

Report to: **Cabinet**

Date: **26 January 2010**

By: **Director of Adult Social Care**

Title of report: **The Care Quality Commission (CQC) Assessment of Adult Social Care 2008-09**

Purpose of report: **To provide Cabinet with the CQC assessment of Adult Social Care Performance for 2008-09.**

RECOMMENDATIONS

The Cabinet is recommended to:

- 1. note that Adult Social Care has been awarded “Performing Well” for delivery of Outcomes; and**
 - 2. agree the action plan in place to improve service delivery.**
-

1. Financial Appraisal

- 1.1. There are no increased costs arising from the recommendations in this report.

2. Background and Supporting Information

2.1 The annual performance assessment report outlines the findings of the 2009 annual performance assessment (APA) for Adult Social Care. The performance assessment framework is built around the outcomes from the Governments White Paper, Our Health Our Care Our Say. Adult Social Care is assessed against seven outcomes and commentary is provided for two domains, the commentary for the two domains informs the Comprehensive Area Assessment (CAA). An overall grade is provided for delivering outcomes, and a separate grade is provided for each of the seven outcomes.

2.2 The overall grade awarded for delivery of outcomes is Performing Well. “A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.” (Appendix 1 provides a full description of the gradings and the outcomes and the Judgement is provided in Appendix 2.)

In summary, each outcome was assessed as Performing Well:

- | | |
|---|-----------------|
| ▪ Improved health and emotional well-being | Performing Well |
| ▪ Improved quality of life | Performing Well |
| ▪ Making a positive contribution | Performing Well |
| ▪ Increased choice and control | Performing Well |
| ▪ Freedom from discrimination or harassment | Performing Well |
| ▪ Economic well-being | Performing Well |
| ▪ Maintaining personal dignity and respect | Performing Well |

2.3 For each outcome CQC highlight both areas for improvement and areas of strengths. An action plan (CQC Action Plan) has been developed to address these areas for improvement in order to strive for excellence.

2.4 CQC noted that Adult Social Care have strengthened working with Health in avoiding unnecessary hospital stays; the use of Telecare in prevention; the increases in Direct Payments providing more people with more choice about how they purchase their care; the Single Assessment Process (SAP) which provides a more seamless assessment process; the number of different support mechanisms to people with learning disabilities particularly to access training and employment; support to carers, including to access training and employment; and, improvements in progress in Safeguarding publicity, public awareness campaigns and processes.

2.5 In their overall performance summary the CQC agreed with the Department's identified areas for improvement, the range of intermediate care services to reduce reliance on bed based intermediate care; and further development of local community based preventative services.

2.6 The assessment of Leadership, and Commissioning and use of resources was positive. Particular areas of strength in Leadership were highlighted as: the establishment of a Putting People First (PPF) Programme Board chaired by the Director of Adult Social Care with progress reports being reported to the Scrutiny Committee; the development of the Reward and Recognition Policy to support and encourage involvement in the design and improvement of services; the strengthening of workforce planning through multi agency working; and partnership working with for example the PCT. In particular: "The council benefits from strong and effective leadership and there is good support from councillors. Together this has proved critical in delivering continued improvement and to the successful delivery of the programme of work aimed at promoting independence and the quality of life of people living in East Sussex."

2.7 Particular areas of strength in Commissioning and use of resources were highlighted as: joint commissioning strategies, notably the Learning Disability Joint Commissioning Strategy which won a national award for service user involvement; the fully embedded Joint Strategic Needs Assessments (JSNA); and, the review of home care services and refocusing of the intensive re-ablement service. CQC noted that an area for improvement is Transport: "Transport remains a complex issue in rural areas, which the council must address to help reduce the burden of social isolation."

2.8 The CQC Action Plan to improve delivery is provided in Appendix 3.

3. Conclusion and Reasons for Recommendation

3.1 Cabinet are asked to note the contents of this report and the actions being taken to ensure continuous improvement of services and support to the vulnerable people of East Sussex.

KEITH HINKLEY
Director of Adult Social Care

Contact Officer: Name Louisa Havers Tel No. 01273 482117

Lead Member(s): Councillors Glazier and Bentley

Local Member(s): All

BACKGROUND DOCUMENTS: Letter from CQC South East Regional Director, October 2009, CQC Annual Performance Assessment Report 2008-09, CQC Adult Social Services Performance Assessment Notebook

Appendix 1

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

Outcomes for Social Care: *Our Health, Our Care, Our Say* White Paper

Putting People First builds on the themes laid out in the White Paper, which contains seven outcomes for Adult Social Care, on which we are measured. In addition, there are two domains from the Care Quality Commission (CQC) upon which leadership and capacity strengths are measured.

Improved health: enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity.

Improved quality of life: access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

Making a positive contribution: active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision-making.

Exercise of choice and control: through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

Freedom from discrimination or harassment: equality of access to services. Not being subject to abuse.

Economic well-being: access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

Personal dignity and respect: keeping clean and comfortable. Enjoying a clean and orderly environment. There is availability of appropriate personal care.

Plus the two CQC domains:

Leadership & Management: People experience services that are well led. (From Inspecting for Better Lives: A Quality Future)

Commissioning & use of resources: Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means

(From New Outcomes Framework for Performance Assessment of Adult Social Care)

Annual Performance Assessment
Report 2008/2009



Adult Social Care Services

Council Name: East Sussex

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

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

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

We also make a written assessment about

Leadership and

Commissioning and use of resources

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

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

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

**Delivering Outcomes
Assessment**

**Overall East Sussex
County Council is**

Performing Well

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

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

Assessment of Leadership and Commissioning and use of resources

Leadership

The council benefits from strong and effective leadership and there is good support from councillors. Together this has proved critical in delivering continued improvement and to the successful delivery of the programme of work aimed at promoting independence and the quality of life of people living in East Sussex. Additional investment, 5% year on year, over a period of three years, further demonstrates the political support for adult social care and the developing preventative agenda.

The council has established a Putting People First (PPF) programme and a Board chaired by the Director of Adult Social Care. All PPF projects report directly to the Board and progress reports are made to the Adult Social Care Scrutiny Committee.

The council and the local Primary Care Trust (PCT) jointly developed a reward and recognition policy to support and encourage service users, carers, patients and members of the public to get involved with designing and improving services.

Workforce planning has been strengthened through improved multi-agency working, resulting in integrated planning arrangements with health partners. This arrangement is supported by a programme, which provides for joint events, training and development activity for managers and staff. Initiatives to involve service users in staff recruitment have been in place for some years. However, the council are planning an enhanced and coordinated approach to further develop users' and carers' involvement in both training and recruitment.

Partnership working with the PCT on Continuing Health Care (CHC) and the Learning Disability Transfer, has proved very challenging over the last twelve months for the council, who have scheduled to review the CHC assessment process and surrounding procedures, with a view to making this area of case management more effective. The council drives challenging but realistic performance improvement. A key objective is to now fully embed the developing and improving performance culture beyond senior staff and managers and ensure sign up by front line staff.

Commissioning and use of resources

All joint commissioning strategies have been based on extensive user and stakeholder engagement, including the Learning Disability Joint Commissioning Strategy, which won a national award for service user involvement. The Joint Strategic Needs Assessments (JSNA) is fully embedded in both joint working and core business and has directly influenced strategic priority setting through development of the council's community strategy 'Pride of Place', in particular the Health and Wellbeing theme. One of the key outcomes of the JSNA has been that it provides Health partners and the council a joint focus on plugging identified information gaps and creating more opportunities for intelligent commissioning. A review of home care services has been undertaken, taking into account the growing older population and increased number of people aged over 85 with complex or rehabilitative needs. The service has been refocused as an intensive re-ablement service to both individuals living at home and those discharged from hospital.

