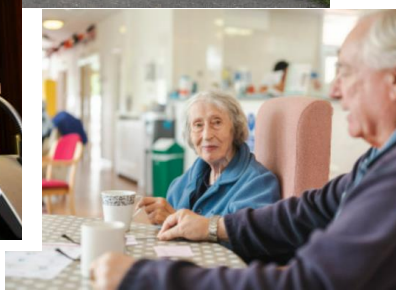
PLYMOUTH
CITY COUNCIL

January 2025

Adult Social Care Self-Assessment



My role as Cabinet member for Health and Adult Social Care enables me to really dig down into how well we are supporting vulnerable adults in Plymouth so that I really understand what life is like for the people we work with and for. A nurse by background, it has always been important to me that we care for people well and with compassion, particularly when they are facing difficult times in their lives.

I recently visited some of our Adult Social Care teams to find out more about how it is for them, working on our frontline. I met with the Community Crisis Response and Discharge to Assess teams, as well as a Locality team of community care workers, social workers and community therapists. All were proud to work in Adult Social Care, although under no illusions about how hard this can be to always get it right.

Our challenges are well understood, and we have a clear view on what we need to do next, for this year and beyond. We know for example that we need to do more to ensure that the voice of those with Lived Experience is robustly threaded through everything we do, and we approach all our assessments and reviews with a strengths-based approach.

I am incredibly proud of our history and spirit of partnership working in Plymouth; we know that particularly when times are tough, we always pull together as a city to make sure our most vulnerable citizens are kept safe and looked after. The response to the COVID-19 pandemic and the discovery of an unexploded second world bomb are just two examples.

We look forward to telling you our story - sharing our improvement journey with you, as well as the things that make us proud.

Councillor Mary Aspinall, Cabinet Member for Health and Adult Social Care

We know that Plymouth looks different to other local authorities, with many of our statutory Adult Social Care functions delivered via our partnership with Livewell Southwest (LWSW) as an integrated health and social care community interest company. This brings us opportunities for joint working and innovation across the health and social care landscape in the delivery of our Care Act duties, trying to reduce the number of times people must tell their stories, focusing on people's strengths and wishes, and working together to keep people living well and living independently at home for as long as possible.

We are proud of our joint commissioning arrangements, and our approach to supporting, as well as challenging, our provider partners in delivering high quality care and support. We are looking ahead through our Caring Plymouth health and social care skills partnership to ensure we have a robust pipeline of people choosing careers in Adult Social Care for the next generation. We have strong and effective partnerships across our system, from supporting effective hospital discharge to working with our VCSE partners to drive prevention and early intervention.

We know the areas we need to improve and this includes our waiting lists, both for an assessment and a review, and how we support people effectively while they are waiting. Our data and oversight needs to be more coherently tell our story and include an analysis of the difference this makes to people. We want to further improve our support to our Unpaid Carers; we know they are often weary of feeling they have to fight to get the help they need. We are working closely with colleagues in Children's Services on their improvement journey, which includes a joint focus on all pathways into transitions.

We have a shared ambition for our city, and a collective drive to continue to improve our services for the benefit of every adult or carer who needs our help.

Gary Walbridge, Director of Adult Social Services and Strategic Director for Adults, Health and Communities

This is our most recent self-assessment against the CQC Local Authority assessment framework. It sets out how we think we perform, our evidence to support this and where we know we need to improve. We asked ourselves:

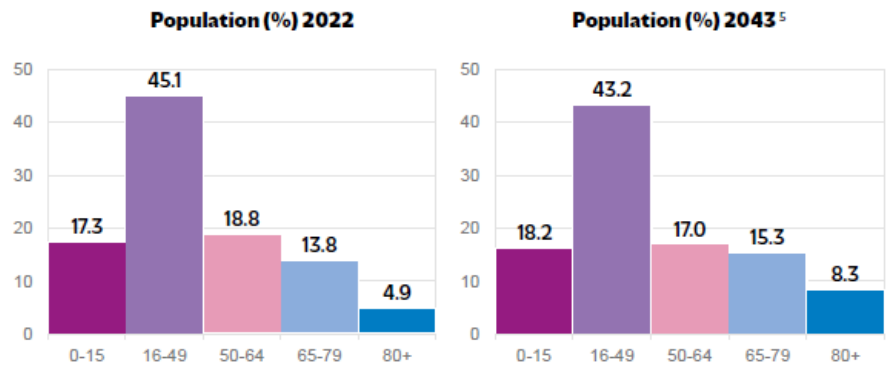
- What are our strengths and our ambition?
- How are we performing and how do we know?
- What are our plans to maintain or improve?

Our City

Plymouth has a population of approximately 270,000 and is one of the largest cities on the south coast.

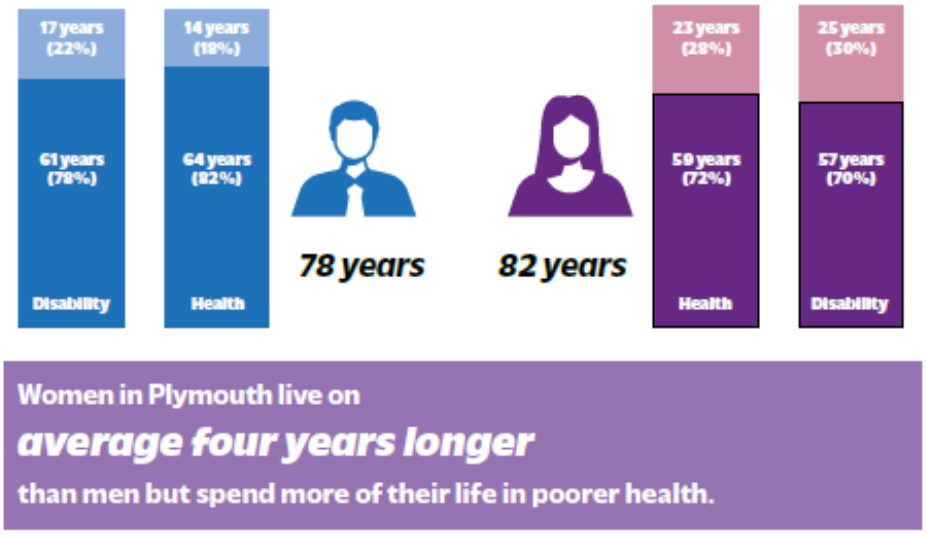
- 91% of the Plymouth population are White British; this increases to 95% for those aged 50 and over;
- Between 2011 and 2021, there has been an increase of 17.2% in people aged 65 years and over and a decrease of 0.2% in people aged 15 to 64 years;
- Plymouth's 65+ population is expected to increase by 31.6% between 2021 – 2043 (from 50,000 to 64,400 people);

Figure 1: Comparison of 2022 and 2043 populations



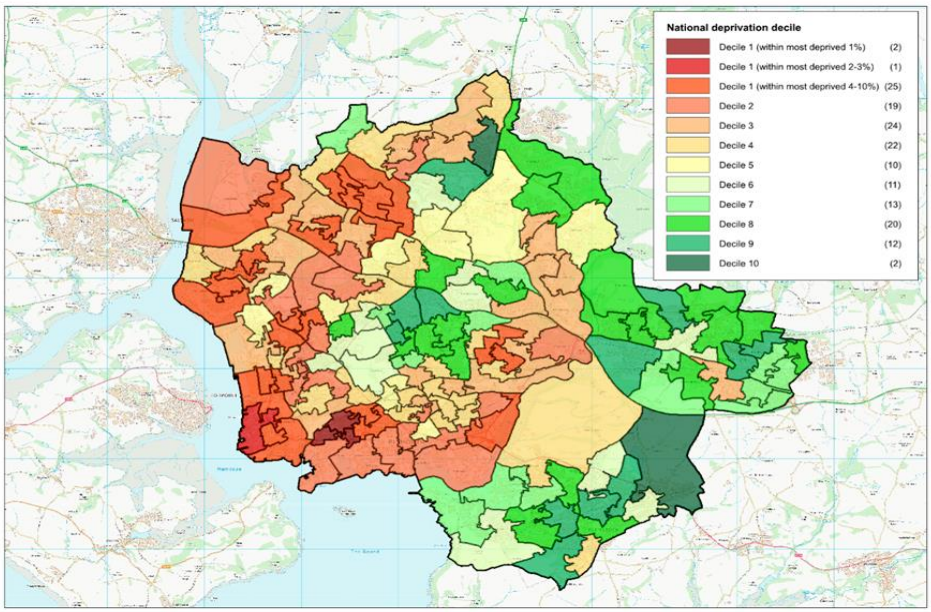
- 21.7% of Plymouths population are disabled under the equality act (17.3% for England);
- Life expectancy at birth is lower than England for men and women. For women, healthy life expectancy is also lower than England but for men it is approximately equal to England;

Figure 3: Male and female life expectancy in Plymouth



Deprivation has a significant impact on the lives of some of our people, both geographically across the city and within and across communities. Deprivation in Plymouth remains higher than the England average with the city within the 40% most deprived local authorities in England.

