

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Plymouth

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<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p>Performing Poorly - not delivering the minimum requirements for people. Performing Adequately - only delivering the minimum requirements for people. Performing Well - consistently delivering above the minimum requirements for people. Performing Excellently - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p>Leadership and Commissioning and use of resources</p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: Outcomes framework You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Performing well
Outcome 1: Improved health and well-being	Performing well
Outcome 2: Improved quality of life	Performing well
Outcome 3: Making a positive contribution	Performing well
Outcome 4: Increased choice and control	Performing well
Outcome 5: Freedom from discrimination and harassment	Performing well
Outcome 6: Economic well-being	Performing well
Outcome 7: Maintaining personal dignity and respect	Performing well

Council overall summary of 2009/10 performance

This has been a year during which Plymouth City council has continued to make progress in developing and modernising service delivery while consolidating areas of good practice evidenced during 2008/9. There is a good focus on delivering improved outcomes for people across the council and within adult social care services. The plans for introducing personalised services are clear and comprehensive and people are already benefiting from this. More people are being supported to live at home and use community based services. Many more people are able to get services through direct payments and individualised packages of care. This year will introduce major changes to service delivery to ensure that everyone new to using social care services will be able to benefit from a personalised approach which meets the principles of the government's Putting People First agenda, particularly with the introduction of personal budgets. As people already using services have their care needs reviewed they will also be able to get a personal budget which supports them to chose their own care services.

The council is ambitious and has a clear sense of purpose. This has been recognised through a number of awards including the best achieving council of the year in the Municipal Journal awards. Of particular importance in social care was winning the 2010 Dignity in Care award for the way the council works with providers to ensure peoples' rights and dignity are protected in residential care and for the joint approach taken towards safeguarding people living in care services. Safeguarding services continue to develop with evidence of more people being protected through the service, which is well managed and adequately resourced.

Progress has been made in working with health partners, with improved structures for getting together and agreeing priorities now in place. Plans are being made to make sure people have a good journey from health to social care services and changes to services are being designed to improve the support to people going into and out of hospital during 2010/11. It is clear that the council and partners are working more effectively together to modernise service delivery both to deliver efficiencies within the service, but also to improve the outcomes and experiences of care for people using both health and social care services. This will continue to be a focus for improvement in 2010/11.

Leadership

“People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce”.

Conclusion of 2009/10 performance

During 2009/10 Plymouth City Council and its partners have made significant progress in taking forward the Putting People First agenda and meeting government milestones. Joint management of the programme has been developed through the setting up of the health and social care integration board which is clearly linked into the Local Strategic Partnership and to the council’s corporate plan. Plans for Putting People First are strategically linked to the NHS Transforming Community Services strategy through personalisation, prevention and early intervention themes. An implementation programme is in place with detailed plans now being developed with partners.

More people living in Plymouth have been able to access services which are personalised and community-based in 2009/10 and this has been reflected in a real shift in service delivery. More older people have been enabled to achieve independence through rehabilitation and intermediate care and the number of people remaining at home three months after hospital discharge has increased significantly. There has been a large increase in the number of people receiving self directed care, with more people being supported to live at home or in extra care housing and fewer people living permanently in residential care services. Significantly more carers are now receiving direct payments to meet their needs. The council intends to build on progress this year with increased service integration with health in particular the development of a single point of access to health and social care services, integrated intermediate and re-ablement services (which will include rapid response and out of hours services) and joint long-term care teams which will be focused on six localities. The council has worked hard to ensure that staff are fully informed and ready to implement changes, with systems in place to enable them to influence the shape of service delivery.

The adult social care leadership team is both ambitious and innovative. Managers consistently demonstrate clear direction and a good understanding of service provision. Targets are set appropriately and priorities clear and well documented. There is evident commitment and support for the development of social care services from councillors and other managers within the council, with an increased focus on a whole council approach to social care issues. Health inequalities are one of the most important challenge the city faces. The council has good information and clear targets on how to address these issues, focusing on priority localities. Neighbourhood profiles have been used to prioritise areas where support needs to be focused and the NHS are key partners in the delivery of improvements.

