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Sefton Council

Beacon Council 2005-2006 Supporting Carers

MEETING: CABINET MEMBER - HEALTH AND SOCIAL CARE

DATE: Wednesday 26 May 2010

TIME: 12.00 pm

VENUE: Town Hall, Bootle (video conferenced Town Hall, Southport)

	Councillor	
DECISION MAKER:	Councillor Porter	
SUBSTITUTE:	Councillor Parry	
SPOKESPERSONS:	Councillor Brennan	Councillor D Rimmer
SUBSTITUTES:	Councillor Friel	Councillor Preston

COMMITTEE OFFICER: Ian Williams
Telephone: 0151 934 2788
Fax: 0151 934 2034
E-mail: ian.williams@legal.sefton.gov.uk

The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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A G E N D A

Items marked with an * involve key decisions

Item No.	Subject/Author(s)	Wards Affected	
1.	**Apologies for Absence**		
2.	**Declarations of Interest** Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.		
3.	**Minutes** Minutes of the Meeting held on 17 March 2010		(Pages 5 - 6)
4.	**Charging for Specialist Transport Service** Report of the Adult Social Care Director.	All Wards;	(Pages 7 - 14)
5.	**Transforming Social Care - Final Year-End Report** Report of the Adult Social Care Director	All Wards;	(Pages 15 - 20)
6.	**Single Capital Pot - Mental Health** Report of the Adult Social Care Director	All Wards;	(Pages 21 - 26)
7.	**Safeguarding Adults in Sefton** Report of the Adult Social Care Director	All Wards;	(Pages 27 - 32)
8.	**Service Inspection of Adult Social Care** Report of the Adult Social Care Director	All Wards;	(Pages 33 - 108)
9.	**Exclusion of Press and Public** To consider passing the following resolution: That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item(s) of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act.		

The Public Interest Test has been applied and favours exclusion of the information from the Press and Public.

10.	**Independent Living Centre, Scarisbrick Avenue, Southport** Report of the Strategic Director - Communities	Dukes;	(Pages 109 - 118)

THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON WEDNESDAY 24 MARCH 2010.

CABINET MEMBER - HEALTH AND SOCIAL CARE

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 17 MARCH 2010

PRESENT: Councillor Griffiths

ALSO PRESENT: Councillors Brennan and D Rimmer

65. APOLOGIES FOR ABSENCE

No apologies for absence were received.

66. DECLARATIONS OF INTEREST

No declarations of interest were received.

67. MINUTES OF THE MEETING HELD ON 17 FEBRUARY 2010

RESOLVED:

That the minutes of the meeting held on 17 February be confirmed as a correct record.

68. SEFTON DEMENTIA STRATEGY

The Cabinet Member considered the report of the Strategic Director - Social Care and Wellbeing on the Sefton Dementia Strategy (the Strategy), and indicating that a decision on the matter was required to progress implementation.

The report indicated that the Strategy had been developed in response to the National Dementia Strategy – "Living well with dementia"; that the national strategy included 3 key themes, namely raising awareness, early assessment and diagnosis and living well with dementia; and that 17 objectives in support of the themes had been developed to ensure local access to services for people with dementia and carers. As a result of a multi agency approach to developing a Strategy for Sefton, 5 key priorities had been developed with a view to completion in 2012.

RESOLVED:

That the content detailed in the report be approved, and adoption of the Sefton Dementia Strategy be endorsed.

69. TRANSFORMING SOCIAL CARE - YEAR 3 PROJECT PLAN

The Cabinet Member considered the report of the Strategic Director - Social Care and Wellbeing, seeking approval for the targets, aims and objectives for Year 3 in relation to the Transforming Social Care Agenda.

RESOLVED:

That the targets of the report in relation to Year 3 of the Transforming Social Care Agenda be approved.

70. TRANSFORMING SOCIAL CARE, TRANSFORMING COMMUNITY SERVICES WORKSTREAM UPDATE

The Cabinet Member considered the report of the Strategic Director Social Care and Wellbeing seeking approval for the completed Transforming Community Services Strategy – "Bridging the Gap" – which constituted part of the Transforming Social Care – NHS Sefton Workstream.

RESOLVED:

That contents of the report be approved.

71. RETIREMENT OF PETER PATTENDEN - HEAD OF ADULT SOCIAL SERVICES

The Cabinet Member reported that this would be the last Cabinet Member – Health and Social Care meeting, the Head of Adult Social Services, Peter Pattenden, would be attending prior to his retirement.

The Cabinet Member and Councillors Brennan and D.Rimmer paid tribute to the sterling work undertaken by Peter for the Social Care and Well Being Department and Borough of Sefton.

RESOLVED:

That the thanks and appreciation of the Cabinet Member – Health and Social Care and Party Spokespersons be extended to the Head of Adult Social Services, Peter Pattenden for the work he had undertaken for the Council and Borough of Sefton and best wishes be extended to him for future success in the coming years.

REPORT TO:	**Cabinet Member (Health and Social Care)** **Cabinet**
DATE:	**26 May 2010** **10 June 2010**
SUBJECT:	**Charging for the Specialist Transport Service**
WARDS AFFECTED:	**None directly**
REPORT OF:	**Robina Critchley – Adult Social Care Director**
CONTACT OFFICER:	**Colin Speight** **0151 934 3743**
EXEMPT/CONFIDENTIAL:	**No**

PURPOSE/SUMMARY:

To apprise Members of the outcomes of the review of the impact of the introduction of the flat rate charge on all service users who have transport arranged by the Council's Specialist Transport Service.

REASON WHY DECISION REQUIRED:

Cabinet on the 1 October 2009 requested a further report following three months of operating the charge.

RECOMMENDATION(S):

That the Cabinet Member:-

i. Notes the contents of this report..
ii. Agrees to the treatment of expenditure in reaching the decision on a appeal, as outlined in paragraph 8 of the report.
iii. Agrees to a further report on this matter in six months time,
iv. Forwards the report to Cabinet.

KEY DECISION:	Not applicable.
FORWARD PLAN:	Not applicable.
IMPLEMENTATION DATE:	Not applicable

ALTERNATIVE OPTIONS: None.

Budget/Policy Framework:

Financial: None as a result of this report, however it should be noted that budgetary provision has been made in relation to the attainment of income from this charge.

CAPITAL EXPENDITURE	**2008/ 2009 £**	**2009/ 2010 £**	**2010/ 2011 £**	**2011/ 2012**
Gross Increase in Capital Expenditure	0	0	0	0
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure	0	0	0	0
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date?		Y/N When?		
How will the service be funded post expiry?				

Legal: N\A

Risk Assessment: There is a danger that some service users will elect not to attend day care. This may expose the Adult Social Care Department to possible additional expenditure to meet the Statutory duties placed upon it.

Asset Management: N/A

CONSULTATION UNDERTAKEN/VIEWS

Head of Corporate Finance and Information Services – FD378 – The Head of Corporate Finance and Information Services has been consulted and his comments have been incorporated.

CORPORATE OBJECTIVE MONITORING:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Committee items entitled

Specialist Transport Service

- Cabinet Member, Health and Social Care 24th June 2009
- Cabinet 9th July 2009
- Cabinet 1st October 2009

Introduction

1. Members will recall that the Cabinet Member, Health and Social Care and Cabinet, on the 24th June 2009 and 9th July 2009 respectively approved the implementation, from the 1st October 2009, of a flat rate charge of £3 per day (£1.50 per journey) on all service users who have transport arranged by the Councils Specialist Transport Service.

2. The Council then received a petition from the Sefton Carers Forum which was considered by Cabinet at its meeting on the 1st October 2009.

3. Cabinet on this date resolved under Minute 134: That

    i. the petition and statement given by Mr. Corscaden be noted;

    ii. the report be noted, and

    iii. the Strategic Director of Adult Social Services (Health and Social Care) review the impact of the introduction of the flat rate charge on all service users who have transport arranged by the Council's Specialist Transport Service after three months of operation and submit a report thereon to the Cabinet.

4. This report seeks to address the request in 3iii above.

5. After the 9 July 2009 and prior to the implementation of the charge on the 1st October 2009 the Council received 31 communications by telephone, and 18 by letter objecting to the charge. 5 of these written communications were entered into the Directorate's Customer Complaints system and have been satisfactorily dealt with.

6. Service users are being invoiced based on information provided by the Specialist Transport Unit. There have been some minor hiccups, the main one relating to invoicing service users for trips which have not occurred due to carers arranging pick ups from day centres. This is a matter of communication between the Specialist Transport Unit, the day centre provider and the Adult Social Care department which we are working to improve on.

7. The charge agreed by Members is a flat rate charge. This does not come under the fairer charging policy and there is therefore no financial assessment to establish whether or not a service user can afford the charge. However, there will be genuine cases of hardship where a service user cannot afford to pay the charge. With this in mind the Adult Social Care Department has implemented a Transport Appeal Procedure and this is detailed in Annex A. At the time of drafting this report there were 34 service users who have appealed against the charge.

8. 30 of the 34 have had a visit by one of the Departments Finance Visiting Officers and have provided financial information in support of their appeal. Of the 30, 4 relate to older people,5 relate to older people with mental illness and 21 adults with learning disabilities. Consideration has been given to 22 of these cases. In the main the expenditure being claimed relates to

expenditure incurred when taking part in activities organised by day centres and general transport costs. If all of the costs claimed were allowed, 9 of the 22 would pay the full transport charge and 13 would be exempt. A matter for consideration is the level of allowance given against expenditure, over and above usual living costs, claimed. It is proposed that expenditure incurred by service users when taking part in activities organised by day centres should be allowed in full.

9. With regard to transport costs, based on appeals received it is difficult if not impossible to relate the costs directly to service users. At the same time, we do not want to operate a overly bureaucratic process. It is therefore suggested that we allow a percentage of travel costs, say 50%. If this were applied to service users who would be exempt from paying a charge if we allowed all expenditure claimed, 7 would still be exempt and 2 would pay the charge in full and 4 would pay a reduced charge.

