

Adult Social Care – improvement journey



**Cabinet update following our Adult
Social Care Local Government
Association Peer Review**

Adult Social Care – improvement journey



Continuous improvement focus

Getting ourselves ready for CQC Assurance under a new inspection framework

- Self Assessment to demonstrate we understand ourselves
- Refresh improvement plan
- Test our understanding with external partners – via LGA Peer Review and give us the opportunity to adjust our priorities
- Updating today on our progress so far in testing ourselves and our key improvement priorities

Adult Social Care: Demand April 2024-current



- We received an average of **844** contacts per month via our Customer Contact Centre for care and support related to advice or activity.
- We supported over **13,272** Adults as a Local Authority Adult Social Care service.
- Our Social care teams completed **4,708** Assessments (including Care Act, Occupational Therapy, Carers, and Mental Capacity Assessments) and **2,527** Reviews of people's care and support needs.
- We undertook **2988** support plans.
- We undertook **385** Safeguarding Enquiries, reducing or removing the identified risk in **249** cases.
- We supported over **629,959** hours' worth of home care provision for people assessed as requiring care and support at home, and **1,411** residential and nursing placements.
- There are 8675 unpaid carers (18 and over) on the Plymouth carers register

Delivery of Care Act duties



- Statutory requirement to deliver Care Act 2014 duties
- 2015 transfer of majority of Adult Social Care assessment function to Livewell Southwest, to deliver key functions within an integrated health and social care community interest model
- There are a smaller number of local authorities who deliver services in this way. Some functions remain within the Council



Care Act 2014

Testing ourselves: Self Assessment



Our self assessment was undertaken in autumn 2024 and refreshed in January 2025.



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 Livewell, 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

Areas to improve



Reduce waiting times for assessments and reviews, so people access support when they need it and are safe and confident while they are waiting



Redesign our system operating model to reduce, prevent and delay the need for statutory intervention and support



Develop and consistently embed our approach to co-production and engagement



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



Develop more integrated 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

CQC Assurance



- The Health and Care Act 2022 – Care Quality Commission power to independently assess how every **Local Authority** is undertaking **Care Act 2014** duties
- Council's will be rated outstanding, good, requires improvement or inadequate
- If a local authority is failing to perform its functions under the Care Act to an acceptable standard, the CQC must inform the Secretary of State for Health and Social Care under section 50 of The Health and Social Care Act 2008.
- **We have been notified and completed our information return in January.**
- **CQC will give us 6-8 weeks notice of the date of the on-site element of our inspection.**

Testing ourselves: LGA Peer Review (January 2025)



- Tested our systems and evaluation of ourselves over 3 days
- The peer team were given access to at least **300** documents including the self-assessment
- **10** case files from across the areas of adult social care
- **40** Meetings with over **180** different people from adult social care and partners.
- The team spent over **315** hours with Plymouth City Council and the documentation – the equivalent of **42** working days.
- The team had over **244** years' experience in Health and Adult Social Care

LGA peer review: key messages



- We know ourselves well in our strengths and areas of improvement
- Identified key areas where we can go further and faster in making progress
- The following slides show the key messages from the peer reviewers, with our identified actions

Workforce is kind, caring and collegiate and stable



- ✓ Staff are happy and proud to work in Plymouth
- ✓ Caring Plymouth partnership is impressive
- 🔍 Strong recruitment and retention and low vacancies, underpinned by a forward-looking workforce plan
- 🔍 Staff are concerned about capacity, particularly linked to delivering Care Act duties

ACTION:

Benchmark to validate that staffing levels are safe and appropriate to deliver statutory duties

Clear commitment to integration & partnership working



- ✓ Senior leaders' vision and commitment is impressive, clear and understood by partners as authentic
- 🔍 But it is evident that the vision for Adult Social Care and benefits of integration are not fully understood at all levels and there is a need to improve connection with staff
- 🔍 Integration has increased bureaucracy (view from some staff) – Adult Social Care has been “swallowed up by health”

ACTIONS:

A clear and concise version of the vision, to be co-designed and developed with staff and regularly communicated

Build on existing workforce development to ensure that all staff have a consistent understanding of Care Act duties, supported with relevant training

Ensure that co-production is committed to and communicated corporately through a Co-production Charter and governance

A social care practice model is needed



- 🔍 Staff are kind and caring but practice needs to be more focused on strengths and differentiate between strengths based and person-centred practice
- 🔍 People who draw on care and support and their carers wanted more innovation and less transactional support
- 🔍 There needs to be more recognition of equality, diversity and inclusion throughout practice and case recordings
- 🔍 A clear escalation policy and approach drawing on multi-disciplinary support would help to respond to people with more complex, overlapping needs and risks