Transport remains a complex issue in rural areas, which the council must address to help reduce the burden of social isolation. To enable personalisation to be fully successful the council recognises the need to re-position and strengthen the capacity of the independent sector including its ability to provide services of a specialist nature or in rural areas.

The council is responsive to concerns raised in respect of quality of service provision and will suspend placements to care services where users are not having their health and welfare needs met in a safe environment. Although, the council continue to have a high number of individuals placed in care settings with a quality rating of 'poor' or 'adequate' a number of these placements refer to long standing arrangements. However, recent placements reflect the intention of the council to place with better quality services. The council have also ceased investing in block contact

arrangements for care, having established preferred, approved or lead providers.

The Improving Life Chances Strategy for disabled people and those living with long-term conditions is currently out for consultation, although the delivery of this strategy has been delayed due to reasons of capacity within the PCT, which needs to be addressed. The strategic framework for day opportunities for older people highlights the need for significantly increased community involvement and this theme is being developed through day opportunities for older people and also for people with learning disabilities and mental health problems.

Summary of Performance

In partnership with health colleagues the council continues to make improvements to ensure people avoid unnecessary hospital stays. Although the use of intermediate care is good there is a high and increasing reliance on residential based intermediate care, which is at odds with the council's commitment to promote independence within a community based setting. Telecare has now been integrated into council service provision and contributes to the growing number of people helped to live independently.

The people of East Sussex are offered widespread opportunities and support to take part in community life and feedback from people who use services is routinely undertaken and can be linked with service improvements. The use of direct payments has increased substantially during the year and improvement can be attributed to the success of a three-year strategy that has resulted in the delivery of a number of initiatives to promote the ease of access and use of direct payments. The council offers support to self funders in helping them make decisions about their personal care and support. Considering the personalisation agenda the council is aware of the need to further develop local community based preventative services that increase choice and promote diversity.

The single assessment process is supporting more holistic and person-centred assessment practice, helping ensure a more consistent approach across agencies, reducing the need for repeat information and facilitating information sharing between agencies.

The council offer access to a number of schemes that have been developed to enable people with learning disabilities to explore their training needs and employment goals. The Sussex Partnership Trust vocational team working on behalf of people with a mental health problem has had a less positive out turn during the year and is partly explained by recent changes in the economy. The council also utilises available funds to promote and support carers to access training for employment. The council is in the process of developing an IT solution that will enable them to better evaluate and monitor activity linked to carers and employment.

The number of safeguarding alerts received continues to increase. However, the council and partners remain committed to developing an

information and publicity strategy to further raise the public awareness of safeguarding and to promote the prevention of abuse. This is particularly relevant considering the low number of safeguarding alerts received in respect of those individuals who self fund their social care. The Safeguarding Board reviewed the serious case review protocol in line with the Association of Directors Adult Social Services Safeguarding standards to ensure an agreed approach to learning. An independent audit of case files concluded the approach to case file auditing has helped secure managerial oversight and ownership and improved outcomes for service users.

Outcome 1: Improved health and well-being

The council is performing: **Well**

What the council does well.

- In partnership with health colleagues the council continues to make improvements to ensure the people of East Sussex avoid unnecessary hospital stays. The council have now introduced ward based social work staff to ensure timely and consistent information exchange between professionals involved in the care and discharge planning of individuals. This ensures individuals and their carers are provided with timely and appropriate information and advice and enables the early identification and planning of any potential service requirements.
- In partnership with Health the council published a guide to later life in East Sussex, 'Forward from Fifty', and 40,000 copies were distributed to professionals and a range of organisations including libraries and GP surgeries. The guide contains information, advice and signposts individuals to further advice and support.
- A review of home care services was carried out during the year and took account of the growing older population and the increasing number of older people over 85 with complex or rehabilitative needs. The ambition of the revised service is to focus on providing reablement for people living at home and those being discharged from hospital, to further support hospital discharge and prevent readmission.
- Although the use of intermediate care is significantly higher than the average of similar councils there is a high and increasing reliance on residential based intermediate care, which appears at odds with the council's commitment to promote independence within a based community setting. However, the available intermediate care is proving to be highly effective in enabling people to achieve independence.

What the council needs to improve.

- The council audits reviews of people in receipt of services to ensure they are of a consistently acceptable quality and individuals living in the community are reviewed by community teams. The quality of this work is monitored through peer review and overall performance is better than the average of similar councils. However, the council must improve the timeliness of reviews offered to people with a learning disability.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

- The council provide, in a timely manner, a range of minor and major adaptations to aid people in their lives through the Integrated Community Equipment Service and the number of people waiting for adaptations has also reduced.
- The number of carers receiving a carers service or advice and information following an assessment or review has increased significantly during the year.
- Social Care Direct ensures easy initial contact with the council. As well as being the point of access to assessment and care managed services, it provides information, advice and signposting to alternative services and 86% of its contacts were resolved that way.
- The council's website was recently rated the best council website in England, following achievement of being rated 'Excellent' by the Society of Information Technology Management. The website was one of only five to achieve this recognition and has subsequently been named 'the best of the best'.
- The council offer advice and support to minority groups and specifically target black and minority ethnic and traveller groups to promote access to services that can meet their needs.

What the council needs to improve.

- The number of individuals accessing low level support services that encourage people to remain living independently has increased significantly and overall performance is now better than the average of similar councils. However this scenario does not apply to people with a learning disability and is an area of activity the council must address.
- The council encourage people living in the community to access day opportunities through the procurement of transport. However, a concern for older people in East Sussex is the availability of services, particularly in rural areas. The council acknowledges this and it is an ambition of the Local Area Agreement to improve social inclusion and engagement of people living in rural areas.

Outcome 3: Making a positive contribution

The council is performing: **Well**

What the council does well.

- The people of East Sussex are offered widespread opportunities and support to take part in community life and feedback from people who use services is routinely considered and can be linked with service improvements.

- There is third sector representation on each of the Partnership Boards that oversee the development and implementation of commissioning strategies.
- Volunteers are supported to run a number of community schemes including lunch clubs, carers support groups, social groups and local transport schemes.
- The council ensure people using local services and carers are routinely offered an opportunity to comment on services provided. The resulting findings enable the council to ascertain satisfaction levels and also help assist with future service re-design.
- The council recently surveyed 10,000 older people and asked about their experience of health and social care services and how these services might be improved. Compared to a similar survey undertaken three years earlier, results demonstrated people felt services were better co-ordinated and of a better quality than previously and that people were now more in control of their care services and care planning.

What the council needs to improve.

- Ensuring people involved in larger scale consultation and engagement activity get regular feedback is an area of work requiring further development, particularly as engagement activity has been a growth area. To help address this issue, the council recently appointed additional communications staff.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

- The use of direct payments has increased substantially during the year and improvement can be attributed to the success of a three-year strategy that has resulted in the delivery of a number of initiatives to promote the ease of access and use of direct payments and the associated performance is significantly better than the average of similar councils.
- Carers value the introduction of Carers Support Grants, which are flexible one off direct payments enabling carers to directly purchase services to either continue in their caring role or undertake personal pursuits. Carers also benefit from emergency respite care from the Carers Respite Emergency Support Service.
- The single assessment process is supporting more holistic and person-centred assessment practice, helping ensure a more consistent approach across agencies, reducing the need for repeat information and facilitating information sharing between agencies. Assessment and care plans are clear about outcomes for people who use their services and their carers and care plan documentation was recently revised to encourage more creative and personalised planning to meet outcomes identified by the service user.