10. So far there has been a handful of service users/carers who have said that they won't pay the charge. It is too early in the process to assess if this is the case or if this is to escalate into bigger numbers, however attached as Annex B is a brief outline of the Sefton debt recovery procedure. Included in the procedure is a liaison with the appropriate department prior to taking court action and officers would, of course, take the view of Members prior to approving such action.

11. In addition the Adult Social Care Department already has in place an established appeals mechanism in respect of charging and service users have the full right and prerogative to use this facility if they wish. There are details of this subject on the Sefton Website and a leaflet is given to all users at the point of assessment on how to access this facility.

12. At the time of writing this report the Council has received no indications of people electing not to go to their normal day care facility. The Strategic Manager for the Councils Specialist Transport Service also confirms there has been no reduction in the numbers of people using the Councils Specialist Transport Service.

13. It is proposed a further report on Charging for Specialist Transport Services is presented to Members in six months time.

Annex A

TRANSPORT APPEAL PROCEDURE

Where service users make contact unhappy at the principle of having to pay a transport charge they will be sent a complaints form, these will be dealt with through the usual complaints procedure.

Where service users make contact stating that they cannot afford to pay a charge then further information will be sought in relation to the service user's finances.

Income-Expenditure visit

Although the transport charge is not part of the financial assessment process, all service users will be visited by a Finance Visiting Officer (FVO) to gather up-to-date financial information. The FVO will:

- Gather details of the service user's finances (ensuring that correct benefits are in place), and also maximising the income of household members.
- Confirm that the charge for home care or day care services are correct.
- Identify the actual costs of disability related expenditure.
- Identify any extenuating circumstances.

The financial information will be passed to the Welfare Rights Service (WRS) Manager who will then go through all the service user's income and allowable expenditure.

Income-Expenditure assessment

The Income-Expenditure assessment will detail all the income that the service user has available, and include allowances for some expenditure.

As the transport cost is not part of the Fairer Charging policy then all other income which is disregarded as part of the Fairer Charging calculation will be taken into account. This will include Pension Savings Credit, the mobility component of Disability Living Allowance (DLA) and the highest rate care component of DLA or Attendance Allowance:
E.g. if someone receives the highest rate care component of DLA or Attendance Allowance of £70.35 per week, then only a lower rate of £47.10 per week is taken into account as income under the Fairer Charging calculation. When considering the transport charge the £23.25 difference will be taken into account.

The following expenditure will be allowed:

- Rent/mortgage, service charges, council tax.
- Actual disability related expenditure.
- The charge paid for home care or day care services.
- An allowance for everyday living expenses equal to Pension Credit/Income Support plus 25%.
- Relevant transport related expenditure.
- Relevant expenditure in relation to day centre activities.

The final figure will determine if the service user has income available to pay towards the transport charge.

Further appeal

Where service users are still unhappy with the decision of the WRS Manager then they have the right to appeal further to the Principal Manager (Finance, Contracts, Welfare Rights), a Service Manager and a representative from the Carer's Centre.

Annex B

Example of how to deal with a non-payment care package case

The charge payer has been sent an invoice but fails to pay.

Reminder sent after 14 days and again no payment or contact has been received.

Final Notice sent after 28 days and again no payment or contact has been received.

The next monthly invoice will go out with the balance b/fwd on, again followed by the reminder and final notice.

If after 2 months there is no contact the Accounts Receivable Section will phone to find out what the problem is and to ask for payment. If contact can't be made, payment is refused or the person is confused or in ill health the case will be marked on Oracle as referred to Health & Social Care.

These cases will be referred each week and will be co-ordinated by the Accounts Receivable Section. They will check to see if there are any other invoices outstanding for the person and they will check Council Tax to get the full picture of the person's indebtedness to the Council.

The Accounts Receivable Section will then refer the cases to Health & Social Care.

Within 21 days the HSC will report back to the Accounts Receivable Section with the details of whether the invoice is to be cancelled, the invoice can be put on hold pending the appeal process or the debt should be pursued. This may result in further liaison between the teams.

If the person is refusing to make any arrangement and the charges are correct, Income will refer the case to Debt Recovery within 7 days for legal action to be taken.

Legal will send out a Letter of Claim and request all copy documents. These will be supplied by HSC within 14 days.

REPORT TO:	CABINET MEMBER HEALTH AND SOCIAL CARE
DATE:	26 May 2010
SUBJECT:	TRANSFORMING SOCIAL CARE – FINAL YEAR END REPORT
WARDS AFFECTED:	NONE
REPORT OF:	ROBINA CRITCHLEY – ADULT SOCIAL CARE DIRECTOR
CONTACT OFFICER(S):	LOU FASHIONI – BUSINESS MANAGER (TELEPHONE NO) 0151 934 3772
EXEMPT/ CONFIDENTIAL:	NO

PURPOSE/SUMMARY:

To report progress against Transforming Social Care targets for the fourth quarter of 2009/10

REASON WHY DECISION REQUIRED:

The Department is obliged, by the Government, to report Transformation progress to the Cabinet Member. This is part of the Care Quality Commission performance framework requirements.

RECOMMENDATION(S):

The Cabinet Member is asked to note the contents of this report.

KEY DECISION:	**No**
FORWARD PLAN:	**No**
IMPLEMENTATION DATE:	**N/A**

ALTERNATIVE OPTIONS: None. The Adult Social Care Department, as part of the performance framework, has to meet, and report on, agreed targets for the Transformation of Social Care.

IMPLICATIONS:

Budget/Policy Framework: None

Financial:

There are no financial implications relating to this report.

CAPITAL EXPENDITURE	**2009/ 2010 £**	**2010/ 2011 £**	**2011/ 2012 £**	**2012/ 2013 £**
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N		When?		
How will the service be funded post expiry?				

Legal: None
Risk Assessment: None
Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS

Progress is also reviewed by Chief Executive, Links, Care Quality Commission, Expert Stakeholder Panel, “Critical Friend” - CSIP

CORPORATE OBJECTIVE MONITORING:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community	√		
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability	√		
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT:

LAC DH (2008) 1
LAC DH (2009) 1

BACKGROUND:

1. The Cabinet Member will recall that, on 17th February 2010, he noted a report detailing targets and progress for Transforming Social Care.

2. The targets were agreed with the Care Quality Commission and are consistent with the guidance in LAC DH (2009) 1 and meet both local, and national, performance requirements.

3. The Cabinet Member will also be aware of the advent of DH "Milestones" which will monitor Transformation progress across the country. The first and second quarter progress reports have been submitted to the Department of Health, who will produce both national and regional summaries of performance later this year.

4. It is intended that this final report for the year 2010\2011, is based on the combined Department performance targets and Milestones progress reports.

5. The table, below, gives the Cabinet Member a snapshot of the progress made, in the final quarter of the year, with the half yearly figures placed alongside the agreed annual target.

Targets

	Target	Half yearly	3rd Quarter	Final
Assisted Assessment =	780	505	635	646
Direct Payments Individual Budgets =	630	592	614	733
Engagement with Third Sector (Prevention) =	28,595	12,887	31,458	46,372
Engagement with Carers (Strategy) =	12,795	12,659	13,086	13,457
Number of Learning Disability Service Users moving into tenancies =	240	245	245	243
Users of Assistive Technology =	1,195	897	979	1205
Business Transformation Team outcomes will result in improved processes and reduced staffing numbers creating efficiency savings 2009/10 =	£100k			0

6. **Assisted Assessment** -Target = 780 - Current = 646

   This target has not been met for assisted assessments due to service users not returning their completed assessments and not engaging with the Department. Therefore, through the Business Transformation Team, a new system has been introduced for the Adult Intake Assessment Team to rectify this matter. This will be reviewed within three months.

7. **Direct Payments\Individual Budgets** - Target = 630 Current Position = 733

   The current figures include 100 Carers Direct Payments.

8. **Engagement with Third Sector** (Prevention) -Target = 28,595 Current Position = 46,372

The target has been exceeded by 17,777. There has been increased reporting in activity around benefit advice and debt management in the current financial crisis. Also Sefton Customer access team have been able to direct more people to the range of voluntary organisations who provide preventative services at the point of contact.

9. **Engagement with Carers** (Strategy) - Target = 12,795 Current Position = 13,457

During the month of February there has been work done with Practice managers to raise awareness of carers services and the support from Sefton Carers Centre. This is helping identify hidden carers who may have not previously been accessing support services for themselves or the person they care for

10. **Users of Assistive Technology** - Target = 1,195 Current Position = 1,205

Currently 1205 service users in Sefton are supported to remain independently living in their own homes via assistive technology.

The target has been fully met regarding the installation of hearing impairment units, this is in partnership with Merseyside Fire & Rescue Service and this was completed in January 2010. We have now re-negotiated funding an extension to the contract for a further 50 Hearing Impairment units to be installed during 2010.

Within the Supporting people funded programme we are currently at 90% capacity, and will be running at maximum capacity by July 2010, and currently in contract negotiations to extend the funded places that are available to service users.

The early hospital discharge scheme around Telecare has been an outstanding success, with substantial hours saved in Hospital wards, and the reduction in unplanned re-admissions.

11. **Learning Disabilities** – Target = 240 – Current Position = 243

The number of adults with Learning Disabilities living in Sefton as tenants in their own homes had grown almost threefold, from 74 in 2004 to 223 by April 2009. This was the result of successfully implementing the Learning Disabilities Housing strategy. Having achieved the 2008-09 target, a new target was set at 240 for 2009-10, taking into account predicted housing availability. In addition to successful new housing arrangements for some adults with Learning Disabilities since 1 April, data cleansing activity has also been undertaken which has also boosted the figure to 245. Work has also commenced on a partnership approach with residential care providers some of whom are willingly to consider a supported tenancy model of care as a replacement to the current residential model. One small home has thus deregistered offering the residents the opportunity of secure tenancies. Two residential care homes have given notice of their intention to close which will give many of the residents the opportunity if they so choose to move to their own homes as tenants.

