. There has been a slight increase in the number of people with learning difficulties and mental health problems that are helped into paid employment this year; however less people are helped than in other council areas. Plymouth is evaluating the number of people with learning difficulties with the potential to move into paid employment. For people with physical and sensory impairments the modernisation of day services is helping more service users to enter employment. This has been built into the specifications and targets for the new services. The council will want to demonstrate increased numbers of people in work and how outcomes have improved for them.

Although the range and flexibility of support for carers to enable them to remain in work is developing, this needs to be extended and more carers supported. In addition to supporting carers employment through training courses and the use of flexible breaks Plymouth can provide examples of helping a carer to learn to drive and providing computers and software, to enable a return to work.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

Plymouth's safeguarding team provides a good multi-agency response to adult protection alerts. More people have been referred for safeguarding in 2008/9 and the council has continued to respond to these referrals quickly.

The safeguarding board is well supported by all agencies, with senior representation and involvement from all partners. Objectives have been set for the development of the service which are monitored through the overview and scrutiny panel. A widespread publicity campaign to promote recognition, reporting and prevention of abuse is to be implemented in 2009/10 to respond to research which identified people in the community did not understand adult safeguarding.

Providers are supported to improve practice through proactive contract monitoring and support from quality officers. A dedicated quality officer works alongside providers to improve standards and ensure that care plans are delivered appropriately. A care home improvement team is in place to work with providers to support improvements following safeguarding investigations.

People living in residential care have their rights and dignity promoted through good work of the council's contract team and the Dignity in Care Home Forum. The Dignity in Care Forum is a network of care home managers set up to promote improved practice. The My Home Life programme is being introduced to providers.

People receiving domiciliary care feel their rights are protected and their dignity promoted. When people start to have a domiciliary care service the brokerage team contacts them after six weeks to check that they are receiving a quality service. 100% of new service users said that there are treated with dignity and respect and 98% were satisfied with the service, according to the most recent survey.

What the council needs to improve.

As the council moves towards a model of individual budgets and personalised care, systems need to be reviewed to make sure people are adequately safeguarded and risks to them are assessed. This is an agreed priority for the Council. A risk enabling tool will be developed alongside guidance and protocols.

The adult safeguarding board has not developed a pooled budget, reporting this is not necessary because of the high level of cooperation. Partners should be encouraged to contribute to the safeguarding budget to demonstrate their full commitment to the service.

**Response to recent Annual Performance Assessment of Adult Social Care 08/09 by the Care Quality Commission
Action Plan 2009/2010**

Recommendation	Intended action	Owner	Home	Start date	End date
The council needs to continue to ensure that sufficient and effective intermediate care services are available in the community	1. Maximise partnership working between health and social care to improve intermediate care services. 2. Review in-house domiciliary care to maximise their capacity to support intermediate care. 3. Joint commissioning of independent sector Domiciliary Care with the PCT	Julia Penfound	CIP Programme - CIP 3 Helping People to live independently	Commenced	Ongoing
		Debbie Butcher		Commenced	March 2010
		Debbie Butcher		Commenced	Feb 2010
People who abuse drugs and alcohol should be able to access and stay in treatment.	1. Work with DAAT to ensure sufficient treatment capacity within the City with improved outcomes. 2. Through the Alcohol Alliance work with partners to develop an Alcohol Strategy for the City	Craig McArdle	DAAT Treatment Plan	Commenced	April 2010
				Commenced	March 2010
Commissioners to develop more community based support for people with mental health needs service	1; Joint Commissioning plan with the PCT developed which reflects New Horizons and Transforming Community Services 2; New lifestyles service to be commissioned to modernise Day provision 3; Invest in Community Based Services through Small Grants Process	Craig McArdle	CIP Programme - CIP 3 Helping People to live independently	Commenced	April 2010
				Jan 2010	March 2010
				April 2010	June 2010