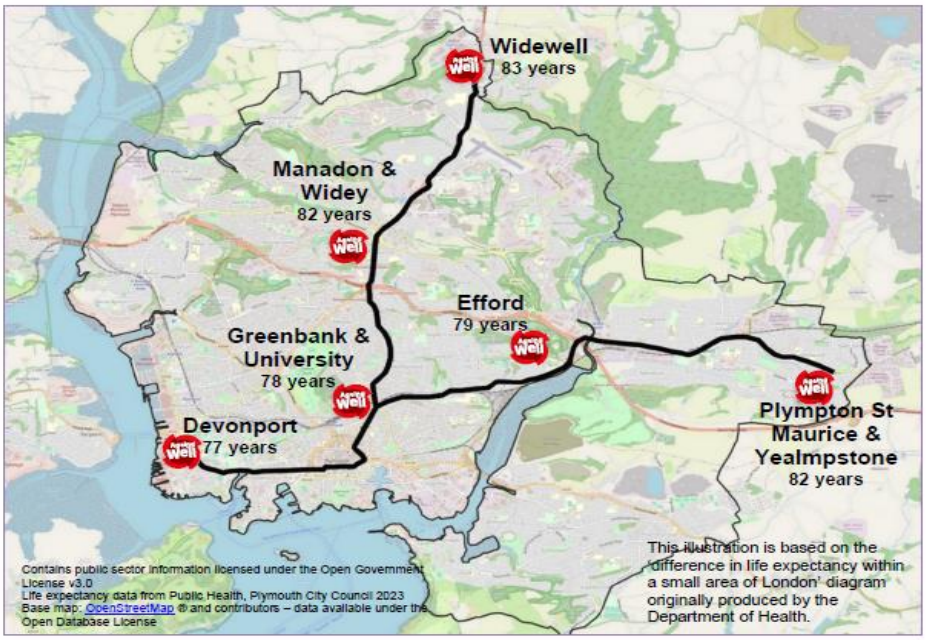
Plymouth has two Lower Super Output Areas (LSOAs) in the most deprived 1% in England. These LSOAs are home to 1,216 residents aged 50 and over (1.2% of the Plymouth population aged 50 and over).



We know that 15.3% of over 60-year-olds are living in income deprived families, with around 4,000 people who are over 60 are living in fuel poverty. Nearly 35% of people in Plymouth who are aged 50-64 are economically inactive (not in work or seeking work). The cumulative effect is that deprived areas with factors such as these are less able to raise Council Tax and have increased pressures on Social Care and other demand-led services.

The graphic below shows the impact on life expectancy in Plymouth across the city.

Figure 4: Plymouth's life expectancy bus route, 2019-21



The Plymouth Report is the Joint Strategic Needs Assessment (JSNA) and provides more detailed analysis of our population and an overview of the key needs, issues and opportunities facing the city.

Our City's Ambition

The Plymouth Plan looks ahead to 2034 and sets a shared direction of travel for the long-term future of the city. It talks about the future of the city's economy; plans for the city's transport and housing needs; looks at how the city can improve the lives of children and young people and address the issues which lead to child poverty and it sets out the aspiration to be a healthy and prosperous city with a rich arts and cultural environment; and it sets out the city's spatial strategy, incorporating the Plymouth-specific elements of the Plymouth and South West Devon Joint Local Plan.

Whole system working

The Integrated Care System for Devon sees the three local authorities, NHS Devon ICB, NHS trusts, general practice, community services, mental health services, and the voluntary and community sector working together to improve the health of all residents, better support people living with multiple and long-term conditions, prevent illness, tackle variation in care and deliver joined up services while getting maximum impact for every pound spent.

The Plymouth Plan drives our priorities for our 'Together for Plymouth' Local Care Partnership (LCP): The LCP links to the following programmes of change:

- The One Devon Integrated Care Strategy (ICS) and the One Devon Joint Forward Plan that sets out the strategic intentions and delivery plan for the One Devon ICS aim of delivering equal chances for everyone in Devon to lead long, happy and healthy lives.
- The Devon Community First Strategy which sets out our strategic ambitions for delivering improved community services across Devon.

This is underpinned by Plymouth's four integrated commissioning strategies taking a system approach to population health and wellbeing. The commissioning teams operating across health and social care commissioning have joint contracting arrangements in place across Care Homes, Domiciliary Care, Supported Living, and services provided by our VCSE partners. Our integrated payment arrangements simplify processes for providers.

The council and its key partners are committed to eliminating discrimination, advancing equality of opportunity, and fostering positive relations. Equality objectives are set every four years as part of our Public Sector Equality Duty which we updated and consulted on in 2024 (Our commitment to equality and diversity). Our pressures are well recognised, and we have examples of good practice in providing culturally appropriate services and addressing the needs of those with protected

characteristics. We know that we need to do more to ensure we hear from the seldom heard part of our population to better understand their needs.

Integration and Partnerships

The Health and Social Care Act 2012 provided opportunities to work together across health and social care and address the key issues that undermine the health and wellbeing of the people in Plymouth. Driven through our Health and Wellbeing Board our system embraced the opportunities this presented:

- 2014: Plymouth's Health and Wellbeing Board articulated a vision based around three pillars of integration:
    - Integrated Commissioning – Including the pooling of health and social care budgets
    - Integrated Health and Care Service Provision
    - Integrated System of Health and Wellbeing – population-based public health, and preventative and early intervention strategies
- 2015: Created our four Integrated Commissioning Strategies and an Integrated Community Health and Social Care provider (Livewell Southwest) and our Retained Client function
- 2022: Healthy Lives Partnership established, bringing acute care into the integrated model through a primary provider model
- 2025-28: Strategy refresh and target operating model development, building on prevention, early intervention and closer integration at "place" with communities across four localities

Adult Social Care in Plymouth

Our vision for Adult Social Care in Plymouth is for people receiving care and support to be able to live the lives they choose.

> **"Gloriously ordinary lives"**
> *Social Care Futures*
>
> "People living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose."

We want to work alongside people and communities at the earliest opportunity, to understand what they feel are their strengths and challenges in planning for the future, underpinned by the following principles:

- Test and learn;
- Strength based model of practice;
- Trauma informed approaches;
- Person centred care;
- Promoting independence;
- Recovery, reablement, Rehabilitation;
- Flexible long-term care for those who need it;

We want to make sure that our practitioners are empowered to work creatively with people, supported by a joined-up offer from the whole of the council and commissioned health and care providers alongside the voluntary community sector.

Our Priorities

Our priorities for Adult Social Care are driven by the aspirations set out in the Plymouth Plan, so that those who use our services are supported holistically:

Remaining independent:

I am helped to stay living as independently as possible through a choice of support in my community

I know that if I need support there is clear and accessible information and advice about my choices and how to ask for help

I am supported to try new things including new technology, which can help me to remain independent

Effective and timely assessment:

I am informed about my assessment or review and am provided with practical advice and information while I am waiting

I know that the people who support me share information with one another appropriately and safely to make sure they have a good understanding of me as an individual

I am involved in planning at key transition points in my life with the people who know me best, including when I become an adult

Ensuring choice and control:

I have more control of how my health, care and support is provided as an expert in my own care

I can get involved in how services are designed in a way that I can see is being listened to and my experiences are making a difference

I know that the people I am closest to who help to care for me are well supported and treated as experts in their understanding of what I need and what matters to me

Good quality care and support from a skilled workforce:

I am confident that the services I receive are of really good quality and that they can adapt and flex as things change in my life

I am comfortable knowing that there are enough professional people to support me, and they have the right skills to understand what I need

I feel safe and know that if something goes wrong, I will be supported and treated with dignity and respect

Our Performance

We monitor performance through our monthly performance meetings and corporate governance.

We track our demand through initial contact, referral, rates of assessment and support outcomes.

Our commissioning activity is informed by our intelligence dashboards, which includes key data such as provider returns and CQC performance, and our Providers of Concern reports. We track and learn from our complaints and safeguarding referrals. We use our Departmental Management Team meetings to bring together our scorecards from the various parts of Adult Social Care, including operational delivery, our Retained Client function and Strategic Commissioning.

Our understanding of performance is also informed by our joint projects and programmes and partnership boards. An example of this is our Carers Strategic Partnership Board, which has a broad membership, supported by Strategic Commissioning and chaired by the LWSW lead for Adult Social Care. This means that intelligence from the group can be fed directly back into practice and commissioning to understand support needs for unpaid carers. We also have regular challenge and cross-party oversight of Adult Social Care from our elected members via our Scrutiny sessions and Health and Wellbeing Board.

As of 20th January 2025 3,731, people are being supported by Adult Social Care, both in intermediate and long-term care.

Adult Social Care demand and Performance (2023/2024)

- We received an average of 823 contacts per month via our Customer Contact Centre for care and support related to advice or activity;
- We supported over 11,960 Adults as a Local Authority Adult Social Care service, and many more through our wider health and care system activity;
- Our Social care teams completed 4225. Assessments (including Care Act, Occupational Therapy, Carers, and Mental Capacity Assessments) and 3,300 Reviews of people's care and support needs;
- We undertook 1866 support plans;
- We undertook 469 Safeguarding Enquiries, reducing or removing the identified risk in 389 cases;
- We supported over 646,429 hours' worth of home care provision for people assessed as requiring care and support at home, and 1,660 residential and nursing placements;
- 23,956 unpaid carers were identified in the 2021 census 2021. There are 8675 unpaid carers (18 and over) on the Plymouth carers register.

What difference do we make to people?

Through joint work across health and social care we have made significant improvements in supporting people to go home from hospital. In August 2023 33% were supported to return home with support (Discharge to Assess Pathway 1); as of December 2024, this was 58%. We are also enabling people to go home sooner – our length of delay has reduced to 24 hours from three days.

"My carer is dependable, efficient and kind…She promotes my independence and challenges me without me feeling pressures and enables me to do things I didn't think my anxiety would allow for".
Celebrating Excellence in Care awards nominee 2024

In 2024 we supported 3398 households who approached us for housing advice, prevented 250 households from becoming homeless, and helped 455 households out of homelessness.

11% of Plymouth care homes are graded Outstanding against a national average of 4%, and 75% Good against 70% nationally as of January 2025.

"We have had no whole home safeguarding issues in 89 care homes in the last 12 months".
Care Home Practitioner

Our all-age carers strategy was co-produced with young carers and carers and key partners from VCSE, youth services, NHS, social care and education. Of the carers in contact with our Caring for Carers service, 63% felt more supported following an intervention from the team and 74% of carers felt more positive about their caring role. Our young adults' carers service continues to recognise and respond to the particular needs of our young carers as they transition to adulthood.