12. **Business Transformation Team** - Target 2009/10 Savings £100k

The attainment of these savings is dependent on work to make processes more efficient. This work is ongoing into 2010/11 and is linked to the Strategic Budget Review and in particular the review of financial processes in Adult Social Care which will achieve the £100k target.

Summary

Whilst the targets are challenging, the information given above, suggests that most target figures are expected to be achieved.

REPORT TO:	Cabinet Member Health and Social Care
DATE:	26 May 2010
SUBJECT:	Single Capital Pot – Mental Health
WARDS AFFECTED:	All
REPORT OF:	Adult Social Care Director
CONTACT OFFICER:	Barry Robinson 0151 247 7342 barry.robinson@sefton.nhs.uk
EXEMPT/ CONFIDENTIAL:	NO

PURPOSE/SUMMARY: To inform Members of the Mental Health Single Capital Pot and of proposals for expenditure.
REASON WHY DECISION REQUIRED: To agree allocation of the Mental Health Single Capital Pot
RECOMMENDATION(S): The Cabinet Member is asked to agree the recommended priorities as set out below.

KEY DECISION:	No
FORWARD PLAN:	N/A
IMPLEMENTATION DATE:	Following Approval of the date of this meeting

ALTERNATIVE OPTIONS:

IMPLICATIONS:

N/A

Budget/Policy Framework: N/A

Financial:

CAPITAL EXPENDITURE	**2010/ 2011 £**	**2011/ 2012 £**	**2012/ 2013 £**	**2013/ 2014 £**
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? N		N/A		
How will the service be funded post expiry?		N/A		

Legal: N/A

Risk Assessment: There are no significant risks arising from this report.

Asset Management: N/A

CONSULTATION UNDERTAKEN/VIEWS

FD 392 - The Head of Corporate Finance & Information Services has been consulted and his comments have been incorporated into this report
VOLUNTARY ORGANISATIONS ASKED TO SUBMIT PROPOSALS

CORPORATE OBJECTIVE MONITORING:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		√	
2	Creating Safe Communities		√	
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy		√	
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

None

Background

Local Authority Social Services Letter (DH)(2007)3 announced the distribution of the Single Capital Pot and Specific Capital Allocations made available to local authorities for the three year period 2008 – 2011. Within the Single Capital Pot (SCP) was a three year allocation for mental health. The allocation is not time limited. The total Mental Health SCP allocated to Sefton over the three year period was £451,000. None has thus far been committed to mental health projects. It is proposed to retain £150,000 of the allocation as contingency to meet possible future demands.

It is proposed that the Mental Health SCP, less £150,000, be made available to voluntary organisations providing mental health care and support to Sefton residents. To progress this, voluntary and other organisations in the borough were notified of the mental health SCP primarily via Sefton Council for Voluntary Service and asked to submit capital bids by 31 March 2010.

Organisations were advised that the decision on allocation of funds would be made by elected members and that preference will be given to applications that support one or more of the following strategic commissioning priorities:

1. Supporting people with mental ill health into employment
2. Raising awareness of mental ill health
3. Supporting people with mental ill health to make healthy lifestyle choices
4. Reduction in hospital admissions and/or delayed discharges
5. Services for people with dementia

Applications Received
A total of 10 applications have been received with a combined value of £334,907. These are summarised below:

Proposals	Added Value	Cost (£)
First Initiatives Refurbish kitchen, replace windows, purchase café furniture and equipment, purchase of horticultural equipment	Employment opportunities, 15-20 work experience placements p.a. training	**25,614**
SWAN 14 chairs for counselling service delivered by SWAN in new, larger, premises	Early intervention, support for women, reduced reliance on statutory services.	**3,273**
Imagine Video camcorder and IT equipment to run training programmes for service users to increase confidence and employability	Employment for service users	**8,220**
Brighter Living Partnership To purchase fencing, and gardening materials For use on a plot of land that BLP has been donated in Halsall as part of Channel 4's landshare programme.	Access to an allotment as a 'green gym' to promote mental health and wellbeing	**15,000**
Aintree Volunteer Support Lease hire a colour photocopier to assist volunteers acquire office skills (Revenue)	Targeted at people with MH problems to equip for labour market. Information produced to support healthy lifestyles	**4,800**
Light for Life Costs of support worker (Revenue only)	Housing support	**13,500**

Parkhaven Trust To assist in the development of a Dementia Centre. Parkhaven Trust is providing £1m and needs additional funding to complete the scheme.	Respite, day care for up to 100 people per week, prevents hospital admission and support people to live at home	**150,000**
Sefton Opera Purchase of a photocopier to produce information and other materials to promote wellbeing of service users.	Promote wellbeing among older service users	**3,000**
Sefton Advocacy Upgrade office telephone and IT system and improve office environment	Improve capacity to handle referrals and information flow. Enhanced ability to out reach. Improved confidentiality and greater efficiency	**21,500**
Cosmopolitan Housing Association Financial support to assist in the purchase of a property. Additional funding to complete the project will be borrowed from commercial, but 100% private funding would produce higher rents.	Accommodation for 2 service users currently placed out of area. An overall reduction in social care costs will result.	**90,000**
TOTAL		**334,907**

Recommendations

The total value of the 10 bids received exceeds the funding available by £33,907. It is recommended that some proposals are reduced or not allowed to ensure that the total award is within the funding available as set out below:

Proposal	
First Initiatives Reduced by £5,614 to focus on kitchen refurbishment and equipment in dining areas.	**20,000**

Swan Application reduced by £273	**3,000**
Imagine Defer this proposal pending further work within the Council To commission an employment service for adults with mental health problems	**0**
Brighter Living Partnership Reduce the amount awarded by £5,000.	**10,000**
Aintree Volunteer Support Reject as the proposal is revenue	**0**
Light For Life Reject as the proposal is revenue only – to fund a post.	**0**
Parkhaven Trust Support the developments proposed but reduce the allocation requested by £10,000	**140,000**
Sefton Opera Allow bid in full	**3,000**
Sefton Advocacy Reduce the amount requested to £20,000	**20,000**
Cosmopolitan Housing Association Reduce the amount allocated by £5,000.	**85,000**
Total	**281,000**

It is recommended that the above revised submissions are approved and that the balance be reserved to support the commissioning of a mental health employment initiative and for information purposes.

REPORT TO:	Cabinet Member Health & Social Care
DATE:	26th May 2010
SUBJECT:	Safeguarding Adults in Sefton
WARDS AFFECTED:	All
REPORT OF:	Robina Critchley Adult Social Care Director
CONTACT OFFICER:	Margaret Milne Principal Manager, Adult Social Care Tel: 0151 934 3614
EXEMPT/ CONFIDENTIAL:	No

PURPOSE/SUMMARY:

To update the Cabinet Member regarding the activity and developments in Safeguarding Adults in Sefton.

REASON WHY DECISION REQUIRED:

Safeguarding Adults is a key issue for all Councils and it is important to have Cabinet approval to the approach within Sefton.

RECOMMENDATION(S):

The Cabinet Member is asked to:

1. Approve the contents of the report
2. Receive further reports on a quarterly basis on performance relating to Safeguarding Adults in Sefton

KEY DECISION:

FORWARD PLAN:

IMPLEMENTATION DATE:

ALTERNATIVE OPTIONS: None

IMPLICATIONS:

Budget/Policy Framework: None

Financial: There are no financial implications relating to this report.

CAPITAL EXPENDITURE	**2009 2010 £**	**2010/ 2011 £**	**2011/ 2012 £**	**2012/ 2013 £**
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N		When?		
How will the service be funded post expiry?				

Legal: None

Risk Assessment: None

Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS

CORPORATE OBJECTIVE MONITORING:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community	√		
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People	√		

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

1. Putting People First (DH 2008)
2. The Safeguarding Vulnerable Adults Act 2006

Background

This report contains activity and progress on Safeguarding Adults in Sefton January to March 2010.

Quarterly update on Safeguarding Adults January to March 2010

1. **Training**

   Training completed for the Council, partner and voluntary organisations.

   Alerters training – 530 staff attended the training in March 2010 run by 'Afta thought' Alerters training was also delivered for voluntary groups linked to CVS – 6 attended.

   Managers for Investigator training – 11 attended

   Refresher for Investigator training – 12 attended

   The alerters training will be delivered in July 2010. Following the agreement by Cabinet Member in February 2010, a charge for non attendance will be introduced in line with Sefton Adults Workforce Development Unit's current cancellation policy.

2. **Dignity in Care**

   On the 25th February 2010 the Dignity in Care Action Day was promoted in the Borough to raise awareness of the Dignity in Care scheme.

   As part of the Dignity in Care Action Plan, a pilot scheme is to be launched with contracted providers of social care using the Dignity standards. This will be evaluated in October 2010 and if successful will be rolled out to other contracted social care providers in Sefton.

   The Dignity in Care campaign will be further promoted during Carers Week, Learning Disability Week and as part of the Memory Matters Roadshows during May/June 2010.

3. Statistics for the period 1st January 2010 to 31st March 2010

Total referrals for the period 1st January 2010 to 31st March 2010 numbered 192.

104 alleged victims are female and 88 male.

Referrals came from:

Location	Number of Alerts
Residential and Nursing Homes	80
Primary Care Settings	22
Police	12
Domiciliary Care providers	13
Other Social Care settings	14
Day Care	5
Family Members	11
Social Workers direct	8
Secondary Health Care	7
Other	7
Housing	4
Self Referrals	3
Education	3
CQC	3

The allegations involved 56 cases of multiple abuse with the main categories of abuse being as follows:-

Physical	Psychological	Financial	Neglect	Sexual	Institutional
82	44	47	61	13	01

Some recent outcomes include:-

- Prosecution of a care worker for inappropriate behaviour whilst working with a vulnerable person.

- Removal of a vulnerable person from the community to a residential care setting on a temporary basis to reduce the accumulated stress levels between the person and their full time carer. This allowed for opportunity to carefully plan for future care needs.

- No further actions against care staff following unsubstantiated allegations of physical abuse and neglect allegedly experienced by a vulnerable person accessing respite care.