Plymouth has developed effective systems to engage people who use services and carers in the development of new ways of working. A series of appreciative enquiry events has taken place where 148 people who use services, carers, stakeholders, elected members and staff have been able to give their views on themes relating to the Putting People First agenda. From this, user reference groups have been established to focus on specific projects for example self-directed support. In addition, there are good opportunities for feedback on service delivery, through surveys and quality monitoring which are being used to inform commissioning and service development.

Performance management is effective and well linked into the corporate agenda. During 2009/10 self-directed support targets were disaggregated into targets for each team and then allocated to individual workers to give an improved focus on delivery. This was supported by a tracking system so that real-time information on progress was available for managers. This resulted in an improvement above the council's target. This model will be extended to other priority indicators in 2010/11.

Key strengths

- There has been good progress on developing the strategy and structures to drive major changes in the provision of social care. This is reflected in real change at the operational level.
- More people living in Plymouth have had the opportunities to choose how to spend their allocated individual budget and organise social care to meet their own needs.
- There is clear evidence of improved joint working and agreed strategic plans between health and social care.
- More people living in Plymouth are supported to remain at home.
- Well-developed performance management systems are encouraging high levels of performance and local responsibility for achieving targets.

Areas for improvement

- The good progress in engagement with health partners needs to be translated into evidence that people experience improved care pathways into and out of hospital.
- People living in Plymouth should have an equal chance of having a healthy life wherever they live. The focus on developing priority neighbourhoods and reducing health inequalities will need to be closely monitored to ensure benefits can be evidenced.

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

Commissioning is firmly based on a good understanding of local needs and who is currently being helped. The joint strategic needs assessment (JSNA) has been refreshed during the year and is one of the ways the council decides on the priorities of the area. Plymouth has built on the range of ways that people who use services and carers can influence commissioning during 2009/10. The key commissioning developments during 2009/10 have related to the implementation of Putting People First. The council has a transitional commissioning plan to transform social care in Plymouth which focuses on universal services, social capital, choice of control and co-production with health. This plan will build on the effective measures put in place to alter the balance of care between residential services and community based care and further develop the joint approach with health to retaining people's independence. Providers are actively involved in discussions with the council on future patterns of care and the council works effectively to engage providers in developing new types of service provision.

Joint commissioning is continuing to develop. There are two strategic commissioning managers responsible for all aspects of commissioning in Plymouth adult social care. They also have a responsibility to work with the PCT on joint commissioning. A Joint Commissioning Executive has been established with the PCT to oversee the development of joint commissioning arrangements across the partners. A joint mental health commissioning plan is in place and a joint commissioning group has been established to oversee progress. This is an important development to ensure the modernisation of mental health services is both agreed and taken forward. Joint contracting is now in place across a range of services.

Progress is being made in rebalancing the level of money spent on different client groups; however there is still room for improvement as spend on older people continues to be low compared to other similar councils. During 2009/10 the council has been able to demonstrate ways in which commissioning under Putting People First will impact on this. The resource allocation system being used by Plymouth is generic and therefore people with learning difficulties and older people who have similar needs will be given equivalent budgets. There is good evidence of innovative contracting and use of individual budgets in the learning disability service which is being modernised. An example of this is at The Orchard, an extra care housing scheme for people with

learning disabilities, where individual funds have been setup enabling more cost-effective services to be provided. People using the service are in control of their budget which, although held by the council, can be tracked in real-time by the person themselves. Plans are being implemented to create a shopping website of accredited providers where people using services can safely chose their own services.

Plymouth has made good progress on achieving efficiencies and has ambitious plans for increased savings in 2010/11. There is evidence to show that delivery plans are in place and progress is monitored. The council has a consistent record of efficient budget management.

Effective systems are in place to recognise and respond to poor services. The council makes good use of the data provided by CQC which relates to the quality of regulated services, focusing resources on poorer providers and monitoring improvements closely. Contracting practice is modernising with a move towards outcomes based contracts and reducing the reliance on block purchasing. This has been particularly successful in monitoring projects funded through the small grants fund to promote healthy living where good outcomes can be demonstrated.

Key strengths

- People living in residential care services in Plymouth can be assured that the council monitors the quality of care and works with providers to stimulate improvements
- Innovative approaches to commissioning are resulting in people being more in control of their services both with respect to their design and delivery
- Plymouth has an ambitious efficiency programme for 2010/11. The council has a good track record of meeting its commitments and balancing the budget.