"Direct payments for me and my late wife allowed us to tailor our care to our unique needs"
Direct Payment recipient

Our network of Wellbeing Hubs (9, with 2 more to open in 2025) are run by the VCSE, and draw together a range of support under one roof. The Hubs have 50,000 contacts from people every quarter, and 7,000 new people approached a Hub between October and December 2024. 200 volunteers deliver over 3,000 volunteer hours every quarter.

"I did not realise that organisations such as Four Greens could provide the level of support that they do".
Volunteer and now employee at a Wellbeing Hub

Support provided includes befriending, management of long-term health conditions, social prescribing, food security and income maximisation. The Hubs are supported by our Community Builders who spend time with our communities understanding what is important to them.

"Gentleman has learnt to manage to use a contact debit card to make purchases and budget his money throughout the week which has made him less anxious about running out of money or overspending. he has been supported to use the internet with support to make purchases. …He feels safer this way".
Celebrating Excellence in Care awards nomination

We are investing £13m into a brand-new daytime and respite facility on the edge of the city's largest park. Due open in summer 2026 the site will include en-suite bedrooms and self-contained flats. A wide range of communal spaces will give people the chance to enjoy a range of activities during their break or daytime visit, including sensory rooms, activity rooms for arts and crafts including pottery, a large communal dining room for mealtimes and relaxing spaces like a TV room.

We are ensuring that people with Lived Experience are part of how we design some of our services, for example Domestic Abuse and residential care homes and have drawn this learning into a Commissioning Co-production handbook, to make sure this is more widely used and understood.

"X is one of the supervisors. She is always available to talk to regarding issues or concerns and fixes them quickly. She is an excellent practitioner when visiting the house and listens to my wife's needs…I trust her completely".
Celebrating Excellence in Care awards nomination

Our Caring Plymouth Partnership continues to support applicants into new employment in health and care. Our approach to supporting recruitment helped two local care homes facing staffing challenges to remain open that would have otherwise closed due to staffing challenges. This equates to 22 care home beds and 7,832 bed days.

Some of our strengths

- Strong partnerships focused on integrated working;
- Clear political and whole system leadership with a focus on improving outcomes for our population (Driven by the Plymouth Plan);
- Our relational approach to commissioning, with care providers as partners in delivery;
- Strong, improvement focused governance;
- Good staff retention in a committed workforce across PCC and LWSW, supported by our Caring Plymouth partnership to future proof a focus on careers in adult social care;
- Community partnerships underpinned by empowerment, building resilience and an understanding of relationships and trauma;
- Integrated approaches to hospital discharge, reablement and admission avoidance;
- Embedding our approach to Shared Skills across our health and social care workforce;

Some Areas for Improvement

A number of these areas have commenced programmes of work to develop improvement plans:

- Reduce waiting times for assessments and reviews, so people access support when they need it and are safe and confident while they are waiting;
- Redesigning the way we work and organise ourselves to reduce, prevent and delay the need for statutory intervention and support, including creating earlier opportunities for reablement;
- Develop and consistently embed our approach to co-production and engagement to welcome people who draw on care and support as equal partners;
- Improve our arrangements to support young people transition into adulthood;
- More actively seek out, listen to and respond to people who are most likely to experience inequality in experience or outcomes;
- Continue to strengthen our arrangements for safeguarding and brokering care;
- Ensure that carers are consistently included in discussions about the person they care for and provided with high quality information;
- Ensure that our vision for integration and person-centred services is embedded and well understood by all staff and they can be active participants on this journey;

Theme One – Working with people

1A We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them		
What do we know about the quality and impact of social care practice?	How do we know it?	What are our plans for the next 12 months to maintain or improve practice?
1.1 Contact Arrangements People can access information about care and support services via the Plymouth Online Directory (POD). Members of the public and professionals can access information and advice via our single point of access – by telephone or an online self-assessment via the Council website. The contact centre will provide a response or pass on to our assessment teams in LWSW if a more in-depth response or a full Care Act assessment is required. For Safeguarding enquiries, they will be passed directly into our Safeguarding triage team.	Between September and December 2024 29% of Adult Social Care calls into the contact centre were passed to LWSW as a new referral. Our governance includes monthly performance meetings between the PCC, LWSW contact centres, and Safeguarding teams to review performance, share learning and improve service quality. Waiting lists are monitored and discussed at the monthly Performance board.	Our waiting list improvement plan focuses on: • Improving data quality and understanding of those people waiting, with an aim to reduce waiting times and ensure we are prioritising and managing risk effectively; • Improving the experience of those awaiting referral and triage at Contact Centre/LWSW referral and support service; • More focus on prevention and early help giving people opportunities to remain independent and access a wider range of community options as well as those we provide; • Strengthening how we engage with people through our front door to ensure we are best placed to meet the increasing demand for our services. •
1.2 Assessments/Reviews and person-centred practice We strive to ensure that our assessment and support planning is person-centred, and strengths based. We aim to prevent, reduce or delay need by helping people to access a range of supportive options for example provision of minor adaptations or equipment, or connecting people with social groups to avoid loneliness. Our teams are a mix of locality based and specialist integrated teams who carry out assessment and reviews. For those who are waiting for an assessment or review we have introduced Waiting Well principles. These aim to minimise risks to people needing to wait and maintaining	Our waiting list project has seen Care Act assessments reduce from 931 in April 2024 to 504 in December. We monitor practice and carry out audits, supported through practice education and identification of potential professional development needs. We monitor against quality assurance tool packs and practice standards, including strengths-based practice and customer service reviews. Data is collated and shared to an integrated board for learning and strategic planning.	Our Principal Social Worker (PSW) will continue auditing quality of line management/practice supervision and share learning with teams. PSW is currently focusing on Mental Capacity Assessment, community deprivation of liberty safeguards and carers to ensure best practice, and where appropriate facilitate training/professional development. We will continue to use the monthly practice and improvement board to monitor and identify practice requirements, with a particular emphasis on ensuring teams are gaining feedback from people and their carers

contact, allowing us additional opportunities to identify changes in situation. Our integrated approach includes assessment teams working with people through their discharge from hospital and supporting them recover or adapt to change. We also target the provision of rapid support, avoiding the need for hospital admission. We know that we need to improve our case recordings, to ensure that language is consistently strength based and accessible, avoiding the use of acronyms.	There is an ASC SharePoint page with information on: • Friends and Family: iWantGreatCare (a system of requesting electronic feedback from people and their carers; • Customer services. This is then linked into Advanced Practitioners to promote across their service areas. Within the workforce and improvement board we review evidence from case audits, learning from MDT quality assurance/feedback and complaints. This provides evidence where practice needs to improve either on an individual or team level which is then addressed.	on their experience of care through the iWantGreatCare system.
1.3 Personal Budgets/Direct Payments Direct Payment (DP) numbers are in line with national average. Most people manage their Direct Payments using a pre-paid card. We encourage people to use their DPs creatively to meet eligible needs. We have a good system of promoting DPs to Plymouth's communities but need to do more to analyse how and when these are used and the difference this makes to the lives of those who use them. There is a DP lead and officer who provides advice and support to practitioners to increase the take up of DPs and provides training and advice on recruiting PAs. We have a contract with Enham Trust to support the recruitment of PAs, setting up payroll, employment liability insurance and PA disciplinary issues.	The percentage of people drawing on care and support who receive a DP has been on a long-term improving trend. In 2018/19 in Plymouth this was 20.4% and below the average of our CIPFA group (25.2%). As of August 2024, 637 people were using DP's, 25.5% of those eligible. We monitor impact through our integrated monthly performance meetings.	A Direct Payments Policy has been produced and shared across all services. To support wider engagement this has been published on the Plymouth Online Directory. Our training programme is being updated and implemented to support confidence across practitioners and will form a part of our yearly mandatory training. We want to explore setting up a Personal Care Assistant Bank. We believe that this will further increase the number of people who choose to receive their care via DP. We will continue to gather qualitative feedback through the Service User survey.

1.4 Unpaid Carers "*Improving Lives Plymouth*" are commissioned by PCC to provide "Caring for Carers" providing advice, signposting, support, carers assessments, allocation of carer personal budgets, support groups and a wide range of other resources to support carers. This includes specific support for young adult carers. LWSW also provide support for carers: website. This includes information about support for staff who may also be carers. PCC commissions a young carers support service from The Children's Society which is part of the Time4U partnership with the community youth service. (Time 4 U - Plymouth Online Directory). Our Carers Strategic Partnership Board (CSPB) includes carer representatives. The CSPB monitor the adult and young carers dashboards which shows the activity for system partners and the outcomes relating to all-age carers.	We have an all-age carers strategy whose strategic priorities have been co-produced with young carers and carers and key partners from the VCSE, youth services, NHS, social care and education. The Action Plan is being developed from the strategy which will be monitored by the CSPB. The most recent Survey of Adult Carers in England (SACE) saw our performance improve against two national performance indicators and decline against three. The headline metric (ASCOF 1D) carer reported quality of life declined to a score of 7 (from 7.1). Carer satisfaction (ASCOF 3B) increased, improving how we benchmark nationally.	We will drive forward the actions in our all-age carers strategy. A multi-agency working group is working to sign off the No Wrong Doors for Young Carers MOU. A Young Carers workstream is part of the SEND Preparing for Adulthood Transition programme. We have actions in place to ensure that carers are better included in discussions about the person they care for including rolling out the Triangle of Care across Adult Social Care teams over the next 18 months.
1.5 Hospital Discharge/Home First Our shared focus is 'Why not home? Why not today?' The Integrated Hospital Discharge Team (IDHT) is led by University Hospitals Plymouth NHS Trust and integrated with LWSW. The team includes community and acute staff including co-located social workers. across health and social care. The multi-agency Discharge to Assess (DTA) Programme aims to improve outcomes for people through increasing person choice as part of hospital flow. The focus is on offering Home First. The latest data shows a 150% increase in the proportion of people discharged home rather than into bedded care. This is a significant success during a challenging winter period and is testament to the focused work across partners.	Reporting mechanisms monitor length of stay, delays, and outcomes within the services. Performance is reviewed at the Discharge to Assess Steering Group meeting. January 2025 data shows of the Plymouth people admitted to Derriford Hospital 5.4% had no criteria to reside. This compared with Devon residents at Derriford (13.5%) and Cornish residents (18%). Extended Length of Stay meetings review people who are over the Pathway timeframes. A weekly debrief meeting with key stakeholder's reviews activity, identifies challenges or problems, and to gather examples of good practice.	As well as building capacity, it is recognised that one of the main factors to support Home First is culture change; ensuring that every person involved in the pathway is committed to the principle that home is the best place for people and that they have practical support to achieve this. Our continuing aim over the next twelve months is to: • Reduce the time people spend in hospital when they no longer need acute care preventing hospital acquired infections and 'deconditioning' (the loss of strength and independence); • Assess people in a more appropriate environment than the hospital giving a more accurate indication of their strengths and needs; • Provide multidisciplinary reablement and rehabilitation plans, and if necessary short-term care and support, to help people gain and re-gain