- A vulnerable person having a substantial sum of money returned to them following the interception of the Legal Department, which had previously been lent in good faith.

REPORT TO:	Cabinet Member Health & Social Care Overview & Scrutiny Committee (Health & Social Care)
DATE:	26th May 2010 25th May 2010
SUBJECT:	Service Inspection of Adult Social Care
WARDS AFFECTED:	Non Directly
REPORT OF:	Robina Critchley Adult Social Care Director
CONTACT OFFICER:	Margaret Milne Principal Manager, Adult Social Care
EXEMPT/ CONFIDENTIAL:	No

PURPOSE/SUMMARY:
To present to Members the report of the Care Quality Commission on the inspection of Adult Social Care.

REASON WHY DECISION REQUIRED:

Requirement to bring this matter formally to the attention of elected members.

RECOMMENDATION(S):

(i) That Members note the report of the Care Quality Commission on the inspection of Adult Social Care.
(ii) Agree the recommendation being addressed through the Improvement Plan.

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: n/a

ALTERNATIVE OPTIONS:
None

IMPLICATIONS:

Budget/Policy Framework: None

Financial: None

CAPITAL EXPENDITURE	**2009 2010 £**	**2010/ 2011 £**	**2011/ 2012 £**	**2012/ 2013 £**
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N		When?		
How will the service be funded post expiry?				

Legal: None

Risk Assessment: None

Asset Management: n/a

CONSULTATION UNDERTAKEN/VIEWS

There are no financial consequences and therefore the Finance Director has not been consulted.

CORPORATE OBJECTIVE MONITORING:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Background

Members will be aware that an inspection took place in December 2009 in respect of Adult Social Care with a focus of inspection on:

- Safeguarding Adults
- Improved quality if life for older people
- Increased choice and control for older people

The final report was published 16 March 2010 and is attached at Annex A.

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

In conclusion the Care Quality Commission judged the council as follows:

Safeguarding Adults:

The Care Quality Commission concluded that Sefton was performing well in safeguarding adults.

Improved quality of life for older people:

The Care Quality Commission concluded that Sefton was performing excellently in supporting improved quality of life.

Increased quality and control for older people:

The Care Quality Commission concluded that Sefton was performing well in supporting increased choice and control.

Capacity to improve:

The Care Quality Commission rates the council's ability to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and excellent.

The Care Quality Commission concluded that the capacity to improve in Sefton was 'promising'.

In order to rise to the challenge of continuous improvement the Care Quality Commission made three overall recommendations:

1. Safeguarding Adults

The Council and partners should:

- Improve practice in relation to identification of ongoing risks and the implementation of protection plans.

- Strengthen recording and ensure the managers' decisions are clear.

- Develop the Adult Safeguarding Executive Board, clarify interagency commitments, and implement a system of cross-agency performance management.

- Develop differentiated training opportunities for key staff from all agencies and ensure attendance.

- Make the role of the adult safeguarding co-ordinator more focused on quality assuring practice.

2. Improved quality of life for older people

The Council should:

- Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation.

- Progress the planned production of a carers' strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support.

3. Increased choice and control for older people

The Council should:

- Ensure that care planning increasingly reflects the individual aspiration of service users as well as meeting their physical care needs.

- Ensure that information about services and support that is produced is properly distributed and made available to the public.

- Use advocacy in a more focused and precise way to ensure that the views of people who use services are heard and responded to more effectively.

- Work with partners to improve the consistency of outcomes for people who use services and their carers at the time of discharge from hospital.
- Use the intelligence gathering through the complaints process more effectively to fine-tune and improve overall service provision and processes.

The subsequent Improvement Plan was submitted to the Care Quality Commission on 23rd April and a copy is attached in Annex B. The timescale for this plan is six months.

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Inspection report

Service inspection of adult social care: **Sefton Metropolitan Borough Council**

Focus of inspection:

Safeguarding adults
Improved quality of life for older people
Increased choice and control for older people

Date of inspection: December 2009

Date of publication: 16 March 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Sefton Metropolitan Borough Council

December 2009

Service Inspection Team

Lead Inspector: Timothy Willis

Team Inspector: David Fruin

Expert by Experience: Walter Park
Supported by: Age UK

Project Assistant: Harminder Bamrah

This report is available to download from our website on www.cqc.org.uk

Please contact us if you would like a summary of this report in other formats or languages. Phone our helpline on 03000 616161 or Email: enquiries@cqc.org.uk

Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

Contents

Introduction

An inspection team from the Care Quality Commission visited Sefton in December 2009 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Sefton was:

- Safeguarding adults whose circumstances made them vulnerable.
- Improving quality of life for older people.
- Increasing choice and control for older people.

Before visiting Sefton, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Sefton. It will support the council and partner organisations in Sefton in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Sefton was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

Safeguarding adults:

We concluded that Sefton was performing well in safeguarding adults.

Improved quality of life for older people:

We concluded that Sefton was performing excellently in supporting improved quality of life.

Increased choice and control for older people:

We concluded that Sefton was performing well in supporting increased choice and control.

Capacity to improve

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

We concluded that the capacity to improve in Sefton was promising.

What Sefton was doing well to support outcomes

Safeguarding adults

The council:

- Ensured that most people were effectively protected from abuse and harm and had co-ordinated the production of a revised interagency framework for intervention.
- Provided a range of community based multi-agency initiatives that supported people in remaining safely in the community.
- Had raised the profile of adult safeguarding and provided an increasingly effective and diverse range of training.
- Had implemented initiatives to identify and meet the safety needs of some hard to reach groups.

Improved quality of life for older people

The council:

- Was working effectively with partners to improve the provision of a wider range of preventative services.
- Had involved people who used services and their carers in the development of preventative services.
- Had improved the accessibility of universal services for older people including those with complex needs.
- Worked well with health agencies to provide intermediate care and rehabilitation services and provided an array of carers support.

Increased choice and control for older people

The council:

- Were making services more personalised, promoting care in the community and had strengthened out of hours support.
- Produced good quality information about services and had streamlined points of access.
- Had improved performance in the use of Direct Payments markedly and had introduced a dedicated direct payments scheme for carers.
- Had involved people in their assessments and were beginning to reflect individual aspirations in care plans.

Recommendations for improving outcomes in Sefton

Safeguarding adults

The council and partners should:

- Improve the practice in relation to identification of ongoing risks and the implementation of protection plans.
- Strengthen recording and ensure that managers' decisions are clear.
- Develop the Adult Safeguarding Executive Board, clarify interagency commitments, and implement a system of cross-agency performance management.
- Develop differentiated training opportunities for key staff from all agencies and ensure attendance.
- Make the role of the adult safeguarding co-ordinator more focused on quality assuring practice.

Improved quality of life for older people

The council should:

- Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation.
- Progress the planned production of a carers' strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support.

Increased choice and control for older people

The council should:

- Ensure that care planning increasingly reflects the individual aspirations of service users as well as meeting their physical care needs.
- Ensure that information about services and support that is produced is properly distributed and made available to the public.
- Use advocacy in a more focused and precise way to ensure that the views of people who use services are heard and responded to more effectively.
- Work with partners to improve the consistency of outcomes for people who use services and their carers at the time of discharge from hospital.
- Use the intelligence gathered through the complaints process more effectively to fine-tune and improve overall service provision and processes.

What Sefton was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had a sound strategic vision of a range of safe and secure personalised forms of support.
- Had strong managerial leadership.
- Had plans for the transformation of social care that were sound and project managed.
- Had well established performance management arrangements.

Commissioning and use of resources

The council:

- Had sound commissioning processes.
- Had a good understanding of the needs of the community.
- Had effectively managed its budget.
- Had involved people who use services and service users in service development initiatives.

Recommendations for improving capacity in Sefton

Providing leadership

The council should:

- Ensure that workforce development and training plans have clear improvement targets that are able to be monitored.
- Clarify the strategic priorities for older people's services and share the detail of these plans with staff and stakeholders.
- Strengthen the implementation processes associated with the Equalities Strategy.
- Ensure that Equality Impact Assessments are used consistently to improve services for hard to reach groups.

Commissioning and use of resources

The council should:

- Strengthen directorate and partnership strategic developments through publishing detailed commissioning and joint commissioning strategies for older people.
- Use commissioning incentives to improve the pace of development of a wider range of community based, flexible support services and accommodation options.
- Use a value for money approach more effectively to challenge established services.

Context

Sefton Metropolitan Borough Council is a Local Authority in the North West of England with a population of 275,200. The council has 28 Liberal Democrat, 21 Labour and 17 Conservative Councillors. Governance arrangements are constituted in a 'Cabinet and Leader' model. In order to give citizens a greater say in council affairs, seven Area Committees are in operation. The council has held beacon status in 2005/6 for 'supporting carers', 2007/8 for 'delivering cleaner air' and 2008/9 for 'improving accessibility'.

Of 150 councils in England, Sefton has the 13th highest proportion of people aged 65 years and older. This was 20 per cent compared to the national average of 16 per cent. This population is estimated to increase by 10,000 over the next 10 years. Just 2.8 per cent of the population are from a black or minority ethnic group. The age profile differs significantly across the wards in the borough.

Sefton was ranked 83rd out of 354 authorities in its index of deprivation. Deprivation in Sefton is characterised by pockets of both severe deprivation and affluence as evidenced by its rank of local concentration of 46th out of 354 authorities. Tackling health inequalities is a major priority for the council and its health partners.

In 2008-09 the Audit Commission's Comprehensive Area Assessment of the council as a whole and the Care Quality Commission assessment of adult social care both judged the council to be performing well.

Services for older adults are provided through the health and social care directorate, which is led by a team comprising of strategic director, head of adult services, head of central services and an assistant director.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. 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.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

The council had effective systems in place to ensure that citizens and people who used services were free from harassment and discrimination. There was a wide range of low level support and services which included all parts of the council and key partners such as community policing. Some strategic policies needed clearer identification of vulnerable groups and how their needs were to be met.