What the council needs to improve.

- The council recently completed a review of current information provision and identified weaknesses in providing information and access for BME and other non-mainstream groups. The council is currently in the process of addressing these deficits through a recently established information and communications team.
- An area of specific concern relates to the provision of a service following assessment for people with mental health problems. The associated performance, although improving, remains below the average of similar councils.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

What the council does well.

- Equalities monitoring data is used to improve access to services and this highlighted the low number of people from BME communities using direct payments. As a result, the council and partner organisations promoted direct payments as a way of ensuring culturally competent care and the number of people from BME backgrounds using a direct payment is now at an appropriate level.
- The council provide awareness programmes for people with a learning disability who live independently to support them with strategies to keep safe whilst out in the community.

What the council needs to improve.

- The percentage of clients assessed in the year whose ethnicity was not stated is significantly higher than the average of similar councils and is an area of work the council is seeking to address.

Outcome 6: Economic well - being

The council is performing: **Well**

What the council does well.

- The council offer access to a number of schemes that have been developed to enable people with learning disabilities to explore their training needs and employment goals. Overall the schemes are having a positive impact on the number of people with learning disabilities in training, education and employment and performance is better than the average of similar councils.
- Working in partnership with the Department for Work and Pensions, staff received in excess of 8,500 referrals during the year and managed to generate £14.8m in new and additional benefits for individuals using the service.
- The council promotes carer 'champions' in all staff teams to help raise and promote the needs of carers. The council also utilises available funds to promote and support carers to access training for employment and regular sitting services.

What the council needs to improve.

- The Sussex Partnership Trust vocational team working on behalf of people with a mental health problem has had a less positive out turn during the year and is partly explained by recent changes in the economy. A new provider has been identified and will take over and provide the Individual Placement Support service from July 2009 and it is hoped that more people with mental health needs will in future benefit from accessing employment services.
- The council is in the process of developing an IT solution that will enable them to better evaluate and monitor activity linked to carers and employment.

Outcome 7: Maintaining personal dignity and respect

The council is performing:

Well

What the council does well.

- The number of safeguarding alerts received continues to increase, as does the rate of timely completed cases. Activity in both of these areas is significantly higher than the average of similar councils and the level of reported activity demonstrates good awareness of safeguarding in East Sussex.
- The Serious Case Review protocol has been reviewed and signed off by the Safeguarding Vulnerable Adult's Board and will ensure the council learns from reviews about the way in which professionals and agencies work together to safeguard vulnerable adults.
- Key organisations are represented at a senior level on the re-launched East Sussex multi-agency Safeguarding Adults Board. The Board is responsible for ensuring the different organisations, services and professional groups co-operate to safeguard vulnerable adults across East Sussex.
- An independent audit of case files concluded the approach to case file auditing has helped secure managerial oversight and ownership and improved outcomes for service users. This has also provided firm foundations for continuous improvement and the systematic identification of areas for improvement.

What the council needs to improve.

- The council and partners remain committed to developing an information and publicity strategy to further raise the public awareness of safeguarding and to promote the prevention of abuse. This is particularly relevant considering the low number of safeguarding alerts received in respect of those individuals who choose to self fund their social care. This is an area of work that the council must address swiftly.
- All relevant council staff receive training that addresses work with adults whose circumstances make them vulnerable, although the percentage of trained staff employed by the independent sector, despite improving, is significantly lower than the average of similar councils and remains an area for further development.

**East Sussex Adult Social Care Action Plan
2008/09 Annual Performance Assessment Notebook (PAN)**

This plan contains specific actions in response to recommendations and areas for development, it is not a comprehensive list of all the work being undertaken by Adult Social Care in these areas.