		independence, preventing or reducing need for longer term care. The Hospital to Home service is delivered by University Hospitals Plymouth NHS Trust to support those with minimal and short-term care needs after they leave hospital. We know there is some cross over between services and we want to improve how we align our provision across our discharge support.
1B We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible reduce future needs for care and support		
1.6 Prevention, Admission Avoidance and enhanced community support Plymouth has an integrated multidisciplinary model of care – iCOPE, delivered within primary care networks. This supports people with a medical diagnosis of frailty, and uses a goals-orientated support planning process, built around a comprehensive geriatric assessment, which includes social care needs. The Community Crisis Response Team (CCRT) prevents unnecessary hospital or residential care admissions, focusing on supporting people to be able to remain at home. The team include nurses, occupational therapists, a physiotherapist, social workers and community care workers. The service offers combinations of short-term packages of domiciliary care, physiotherapy, occupational therapy and nursing input, reablement services and equipment. Since 2019, Occupational Therapy (OT) referrals have been a coordinated response. This supports the reduction of duplicate referrals and assessments. The OT's support Care Act responsibilities through interventions such as rehabilitation, reablement, standard	Our 'Shared Skills' programme, led by the professional practice team, provides training for nurses, physios, OTs and Social Workers in 'core skills and competencies' that enable practitioners and clinicians to respond to a broader range of presenting needs in one contact, which reduces referrals and improves the timeliness of response. LWSW's ethos is based on strengths-based principles that underpin all professional practice with an evolving process of quality assurance and practice educator led training and development.	We want to continue to develop the Shared Skills programme which includes: • Care Act Eligibility; • Mental Capacity Act (MCA) training; • Proportionate Remote Reviews; • Making Every Contact Count. We are developing a Care Home Service which will include Adult Social Care and Community health and therapy teams.

and complex equipment provision and minor and major adaptations to people's homes using the Disabled Facilities Grant (DFG).		
1.7 Learning Disability/Autism The Community Learning Disabilities team provides specialist assessments and intervention to support people's social care and health related needs. This includes day opportunities and respite/short breaks provision within Plymouth as well as specially adapted properties to provide support to people in crisis or needing more suitable medium-term accommodation. The Autism Service (PASS) provides a dedicated, specialist service for adults with autism and their families. Initiatives include: Ensuring voting is easy for everyone | PLYMOUTH.GOV.UK We have a service to support employment opportunities for people with learning disabilities: Pluss' Learning Disability Services | Pluss	We ensure that monitoring of services and care provided uses a variety of ways including: • Contract monitoring; • Individual reviews/assessments; • Completion of service questionnaires; • People drawing on care and support and carer consultations; • Learning from outcomes from complaints; • Direct consultation (face to face). Many people accessing the service will develop the skills necessary to secure paid work or move on to other mainstream employment programmes; but it is recognised that this is not always possible.	We will continue to use LWSW's participation partnership service to support people who draw on care and support to play an integral part in service design and development. We want to redesign all our external day provision within Plymouth. We want to do more to minimise the use of out of area placements for people with complex needs We are building a new care facility to support adults with learning disabilities which is due to open in summer 2026. New adult care facility given green light | PLYMOUTH.GOV.UK
1.8 Home Adaptations Disabled Facility Grant (DFG) funded adaptations are delivered by Trustmark accredited contractors to support people to remain living in their own homes. People are engaged with throughout the OT assessment process and in making plans for adaptations. People are given choices surrounding the proposed plans where suitable, including choosing finishings such as floorings, colours etc. Waiting lists are managed through a 4-tier prioritisation system, which is monitored weekly.	Our assurance processes ensure that contractors are appropriately trained, insured, and qualified, whilst also delivering good quality work at a competitive price. Joint meetings between PCC and LWSW review performance, implement training and instigate system development where required. Between April and December 2024, we received 285 referrals for DFG's, with 326 works carried out and 196 projects completed.	We want to develop new systems to improve people's experiences, engagement, and expectations. We also want to introduce more technology-based adaptations to offer wider choice of support. We want to refresh the policy governing the delivery of adaptations locally, working with people, support services, housing providers and other interested parties. We want to work with other partners nationally to enhance spending power in the sector to drive better product options, value, and service. We aim to put in place post adaptation reviews, ensuring needs have been met, people and carers are utilising equipment appropriately.

1.9 Reablement Independence at Home (IAH) is a Reablement team managed within PCC, providing between 1000 and 1400 Reablement hours per week. The service supports a safe and timely hospital discharge of people who are medically fit, and no longer need hospital or bedded care, to a place more suitable to meet their needs. Staff provide a model of care that allows people to feel supported, build confidence and gain new skills whilst optimising their independence and reducing care needs.	There is an upward trend in the number of people receiving reablement support with an average of 106 people in receipt of reablement packages at any time. Plymouth has improved performance against ASCOF 2B1, which measures the percentage of people who remain at home 91 days post hospital discharge. In the first three quarters of 2024/25 we average a performance of 80.4%. This is monitored monthly at the integrated performance monitoring meeting. Following reablement support 74.1% of people have no ongoing needs with length of stay (LOS) averaging 3.5 weeks.	Our plans for service development include: • Expanding the service to be able to accept referrals from the community both to avoid unnecessary hospital admission and support people to remain independently in their own home; • Reviewing the telephony system to streamline internal communication and support collaborative work; • Improving how we gather feedback via a survey on the Plymouth Online Directory (POD). This provides a confidential platform for customers to leave their personal feedback and suggested improvements.
1C We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this		
1.10 Co-production/engagement LWSW's Executive Board have made a commitment to involve people, carers and families in all that we do. There are monthly advice drop-ins for the Friends and Family Test (iWantGreatCare), to discuss co-production and service user engagement. Our Changing Futures programme Changing Futures | The Plymouth Alliance uses the voice of Lived Experience to improve our understanding of those with a range of complex needs who either use or feel excluded from our services. This includes support from a team of peer researchers. Our Community Builders work alongside our Wellbeing Hub network, voluntary and community sector and other	Commissioners hold regular "coffee mornings" with our care home residents to hear their experiences, with feedback shared for learning and development. Our young carers procurement (23/24) used Appreciative Enquiry to gather the views and experiences of young carers, ensuring this was reflected in the specification and requirements for the tender. Involving individual and group conversations, young carers and their parents shared their wishes and feelings: *'I would like a day when I can take my time doing what I want, without having to change my plans and that way I would be less angry' – Young Carer, aged 17.*	The LWSW senior leadership team aim to undertake one visit per month to an organisation to meet people with lived experience which will feedback into scrutiny of performance. Changing Futures and commissioners have developed a Commissioning Co-Production toolkit. In February 2025 the commissioning service will be trained in the use of the toolkit. This will create more consistency across commissioning to ensure that people with lived experience have their voices heard and are able to contribute to the development of commissioned services.

partners to promote ways of working to support what local communities and people want to achieve.	*'I find coming to the youth centre helpful as there is always someone to talk to about what's going on at home as well as lots of other people in a similar position to me, so I don't feel alone' – Young Carer aged 18.*	

Theme Two – Providing Support

2A We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and community		
What we know about the quality and impact of our work	How do we know it	What are our plans for the next 12 months to maintain or improve practice?
2.1 Responsive support Our JSNA (the Plymouth Report) gives us evidence of the needs of our local care population, our sufficiency and gaps, and our opportunities and risks. We currently commission services which include: • 89 Care Homes for adults with residential or nursing needs; • 41 Supported Living providers; • 7 Extra Care schemes; • 45 Sheltered Housing schemes; • 25 Domiciliary Care agencies; • 10 Day Opportunity Services. We also commission a wide range of other services for adults including VCSE support for prevention and wellbeing, Domestic Abuse, The Plymouth Alliance and support for Carers and Young Adult Carers.	Our JSNA, the Plymouth Plan and our Local Care Partnership priorities underpin our 4 Commissioning Strategies – for children and young people, wellbeing, community and enhanced and specialist care. We use national and regional benchmarking and databases such as POPPI/PANSI to support our understanding of current and future trends, for example our ageing population. We engage in regional and national peer groups to share and improve our learning and understanding.	In 2025 we will be carrying out a full refresh of our current commissioning strategies. While still largely relevant, they need to reflect our future ambitions after the pandemic. We have identified that they are not clear on the importance of the voice of Lived Experience or the experience of being a commissioned provider in Plymouth. Our Market Sustainability Plans for care homes and home care will be embedded via: • Redesign of our domiciliary care contracts so that we reshape the offer to focus on "zones" linked to neighbourhoods, to promote provider accountability and links with local communities and services and reduce travel time. This will also link to our "Home First" focus; • Recommissioning our residential care home contracts to include implementation of our intermediate care plan and the growth of a complex care offer, particularly for those with dementia and behaviours that challenge; • Contributing to the design and implementation of a city-wide care package brokerage service for adults; • Recommissioning our Domestic Abuse and Extra Care services.