The Sefton Safer and Stronger Community Partnership Board was well established and provided sound leadership within the council and across partner agencies. A range of high quality specialist leaflets were available but we were told by some people that they were not aware of the extent of services that were available. Overall rates of crime and specific incidents of race and culture, domestic violence and anti-social behaviour incidents, had fallen.

The wide range of services to help keep people safer in their homes included strong sexual and domestic violence services, a dedicated hate crime unit and a specialist vulnerable victims' advocacy service. There was widespread information available about homophobic crime for all citizens, people who used services and carers. Interagency preventative work had been strengthened through the use of the Multi Agency Risk Assessment Conference (MARAC) system for sharing information and assessing risks at an early stage.

The council and partners had made good use of the Joint Strategic Needs Assessment (JSNA) and areas of particular vulnerability had been identified. These had been reflected in the Partnership Board's over-arching priority to develop community safety initiatives and had been well set out within the crime and disorder plan and Local Area Agreement (LAA) targets. Specific support had been given to the newly identified vulnerable group of international workers who were at some risk of exploitation.

The council had taken steps to promote community cohesion and provide support for minority communities. There was a revised Community Cohesion strategy in place together with a sound 'balanced scorecard' performance monitoring process. There was a good understanding of the varying needs of the diverse community and outreach projects to engage with hard to reach groups had been undertaken. Two specialist workers had been appointed to meet the needs of people from minority

communities, a corporate travellers group co-ordinated a range of initiatives and free legal advice was available for people seeking asylum. Housing partners had developed a network of neighbourhood community workers and there was a strong sense of community.

People are safeguarded from abuse, neglect and self-harm.

Most people were effectively safeguarded from abuse, neglect and poor treatment. The awareness of safeguarding issues had been raised and the numbers of alerts had risen sharply. Most practice was sound and some interventions were good. Further development was needed in relation to the consistency of risk threshold identification, performance management and multi-disciplinary working. The adult safeguarding executive board needed to provide improved leadership.

The adult safeguarding executive board had been reconfigured in 2009 under new chairing arrangements and the membership had been increased. However, the terms of reference remained weak, governance arrangements were poor and attendance and recording of decisions was poor. There was no tradition of the board overseeing multi-agency project work through a range of focused sub groups and staff and many stakeholders were not aware of the work of the board or how to contribute intelligence and issues to the board. The annual safeguarding report failed to set out clearly the progress that had been made in the previous year and the action plan was weak.

An 'Adult Safeguarding Interagency Framework' offered advice regarding multi-disciplinary practice had been re-issued in 2009 and was valued by staff. However, lead staff within social care had no council safeguarding procedures to guide their practice and there was some confusion about whether the framework constituted procedural guidance or was simply 'best practice' advice. Some staff were uncertain about timescales to be followed. Some targets set out within the framework were confusing and increased uncertainty had been caused by publication of 'stretch' targets to try and improve the responsiveness of the service.

Safeguarding alerts received a timely response, people were protected and initial investigations were frequently satisfactory or good. Risks faced by people who funded their own care had been addressed. People who lived in placements outside the borough were protected where necessary and staff in Supporting People teams had referred risky situations appropriately. Specialist legal advice was readily available to investigating officers. Preventative services were utilised well in some protection plans.

Some longer-term risks were less well addressed. In some cases the presenting problem was dealt with but underlying and ongoing vulnerabilities remained unaddressed. Protection plans were not always clear or well monitored. Recording was frequently unclear and a multiplicity of differing forms was used. Reviews did not always happen within the required timescale.

There was poor use of independent advocacy services to empower people who were vulnerable and subject to safeguarding procedures. The adult safeguarding co-ordinator role was valued by staff and partner agencies but lacked focus and the

range of duties was too great.

The response and contribution from other agencies to alerts was variable. Where this worked well, good outcomes were secured. There was an effective single point of access for contacting the police and in some situations the police chaired strategy meetings. We saw some good examples of a wide range of agencies working in partnership to deliver high quality care. In other situations, key agencies either did not respond or were unclear of their role. On occasions some partners were reluctant to acknowledge risks as safeguarding issues. There was no overall transitions protocol in place to manage the movement of children into adult services.

Quality assurance processes had improved when the co-ordination of safeguarding performance information had been integrated with wider performance management functions in 2008. Standards of performance had improved but remained mixed. All investigations were carried out by appropriately skilled and trained staff. Meetings to share good practice and standardise managerial and operational performance were in place and highly valued by some staff. There was a well-established process for sharing contracting information. A clear audit trail on manager decisions at critical points in safeguarding interventions was not always evident and in some cases it was unclear within the case record if and when an investigation had ceased.

The adult safeguarding executive board had only one, recently formed, sub-group and had no performance management arrangements in place for monitoring and ensuring that practice of staff from all agencies met minimum standards in supervision for considering safeguarding issues. A sound serious case review process had not been used and an alternative casework review process had not delivered improvement.

The strategic approach to training had been strengthened in 2009 when the learning and development section took responsibility for co-ordinating directorate and interagency training. Awareness raising and alerter training was freely available to staff and partners across the social care network. Take-up by partner agency staff was variable. More specific skills training was being developed but some sessions had been of variable quality. Clear competencies were set out for key roles within the directorate and for most partner agencies. Performance management of compliance with expectations for staff from other agencies to attend appropriate training and thus secure minimum competencies was underdeveloped. More clear and binding agreements across partner agencies for minimum compliance with declared standards were required.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

There were a range of measures in place that supported people's dignity and privacy. A Dignity in Care project management group had been formed and reported to the Chief Executive. Dignity policies and champions were in place in the Directorate and partner agencies. The interagency safeguarding framework set out how private information should be handled and public information was available about people's rights to confidentiality.

Overall progress in promoting dignity was monitored regularly by the Health and Social Care improvement Group.

Contracts with providers included safeguarding and dignity clauses and contract monitoring was generally strong. However, specific information about compliance of providers with dignity clauses was not collected. Deprivation of Liberty (DOLs) referrals had started to be received from social care agencies. The dignity in care action plan needed to be more precise and ambitious in specifying improved outcomes to be achieved. Many targets were process orientated and had vague benefits. Initiatives to promote dignity for other adult social care groups had been pursued. Less progress had been achieved in securing dignity for older people.

Advocacy arrangements were mixed. The directorate had invested significant sums in advocacy and specific projects, such as the vulnerable victims advocacy service and specialist advocacy support for people who had suffered domestic violence. These were of high quality and were well used. When necessary, Independent Mental Capacity Act advocates were available, six best interest assessors were in post and the Local Implementation Network (LINk) monitored this process well.

Procedural guidance on the deployment of other forms of advocacy was, however, imprecise and the use of advocacy was consequently poorly focused and less effective than it could have been. It was unclear why some people had an advocate and others didn't. In some cases clear indications of the need for advocacy were not addressed and in other situations advocacy was used to deliver basic social care support. The way that advocacy was used in safeguarding situations was not monitored.

Sound processes were in place to monitor the experiences of people who used services who had been involved in safeguarding situations. Consultation had led to a number of service improvements including strengthening of information that was available about preventative support and the development of the MARAC scheme.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council effectively used regulatory information provided by the CQC and inspection reports to influence how they commissioned services from the independent sector. This practice ensured that people and their family carers were provided with choice in the range of services when selecting residential and domiciliary care. Residential and domiciliary care services were generally of a high standard and the range of services within the borough meant that people could routinely secure local provision.

The council had a good understanding regarding the quality of provision it commissioned from regulated care providers. The council only commissioned services from residential care providers that offered single occupancy rooms to ensure that dignity and respect was maintained.

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 neighbourhood. They are able to have a social life and to use leisure, learning and other local services.

People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.

Both the directorate and the council as a whole had single points of access, which offered good initial advice and facilitated redirection to non-care managed services where appropriate. A wide range of voluntary organisations provided an array of preventative services and were well supported by a council-funded CVS co-ordination service. There was a well-established database and catalogue of preventative services.

Information about services was not always accessible, but signposting to other services had been assisted by a 'No Wrong Door' policy which ensured that the first point of access to council services undertook to broker a response or facilitate a response from the appropriate service. People found it easy to get in touch with the council. One person commented,

"*'The ring back system works well….I wasn't forgotten."*

The council had prioritised early intervention and prevention through the JSNA process and had established clear LAA targets for improvement. An 'early intervention' network had been established in 2009 and a new preventative strategy gave a clear vision for improvement. However, the action plan was at a very early stage and more specific targets – including for social care initiatives with hard to reach groups – were needed.

A well-established rehabilitation and intermediate care service had delivered sound results for some years but had been under review for some time. This process had drifted but the current joint plans were well scoped to deliver a service that was increasingly integrated with developing community-based health services. The equipment service was highly valued and provided a speedy response. A number of preventative services had been improved in 2009 including the provision of faster disabled facility grants and a reconfiguration of the joint health and social care falls service.

People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, healthcare, leisure, shops and colleges, adapt services to make them easier to use.

The council worked effectively with partners to address accessibility issues in the borough. Access to universal service was good and improving. Some people found key services such as NHS walk-in centres to be poorly located but amendments had been made to bus services and timetables to ease access to a range of services. Neighbourhood wardens and park rangers were in post to help people feel safer, a special card had been produced to help people with visual impairment use public transport and community matrons worked with council staff in community support projects.

Partner agencies had included quality of life issues within their assessment processes and had facilitated access to services in the council. Council services were increasingly made available to older people in an accessible form. Several thousand older people were involved in an active lifestyles project and physical activity was promoted through free swimming for over 60's and the council had match-funded initiatives for intermediate physical activity. Older people had good opportunities to directly access leisure services.

Services to address social isolation had been developed in association with voluntary organisations. Increasing numbers of older people had been helped to live at home and the use of residential care had reduced. Extra Care housing options had been slow to develop but the planned provision was well scoped and included a consideration of the role of the planned units in the life of the local community. Most developments were yet to be delivered and more work was needed to offer a wider range of accommodation choices.

People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.