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
OUTCOME 1 – IMPROVED HEALTH AND EMOTIONAL WELL-BEING				
<p>Performance in undertaking reviews has improved, but work is needed to ensure that these are done to a consistent quality standard. Quality monitoring systems currently in place are not sufficiently robust to achieve this and practice also varies</p> <p>2008 APA report</p> <p><i>The council have agreed with partners to refresh commissioning strategies in line with 'PPF' and to include SMART targets. Scrutiny and lead member assess and monitor SMART approaches to business planning and delivery of targets. Feb 2009 RBM</i></p> <p>Jul update: Year end performance improved from 87% to 89% and better than comparator average</p>	1.1	<p>a) Adults and older people receiving a review as a percentage of those receiving a service (PAF D40)</p> <p>b) Assessment and Care Management - Draft a Performance and Quality Assurance Framework Action plan for the service area.</p> <p>c) LD DPS - 80% of people accessing services to have a detailed R2 support profile (statement of need) (within 2 weeks of service start date) by December 2009</p>	<p>Andy Cunningham, Kay Holden, Deborah Winterburn</p> <p>Andy Cunningham, Kay Holden</p> <p>Sue Booker</p>	<p>March 2010</p> <p>June 2009</p> <p>March 2010</p>
<p>Some case records fail to identify or address wider social and prevention issues</p> <p>2008 APA report</p> <p><i>Case management improving and range of wider social and preventative services continues to increase</i></p>	1.2	<p>a) Proportion of people whose transfer of care from all care in all hospitals is delayed. (NI 131)</p> <p>b) Increase the number of adults and older people helped to live at home to 3126.71 (NI 136)</p> <p>c) Maintain the percentage of people who are supported to maintain independent living</p>	<p>Andy Cunningham</p> <p>Andy Cunningham, Kay Holden, Kate Dawson</p> <p>Sue Dean</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		at 98.34% or more (NI 142) d) Percentage of vulnerable people who are supported to maintain independent living (NI 141) e) Achieving independence for older people through rehabilitation/ intermediate care. (NI 125) f) Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care (PAF C72) g) Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care (PAF C73) h) Peer Review will include looking at case records to review whether they identify and address wider social and prevention issues	Sue Dean Andy Cunningham Andy Cunningham, Kay Holden, Kate Dawson Andy Cunningham, Kay Holden, Kate Dawson Judi Dettmar	March 2010 March 2010 March 2010 March 2010
The council audits reviews of people in receipt of services to ensure they are of a consistently acceptable quality and individuals living in the community are reviewed by community teams, the quality of this work is monitored through peer review and overall performance is better than the average of similar councils. <i>However, the council must improve the timeliness of reviews offered to people with a learning disability.</i> PAN	1.3	a) Percentage of working age adults with a learning disability receiving a service in year who received a review	Kay Holden	March 2010
OUTCOME 2 – IMPROVED QUALITY OF LIFE				
Staff are aware of services available for carers and performance in undertaking carers	2.1	a) Improve the way we report on carers experience by incorporating carer's views into	Judi Dettmar	March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>assessments had improved significantly, however, experience of carers remained patchy and they identified that finding out about services and entitlements was the main barrier to access</p> <p>2008 APA report</p> <p><i>Jun update: Significant improvement achieved. NIS outturn similar to comparator average</i></p>		<p>“Listening and Responding” report. The information will be shared with the Carers Development Group.</p> <p>b) (NI 135) - Carers receiving needs assessment or review and a specific carer’s service, or advice and information. 2009/10 LAA target = 19.03% (although this is lower than 2008/09 out-turn of 22.1%)</p> <p>c) Undertake the voluntary 2009-10 User Experience Survey of Carers to gain wider feedback and views from Carers</p>	<p>Debbie Charman</p> <p>Susanne Crosby</p>	<p>March 2010</p> <p>March 2010</p>
<p>Services for people with mental health issues have improved, although this is an area that could be improved further</p> <p>2008 APA report</p> <p><i>Refer to analysis – still an area requiring further development</i></p>	2.2	<p>a) To support at least 12 / 19 people already identified as able to move towards settled accommodation to do so, in addition to supporting new people placed and those who already have an exit plan</p> <p>b) No more than 12 new permanent admissions to residential or nursing care of working age adults in year.</p> <p>c) Re-commission mental health residential services to promote skills development and greater independence. Re-specify residential services and tender</p> <p>d) Number of adults with mental health needs helped to live at home.</p> <p>Mental Health day opportunities</p> <p>e) New contracts for 3 years to commence with new outcomes specified and agreed</p>	<p>Ali Davis</p> <p>Ali Davis</p> <p>Ali Davis / Kate Dawson</p> <p>Kate Dawson</p> <p>Kate Dawson/ Diets Verschuren</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>July 2009</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		<p>f) Monitoring established to agreed outcomes monitoring framework as per the contract.</p> <p>g) Include Service users in monitoring systems through implementing 'recovery star' tool which takes monitoring to the level of the individual</p>	<p>Kate Dawson/ Diets Verschuren</p> <p>Kate Dawson/ Diets Verschuren</p>	<p>June 2009</p> <p>March 2010</p>
<p>Council continues to provide Telecare services to individuals. However, services provided in partnership or independently by other agencies reduced considerably this year</p> <p>2008 APA report</p> <p>New users aged 65+ provided / to be provided with one or more items of telecare equipment from the council increased from 525 to 1250 Dec 2008 (138% increase). Planned expenditure on telecare equipment has increased by £490,000. Key DoH and LAA targets achieved. Telecare is now embedded as a mainstream service and focus has been on agreeing drivers for future investment of telecare as a preventative service and establishing a stable referral pattern in line with increasing popularity and the corresponding need to ensure ongoing affordability. Independent telecare evaluation commissioned to support the business case for the sustainability of telecare on an ongoing basis.</p> <p>Feb 2009 RBM</p> <p>Jul update: The provision of telecare has improved during the year and performance is better than the average of similar councils</p>	<p>2.3</p>	<p>a) A Telecare strategy will be developed to support a mainstreamed approach to ongoing use of telecare to maximise independence.</p> <p>b) Number of new service users aged 65 and over provided / to be provided with one or more items of Telecare equipment in their own homes (or equivalent, such as extra care / warden housing) – ASC alone</p> <p>c) Number of new service users aged 65 and over provided / to be provided with one or more items of Telecare equipment in their own homes (or equivalent, such as extra care / warden housing) – ASC in partnership with other agency</p> <p>d) Number of new service users aged 65 and over provided / to be provided with one or more items of Telecare equipment in their own homes (or equivalent, such as extra care / warden housing) – Other agencies without ASC input</p>	<p>Esme Hilliard</p> <p>Esme Hilliard</p> <p>Esme Hilliard</p> <p>Esme Hilliard</p>	<p>October 2009</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>
<p>Reducing falls continues to be the top priority within the 'Healthier Communities and Older People' part of the Local Area Agreement (LAA),</p>	<p>2.4</p>	<p>a) Number of falls in Older People Directly Provided Services centres</p>	<p>Sharon Hulme</p>	<p>March 2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>however the number of falls continues to rise 2008 APA report</p> <p><i>Community Falls Response Service piloted in Eastbourne (funded by LAA pump-priming monies). During the pilot, 713 ambulance attendances were avoided due to CFRS intervention and following evaluation of the service, a revised service model was agreed. In addition to the falls response service a care home intervention programme has been introduced, supported by £30,000 of council funding and run by the PCT. Aim of the project is to provide slippers and hip protectors for residents and is currently being piloted in five care homes. New multi agency Falls Strategy available March 2009.</i></p> <p>Feb 2009 RBM</p>		<p>b) Number of chair based exercise classes carried out in Older People Directly Provided Services centres</p> <p>c) Evaluate effectiveness of 'Forward from 50' handbook (which contains a section specifically related to falls prevention advice) to ensure information and signposting to advice and support for older people is updated and relevant.</p>	<p>Sharon Hulme</p> <p>Beja Morrison</p>	<p>March 2010</p> <p>March 2010</p>
<p>The council are aware through an extensive consultation and engagement process that people with an autistic spectrum disorder were poorly served and the development of specialist services in this area is a focus for 2008/09 2008 APA report</p> <p><i>During the year the council spent £1,100,516 on people with an autistic spectrum disorder. However this does not include the services provided through Southdown Housing, Directly Provided Services, and Independent Residential providers. Current recording systems record individuals needs and services provided, rather than conditions. This has made it difficult to ascertain the numbers of people receiving services. Changes are being made to recording systems to ensure this information is collected in</i></p>	2.5	a) Explore options to capture data on autistic spectrum disorder and other conditions such as dementia and long term illness, to inform commissioning decisions.	Charity Thrussell / Susanne Crosby	March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<i>the future and informs commissioning decisions, as a matter of urgency.</i>				
<p>The number of individuals accessing low level support services that encourage people to remain living independently has increased significantly and overall performance is now better than the average of similar councils. However this scenario does not apply to people with a learning disability and is an area of activity the council must address.</p> <p>PAN</p>	2.6	<p>a) Number of people with a learning disability in receipt of grant funded services at November 2009 per 1,000 population aged 18 - 64</p> <p>b) Develop and implement clear protocols for training opportunity at the Martins</p> <p>c) Provide short term skills training intervention for people with mild learning disability</p> <p>d) Prioritise cross service resources to maximise opportunities for developing / maintaining independence skills</p> <p>e) Increase alternatives to residential respite support (supported living options)</p>	<p>Kay Holden</p> <p>Beverly Scott</p> <p>Helen Futcher</p> <p>Helen Futcher</p> <p>Chris Davies</p>	<p>March 2010</p> <p>September 2009</p> <p>December 2009</p> <p>December 2009</p> <p>March 2010</p>
<p>The council encourage people living in the community to access day opportunities through the procurement of transport. However, a concern for older people in East Sussex is the equity of services, particularly in rural areas. The council acknowledges this and it is an ambition of the LAA to improve social inclusion and engagement of people living in rural areas</p> <p>PAN</p>	2.7	<p>a) Re-commissioning of Isobel Blackman Centre to be undertaken, including review of provision of transport options</p> <p>b) Continue to support ESSA Transport theme group by highlighting relevant consultations/information/advice on transport issues.</p> <p>c) Develop a project to review the transport arrangements for ESCC directly-provided services, and recommend how these can be used more efficiently.</p> <p>d) NI 175 - Access to services and facilities</p>	<p>Geraldine O'Shea</p> <p>June Pratley</p> <p>Emma McLelland</p> <p>Roger Williams</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		<p>by public transport, walking and cycling (Proportion of the total population within 30 minutes access by public transport (bus) for an arrival at a key centre between 07:00 – 10:00 and for the return journey from that centre between 16:00 – 19:00). (T&E)</p> <p>e) BVPI 102 - Increase the number of bus passenger journeys by 5% by 2010/11, based on 2003/4 levels (T&E)</p> <p>f) Increase bus patronage in Hastings by 12% between 2004/05 and 2010/11 (T&E)</p> <p>g) Increase bus patronage in Eastbourne by 12% between 2004/05 and 2010/11 (T&E)</p> <p>h) Deliver an improved transport infrastructure which addresses rural transport matters - Develop, consult and publish a Community Transport Strategy and a Bus Strategy (T&E)</p> <p>i) Deliver local transport services and improvements through the Integrated Transport and Road Safety capital programmes in accordance with objectives in Local Transport Plan 2 (T&E)</p> <p>j) Consult with partners and stakeholders on the development of the 3rd Local Transport Plan</p>	<p>Roger Williams</p> <p>Roger Williams</p> <p>Roger Williams</p> <p>Roger Williams</p> <p>Roger Williams</p> <p>Roger Williams</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>
OUTCOME 3 – MAKING A POSITIVE CONTRIBUTION				
The council is placing an increasing emphasis on measuring the quality of user satisfaction with service and generally feedback was positive and	3.1	a) Support to Older People’s Directly Provided Services to develop effective Service User forums. Evidence that Services	Judi Dettmar	March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>there was some evidence that feedback influenced services, although this requires further development</p> <p>2008 APA report</p> <p><i>The council has undertaken a strategic review of user / carer 'engagement', including:</i></p> <ul style="list-style-type: none"> • <i>Setting strategic objectives for consultation, engagement and involvement of users, carers, providers, stakeholders and local people in policy and service design, development and evaluation</i> • <i>Establishing audit trails to demonstrate connection between user / carer feedback and service development</i> • <i>Launch of disabled persons reference group</i> • <i>User and Carer membership on strategic boards (where users and carers are not already present)</i> • <i>Establishing robust mechanisms for user and carer involvement to directly influence investment and commissioning decisions</i> • <i>Development and delivery of a programme of inclusive participation training</i> • <i>PPF programme work is engaging all groups related to ASC planning structures, including, 'closer to home' events, older peoples forums, carers strategy group and commissioning sub-group, BME outreach and engagement project and provider forums</i> <p><i>Examples of user / carer influence over service development include:</i></p> <p>Older People</p> <ul style="list-style-type: none"> • <i>Continued engagement with the East Sussex Older Peoples Forums and East Sussex Seniors Association to influence policy and</i> 		<p>have changed in response to feedback</p> <p>b) Baseline to be established for self reported experience of social care users (NI 127)</p> <p>c) Baseline to be established for user reported measure of respect and dignity in their treatment (NI 128)</p> <p>d) 70%+ people feel supported through changes made to their service</p> <p>e) Assessment and Care Management user experience surveys: Increase user satisfaction levels to greater than 80% for 'satisfaction with assessment' and 'overall satisfaction with adult social care'</p> <p>f) Support To Access Care Services (STACS): Maintain percentage of service users who felt that the information received from STACS had allowed them to make an informed choice at 80%+.</p> <p>g) Older People's Directly Provided Services : Explore how SU would like to be engaged and consulted about their service.</p> <p>h) Occupational Therapy User Experience Survey: Increase the percentage of users who felt their life has improved as a result of equipment / adaptations, to greater than 80%</p> <p>i) Advisory Group developed by September 2009</p> <p>j) The Disabled Peoples Participation</p>	<p>Susanne Crosby</p> <p>Susanne Crosby</p> <p>Samantha Williams</p> <p>Andy Cunningham Kay Holden</p> <p>Andy Cunningham Kay Holden</p> <p>Mary O'Keefe</p> <p>Deborah Winterburn</p> <p>Claire Debenham</p> <p>Louisa Havers</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>September 2009</p> <p>March 2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p><i>service development. There are seven older people's forums across the county with a membership of around 3,540</i></p> <ul style="list-style-type: none"> • <i>Members of Older Peoples forums elected onto the East Sussex LINK</i> <p>Physically Disabled</p> <ul style="list-style-type: none"> • <i>Disabled persons participation group launched Feb 2009. The groups role is to enable disabled people to develop, challenge, design and shape services to improve health and social care.</i> • <i>Ten disabled people recruited as volunteers to mystery shop the Social Care Direct service, June 2008.</i> <p>Mental Health</p> <ul style="list-style-type: none"> • <i>Carer assessment practice changed as a result of MH carer feedback</i> <p>Learning disability</p> <ul style="list-style-type: none"> • <i>Learning Disability Partnership Board Service User Reference Group developed effective ways of involving more people with learning disabilities in work.</i> • <i>Reference Group seeks views of people with learning disabilities to ask them what makes them Glad, Sad and Mad and the support they receive. So far 250 responses received. The information is used to improve services and lives of people with learning disabilities.</i> <p>Feb 2009 RBM</p>		<p>Steering group will meet quarterly to involve disabled people in consultation and forward planning of services</p> <p>k) Service User Feedback forms being upgraded to ensure consistent across service areas, and to ensure that questions are phrased appropriately for relevant client group</p> <p>l) Number of members of BME forums</p> <p>m) Following feedback from the 'Strong voices Big Ears' involvement project the involvement matters team will work in partnership with local agencies and community partners (including Police and Victim support and ESCC safer communities) to hold a conference to raise awareness of peoples experience of hate crime and hate incidents in east sussex. It will seek to build partnerships between key agencies (including education, public transport, housing, trading standards) in order to drive up reporting and raise community awareness and to develop a forward plan to address issues raised. The event will be informed by and be in response to the feedback the Involvement Matters Team have received from numerous groups and individuals with learning disabilities across East Sussex.</p> <p>See also 2.1c re Carers Survey</p>	<p>Judi Dettmar</p> <p>Cesar Da Luz</p> <p>Laura Waters</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p>
<p>Ensuring people involved in larger scale consultation and engagement activity get regular feedback has been an area of work requiring</p>	<p>3.2</p>	<p>a) Clear protocols in place to effectively respond to issues raised by the East Sussex LINK and develop target response times and</p>	<p>Judi Dettmar</p>	<p>December 2009</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>further development, particularly as engagement activity has been a growth area. To help address this particular issue, the council recently appointed additional communications staff. PAN</p>		<p>outcome measures</p> <p>b) Ensure that feedback following major departmental consultations or engagement activity is sent to participants</p> <p>c) Leaflet of feedback from Home Care User Survey developed and sent to those respondents who requested feedback.</p> <p>d) Following Older People's Engagement Day, feedback report to be developed and circulated.</p> <p>e) Following Older People's Engagement Day, develop action plan, which will be consulted on with stakeholders and members of the 7 Older People's forums.</p> <p>f) The involvement matters team will take part in the 'Keeping Safe' LD workforce development partnership, sharing the feedback received from people with learning disabilities in east sussex, about Hate Crime and bullying within the community and in services. The Involvement Matters Team will play a part in hosting the event and in presenting.</p> <p>g) Use Closer to Home Events to feedback on last year's Closer to Home events and actions that have been undertaken since.</p>	<p>Louisa Havers</p> <p>Susanne Crosby</p> <p>Denise Leary</p> <p>Denise Leary</p> <p>Laura Waters</p> <p>Julian Fowler</p>	<p>March 2010</p> <p>November 2009</p> <p>September 2009</p> <p>January 2010</p> <p>March 2010</p> <p>January 2010</p>
OUTCOME 4 – INCREASED CHOICE AND CONTROL				
<p>The council has in place a publicised compliments and complaints procedure, although some older people remain reluctant to complain</p>	<p>4.1</p>	<p>a) Deliver awareness raising sessions to the Health and Community Theme Group of the Older Peoples Forums, on systems for</p>	<p>Janette Lyman</p>	<p>September 2009</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>or had experienced poor outcomes to complaints. 2008 APA report</p> <p>Improved Quality Monitoring processes exist to increase overall quality of service provision and takes account of complaints, reviews and safeguarding issues. Council have improved their understanding of issues relating to older peoples confidence in reporting concerns through:</p> <ul style="list-style-type: none"> • Specific work with service providers to identify and understand the level and nature of concerns being raised. • Deliver awareness raising sessions to the Health and Community Theme Group of the Older Peoples Forums. • Deliver awareness raising sessions to each of the East Sussex Older Peoples Forums and through Carers forums <p>Outcomes achieved include:</p> <ul style="list-style-type: none"> • Complaints about older peoples services increased from 176 in 2007/08 to 236, 34% increase, Dec 2008 • Baseline and protocol agreed with the independent sector for monitoring concerns • Contract management system went live, Dec 2008, and is now being developed to provide information for quality monitoring of contracted services <p>Feb 2009 RBM Jun update: Activity captured within analysis</p>		<p>reporting concerns by September 2009</p> <p>b) Planned and targeted initiatives with the independent sector to develop older peoples confidence in systems for reporting concerns about independent providers</p> <p>c) Explore options of a reconfiguration within Performance and Engagement Unit, to provide a more inclusive, Customer Relations Team to meet the needs of the personalization agenda</p>	<p>Janette Lyman</p> <p>Louisa Havers</p>	<p>March 2010</p> <p>December 2009</p>
<p>The council has implemented the single assessment process, although an electronic summary is currently only available to professionals across the council 2008 APA report</p>	4.2	<p>a) Evaluate pilots to extend use of SAP in wider agencies (including GP surgery and Person Held Record pilots. Evaluation complete by 30/05/09.</p>	Jessie McArthur	May 2009