<p>It is important that the council is able to offer a wide enough range of Telecare and Telehealth equipment in order to meet more complex needs.</p>	<ol style="list-style-type: none"> 1. Telecare equipment to be offered as a Personal budget to encourage takeup 2. Telecare Group to be formed to pilot and evaluate new items of equipment 3. Additional funding allocated to pilot new Telecare products 	<p>Anna Coles</p>	<p>CIP Programme - CIP 3 Helping People to live independently</p>	<p>Commenced Commenced Commenced</p>	<p>Ongoing Dec 2010 Completed</p>
<p>The council needs to continue to improve waiting times for major adaptations</p>	<ol style="list-style-type: none"> 1. Additional ASC budget identified to support the major adaptations programme 2. Ensuring that people have the right equipment to support them to live independently 	<p>Julia Penfound Anna Coles</p>	<p>CIP Programme - CIP 3 Helping People to live independently</p>		<p>Completed but subject to further review Ongoing</p>
<p>The council needs to continue to develop more services to meet the needs of people with autism and challenging behaviour</p>	<ol style="list-style-type: none"> 1. Following the publication of the national Autism Strategy a local response to be developed 2. Develop housing strategy for adults with Learning Disability including autism and challenging behaviour. 	<p>Pam Marsden Debbie Butcher</p>	<p>CIP Programme - CIP 3 Helping People to live independently</p>	<p>Commenced Commenced</p>	<p>April 2010 Sept 2010</p>

<p>The Council needs to continue to ensure that people have opportunities to take a real part in monitoring service delivery. Feedback on people's experiences of assessment and review should be further developed</p>	<ol style="list-style-type: none"> 1. Community Equipment Service Users Group to be established 2. Equipment Users Survey to be undertaken 3. Quality Checkers service to be commissioned in Learning Disability 4. Adult Social Care Service User Satisfaction Survey to be undertaken 5. Appreciative Inquiry process underway to determine service user engagement to support transformation. 	<p>Anna Coles Julia Penfound Debbie Butcher Julia Penfound Kate Jones</p>	<p>CIP Programme - CIP 2 Informing and Involving residents</p>	<p>Commenced 2.Feb 2010 3. April 2010 4. Feb 2010 5. Commenced</p>	<p>Ongoing May 2010 Ongoing April 2010 March 2010</p>
<p>The council needs to ensure that the programme for rolling out personal budgets is achieved to meet national milestones</p> <p>Systems around personal budgets will require a review to ensure people are adequately protected</p>	<ol style="list-style-type: none"> 1. Continue to roll out Personal Budgets for existing service users 2. Training programme underway to ensure staff are confident around Support Planning 3. Panel to be set up to support staff with determining and managing risk 	<p>Pam Marsden</p>	<p>CIP Programme - CIP 3 Helping People to live independently</p>	<p>Commenced Commenced Commenced</p>	<p>Ongoing Ongoing Ongoing</p>

The good improvement in advocacy services in Plymouth needs to continue and be further developed.	1; New advocacy services to be commissioned (older carers advocacy) 2; Advocacy Awareness Training to be rolled out to statutory and non statutory staff 3: Work with providers to achieve Quality Mark and advocacy qualification	Craig McArdle	CIP Programme - CIP 3 Helping People to live independently	Commenced Commenced Commenced	Jan 2010 Ongoing Dec 2010
Work with diverse groups to ensure services are appropriate should be a continuing priority.	1; Work with Plymouth LINK to focus activity on these communities 2; Improve communication and services to the Deaf Community 3; All Our Futures Implementation Groups to be established	Craig McArdle	CIP Programme - CIP 1 Improving Customer Service	Jan 2010 Commenced Commenced	Dec 2010 Ongoing Ongoing
Work to ensure people who use services are able to access paid employment should continue and be further developed	1. Appointment of project worker for Learning Disability services 2; Development of Multi agency Mental Health Employment Sub Group	Paul Francombe Craig McArdle	CIP Programme - CIP 3 Helping People to live independently	Jan 2010 Commenced	Ongoing Ongoing
Further extend the range and flexibility of support for carers to enable them to remain in work	1; Enabling Carers to work to be promoted through events and greater use of Carers Emergency Service 2; Flexible assessment times to be offered to carers to enable them to gain access to support services 3.Partnership working with Job Centre Plus Carers Support manager commenced.- funding in place	Gary Walbridge Debbie Butcher	CIP Programme - CIP 3 Helping People to live independently	Commenced Commenced Commenced	Ongoing Ongoing Ongoing