2.2 Demand and sufficiency In 2023/24 in Plymouth: • 1419 people received care in a Residential or Nursing Care; • 3,601 people received care in a Community Based Setting; Annually we deliver: • 665,000 hours of care in Domiciliary Care to over 1,100 people; • 1,600,000 hours in Supported Living to approximately 720 people; • 24/7 care in Residential or Nursing Care to circa 1,000 people on any day. Our ability to provide sufficient home care in the city is much improved from a peak during the pandemic of over 200 people waiting for packages of care to a waiting list of 28 and an average waiting time of 1 week in January 2025. This compares to the longest wait of 224 days at the end of January 2023. This has been helped by overseas recruitment and our Caring Plymouth partnership approach. The rate of market failure for this sector has slowed significantly and we have mutual support protocols in place whereby providers can flag early if they are at risk of being unable to deliver care.	We track the numbers of people drawing on care and support through our performance reporting. This also includes financial monitoring so we can track trends in relation to the cost of providing care. We have regular meetings with our provider market to understand the risks and opportunities of delivering care and support. We track CQC ratings through our Intelligence dashboard and our Provider of Concern reports enable us to have 'eyes on' when our providers are experiencing challenges for example with the number of empty beds.	We will continue to grow our home first capacity, supported by our recommissioning of domiciliary care based on neighbourhood zones, linked to our Market Sustainability Plan. An ICB funded Peripatetic team is in place for the winter months, to support surge capacity for home care and provide additional staffing into residential care to provide resilience where needed and reduce the risk of hospital admission or failed discharge. Our recommissioning of our care home contracts will support the delivery of our intermediate care plan and Market Sustainability Plan, which aims to reduce a reliance on bedded care.
2.3 Provider and service user engagement We engage with our providers regularly through forums, newsletters, and conversations. We ensure that we speak with those who use services to understand their lived experience. Celebrating Excellence in Care awards are undertaken annually to promote the positive work ongoing in the care sector.	We hold monthly provider events with our care home market, to prepare them for the recommissioning of the care home contract. Our "coffee mornings" with those who use residential care services provide an informal opportunity to hear and share thoughts and reflections. Any feedback from these which is	We are conscious that several of our providers have limited to no experience of procurement activity, so are working closely with them to ensure they are adequately prepared and supported to avoid any disruption to the delivery of services. We know we need to improve how we draw the voice of lived experience into our commissioning activities and plans more consistently, including those whose voices are seldom heard. Our Commissioning Co-Production toolkit

We have launched our first Skills and Training Directory for health and social care for the city, to make it easier for our workforce and prospective workforce to find training and support: dae349_6a5ee06a38104174ac1a6328e213691e.pdf (skillslaunchpadplym.co.uk)	relevant to service design or quality is fed back into our system as needed. Our new Commissioning for Outcomes annual report aims to capture the impact of our work on those who use our services and raise areas for further improvement. Our Community Builders (which includes a specific Older Person's Community Builder) draw together the views of our communities, linked to our Wellbeing Hubs. Our Changing Futures programme works with people who have experienced significant challenges in their lives, particularly those whose voices are seldom heard, to ensure this is fed back into practice and service design.	gathers good practice and practical advice to support commissioners in effective co-production. We are working in partnership with Healthwatch to identify themes such as: quality, environment, caring, engagement, empowerment and community. These will inform best practice examples.
2.4 Oversight and monitoring arrangements We have robust oversight and monitoring arrangements for our commissioned services, from routine checks and visits to intensive oversight, supported by joint working with Safeguarding, LWSW and regular meetings with CQC colleagues. Relationships between commissioners and providers are strong and providers are encouraged to flag challenges and issues at the earliest opportunity. For domiciliary care 19% of our providers are graded outstanding, compared to 5% nationally. However, 62% of our providers are graded good, and 19% requires improvement, compared with 81% and 13% nationally. No providers are graded inadequate and 4 are awaiting inspection. For residential care 11% of Plymouth care homes are graded Outstanding against a national average of 4%, and 75% Good against 70% nationally as of January 2025.	Commissioners generate Provider of Concern briefings fortnightly for domiciliary care, care homes and 18-64 provision, which are shared with the DASS and Service Director, commissioning managers and safeguarding leads. Our Intelligence dashboard provides information about provider stability including the regularity of provider returns and CQC gradings. Our Commissioning for Quality policy sets out for providers the support and challenge we will provide through proactive and reactive monitoring.	We will continue to encourage providers to support us with any difficulties they are experiencing. As part of our recommissioning of key services we are reviewing specifications and contract terms and conditions, including the support which is available to providers to encourage a good quality service.

Our Shackleton protocol enables our providers to receive mutual support, with input from our in-house domiciliary care agency @plymouthcare if needed. @PlymouthCare was created specifically to provide safe care and employment in the event of provider failure, if the market is not able to respond. We offer wrap around support through visits to staff and residents, support from our Caring Plymouth partnership and help with joint communications and risk management.		
2.5 Caring for Plymouth Partnership Our Caring Plymouth health and care skills partnership is delivering positive change in how we attract, recruit and retain local people in careers in adult social care. The partnership includes adult social care providers, University Hospitals Plymouth NHS Trust, LWSW, PCC Commissioning and Skills teams, NHS Devon ICB, Department for Work and Pensions (DWP), further and higher education providers and independent training providers. Between January 2022 and March 2024 659 people have been provided with individual support, with 138 moving into employment in health and social care, and 108 engaging with training and education.	Our Caring Plymouth Board works together on three themes to support workforce planning for the health and social care workforce: • Demand – business need and sectoral partnership focus; • Supply – working age population and skills and training provision; • Pipeline – those in education and training and those not in education, training and employment. We are building our data about our workforce, and we know that: • There are 7,700 jobs in Adult Social Care in Plymouth; • The average age of our workforce is 43; • 94.6% of posts are permanent; • 69% of posts at Derriford Hospital are filled by staff from Adult Social Care.	The Caring Plymouth partnership was launched in November 23 and continues to be built across the city with the next Health and Social Care Careers Showcase booked for 4th April 2025. We will continue to grow the programme, including in-reach into schools and colleges to provide children and young people with information on the opportunities for a worthwhile career in health and care. We will continue to identify the key skills shortages/gaps and prioritise the coordinated actions that we need to take to deliver a sustainable, system-wide skilled workforce for the future.

2B We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement		
What we know about the quality and impact of our work	How do we know it	What are our plans for the next 12 months to maintain or improve practice?
2.6 Local Care Partnership We work collaboratively with our health and social care partners across the Plymouth system and beyond, including our statutory and VCSE partners. Our Together for Plymouth Local Care Partnership has a set of shared priorities, to improve the health and wellbeing of our population: • Building a Compassionate and Caring City and developing a Sustainable system of Primary Care; • Empowering Communities to help themselves and each other; • Ensuring the Best Start to Life through "A Bright Future"; • Relentless focusing on Homelessness Prevention; • Integrating Care to deliver "the right care, at the right time, in the right place" to promote home first, prevent unnecessary admissions, facilitate timely discharges, enable people to die in a place of their choice and that delivers Equally Well. We are acutely aware that our population experiences significant health inequalities and that this is to some degree linked to historical funding inequity across our ICS. We have agreed an integrated programme of investment, identifying several priorities: • Ageing Well-Frailty and iCOPE; • Increased voluntary and community sector support for under 65s; • Long Term Management-Community Based Additional Offers (Hypertension/Diabetes/Respiratory); • Increased community inpatient rehabilitation;	We work together strategically and operationally to share and develop our understanding of local needs and to plan for future provision. We work together on surge/winter plans and bids for additional funding, such as our joint narrative and plan for the Better Care Fund. Our Market Sustainability Plans and subsequent market development is carried out jointly with our ICB partners to ensure we present a joined-up approach to our providers. Our Healthy Lives Partnership, between LWSW and University Hospitals Plymouth NHS Trust tracks progress of key priorities, including: • Partnership Working; • Promoting health and early intervention; • Effective discharge; • Family wellbeing.	We are carrying out a refresh of our Local Care Partnership Delivery Group, to ensure that our priorities remain current, and that the membership across children's and adult partners are engaged. We want to ensure we improve how we share learning across our system so that all partners are involved and able to contribute. We are using a Human Learning System approach to explore how we can work together in an equitable and innovative way.