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p><i>The council is in the process of evaluating pilots, which will extend the use of SAP to other agencies including GP surgeries - GP SAP pilot went live 17 Sep 2008. The council are also exploring further the sharing of info electronically with health colleagues including the set up of NHS mail accounts for council employees as part of the CSIP Joint Care Management pilot. The DoH CAF bid was unsuccessful due to the high number of bids.</i></p> <p>Feb 2009 RBM <i>Jun update: Activity captured within analysis</i></p>		<p>b) SAP/CAF use will be broadened and enhanced (electronically where possible) to facilitate information sharing with health colleagues by 30/3/2010</p>	<p>Jessie McArthur (SAP/CAF Project Managers)</p>	<p>March 2010</p>
<p>The council recently completed a review of current information provision and identified weaknesses in providing information and access for black minority ethnic and other non-mainstream groups. The council is currently in the process of addressing these deficits through a recently established information and communications team.</p> <p>PAN</p>	<p>4.3</p>	<p>a) New complaints leaflets in accessible formats are available and distributed – Easy read, large print, audio.</p> <p>b) Public provided with clear and simple information on Social Care Services, through overhaul of Information Leaflets, which are agreed with focus groups, and disseminated across the county</p> <p>c) Demonstrated organisational and provider learning from BME reference group and Advisory Group feedback</p> <p>d) Joint Information and Access Project meets targets as identified in the Project Plan, including wider provision to self-funders, an improved searchable database of services and refreshed printed information available in diverse formats and settings</p> <p>e) Number of people accessing translating and interpreting services</p>	<p>Janette Lyman</p> <p>Samantha Williams</p> <p>Judy Richards</p> <p>Jessie McArthur</p> <p>Judy Richards</p>	<p>March 2010</p> <p>May 2009</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		f) Numbers of people accessing advocacy through FFT and Sompriti contracts See also 3.1i and 3.1j re Advisory Group and Disabled Peoples Participation Steering Group	Cesar Da Luz	March 2010
An area of specific concern relates to the provision of a service following assessment for people with mental health problems. The associated performance, although improving, remains below the average of similar councils. PAN	4.4	a) Percentage of assessments of working age adults with mental health needs leading to provision of service Please also see 2.2 – mental health services	Kate Dawson	March 2010
OUTCOME 5 – FREEDOM FROM DISCRIMINATION AND HARRASSMENT				
Equality issues were not well embedded in assessment and care management processes, strategic planning or commissioning 2008 APA report <i>Council reviewed their management and reporting arrangements for equalities to ensure the delivery of:</i> <ul style="list-style-type: none"> • <i>Inclusive and robust decision making and communication structures for equality and diversity issues</i> • <i>Promotion of learning opportunities for staff, users and carers</i> • <i>Refreshed Equality impact assessment approach to be inclusive</i> • <i>Revised commissioning and operational process and practice in accordance with EIA recommendations</i> • <i>Disabled Persons Participation Group launched February 2009 and participation training for 20 members of the group</i> 	5.1	a) Strategy & Commissioning managers and supervisors to have undertaken equalities toolkit training as per agreed timetable by March 2010 b) Ensure that, once completed, the Joint Strategic Needs Assessment (JSNA) informs future commissioning activity and service development. c) As appropriate complete EIAs and establish plans with new providers to meet the needs of under-represented diverse groups	Barry Atkins, Jessie McArthur, Debbie Endersby, Vicky Smith, Richard Peters, Sue Dean, Sally Reed, Kate Dawson Beverly Hone Beverly Hone (Barry Atkins, Jessie McArthur, Debbie Endersby, Vicky Smith, Richard Peters, Sue Dean, Sally Reed, Kate Dawson)	March 2010 March 2010 March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<ul style="list-style-type: none"> <i>Joint Health and Social Care meetings with the LINK to agree work programme and ensure inclusive approach to engagement</i> <p>Feb 2009 RBM</p>		<p>d) Equalities and Diversity Tool Kit training is rolled out to managers and supervisors and that compliance with these standards are evidenced in supervision and annual appraisals.</p> <p>e) All PPE managers and supervisors have undertaken Equality and Diversity Toolkit training</p> <p>f) All Finance and Business Support managers undertaken Equality Toolkit training</p> <p>g) Ensure disability equality is taken into account when contracting services from other organisations through reviewing information given to potential contractors and how their work is assessed</p> <p>h) Monitor disability equality in contracted services</p>	<p>Andy Cunningham Kay Holden Shane Heber Gail Hughes Deborah Winterburn</p> <p>Ellen Cuerva</p> <p>Rita Stebbings</p> <p>Jeri Damman</p> <p>Jeri Damman</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>
<p>There is little information about or prominence given to the needs of people from lesbian, gay, bisexual and transgender groups</p> <p>2008 APA report</p> <p><i>To ensure people including gay, lesbian, bi-sexual and transsexual groups feel their needs are reflected in strategies and service developments the council agreed a new Care Equality and Diversity Board with external representation.</i></p> <p>Feb 2009 RBM</p>	<p>5.2</p>	<p>a) Identify specific targets relating to gay, lesbian, bi-sexual and transgender groups for inclusion in the 3 year Equality and Diversity Plan</p> <p>b) Signposting to Bourne Out and Hastings and Rother Rainbow Alliance as appropriate.</p> <p>c) Older People LGBT awareness training at Hastings and Rother Rainbow Alliance</p> <p>d) Older People LGBT representation at</p>	<p>Judy Richards</p> <p>Ellen Cuerva</p> <p>Nathalie Calonnec</p> <p>Ellen Cuerva</p>	<p>March 2010</p> <p>March 2010</p> <p>October 2009</p> <p>June 2009</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>There are protocols in place between the council and the PCT to deal with difficulties arising from disputes for NHS continuing care funding, although data is not consistently collected by the PCT and therefore information on patterns of issues is not fully available. The council also have concerns about the quality of care management provided by the PCT for people who receive a service in this area. Progression of this work is dependent upon sufficient PCT capacity</p> <p>2008 APA report</p> <p><i>Joint Continuing Health Care (CHC) protocols have been agreed with Health colleagues including assessment and disputes processes and there are monthly joint management meetings in place and the council is in the process of recruiting a CHC co-ordinator. June update: refer to issues under outcome 5</i></p> <p>Feb 2009 RBM</p>	6.1	<p>a) To improve understanding and approach to areas of dispute by March 2010</p> <p>b) To improve data collection by PCT to enable better performance management of CHC by December 2009.</p> <p>c) PCT care management capacity improved in late 2008 and will be reviewed in 2009/10</p>	<p>Jessie McArthur</p> <p>Jessie McArthur (Tony Byrne PCT Lead)</p> <p>Jessie McArthur/Mark Shipman</p>	<p>March 2010</p> <p>December 2009</p> <p>March 2010</p>
<p>The Sussex Partnership Trust vocational team working on behalf of people with a mental health problem has had a less positive out turn during the year and is partly explained by recent changes in the economy. A new provider has been identified and will take over and provide the Individual Placement Support service from July 2009 and it is hoped that more people with mental health needs will in future benefit from accessing employment services.</p> <p>PAN</p>	6.2	a) Commission a vocational service based on the Independent Placement Scheme model and monitor outcomes as specified. Contact in place by July 09.	Kate Dawson	July 2009
<p>The council is in the process of developing an IT solution that will enable them to better evaluate and monitor activity linked to carers and</p>	6.3	a) Increase the number of carers supported to continue in their employment or return to work: Baseline for 2009/10 to be established	Debbie Charman	March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
employment. PAN		following implementation of IT solution. b) Gather data on employment status through voluntary Carers Survey c) Gather data on combining work and caring through voluntary Carers Survey	Susanne Crosby Susanne Crosby	March 2010 March 2010
OUTCOME 7 – MAINTAINING PERSONAL DIGNITY AND RESPECT				
<p>The council have in place the PAN Sussex Safeguarding Adult procedures. Although, the profile of safeguarding within health settings is less well developed, the East Sussex Hospitals NHS Trust and Sussex Partnership Trust each have their own safeguarding policy and procedures and each have a safeguarding steering committee. There are links between these committees and the safeguarding adults boards chaired by adult social care. The purpose and benefits of having separate policy and procedures were unclear. The effectiveness of these arrangements and reporting lines would benefit from review across partners</p> <p>2008 APA report</p> <p><i>The council have worked hard to improve the safeguarding vulnerable adults (SVA) interface with Health partners. Improvements include a review of local inter-agency SVA protocols to help promote consistency. The SVA Board work programme has been created including a joint safeguarding working group. Resulting outcomes achieved include:</i></p> <ul style="list-style-type: none"> • <i>Consistent application of policies and procedures</i> • <i>Increased engagement at a strategic level</i> 	7.1	a) There are currently multi-agency policy and procedures in place. These will be reviewed PAN Sussex for endorsement by partner organisations. b) Increase safeguarding referrals from Home Care agencies from 80 in 2008/09 c) Number of safeguarding referrals made by NHS d) Promote awareness of Safeguarding Vulnerable Adults Strategy for East Sussex through planned multi-agency initiatives on training older people and consulting people on their priorities for the SVA Board to consider.	Angie Turner Bob Skinner Angie Turner Janette Lyman	March 2010 March 2010 March 2010 March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<ul style="list-style-type: none"> • <i>Improved practitioner awareness and engagement</i> • <i>Improved patient outcomes at hospital interface inc A&E</i> • <i>18% increase in the number of reported health safeguarding referrals, up from 164 2007/08 to 194 Dec 2008.</i> <p><i>Revised governance arrangements introduced included a review of the SVA Board and a rationalised / representative membership. Four topic focussed SVA sub-groups were created and a work programme developed. Quarterly reporting to lead member and scrutiny is now embedded. Central management of SVA coordinators and internal safeguarding steering group arrangements implemented. Outcomes achieved include a clear multi-agency governance for safeguarding, collaborative working in key areas, increased accountability for improved outcomes including the enhanced involvement of members and a members SVA panel created. In summary the council is able to demonstrate:</i></p> <ul style="list-style-type: none"> • <i>Higher profile of SVA – now seen as core business by staff</i> • <i>Clear strategic approach to SVA</i> • <i>Robust multi-agency governance arrangements</i> • <i>Increased management oversight including a revamped safeguarding board</i> • <i>Casework more accurately reflects service user involvement</i> • <i>Improved consistency of practice</i> • <i>Improved quality of practice means people are safer</i> • <i>Terms of reference for Safeguarding board</i> 				