ACTION:






Build on existing work to develop a clearer model for ASC practice

Ensuring equity of access for people from all communities, through improved equalities data recording and developing practice

Ensure greater oversight of Occupational Therapy practice and performance in relation to Care Act duties within Livewell

Waiting times are too long and unclear



-  Too many people are waiting for assessments including from social workers, Occupational Therapists and Deprivation of Liberty safeguards
-  People wait too long for reviews of their current situation
-  Staff have become too used to having waiting lists and these vary in size between different teams and there is a risk this becomes the accepted norm
-  This means that frontline staff and managers are not clear on the extent of the challenge or progress made
-  Waiting Well is not yet embedded in practice or experienced by people waiting for a service

ACTION:

Urgently deliver and embed the Waiting Well protocol to ensure risks are consistently managed safely

Continue to improve waiting times for assessments and reviews

Track ongoing progress against agreed targets and trajectories.

The provider market is of high quality



- ✓ Good “robust and proactive” integrated commissioning arrangements and commitment to co-production
- ✓ Providers feel supported and valued, based on trust and mutual respect
- ✓ Local services are safe, effective and affordable and there is a good choice of care including care homes and supported living
- 🔍 Hospital discharge is well supported by teams and services, but reablement could be further extended to the community

ACTION:

Do more to link local providers with Livewell social work teams

Consider developing more choice for respite and availability of more specialised accommodation for those with mental health or learning disabilities

Review and develop our Independence at Home service to make available for community referrals

Our VCSE partners are enthusiastic and well-connected



- ✓ “Established and demonstrably strong relationships” with Adult Social Care
- ✓ Collaborative working seen with an impressive range of partners including Improving Lives Plymouth, Age UK, PLUSS and Eldertree
- ✓ VCSE partners are well-led, “professional, skilled and actively engaged in helping scope the future”
- ✓ Wellbeing Hubs are “excellent” and could be part of reaching more Adult Social Care clients in their communities
- ✓ “The ability of people to openly share their experiences indicates a culture where they feel heard”
- ✓ Safeguarding Partnership recognised for positive multi-agency working

ACTION:

Continue to work with partners to co-design, innovate and trial new services and ways of supporting people

Revised improvement plan priorities – further and faster



1. **Adult Social Care vision and strategy** – clarity of our purpose and ambition that is both available and shared through engagement with our workforce.
2. **Visible leadership and communication** – a programme of visits to meet front line social care teams and then more regularly for the future to ensure all staff are clear on our improvement plans and priorities.
3. **Waiting Well/Waiting Less** – assurance around ensuring safety for those waiting to be seen and reducing how long people wait. To include formally approved protocols/procedures for all individuals waiting for adult social care along with evidence of these protocols being understood and implemented by all appropriate teams and those who are waiting.
4. **Occupational Therapy** – Visibility and activity of Care Act duties within Livewell along with performance and practice oversight and improvement plan activity
5. **Practice model** – clarity and communication of the model used for social work practice, including development of strengths-based practice and associated training
6. **Equality, diversity and inclusion** – cross cutting theme to improve and demonstrate our understanding of our population and barriers to support

Improvement plan

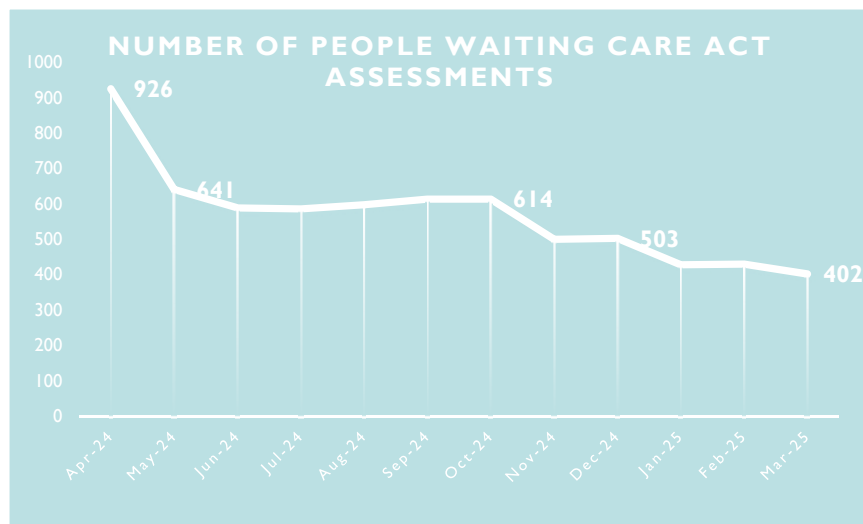


- Joint Plymouth City Council and Livewell Southwest improvement plan in place
- Progress monitored through joint governance from leadership to practice improvement
- Reinforced by data and metrics
- Also includes wider programmes of work and enablers such as commissioning and safeguarding