The LAA had prioritised meeting the needs of older people with complex needs and there was an improving range of services. Specialist residential placements were available within the borough and the directorate had developed an end-of-life support service in partnership with the Primary Care Trust. An 'expert patient' scheme involved a number of people who used services in working with people with complex needs, helping them manage their care and to establish the kind of services that they valued. Services for older people with mental health and learning disability needs had been developed and there were two specialist co-located, though not jointly managed, health and social care teams for people who were elderly mentally infirm.

Carers' support was highly developed and largely very effective. There was a well-established carers' register and a guide for new carers' had been produced and distributed through GP surgeries. This had led to an increase in registrations within the first year. The carers' strategy needed to be updated and uptake of key services

such as the carers' emergency card scheme had not been monitored effectively. A carers' Direct Payment scheme had been developed in response to consultation with carers about the kind of support that they valued.

The older people's partnership board had not been effective for some years but had an increasing understanding of the needs of older people with a range of support needs. The board had played a part in identifying issues that mattered to Older People. One example was the development of the role of the Direct Payments support organisation to enable people with complex needs to receive support through that scheme.

Some partner agencies were less well aware of the range of support for people with complex needs. Pressure for a speedy residential care solution to be considered in a number of hospital discharge situations had threatened the quality of the outcome for the person using the service. Arrangements were not in place for the key relevant agencies to examine such difficult cases, agree an improvement plan and ensure that better standards were applied in the future.

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.

All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.

The council and partners had achieved steady progress in making services and support more personalised and were part way through a three-year project plan. Systems were in place to involve a range of people who used services, partner organisations and other stakeholders in the development of services and support.

High quality information about services and support had been produced and there was an attractive and effective corporate template for leaflets. The website was accessible, library staff were often proactive in helping people find out information and there was a useful 'find my nearest' search function which helped people access information about local sources of support. There was a single point of access for directorate services and customer services staff were well trained. The majority of leaflets carried details in a range of minority languages about how information could be made available in different formats

We found people who used services to be generally well informed about services and support. The council undertook its own 'mystery shopper' quality assurance checks about the quality of information. Where people were not aware of services this was often because the leaflets and publicity material had not been displayed effectively. There was no system for checking the effective dissemination and distribution of information. Some information leaflets remained in their packaging in local offices and information points.

The directorate had invested heavily in advocacy but had failed to specify the service to be delivered clearly or set eligibility criteria for the use of the service to ensure that the people in most need of independent support received this help. Some staff viewed advocacy as a low level service which could provide simple and practical advice and support as an alternative to a care managed package of help. Performance information was not collected about the extent to which people that used services and their carers were being empowered to exercise increased choice through the help offered by advocacy services.

People who use services and their carers are helped to assess their needs and plan personalised support.

The directorate delivered a broadly effective assessment and care management service in partnership with colleagues from health agencies. Increasing attention was being given to the inclusivity of assessments and the personalisation of care plans.

Practice remained variable. Opportunities for effective multidisciplinary work and ambitious care planning were missed and some hospital discharge arrangements were unacceptably poor.

A successful pilot programme of assisted assessments was being developed and take-up of service was high. We were told of some assessments that were inclusive and respectful of the views of individuals and their carers. One carer said,

"Direct Payments have been brilliant."

On occasions, assistive technology had been used to ensure that people with communication difficulties could make their views known. Other assessments were more bounded, focused on the physical needs of the service user and failed to consider the use of Direct Payments. Some assessments had taken more than 28 days to complete but performance in relation to timeliness of assessments and the availability of social workers was generally good and improving.

The quality of care planning was mixed. Many plans were thorough and detailed. A very high proportion of care managers had undertaken person centred-planning training and awareness of the principles of personalisation was high. On occasions practitioners had worked hard to promote the views of the person using the service in the face of opposition from others involved. The panel system for allocation of resources worked well, was not unduly time-consuming or bureaucratic and acted as a quality check to ensure that the breadth of the views of the individual had been considered.

The majority of care plans were traditional and unambitious. Where individual assessed needs had been identified, such as depression or social isolation, many care plans either recommended standard solutions such as Day Care or ignored the issue entirely. On occasions, specific preferences regarding how the care should be provided or activities that would be valued were not met.

Carer's support was good for those who were known to the service. Carers' assessments were undertaken and support needs identified. Carers felt valued as partners in providing care but needed better quality information about what support was available.

Multidisciplinary work was promoted by two specialist teams for older people with mental health problems which had co-located health and social care staff. Other social care teams had less ready access to specialist and multidisciplinary assessments and practice reflected the quality of local relationships. The Single Assessment Process was well established but access to specialist assessments was variable. Access to resources from the health panel was difficult at times.

Particularly variable outcomes for service users were evident in respect of the quality of discharge arrangements from hospital. Some people who used services had experienced rushed discharges which had involved poor co-operation between health and social care professionals. Other patients had been discharged without an appropriate referral having been made to the council. Directorate staff were under considerable pressure to maintain good performance regarding the speed of transfers of care. However, there was no health and social care hospital discharge

procedure in place which committed staff from all agencies to delivering minimum quality outcomes for people returning to the community. One carer told us,

"I didn't know what was going on. I was just expected to cope."

There was no structured interagency management process in place for resolving operational difficulties and learning lessons to improve future practice. Some staff had had to resort to raising interagency practice concerns through the departmental complaints procedure to try and ensure that partner agency responses met minimum standards.

People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

The breadth and choice of services and support were increasing. The overall health of citizens was being improved through a range of healthy living and exercise options and people who needed additional support had ready access to rehabilitation and intermediate care services. Some traditional services such as Day Care had not been properly reviewed and this meant that some people did not have access to a real choice of individualised day opportunities. Increased accommodation options were planned but had not yet become available.

The directorate had a sound track record in promoting independence; use of residential care was decreasing and community-based options were increasing. The joint equipment service with health partners delivered prompt support and there had been good use of assistive technology. The intermediate care service had been the subject of external evaluation and had been shown to be effective in reducing long-term dependency on care-managed services. Best use of specialist services was sometimes compromised by lack of easy access to ongoing support which led to some rehabilitation services becoming blocked.

The use of Direct Payments packages of care to increase the flexibility of support for people who used services had risen markedly in 2008, to a level of performance that was above the council's comparator group. Some Direct Payments packages were imaginative and provided high quality and bespoke packages of support. Others were inhibited by the lack of modern services such as community-based support and outreach workers to deliver individual packages of flexible care. This meant that some self-directed support arrangements simply provided traditional support for physical care needs. Opportunities to address individual aspirations and ambitions of some people who used services were lost. The availability of flexible and community-based accommodation options and community-based support in partnership with the Supporting People service was limited but was improving following an adverse inspection in 2007.

Most people who used services were satisfied with the quality and reliability of the service. Access to respite care services had been difficult for some people who used

services and carers. The availability and appropriateness of their service had improved in 2008 when respite support within the home of the person using the service was provided.

Carers' support was well developed and included a range of options including respite vouchers. Some services had not been well used in recent years and the strategic approach to development of carers' services was weak. There was no carers' strategy in place and we were told that the application of some carers' support processes was bureaucratic and cumbersome. The recent development of alternative forms of carers' support had included a highly valued carers Direct Payment scheme. The engagement of carers in designing the planned revised carers' strategy was good.

People who use services and their carers can contact service providers when they need to. Complaints are well managed.

There was a growing range of out-of-hours support for older people. Progress had been made on increasing the frequency with which packages of support were reviewed and a new policy had been established. The complaints service worked well in individual situations but the directorate had failed to make best use of complaints information as a basis for improving the service as a whole.

The established emergency duty team (EDT) had been supplemented over recent years by an improved range of support for people who used services and carers. There was a 24-hour palliative care service provided in partnership with health agencies and the need for emergency intervention had lessened because of the growing array of out-of-hours care.

The use of reviews to improve the appropriateness of individual packages of support required further improvement. The numbers of reviews of older people had improved in 2008 and there was a new review strategy which focused upon outcomes. The strategy stood apart from the basic care management procedures and there was confusion about the status of the guidance. Review numbers remained relatively low and some reviews were led by the agency providing the care and were limited to a consideration of the provided service – even where an assessor was involved. Some files showed reviews where sections had been repeated without amendment from year to year, the continued appropriateness of the care provided was not effectively challenged and many reviews concluded with a recommendation of no amendment.

Information about how to complain was freely available, including offers for the information to be translated into other languages, and was of high quality. People who use services and their carers were clearly advised of their entitlements regarding the assessment and closely associated processes. The complaints service had joined with health partners in providing an integrated and streamlined service in 2009. Some wider information documents about what support people who used services and their carers could expect were insufficiently clear to empower people to use the complaints procedure to secure the level of service that they were entitled to expect. The numbers of complaints was low and stable. Lessons from the

experiences of individuals had not been learned to ensure that overall performance improved. Staff and elected members were not well informed about these issues.

Capacity to improve

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.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

The council had a clear vision for improving services and plans were underway to deliver the necessary changes. Directorate initiatives were broadly supported by other council departments and there was a sound transformation plan and project management approach in place. The transformation process was supported by external management resources. The eight work streams of the transformation project were making progress, performance information was regularly produced and specific key issues such as strengthening the transitions workforce and processes were being addressed. People who used services, carers, voluntary sector groups and minority communities had been engaged and carers were supported in contributing to the transformation process.

There was a well-established and stable senior management team in place. The Senior Management Team led the performance management of the transformation project and there were good links to corporate leadership and elected members. There had been improvement in some key services and senior managers and elected members had undertaken leadership roles in relation to championing both the needs of especially vulnerable adults and the cause of dignity in care. The directorate was confident of meeting the target of all new packages of support being offered through self-directed care by April 2010.

Elected members and corporate leaders had access on a quarterly and monthly basis to information about safeguarding and the transformation process. The understanding of elected members about the quality of safeguarding practice and the pace of implementation of individual budgets was limited. Key strengths and areas to be addressed were unclear. Scrutiny committee had not been involved in challenging the effectiveness of both transformation and safeguarding vulnerable adults initiatives.