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p><i>reviewed and updated. DASS now Chairs the Board.</i> Jan 2009 RBM</p>				
<p>Overall number of alerts received, from those who self fund has reduced to just 6%. This continues to be area for development. PAN</p>	7.2	<p>a) Of the total referrals of people whose circumstances make them vulnerable, the percentage that were buying their own care without financial support from the council</p> <p>b) Performance and Quality Assurance SVA workstream will review recording and raise awareness of recording self funding status at point of SVA referral</p>	<p>Angie Turner</p> <p>Louisa Havers</p>	<p>March 2010</p> <p>March 2010</p>
<p>Some people are able to express their sexual preferences and are free to form relationships in a safe and non-judgemental environment. 2008 APA report</p> <p><i>The council have focused attention on this area to improve outcomes for people by providing an equality and diversity standard tool-kit for staff to use.</i></p>	7.3	<p>a) Demonstrate organisational and provider learning from BME reference group and Advisory Group feedback</p> <p>b) Standards and toolkit launched and used by managers across all ASC service areas</p> <p>c) 4 training sessions for managers on the standards and toolkit held</p>	<p>Judy Richards</p> <p>Ellen Cuerva</p> <p>Ellen Cuerva</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p>
<p>The council and partners remain committed to developing an information and publicity strategy to further raise the public awareness of safeguarding and to promote the prevention of abuse. This is particularly relevant considering the reducing and low level of safeguarding alerts received in respect of those who individuals who choose to self fund their social care. This is an area of work that the council must address swiftly. PAN</p>	7.4	<p>a) Safeguarding Vulnerable Adults information provided through at least 3,500 ESSA newsletters</p> <p>See also 7.2 - referrals from Self funders, and 7.1 – raising awareness</p>	Denise Leary	December 2009