Areas for improvement

- Joint commissioning is developing and structures are now in place to support delivery. The council needs to make sure that all partners are fully committed to translating these plans into actual delivery of modernised services.
- The council needs to continue to monitor that levels of spending on different groups of people who use services are appropriate and will enable the needs of a changing population, particularly an increase in numbers of older people including those with mental health needs, to be met.

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome one from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at *good level* in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome two from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at *good level* in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome three from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at *good level* in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome four from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at *good level* in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome five from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at *good level* in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome six from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at *good level* in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

The council is performing well

Plymouth has effectively raised awareness of adult abuse and neglect through a range of imaginative campaigns, leaflets and training during 2009/10. Activities have included bus advertisements and information on supermarket till rolls. This activity has resulted in a substantial increase in the number of people living in Plymouth who have been referred for safeguarding. In a new course 50 people with learning disabilities have been trained in self protection. They report they are more confident to recognise abuse and know how to protect themselves. There has been a good increase in the number of people from the independent sector who have been trained to identify and report abuse, with the council achieving above the target they set themselves.

The council monitors changes in referral rates and has an understanding of the trends. In order to respond to the growing number of referrals, the capacity of the safeguarding service has been increased. This has meant that a good level of completion of cases has been maintained, so people who are referred for safeguarding have a prompt and efficient service. Although data shows that a proportionate number of people from black and minority ethnic communities are being safeguarded, the council acknowledges that they need to develop this area of their work alongside their approach to localities and neighbourhoods.

Good systems are in place to check that safeguarding is conducted well and there is evidence that improvements are identified and used to inform practice in the future. Alongside this, the council has undertaken specific pieces of work to audit practice. A recent example was a review of multi agency attendance at safeguarding meetings. This evidenced that 96% of meetings had multi agency representation indicating that people have benefited from a joined up approach across agencies.

Plymouth is developing ways of increasing the influence of people who use services in safeguarding processes. During the year an independent service user survey was conducted to gain people's views on whether they had been treated with dignity and respect through the safeguarding process. The results showed high levels of satisfaction and 98% said they felt safer as a result. The council is developing mechanisms for ongoing involvement to make sure the service is responsive and service user centred.

People living in care homes in Plymouth continue to have the quality of their care monitored and improved through initiatives led by the council. Improvements this year include the co-location of the councils review team with the funded nursing care team to ensure a joined up approach, an increase in Quality Officers to work with homes and the establishment of a dignity in care forum. The success of these initiatives has been recognised by the dignity in Care Award 2010. A new initiative, Quality Checkers, has been commissioned where people with learning disabilities are employed by a service to help them check service quality.

There is a good focus on training staff to understand and implement the Deprivation of Liberty Safeguards. This has taken place across the care home sector as well as with health and social care. 18 referrals have been made and decisions are quality monitored through a process of supervision and support. The low level of referrals from some hospitals is being addressed.

To keep people safeguarded alongside the development of personalised approaches to providing care, the council has developed a risk enablement and procedure policy. Once risks are identified support plans are set up to address and look at ways of reducing them, whilst still providing a personalised service. The council can demonstrate how this has improved outcomes for individuals. The council intends to build on this practice during 2010/11 with staff training and innovative plans for improved information and advice to service users and carers on managing risk for themselves.

Key strengths

- More people living in Plymouth have been kept safe during 2009/10 and the council has successfully raised the awareness and profile of adult safeguarding in the city.
- People who have been subject to safeguarding processes have their views taken into account and can be confident that processes are continually checked and improved upon.
- There has been a good increase in the numbers of staff in the independent sector who have been trained to identify and report safeguarding issues.
- People who use residential care services are protected by good systems to review and improve care practices.

Areas for improvement

- People who use services need to be engaged on an ongoing basis in reviewing and improving the safeguarding service.
 - Plymouth needs to ensure that people from harder to reach communities have a good understanding of and access to safeguarding systems in Plymouth.
 - Continue to develop systems to support service users who use personalised services so they can develop awareness of risks and plan ways to reduce them.
-