• Alcohol Liaison and outreach; • Development of a Health and Homelessness (Pathway) model; • Population Health Management.		
2.7 Integrated Commissioning Driven by our integrated Commissioning Strategies, where possible our contracting and commissioning activity is joined up - including our care home and home care contracts and services like community equipment. Where this is not the case, we align services as much as possible, for example our wrap around support to our network of Wellbeing Hubs which includes wider support for families as well as for frailty and social prescribing, which are commissioned by NHS Devon ICB. This is underpinned by our S75 agreement between PCC and the ICB and the Better Care Fund, which supports our endeavours to work closely together.	Feedback from our providers is that they welcome joint events and initiatives and the opportunity to "do things once". This leads to us sharing market intelligence about providers and opportunities and risks by bringing health and social care perspectives together.	We support the oversight of our contractual arrangements with LWSW for the delivery of our Adult Social Care function, including plans to drive improved assessment and reviewing activities. We will carry out redesign of our Ageing Well offer across Council and ICB contracts, to include our carers support, befriending, non-domiciliary care support and day services. Drawing in ICB contracts. This will be badged under the Live, Better, Longer framework. We want our day services to provide broader support and a more aspirational offer and our carers services to provide more support including improved short breaks. Our recommissioned young carers service includes support for transition to adulthood.
2.8 Supporting complex needs Our wider systems partnerships aim to take a trauma informed approach to understanding complexity of need and provide multi-faceted support for people. Our Plymouth Alliance brings together a range of housing and support providers to support those with multiple competing needs, including challenges with housing and homelessness and substance misuse. The focus is on working as a system, setting aside organisational boundaries to offer the right support at the right time. The service includes a focus on those most likely to present at the Emergency Department and those most likely to struggle following a hospital admission to maintain their accommodation. Our Healthy Lives Partnership, between LWSW and University Hospitals Plymouth NHS Trust supports the provision of community health services, mental health	Our Homelessness Recovery plan, linked to The Plymouth Alliance, draws together a range of activity, reallocation of resources and funding bids with partners to drive improvements to our capacity and system response.	Our Community Empowerment programme including our locality-based Community Connectors will provide a rich stream of intelligence about the needs of our local communities, in their own words, to help inform our future planning. Our grant funded Changing Futures programme seeks to improve outcomes for people experiencing multiple disadvantages in Plymouth. This includes domestic abuse, mental health challenges, homelessness, substance use, and contact with the criminal justice system. The core team of six people works with partners across the city. The work is underpinned by 11 Peer Researchers, employed and supported by Improving Lives Plymouth. We know we need to be able to better evidence the impact of this work on how services respond to people. Mental health related social work takes place outside a fully integrated model focusing on Care Act assessment and

provision and community health services to reduce inpatient admissions for people with complex Learning Disabilities.		reviewing activity. We take a person-centred approach with a focus on prevention and preventative measures which may delay or remove the need for support arising in the first place. We recognise that this function is not currently fully integrated with wider mental health teams.

Theme Three – Ensuring Safety

3A We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services		
What we know about the quality and impact of our work	How do we know it	What are our plans for the next 12 months to maintain or improve practice?
3.1 Transitions/ Preparing for Adulthood Children's teams refer to adult services via the Referral and Support Service. The Referral and Support Service is a team of community care workers and occupational therapists who triage the initial referral, signpost where appropriate, and identify the appropriate assessment team(s). There are monthly review meetings to discuss individual plans and early planning for complex cases. This includes developing Transition support plans for young people, undertaking reviews, completing carers and adult needs assessments, attending Looked after Children review meetings and carrying out Safeguarding investigations. Complex transitions cases are supported by the Learning Disability team.	The SEND OFSTED inspection published in August 2024 detailed several areas for improvement including transitions. We were able to confirm that all audited cases had received a transitions offer from LWSW in line with legislation and guidance. Our Eclipse case management supports tracking of transition requests. Supported Living remains the most likely placement for young people with adult care and support needs.	A Transitions improvement plan and associated governance has been developed across Children's, Adults, Education and Health services to improve outcomes for children as they transition to adulthood. The programme aims to successfully prepare Plymouth's children and young people so that they can grow up healthy and happy, safe and able to aspire and achieve, living in resilient families and communities, and able to take advantage of a broad range of opportunities.
3.2 Integrated Models to ensure safe care	Where support or professional involvement is believed to be required or when someone is known to Adult Social Care, LWSW Referral and Support	There is a dedicated programme to reduce waiting times for assessment and manage associated risks. There remains

LWSW have a robust risk management process that links to a Patient Safety Incident Response Framework (PSIRF). The Risks and Incidents system covers all areas of work and practice and allows individual practitioners to raise risks that relate to people who draw on care and support as well as colleagues or the system. This links to organisational processes where risks are categorised, understood, and monitored closely. In situations where there are vulnerable adults where complex diagnoses coexist with ASC needs, 'Blue Light Meetings' are facilitated, where key system partners meet to provide emergency solutions to mitigate or resolve risk. These meeting are represented at all levels including family and care givers. LWSW have a 7-day urgent care team including the Community Crisis Response Team (CCRT). There is a duty system alongside the Livewell Southwest Referral Service (LRSS) that include links to the First Response Mental Health team and provides a gateway into Mental Health Services without needing a referral. LWSW and PCC Independence at Home Reablement Service have weekly meetings to discuss challenges and concerns raised and to develop plans / service improvement to better support people being discharged from hospital.	Service will either address and resolve the referral or refer appropriately. Our waiting list project has seen Care Act assessments reduce from 931 in April 2024 to 504 in December.	a need to fully embed the Waiting Well principles and practical steps at all levels of the organisation. There are active programmes of work engaged in review and assessment activities. We have developed a Waiting List Assurance Tool in conjunction with our waiting List Standardisation Project, which aims to support and provide guidance to Waiting List Owners. This has demonstrated positive steps in other areas of LWSW operations but due to the different operating systems, requires some further exploration in terms of delivery into ASC.
3.3 Support safe hospital discharge through our partnerships See Section 1.5 – Hospital Discharge/Home First.		

3.4 Deprivation of Liberty Safeguards (DoLS) DoLS prioritisation, triage and waiting list management is overseen by the DoLS Lead Officer with daily oversight of referrals, caseloads, waiting lists, triage and prioritisation. Comprehensive assessments are prepared to DoLS legal standards. We have good assessor links 'out of area' and a recognised commitment to these people. We have good networks to respond well to local, national and regional changes, including at pace. Community DoLS are overseen by a Mental Capacity Lead, supported by Legal advice, with authorisation via the Court of Protection.	We receive an average of 130 DOLS applications per month. We have an internal target to complete at least 20 high priority cases per month. As of December 2024, there were 612 overdue (compared with 912 in August 2024) and 103 high priority (23 high priority in August). To support prioritisation and effective case management we have: • Trained an additional six Best Interest Assessors; • Used Eclipse to support improved triage supporting enhanced visibility; • Embedded the ADASS Prioritisation tool in the Eclipse system to enhance responsiveness, visibility, clarity, oversight and accountability. We gather understanding of our services via: • Feedback from providers and stakeholders; • Feedback from advocacy and Court of Protection stakeholder; • Feedback from LWSW CQC review; Scoping of Community DoLS numbers in partnership with LWSW.	Ongoing activities include: • Monitoring and review of commissioned Best Interest Assessor provision; • Participating in discussions with adjacent Local Authorities on further regional variation of the prioritisation tool; • Negotiated precedence and deference given to prioritising specifically local needs: out of authority placements: new head injuries and Acquired Brain Injury, transition cases and younger people; • Specialist MCA training and legal support; • Team Leader support by LWSW to triage Community DoLS; • Learning Disability cohort cases triaged and allocated with application proceeding to the Court of Protection; • The resolution of Rule 1.2 Advocacy commissioning and role.
3B We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.		
What we know about the quality and impact of our work	How do we know it	What are our plans for the next 12 months to maintain or improve practice?
3.6 Safeguarding Practice We have launched our integrated safeguarding function to bring together staff from PCC and LWSW to deliver an 'end to end' service.	We engage and cooperate with high-risk cases, occasions of provider failure and learning events for SARs. We have good multi-agency engagement with network meetings and workstreams for the Plymouth	A key focus is the continued development of our integrated safeguarding pathway.

We operate a robust triage process and a strong focus on managing self-neglect cases with an 'eyes on' response when needed. We are embedding a more integrated pathway to improve timeliness and quality of response. This will provide practitioners with an increased variety of work and skill levels. Other enquiries are actioned by the most appropriate team or agency with agreement on the outcome at management level. We have a menu of proportionate responses to a concern where a s42 enquiry is not required but a care needs assessment, review or carers assessment is the appropriate response. We receive high numbers of adult safeguarding referrals which do not meet the criteria for a statutory safeguarding response. We have an advice line to inform decision making for referrers and redirection to the appropriate service or referral route. We have improved our online referral form to support this. Our contribution to transitional safeguarding work is being addressed under a whole Council Transitions/Preparing for Adulthood workstream led by Children's Social Care and linked into the Plymouth Safeguarding Children's Partnership (PSCP) and Safeguarding Adolescent Strategy (SAS).	Safeguarding Adults Partnership (PSAP) and wider regional and national networks. Our safeguarding framework is described in Chapter 2 of our multi-agency guidance: Plymouth Multi-agency Adult Safeguarding Guidance and we have a multi-agency pathway protocol agreed by all relevant agencies. We hold regular operationally focused Overview meetings with LWSW managers to discuss workflow, decision making queries, updates on workforce development/training requirements or opportunities, along with high-risk cases and data indications. Actions are agreed and taken as a result. PCC corporate assurance meetings, PSAP and its Executive Group receive quarterly reports on safeguarding activity and outcomes. This includes breakdowns on the categories of abuse, location of abuse and demographic analysis. This has informed audit activity to better understand trends or patterns; recent audit subjects have included concerns raised regarding 'self-neglect' and quality of referrals into safeguarding. These have resulted in action plans to improve highlighted areas and reporting back to the PSAP for assurance. The PCC Adult Safeguarding Team Manager attends the working group for the Safeguarding Adolescent Strategy and a monthly Corporate Parenting forum from a transitional safeguarding perspective and the Young People's Homeless Prevention Partnership monthly meetings.	Longer term pieces of work underway include the review and relaunch of multi-agency guidance and a review of the safeguarding training offer, led by the PSAP Assurance subgroup with inclusion in the Learning and Development Strategy review. The delivery of safeguarding training transferred to LWSW in January 2025. Related discussions are underway with health providers regarding legal literacy and the potential development of joint training. PSAP have developed a working group, led by partners to review wider data availability and utility. Engagement will continue with relevant forums, to fully embed the Bridging the gap guidance. There is continued data monitoring and response planning in joint management meetings and in collaboration with the Principal Social Worker and practice leads.