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p>All relevant council staff receive training that addresses work with adults whose circumstances make them vulnerable, although the percentage of trained staff employed by the independent sector, despite improving, is significantly lower than the average of similar councils and remains an area for further development.</p> <p>PAN</p>	7.5	a) Increase the percentage of staff from independent sector providers receiving safeguarding adults training from 36% in 2008/09 to 38% in 2009/2010	Brian Andrews	March 2010
DOMAIN 8 - LEADERSHIP				
<p>The council must continue to sustain and further improve the levels of performance demonstrated during 2007/08</p> <p>2008 APA report</p> <p><i>Council agreed with partners to refresh commissioning strategies in line with PPF and to include SMART targets. Scrutiny and lead member assess and monitor SMART approaches to business planning and delivery of targets. PI evidence of sustained / further improved performance:</i></p> <ul style="list-style-type: none"> • NI 132. Timeliness of social care assessment has improved from 85.34%, Dec, to 87.19%, Jan. • NI 135. Number of carers receiving a carers service or advice and information following assessment or review has increased by 353 since Dec and performance has improved from 12.69% to 14.53%. • NI 136. People supported to live independently, through ASC, has increased by 174 since Dec. Performance has improved from 3009.32 to 3051.23. • Percentage of assessments leading to provision of service improved from 66.12% in 	8.1	<p>a) NI 132 – Timeliness of social care assessments</p> <p>b) NI 133 – Timeliness of care packages following assessment</p> <p>c) NI 130 - Social care clients receiving Self Directed Support</p> <p>See also 1.2b – NI 136, 1.2e – NI 125, 2.1b – NI 135</p> <p>PPF milestones</p> <p>d) The council and PCT have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.</p> <p>e) These commissioning strategies take account of the priorities identified through</p>	<p>Andy Cunningham, Kay Holden, Kate Dawson, Deborah Winterburn</p> <p>Andy Cunningham, Kay Holden, Kate Dawson, Deborah Winterburn</p> <p>Frood Radford</p> <p>David Liley</p> <p>David Liley</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>April 2010</p> <p>April 2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
<p><i>Dec to 66.30% in Jan.</i> Feb 2009 RBM</p>		<p>JSNAs</p> <p>See also 9.4</p>		
<p>Partnership working with the PCT on Continuing Health Care (CHC) and the Learning Disability Transfer, has proved very challenging over the last twelve months for the council and the council have scheduled to review the CHC assessment process and surrounding procedures, with a view to making this area of case management more effective. PAN</p>	8.2	<p>a) Establish a project group to meet the VPN requirements</p> <p>b) Determine revenue transfer amount and agree this between ESCC and PCT</p> <p>c) Determine capital / property transfer and related revenue and agree this between ESCC and PCT</p> <p>d) CHC assessment process/procedures will be reviewed and agreed processes outlined in a revised Joint CHC Assessment Process document/s.</p>	<p>Debbie Endersby</p> <p>Debbie Endersby</p> <p>Debbie Endersby</p> <p>Jessie McArthur</p>	November 2009
<p>A key objective for the council is to fully embed the developing and improving performance culture beyond senior staff and managers and ensure sign up by front line staff. PAN</p>	8.3	<p>a) Embed a performance culture across the department through holding a minimum of three Performance workshops across the department to increase understanding of National Indicator Set and Care Quality Commission</p> <p>b) Undertake first stage of Management Information Pack (MIP), project to research what information exists and in what format, and to compare this with what information is needed and in what format.</p> <p>c) As part of MIP project, InfoView reports will be available for Practioner, team and service level reports.</p>	<p>Susanne Crosby</p> <p>Susanne Crosby</p> <p>Susanne Crosby</p>	<p>March 2010</p> <p>March 2010</p> <p>April 2011</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		<p>d) Management Information Pack will be available for service level and departmental level reports.</p> <p>e) At the conclusion of the MIP project, systems will have been set in place to ensure that management information continues to develop and be fit for purpose on a non-project basis as part of the cycle of continuous improvement.</p>	<p>Susanne Crosby</p> <p>Susanne Crosby</p>	<p>April 2011</p> <p>April 2011</p>
DOMAIN 9 – COMMISSIONING AND USE OF RESOURCES				
<p>There was mixed experience of consultation and partnership working by external partners. While consultation was improving and increasingly effective, this remained an area for development, and some stakeholders were unsure of the extent of their influence or impact of their views</p> <p>2008 APA report</p> <p><i>The council recently held five staff / stakeholder events held Nov 2008 to outline developments across health and social care and to invite views about future plans including 'Putting People First'. Each event had between 40 to 60 participants. The resulting findings will be presented to the joint ASC and PCT management team meetings where the plan for future joint engagement arrangements will be agreed.</i></p> <p>Feb 2009 RBM Refer to analysis</p>	<p>9.1</p>	<p>a) Set up and deliver annual Older People's Engagement Day with 75 people plus attending, representation from Seniors Forums. Black Minority Ethnic (BME) Older People, Lesbian, Gay, Bi-Sexual and Transgender (LGBT), Adult Social Care and other county council directorates, voluntary organizations, councillors.</p> <p>b) East Sussex Adult Social Care, NHS Hastings and Rother and NHS East Sussex Downs and Weald will hold the third annual "Closer to Home" engagement events. This year there will be four events. These events are for statutory, voluntary, independent and user representation groups</p> <p>See also 3.2 and 9.3</p>	<p>Denise Leary</p> <p>Julian Fowler</p>	<p>June 2009</p> <p>January 2010</p>
<p>Transport remains a complex issue in rural areas, which the council must address to help reduce the burden of social isolation.</p> <p>PAN</p>	<p>9.2</p>	<p>a) Improved integrated transport services including Community Transport</p>	<p>Roger Williams (T&E), Emma McLelland (ASC lead)</p>	<p>2010</p>