Theme 1: Waiting Lists – New Care Act Assessments

Key Performance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of People Waiting	931	646	591	590	600	616	613	500	503	442	427	402	183	▼
Percentage of Care Act Assessments completed within 28 days (upon allocation)	82.8%	89.9%	87.2%	80.5%	76.6%	81.8%	87.0%	88%	83%	81%	74%	83%	85%	▲
Number of Care Act Assessments Completed	234	255	228	186	170	151	200	180	154	223	197	x	183	▼

Narrative

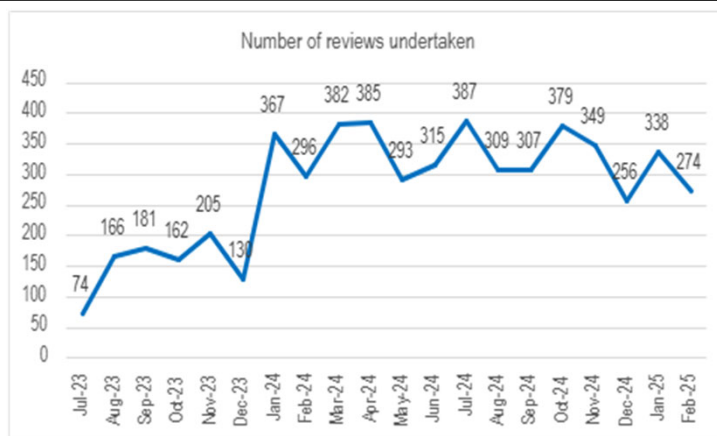
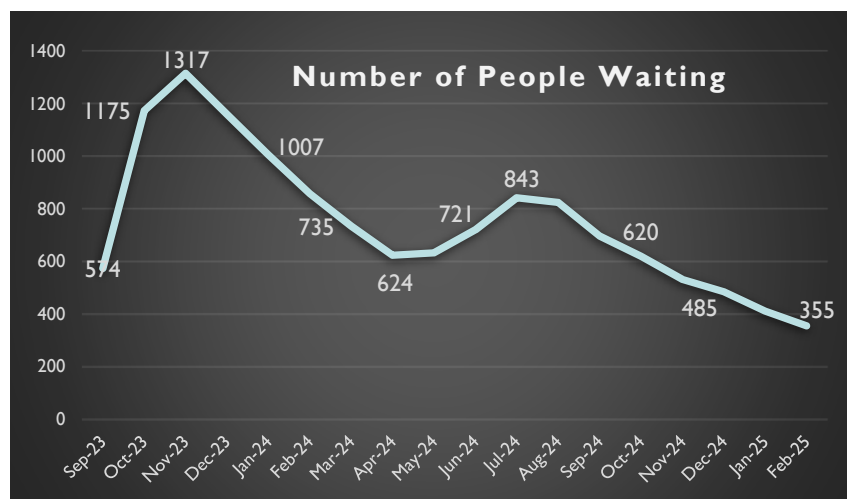


There has been a notifiable drop in the overall new referrals being received over the last two months in comparison to the previous financial year.

Work has been carried out in partnership with Livewell to understand the various stages within the pathway to a new assessment, aiming to support targeted improvement efforts in reducing the overall waiting list and the length of time individuals are waiting for an assessment.

Theme 1: Waiting Lists – Care Act Reviews/Change of Circumstances

Key Performance Indicator	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of People Waiting	624	633	721	843	825	696	621	531	483	409	355	346	277	▼
% of reviews with increased cost - New	10%	12%	16%	17%	12%	19%	17%	18%	10%	16%	21%	TBC		▲
% of long-term service users with an assessment or review in the last year	49.9%	50.5%	50.3%	50.6%	50.8%	51.60%	53.4%	55.5%	57.1%	59.4%	60.7%	TBC	70%	▲



Narrative

The ongoing improvement in reviewing people who draw on care and support on a long-term basis is a notable achievement, rising from 36.1% in April 2023 to a region-leading 60.7% in February 2025. We are now closer to the national leading figure of 74%. This represents a doubling of performance under this metric over the past two years.

This ensures that people who draw on care and support are receiving the right level of support and should reduce additional demand at the front door for people requesting a review of their care and support