There was a well-established business planning process in place. A sound template for an array of plans was consistently used but performance was mixed. An older persons strategy had yet to be finalised and confusion about the status of the draft document inhibited its effectiveness as a driver for change and improvement. The service plan for older people lacked a specific and targeted action plan and the otherwise sound Transformation Plan had no specific references to any anticipated

improved outcomes for older people. Team plans were in place but the quality was highly variable.

At the time of the service inspection the directorate was about to be restructured. Communication initiatives with staff had taken place regarding the changes but these had focused too much on the overall strategic vision for the service. Some staff were uncertain about the future and increased clarity about what the changes would mean for different parts of the service was needed. The progress of improvement had been fitful for some years in the directorate. Notable improvements had been achieved but in other areas, such as promoting individualised day opportunities and accommodation options, progress had been slow. A number of recent independent inspections had highlighted weaknesses. The directorate invariably responded well by addressing the shortcoming identified but this had meant that some important improvements were secured only after external intervention.

The directorate prioritised making services available to people from minority groups. The diversity strategy was strong but did not have a robust action plan and the use of Equality Impact Assessments to improve service to hard-to-reach groups was variable. Information about the type and source of contacts that were made through the customer service centre was not collected and data regarding contact with hard-to-reach groups other than minority communities was limited. The directorate employed a high proportion of people from minority groups.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

People who used services and their carers had a good range of opportunities to contribute to service development initiatives. A number of developments had been prioritised because of feedback about the kind of support provided. The council as a whole had developed a sound public engagement policy which set out the approach to be used in consultation arrangements.

There were a wide range of consultation forums including a well-established older people's partnership board. People who used services and carers were involved in the scrutiny committee and the Health and Social Care Forum. An expert stakeholder group had recently been formed. Consultation events had identified services that needed to be changed. The Direct Payments brokerage support service had been restructured to deliver a wider range of support initiatives and a 'caring with confidence' training module had been introduced for family carers because of feedback from carers.

Initiatives to engage with hard-to-reach groups and people who used mental health services had been less successful overall. Consultation within the Supporting People service had led to the development of some services for people who are transgender.

Some established forums had needed to be reviewed and refreshed. The older people's partnership board had drifted and lacked leadership and impact. Training and support for members had been inadequate. A new priority and focus for the board on the whole of the older people's community concerns and reinvigorated leadership in 2009 was beginning to produce results.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

Workforce development initiatives across the whole of the social care sector had been pursued and significant progress achieved. A range of training opportunities were available to all social care staff. Workforce plans were underdeveloped and there was limited job redesign and development to support the transformation of social care.

Processes to support the work of the directorate were generally well developed. The directorate had secured the Investors In People award in 2006. The relationship with the independent sector and the availability of training opportunities for provider partners were sound. Within the directorate there was low staff turnover, few vacancies and no reliance on agency staff. A revised absence management policy had reduced short and long-term sick leave and staff with disabilities were well supported. Supervision had been prioritised, included some challenges regarding the quality of work and was valued by staff.

Training opportunities were generally available and included courses on person-centred planning and dignity in care. Staff had an opportunity to influence training priorities through a quarterly forum and this had led to some specific specialist training such as dementia care being provided. The workforce development grant had been used effectively to develop training opportunities across the social care sector. Within the directorate, a management development programme was available to all staff with managerial responsibilities.

The strategic direction of workforce development was unclear. The council's workforce strategy was only a draft document. The directorate's human resources manager had been on secondment and some staff were uncertain about cover arrangements. The workforce plan for the directorate was a sound description of the service but failed to set out specific priorities and targets for reshaping the workforce to meet the challenges of personalised support. There were no joint workforce development plans with health agencies. Staff were unclear about the future shape of workforce arrangements. Plans were in place to strengthen the strategic approach to workforce management in early 2010.

Learning and Development arrangements were set out in an up-to-date plan but we were told of some uncertainty surrounding the future of the dedicated unit within the directorate. The strategy for learning and development was a sound vision document but addressed only vague and general aspirations. Clearer quantative targets and performance information needed to be included. Planning for joint health and social care training was under-developed.

A regional model had recently been adopted to strengthen further the breadth of training opportunities across the social care workforce.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

The directorate had effective performance management arrangements in place. The performance management framework produced monthly reports and datasets regarding national Performance Indicators and local LAA priorities for elected members, senior managers and frontline staff. Processes for monitoring both the quality of frontline assessment and care management and of provided services were sound.

Quality assurance of provided services was undertaken through a number of quarterly customer satisfaction surveys with major providers. The quality of regulated services was high and the directorate made use of Care Quality Commission (CQC) information in maintaining standards. Supervision arrangements were sound, performance managed and supported by specialist training for managers regarding the management of poor performance.

Limited progress had been made in involving people who use services and carers in quality assurance arrangements. Processes for involving people who use services in mystery shopping exercises that were underway for other adult service user groups were yet to be started in relation to older people's services. Key issues that concerned people who used services and their carers such as the quality of hospital discharge had not been prioritised within the performance framework.

Opportunities had been lost to set out increasingly specific quality standards for key services. Standards within the long-term care charter Better Care, Higher Standards were vague and un-monitorable. A promised case file audit system focused unduly on process issues and had yet to be started. Partner agencies were unclear about the progress that the directorate were making in relation to Individual Budgets, Advocacy and the development of a brokerage service.

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.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

Traditional commissioning arrangements within the directorate were well established and of a generally high standard. Progress in developing new processes to support individual commissioning of personalised packages of care had been steady. Essential processes built upon established systems and were due to become operational in April 2010. The council had prioritised the involvement of people who used services and their carers in shaping new arrangements and types of support.

The directorate had a good understanding of the needs of the community and the JSNA had been used well to identify priority areas for improvement. Some commissioning incentives had been used to manage the market and deliver a stable set of provided services. The relationship with the independent sector was good and regular forums were in place. Contract monitoring was undertaken regularly and action had been taken to raise standards in relation to quality of care issues where these had been identified.

Key partners were aware of the vision for the future but did not have a clear picture of how the new types of services would be delivered, what the new service would look like or what investment the council were prepared to make in encouraging the development of new forms of support. The absence of a commissioning plan for older people led to confusion. A sound draft Market Facilitation Plan was yet to become active and lacked sufficient detail to reassure providers of their role in the new service.

The commissioning unit had focused upon procurement of traditional services. Additional clarity about investment intentions and the use of incentives to encourage the development of a wider range of new community based outreach support services was required. The pace of delivery of new forms of commissioning arrangements to support individual budgets needed to be maintained to meet the locally determined 2010 deadline. Stronger systems for collecting and using the experiences of frontline staff in setting commissioning priorities were required.

Some successful joint commissioning initiatives had been secured in partnership with the PCT but there was no coherent approach set out in a formal joint commissioning strategy. Some partnership work had drifted and joint initiatives had been fragmented and limited. Plans to use the PCT's 'Transforming Community Services' plan as a vehicle for a co-ordinated approach to developing a wider range of community based services were well scoped but yet to have an impact. New joint management arrangements for commissioning processes, focused leadership from both the

council as a whole and the PCT and co-location of the PCT and the directorate headquarters indicated that further developments should be possible.

People who used services had been involved in the Joint Strategic Needs Analysis process. People engaged in consultation events felt supported in this role, had access to training and valued the feedback on concerns that they had raised through the ready availability of detailed minutes of meetings.

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

Resources were used well to address strategic priorities. The JSNA had identified key issues across social care and budget deployment had been adjusted to reflect these priorities. This had led to increased community-based options and less use of residential and nursing home care.

Corporate and directorate financial planning and budget monitoring was well established. Investment in older people's services had been maintained in recent years and elected members had made a commitment to increases for the next three years that reflected demographic growth and inflation. There was some uncertainty about projected spend levels at the time of the inspection. The council as a whole faced a budget deficit of c. £11m in 2010/11 and the budget for the directorate for 2010 had yet to be determined. Financial planning forecasts had been made and additional investment in adult safeguarding training was beginning to deliver improvements.

Budget monitoring was sound and budget holders had access to timely financial information and support. The directorate had remained within budget consistently year on year. Associated financial processes such as charging information and financial assessment service provided a streamlined service which had maximised the income for people who used services and their carers.

The council as a whole delivered value for money and made good use of benchmarking exercises. Within the directorate performance was more mixed. Many unit costs for existing and traditional services were relatively low and efficiencies had been secured through strengthening contracts and externalising some services. Directorate plans regarding reshaping services to secure additional value or more appropriate forms of support at a similar cost were weaker. A detailed breakdown of how an understanding of unit costs and management action had led to savings and extra value for people who used services was not clear. Some managers were not able to give examples of where traditional services had been subjected to rigorous internal challenge and the value delivered properly evaluated.

Joint commissioning had developed in an unplanned way and reflected a range of particular and unco-ordinated initiatives. There was a need to formalise health and social care partnership processes and share transparent investment plans with partners and stakeholders. Joint rehabilitation and intermediate care services were under review and work was at an early stage.

Some modern and empowering support arrangements were under-developed. Advocacy was not specified or used well and brokerage support for individual packages of care was limited to a Direct Payments support service. Preparation work to put in place business systems to support more individualised forms of care had been undertaken in the first two years of the three-year transformation of social care project. Planned systems built upon well-established existing processes. This had left the transformation project team with significant systems such as IT support and a Resource Allocation System to be delivered by April 2010. This was a challenging deadline.