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		(reporting October 2009). Use outcomes of research to inform consideration of commissioning with third sector organisations for personalisation. Explore options fully with commissioning and procurement colleagues. Initiate early-stage engagement with strategic VCS partners to establish		
<p>The council continue to have a high number of individuals placed in care settings with a quality rating of poor or adequate. It is observed a number of these placements refer to long standing arrangements. Recent temporary placements reflect the intention of the council to place with better quality services.</p> <p>PAN</p>	9.4	<p>a) All service users offered at least 1 bed based placements with a 2* provider</p> <p>b) Full adherence to policy on use of placements with 1* homes</p> <p>c) No placements with 0 rated homes</p> <p>d) Improve quality of bed based care purchased by the Council through implementation of new Preferred Providers Scheme with increased use of 2* and over homes by 5%</p>	<p>Philip Blurton</p> <p>Philip Blurton</p> <p>Philip Blurton</p> <p>Philip Blurton</p>	<p>May 2009</p> <p>May 2009</p> <p>May 2009</p> <p>July 2010</p>
<p>The Improving Life Chances Strategy for disabled people and those living with long-term conditions is currently out for consultation, although the delivery of this strategy has been delayed due to reasons of capacity within the PCT's, which needs to be addressed.</p> <p>PAN</p>	9.5	a) Improving Life Chances Strategy to be developed by December 2009	Imran Yunus / Sally Reed	December 2009
<p>The strategic framework for day opportunities for older people highlights the need for significantly increased community involvement and this theme is being developed through day opportunities for older people and also for people with learning disabilities and mental health problems.</p> <p>PAN</p>	9.6	<p><u>Day Opportunities</u> :</p> <p>Older People</p> <p>a) Completed re-commissioning of day services for current clients from Grangemead and Gilda</p>	Geraldine O'Shea	March 2010

APPENDIX 3

Area for development	Action Plan Ref	Measure	Lead Officer	Timeframe
		<p>b) Develop and obtain sign up to care specification for day opportunities</p> <p>c) Agree options for future of stand alone day centres</p> <p>d) Re- commissioning of day services currently provided with the voluntary sector</p> <p>Learning Disabilities</p> <p>e) Develop service specification for LD day opportunities</p> <p><i>See also 2.2g – i regarding Mental Health day opportunities.</i></p>	<p>Geraldine O'Shea</p> <p>Geraldine O'Shea</p> <p>Geraldine O'Shea</p> <p>Phil Pragnell</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>