3.7 Making Safeguarding Personal We have embedded the principles of Making Safeguarding Personal (MSP) into everyday practice; this begins on receipt of a referral. Where possible we check that the person concerned is aware of the referral and endeavour to ascertain their desired outcomes. Where this is not possible, we request that this is covered in the next stages of information gathering and/or progression to a s42 enquiry.	Whether a person has been asked for their expressed desired outcomes and whether a person's desired outcomes have been met and to what extent are included in the quarterly data monitoring dashboard. This can be benchmarked against the national figures and generally compares well. In quarter 3 of 2024, 67 individuals were the subject of a completed safeguarding S42 enquiry, 48 of which expressed a desired outcome. The percentage of people not asked about their preferred outcome held at 13%. Recent audits have shown that in most cases where people were not asked, this was due to their personal circumstances, physical or mental health and/or ability or willingness to engage with the process. Audits help to establish explanations and interpretation and develop practice guidance.	We recognise that the finer points of the MSP agenda can be missed i.e. during the s42 process, social workers' role in helping the person be realistic in their aims and desired outcomes. We will continue to monitor recording and interpretation practice in management meetings with the relevant managers, Principal Social Worker and practice leads, undertake targeted auditing as indicated and take action to refresh and improve practice as a result, to ensure accurate recordings and achievable outcomes.
3.8 Creative Solutions Forum The Creative Solutions Forum was established in 2016 and has been recognised as a nationally groundbreaking approach to complex high-risk cases, delivering bespoke interventions via a multi-agency, multi-disciplinary collaboration. We have established a dedicated role of 'Senior Practitioner Complex Lives' who leads on developing safer, person centred responses and supporting agencies to manage risk across the city.	This work is referenced in publications e.g.: Policy Press | The Adult Safeguarding Practice Handbook, By Kate Spreadbury and Rachel Hubbard (bristoluniversitypress.co.uk), and profiled in national meetings, leading to support for other interested local authorities to establish similar forums. Since 2016, over 300 people with complex needs have been referred to the monthly forum, 4-5 people each month, which continued throughout the COVID-19 pandemic. There is positive feedback from agencies, particularly in the VCSE sector, regarding the value of the role and the support received by staff.	We want to continue to develop networks and upskill frontline staff in community agencies. A further evaluation of the Creative Solutions Forum is underway by researchers from the Plymouth Health Determinants Research Collaboration (PHDRC), with a final report presented at the PSAP meeting in January 2025. We will continue the development and delivery of the Female Innovation Group (FIG), aimed at collaborative solution focused work with agencies, advising on access to services, and supporting staff.

3.9 Plymouth Safeguarding Adults Partnership (PSAP) Established in 2015, the PSAP provides partnership governance and assurance, with the oversight of an independent chair. PCC holds the responsibility for maintaining PSAP, which is well attended by senior staff from a wide range of agencies including all statutory partners. Current PSAP strategic priorities of Prevention, Engagement, Learning and Assurance are reflected in the Business Plan. Advocacy services are linked to the Engagement work to raise the profile of advocacy and ensure the voice of those with lived experience. The commissioned Engagement project includes consultation with people with lived experience of the safeguarding process to provide their voice for future service developments and feedback. There are well established links between the PSAP and the Community Safety Partnership, Safer Plymouth, and its delivery groups.	A full review of the PSAP form, function and remit of the overall structure took place in 2018; the revised model separates the business, budget and workstreams to relevant subgroups, leaving the main partnership meetings as a themed discussion and working group. PSAP Assurance statements are included in Our Year section of the Annual Reports: Plymouth Safeguarding Adults Partnership | PLYMOUTH.GOV.UK Annual themed audits are informed by responses to the Business Plan, and data monitored for trends and issues of concern. The Independent Chair, Independent Vice Chair and Business Manager are fully engaged with local, regional, and national networks.	PSAP commissioned the Local Government Association to undertake a peer review of our PSAP arrangements and shared positive feedback on the effectiveness of partnership working. The review made some minor recommendations on our governance arrangements, which are being implemented. In November 2024 PSAP commissioned an independent review of how the partnership understands and responds to the needs of Black and minoritised ethnic communities who experience abuse or neglect to ensure we are meeting the needs of people from these communities.
3.10 Safeguarding Adults Reviews Learning from Safeguarding Adult Reviews (SARs) provides valuable assurance to the PSAP wider system based on in depth research into an individual safeguarding case and along with other sources of review and feedback informs safeguarding policies, procedures, training and guidance. Improvements to practice and systems have ranged from national changes to the interface and information sharing between Police and Probation services and regional agreements on Out of Area Placements. Locally, examples include practice guidance on access to advocacy and the development of information resources following	The PSAP SAR sub-group is well established with an agreed ToR and policy statement. 2 SAR's have been published in the last year. Each SAR has a bespoke panel appointed, overseen by an Executive Lead identified from members of PSAP, and an action plan undertaken by a working group led by an appointed individual. Published SAR reports are available on the PSAP web pages. Learning is circulated to practice networks and is detailed in each Annual Report. We contribute to the National SAR Library and are engaged with learning and guidance resulting from national thematic SAR reviews.	We intend to continue to refine and monitor development of SAR processes and learning events, along with embedding local, regional, and national learning. We are developing a programme of 'revisiting' completed action plans to gain assurance of changes made and maintained. The first review of the response to recommendations for SAR 'Kath' by the independent reviewer is planned for the January 25 PSAP meeting. We are awaiting updates on the development of an advanced search facility in the National SAR Library so that referrals can be checked more accurately against established learning or similar cases.

feedback from families attempting to navigate SAR, adult safeguarding, and Coronial statutory processes. The SAR Quality Markers are used to inform referral decision making and stages of reviews.		

Theme Four – Leadership

4A We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.		
What do we know?	How do we know it?	What are our plans for the next 12 months to maintain and/or improve?
4.1 Leadership The Adults, Health and Communities Directorate is led by the Strategic Director for Adults, Health and Communities who is the formal DASS and part of PCC's Corporate Management Leadership team. The DASS is supported by 3 senior leaders responsible for: • Integrated Commissioning of all community-based health and Adult Social Care Services within our City in partnership with NHS Devon ICB; • Delivery and performance of Adult Social Care Safeguarding and assessment functions across LWSW, PCC and working with our Healthy Lives Partnership; • Community Connections covering homelessness, community safety, housing solutions and standards.	The Council Corporate and Directorate Senior and Middle Management Structure Charts are included in IR37. Within this we have also included the LWSW senior leadership structure. There is regular communication between senior management and staff at all levels across the Department to disseminate key information and obtain staff feedback on proposals. This includes monthly Staff Briefings, Care Pathway Newsletters, Lead Practitioner Updates, and News Items on the Department's Intranet Site Monthly online staff briefings provide updates on all aspects of ASC and teams can share good practice. There are weekly Portfolio holder briefings between the People Director leadership team and the elected member for ASC.	We are reviewing our communication arrangements with staff to include more face-to-face meetings and opportunities to do more joint communication across PCC and LWSW staff. Our Principal Social Worker for Adults in Plymouth is employed by LWSW leads on Social Work practice and performance across LWSW and PCC and meets regularly with the DASS. In January 2025 a Local Government Association Peer Review was undertaken of Adult Social Care in Plymouth. It has given an independent view of our progress in delivering against the standards we expect and as described in the CQC assessment framework. The feedback will be used to enhance our improvement plans.

4.2 Corporate Governance The Plymouth Plan [The Plymouth Plan | PLYMOUTH.GOV.UK](#) and Corporate Plan, with a priority of keeping children, adults and communities safe, drive our work and oversight. PCC's corporate governance framework covers all aspects of good governance including: • Officer and political governance structures; • Decision-making processes; • Performance oversight and control; • Financial oversight, delegation, and control; • Risk Management, Mitigation and Control. PCC and LWSW officers are linked into national and regional networks to stay up to date with national policy developments, learn from other organisations and collaborate regionally. In 2023 we undertook a ADASS Digital self-assessment, which confirmed that we are Well Established in all categories.	We have a detailed system of internal control and governance arrangements which ensure compliance with the Code of Corporate Governance. Each year we conduct a review of the effectiveness of the system of internal control and governance arrangements to ensure compliance. This review forms part of the assurance gathering process to produce the Annual Governance Statement (AGS). A summary of PCC's local arrangements in place to comply with each of the core principles can be found in the Annual Governance Statement (AGS). There are clear governance arrangements in place between the Council and LWSW which are included in IR31. Performance and data reports are shared with a variety of audiences. Performance, risk, or finance reports are currently produced for: • Corporate Management Team;Directorate Management Teams inc. LWSW; • Health and ASC Overview and Scrutiny Panel; • Portfolio Holder Meetings; • Safeguarding Adults Partnership Board and Executive Meetings; • Audit and Governance Committee. Officers are long standing members of, and active in the following Association of the Directors of Adult Social Services regional networks: • ADASS SW Directors; • ADASS SW Performance Leads; • ADASS SW Finance Leads; • ADASS SW Commissioning Leads; • ADASS SW Safeguarding Leads Group; • ADASS SW Carers network; • Southwest Risk Management Group.	We want to further improve line of sight of management information, such as performance, finance and risk and refine and embed new processes of reporting. We want to improve the quality and consistency of Adult Social Care information being reported into other forums, such as Corporate Management Team, Portfolio Holder and Scrutiny panels.

4.3 Integration See section 2.6 – Local Care Partnership.		
4.4 Managing and Mitigating Risk PCC's Corporate Strategic Risk Register contains the most significant risks along with any associated mitigations. As with all Council Departments the Adults, Health and Communities Directorate that includes Adult Social Care (ASC) also has a departmental operations risk register which is updated at least quarterly.	PCC consider and counter risk across a broad range of areas. An approved Risk Management Strategy and guidance are available for staff. Risks are monitored and updated quarterly with controls and mitigations and impact and likelihood has reduced.	There is an annual review of the risk management process.
4.5 Budget Monitoring PCC has a robust budget monitoring and medium-term financial planning process. Senior officers, Scrutiny committees, Portfolio Holders and Cabinet receive monthly budget monitoring reports on the Medium-Term Financial Strategy (MTFS), providing an overall update, reasons for significant variances, actions being taken and any ongoing impact. PCC funds growth requirements based on demographic and service level growth predictions together with cost and inflationary pressures, but also requires departmental saving and efficiencies to be made. PCC has financially supported Adult Social Care to meet its demand and cost pressures, particularly evident post pandemic.	PCC's MTFS covers a 5-year period from 2023/24 to 2027/28. The MTFS sets out the Financial Objectives and Principles that drive budget setting and planning, also acknowledging and allowing for pressures specific to ASC i.e. National Living Wage increases. As part of the budget setting process the public are asked for their views and ideas. The statutory nature of ASC services, the associated financial pressures and the context within PCC's overall budgets is explained within the engagement documentation. We want your views and ideas Departmental savings and efficiencies are managed through the Directorate Management Meetings and the Adult Social Care Monthly Governance meetings with LWSW.	We are working to enhance our Cost and Volume analysis to provide better information on the drivers for financial pressures, including drilling down further into spend based on age and need. This will allow improved financial governance and decision making, including clearer and timely analysis of demand to feed into setting accurate budgets.

4.6 Health and Wellbeing Board PCC established a Health and Wellbeing Board in 2012 in line with Part 5 of the Health and Social Care Act 2012. The operation of the Board is detailed in the Constitution. The Board meets quarterly and promotes the health and wellbeing of all people in Plymouth. The Cabinet Member for Health and Adult Social Care is the Chair of the Health and Wellbeing Board.	The Board has three principles of working cooperatively: • Work together with all city partners and with those we serve to take joint ownership of the sustainability agenda; • Ensure systems and processes will be developed and used to make the best use of limited resources, every time; • Ensure partners move resources – both fiscal and human to the prevention and health and wellbeing agenda. The Board developed a Health and Wellbeing Strategy which now sits within the Plymouth Plan. The Board ensures the development and publication of the Joint Strategic Needs Assessment and takes and oversight role in relation to the health system in the city. Plymouth Plan Annual Report 2024	Reflecting the approach to engage with customers and other stakeholders over the city's key priorities, the Board will co-opt additional partners which it considers are most likely to be able to work together to deliver the vision. This currently includes blue light representatives, local voluntary sector representatives along with the City's largest housing association.
4B We focus on continuous learning, innovation and improvement across our organisation and the system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.		
What we know about the quality and impact of our work	How do we know it	What are our plans for the next 12 months to maintain or improve practice?
4.8 Feedback from complaints/ compliments We undertake analysis of outcomes from complaints and the Ombudsman through detailed quarterly performance reports and monthly updates. The Principal Social Worker and Community of Social Work Practice team review investigation outcome reports to identify trends and themes for service and team improvement. Feedback from iWantGreatCare is provided for specific teams or generically across the service. Managers from our Commissioning and Adult Social Care teams attended Effective Complaint Handling	Our complaints teams meet regularly to share and align learning from compliments and complaints. We know that recurrent themes from our complaints link to care provision - related to complaint handling by the provider and the unprofessional manner of staff. As a result, our complaints team has attended a forum with our providers to share information about good quality complaint handling.	We are continuing to embed processes around themes and trends that fully analyse the issue and link to education and support in identified areas. iWantGreatCare requires further development to embed it fully in practice and learning. We will continue to learn from people's feedback about their experiences of care and support and embed this in improvement activity as needed.

training with the Local Government and Social Care Ombudsman in September 2024.		
4.9 Learning and Development/ staff development. We are committed to supporting the wellbeing and resilience of our staff. We promote wellbeing support information, resources and training for staff and managers. LWSW staff have access to training, much of which is open to system partners and other providers. Continuing Professional Development funding is available via a multi-disciplinary Panel Application. Within LWSW the Oliver McGowan Mandatory Training is delivered by facilitators including presenters with lived experience of autism and learning disabilities PCC offer tailored support to employees with caring responsibilities, including flexible working, and informal support via staff networks.	Mandatory training includes how we deliver health, care, wellbeing and communicate with people using our services. Monitoring of compliance is monitored via online Employee Record Systems. The LWSW Professional Training and Development Department meet the Adults Social care Practice Education Team to jointly plan for the needs of Adults Social Care Staff. This includes designing bespoke training for teams where needed such as Advanced Communications. LWSW Community of Social Work Practice team work closely with higher education institutions through our Caring Plymouth partnership to support the development, progression and resilience of the workforce. PCC have established links with apprenticeship and extended training opportunities. This is supported by the Aspire to be the best strategy.	We will continue to seek to improve staff wellbeing by promoting wellbeing support and encouraging managers to maintain regular communication with their teams. LWSW will continue to review all practice standards and quality assurance processes.

Glossary

When we say	What it stands for	And what it means
ADASS	Association of Directors of Adult Social Services	ADASS is a membership organisation for those working in adult social care.
ASC	Adult Social Care	Adult Care is the support provided for those aged over 18 to manage their own needs and to live life to the fullest – even when they face challenges because of their circumstances.
ASCOF	Adult Social Care Outcomes Framework	The Adult Social Care Outcomes Framework is a set of national measurements which help us to check how well care and support services are making a difference to people.
CCRT	Community Crisis Response Team	Run by Livewell Southwest, the team aims to prevent unnecessary hospital or residential care admissions, promote and support independence, identify any long-term needs and support people who are in crisis to remain at home.
CSPB	Carers Strategic Partnership Board	The Carers Strategic Partnership Board works together to try to improve the support and opportunities for Unpaid Carers in Plymouth. This includes young carers.
DoL's	Deprivation of Liberty Safeguards	DoLS aims to protect people who are able to consent to changes in their living arrangements which deprive them of their liberty. Checks are carried out to make sure they are necessary, in the person's best interests and that their feelings and wishes are taken into account.
DP	Direct Payments	Direct payments allow people to receive cash payments from your local authority instead of care services to choose the support they need for themselves.
DFG	Disabled Facilities Grant	Disabled Facilities Grants help towards the costs of making changes to a person's home so they can continue to live there.
DTA	Discharge to Assess	Discharge to Assess helps fund and support people to leave the hospital when it's safe and appropriate to do so
HLP	Healthy Lives Partnership	The Healthy Lives Partnership (formerly the Integrated Care Partnership) was announced by Livewell Southwest and University Hospitals Plymouth NHS Trust in July 2021 and brings together a number of health and social care services.
ICS	Integrated Care Strategy/System	Integrated Care Systems are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. They are formed by NHS organisations and upper-tier local councils in that area and also include the voluntary sector, social care providers and other partners with a role in improving local health and wellbeing.
ICB	NHS Devon Integrated Care Board	ICB's are NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices.
IDHT	Integrated Hospital Discharge Team	A team of health and social care professionals working together to help people to be able to leave hospital safely after an illness.
JSNA	Joint Strategic Needs Assessment	Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of local communities.
LCP	Local Care Partnership	Local Care Partnerships bring together local health and care providers to work together to improve services in local communities, focusing on what matters to local people.
LRSS	Livewell Southwest Referral Service	A way of making contact with Livewell Southwest to ask for support or advice.
LSOA	Lower Super Output Areas	Lower layer Super Output Areas (LSOAs) help us to understand the needs of smaller communities, using data. They usually include between 400 and 1,200 households and between 1,000 and 3,000 people.
LWSW	Livewell Southwest	Livewell Southwest is a Plymouth based social enterprise providing integrated health and social care services for people across Plymouth, South Hams and West Devon, as well as some specialist services for people living in parts of Devon and Cornwall. Livewell started delivering Adult Social Care services for Plymouth City Council in April 2015.

MCA	Mental Capacity Act	The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over and covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery.
MDT	Multidisciplinary Team	A group of professionals from different roles or organisations who come together to share information and ideas to help support people who need help to stay safe or manage everyday living.
MSP	Making Safeguarding Personal	Making Safeguarding Personal aims to make sure that the feelings and wishes of people involvement in safeguarding concerns are considered and they are supported to improve or resolve their circumstances.
OT	Occupational Therapy/Therapists	Occupational therapy aims to improve people's ability to do everyday tasks if they're having difficulties.
PCC	Plymouth City Council	Plymouth City Council is the local authority for Plymouth, providing services and information to the area's residents as well as businesses and visitors.
PCN	Primary Care Networks	A PCN is a group of GP practices working closely together to provide services to their local population. A PCN usually includes 30,000–50,000 patients.
POD	Plymouth Online Directory	The Plymouth Online Directory contains information about a broad range of services in the Plymouth area and beyond, designed to help people find advice and support.
PSAP	Plymouth Safeguarding Adults Partnership	Every local authority has to have a Safeguarding Adults Board (SAB). In Plymouth, we call it the Plymouth Safeguarding Adult Partnership (PSAP). The main objective is to make sure that we work together to help and protect adults in Plymouth.
PSW	Principal Social Worker	The Principal Social Worker takes a lead role in making sure our arrangements to support people and keep them safe are good quality and we keep improving.
SAR	Safeguarding Adult Review	Safeguarding Adult Reviews were previously known as serious case reviews. A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place.
UHP	University Hospitals Plymouth NHS Trust	University Hospitals Plymouth NHS Trust is the organisation which runs Derriford Hospital and a broad range of other health services in and around Plymouth.
VCSE	Voluntary and Community Sector organisations	VCSE means a voluntary, community or social enterprise organisation which serves communities solely within England and which is either: a charity, Community Interest Company or Community Benefit Society, registered with the relevant registry body; or an unregulated organisation with a social mission which is similar to a charity.