Appendix A: summary of recommendations

Recommendations for improving performance in Sefton

Safeguarding adults

The council and partners should:

1. Improve the practice in relation to identification of ongoing risks and the implementation of protection plans. (Page 11)
2. Strengthen recording and ensure that managers' decisions are clear. (Page 11)
3. Develop the Adult Safeguarding Executive Board, clarify interagency commitments, and implement a system of cross-agency performance management. (Page 11)
4. Develop differentiated training opportunities for key staff from all agencies and ensure attendance. (Page 12)
5. Make the role of the adult safeguarding co-ordinator more focused on quality assuring practice. (Page 12)

Improved quality of life for older people

The council should:

6. Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation. (Page 15)
7. Progress the planned production of a carers' strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support. (Page 15)

Increased choice and control for older people

The council should:

8. Ensure that care planning increasingly reflects the individual aspirations of service users as well as meeting their physical care needs. (Page 18)
9. Ensure that information about services and support that is produced is properly distributed and made available to the public. (Page 17)
10. Use advocacy in a more focused and precise way to ensure that the views of people who use services are heard and responded to more effectively. (Page 17)
11. Work with partners to improve the consistency of outcomes for people who use services and their carers at the time of discharge from hospital. (Page 18)
12. Use the intelligence gathered through the complaints process more effectively to fine-tune and improve overall service provision and processes. (Page 20)

Providing leadership

The council should:

13. Ensure that workforce development and training plans had clear improvement targets that were able to be monitored. (Page 24)
14. Clarify the strategic priorities for older people's services and share the detail of these plans with staff and stakeholders. (Page 23)
15. Strengthen the implementation processes associated with the Equalities Strategy. (Page 23)
16. Ensure that Equality Impact Assessments are used consistently to improve services for hard to reach groups. (Page 23)

Commissioning and use of resources

The council should:

17. Strengthen directorate and partnership strategic developments through publishing detailed commissioning and joint commissioning strategies for older people. (Page 26)
18. Use commissioning incentives to improve the pace of development of a wider range of community based, flexible support services and accommodation options. (Page 26)
19. Use a value for money approach more effectively to challenge established services. (Page 27)

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2009.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full on our website. The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINks (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Sefton when we met with eight people whose case records we had read and inspected a further eight case records. We also met with approximately 30 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services and 35 were returned.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Sefton will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the general service inspection page on our website.

If you would like to see how we have inspected other councils then please visit the service inspection reports section of our website.

ANNEX B

Improvement planning template for use by Sefton Council

Safeguarding Adults

Improvement Area 1 – Improve the practice in relation to identification of ongoing risks and the implementation of protection plans		
How is this to be achieved / action	*Expected evidence of improvement*	*timescale*
1. Streamline and clarify risk assessment documentation.	A single document will be created to cover risk assessment and management in safeguarding cases including a comprehensive risk checklist for practitioners. A new audit tool (see Appendix 1) will be utilised to monitor proper usage of the documentation and procedures, and quality assure the assessment of risk for the client. In 20010/11 a random sample of 10% of safeguarding cases per month will be undertaken through-out the year with a target that overall 70% achieve a 'good/excellent' score following the audit in relation to risk assessment. This score will represent both appropriateness of the use of risk assessment and quality of outcome for the client.	New documentation completed June 2010 Staff begin use of new procedures July 2010 First full audit month August 2010 First audit report to Departmental Management Team (DMT) September 2010
2. Streamline and clarify Protection Plan documentation and planning processes.	A single document will be created to cover the creation and implementation of a Protection Plan for clients. This will include creation of a standard plan pro-forma, checklist, and toolkit to help practitioners determine when a plan should be put in place. A new audit tool (see Appendix 1) will be utilised to monitor both proper	New documentation completed June 2010 Staff begin use of new procedures July 2010 First full audit month August

Improvement Area 1 – Improve the practice in relation to identification of ongoing risks and the implementation of protection plans		
How is this to be achieved / action	*Expected evidence of improvement*	*timescale*
	usage of the documentation and procedures and quality assure the detail within the plan to ensure it covers all requirements of the client including any underlying vulnerability. In 20010/11 80% of formal Protection Plans will be audited with a target that 70% achieve a 'good/excellent' score following the audit. This score will represent both appropriateness of the use of the plan and the comprehensiveness of the implementation for the client. A strategic target will also be set for the review of Protection Plans for 2010/11. This target will be set at 70% of all Protection Plans having a review within 28 days.	2010 First audit report to Departmental Management Team September 2010 Review target monitored from March 2010 and reported to DMT monthly.
3. Training undertaken to develop staff understanding of use and procedures relating to risk and protection planning.	Two courses for (40) social workers, team managers, and assistant team managers have been completed on "safe and effective decision-making". An additional two courses for 80 more social workers and managers will be run in 2010/11. An evaluation of the effectiveness of this training will be undertaken by satisfaction questionnaire immediately following the end of the course where a target of 80% of attendees stating that the course content met or exceeded their expectations will be set for 2010/11. Additionally the success of the embedding of understanding will be evaluated using the Workforce Development Unit 10% sampling after three months. Effectiveness will	Completed September and November 2010 June 2010

Improvement Area 1 – Improve the practice in relation to identification of ongoing risks and the implementation of protection plans		
How is this to be achieved / action	*Expected evidence of improvement*	*timescale*
	also be monitored via normal supervision processes.	March 2011
4. An annual survey of practitioners will be undertaken to assess the effectiveness of changes to safeguarding documentation.	Initially a one-off sample survey of practitioners will be undertaken - following completion of new documentation - including a question on 'overall clarity' of the safeguarding documentation. A target of 75% stating the clarity is 'good or excellent' will be set for 2010/11.	March 2011
5. Serious exception reporting	Where the audit process of both Protection Plans and risk management identifies serious failures these will be reported specifically to DMT within 14 days. This will be monitored in terms of the number of clients identified with a 'poor/unacceptable' audit review. A target of fewer than 5% of audited cases in this category will be set for 2010/11. (See Appendix 1)	Ongoing from first audit month (August 2010)

Improvement Area 2 – Strengthen recording and ensure that manager's decisions are clear		
How is this to be achieved / action	Expected evidence of improvement	timescale
6. A new pro-forma and guidance notes will be produced for the undertaking of strategy meetings, along with a sample of 'best practice' examples.	A new audit tool (see Appendix 1) will be utilised to monitor the quality and robustness of strategy meeting notes including the clarity of decision recording. In 2010/11 20% of strategy meeting notes will be sampled where a target will be set for 2010/11 that 75% should be scored as having a 'good/excellent' score relating to 'clear management decisions'.	New documentation completed June 2010 Staff begin use of new procedures July 2010 First full audit month August 2010 First audit report to Departmental Management Team (DMT) September 2010
7. A case file audit of completed investigations will be undertaken on a monthly basis.	A new audit tool (see Appendix 1) will be utilised to monitor the quality and robustness of case file information. In 20010/11 a 10% sample per month of case files will be undertaken. In 2010/11 70% of cases will be expected to achieve a 'good/excellent' score following the audit. This score will represent both the 'completeness' of the file recording itself, but also an assessment of the outcomes for the client.	First full audit month June 2010 First audit report to Departmental Management Team (DMT) July 2010
8. Development of training for the chairing of strategy meetings / case conferences and note taking training for implementation 2010/11.	Two training courses will be commissioned to run between September 2010 and March 2011. In 2010/11 a target of attendance by 30% of managers for the chairing	September 2010

Improvement Area 2 – Strengthen recording and ensure that manager's decisions are clear		
How is this to be achieved / action	Expected evidence of improvement	timescale
	training will be set. An evaluation of the effectiveness of this training will be undertaken by satisfaction questionnaire immediately following the end of the course where a target of 80% of attendees stating that the course content 'met or exceeded their expectations' will be set for 2010/11. Consistent application of this training will be monitored through the audit process highlighted in Area 2 Action 6.	
9. Standardisation Meetings convened to ensure compliance and consistency of practice. Two sets will be undertaken – one for managers, one for investigators.	A set of clear terms of reference will be created for the standardisation groups and they will report via the safeguarding Performance and Quality Assurance Sub-group (PQAS) of the Sefton Adult Safeguarding Board (see Area 3 Action 11). Initially the focus will be on standards relating to the evaluation of risk and management decision-making. Progress will be evaluated through the new audit process outlined in Area 1 Actions 1 & 2 and Area 2 Actions 6 & 7. Both groups will undertake four meetings each year.	June 2010 First meeting July 2010
10. An ongoing annual audit of supervision files will be undertaken to ensure that issues	Monitoring will be carried out of the improved supervision policy coordinated through the existing Directorate Improvement Group reporting	Ongoing from March 2010

Improvement Area 2 – Strengthen recording and ensure that manager's decisions are clear		
How is this to be achieved / action	Expected evidence of improvement	timescale
of recording clarity and decision making on all case files are raised and appropriately managed with staff.	quarterly to the Directorate Management Team. This will be undertaken using the existing supervision audit tool. Managers will assess a 5% sample of the supervision files of their managers/supervisors. An overall Departmental target of 70% of supervision files being determined as 'good/excellent' will be set for 2010/11.	

Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management		
How is this to be achieved / action	Expected evidence of improvement	timescale
11. Establish Performance and Quality Assurance Sub-group (PQAS) of the Safeguarding Board to take responsibility for performance management and quality assessment activity across the safeguarding partnership	Establish the sub-group Create a clear set of terms of reference, roles, and responsibility for the sub-group has been created (see draft versions in Appendix 2/3). The group will agree both a Performance and Quality Assurance framework for the partnership and a Self-Assessment Performance (SAP) toolkit for assessment of safeguarding performance of each member of the partnership. Peer review and challenge of the SAP toolkit information supplied by partners will be undertaken by the board once per year for each partner. A target of 50% completion of assessments by all partners will be set for 2010/11. The sub-group will create an annual action plan to prioritise and coordinate the performance measurement and auditing work undertaken. A performance and quality assurance report will be provided to the Safeguarding Board on a quarterly basis. This will include qualitative and quantitative performance metrics for across the partnership based on the SAP toolkit information, the new	September 2010 Draft completed September 2010 March 2011 September 2010 (for 2010/11 & 2011/12) Quarter 3 2010 and Q4 2011 reports to be produced.

Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management		
How is this to be achieved / action	Expected evidence of improvement	timescale
	measures identified in this action plan, and the existing five strategic performance indicators used by the Department. Additional monthly performance and quality assurance reports will be provided to the Departmental Management Team (DMT) as required by the monitoring outlined in this action plan and in relation to the existing five strategic performance indicators used by the Department (% 24 hour referrals, % strategy meetings in 5 days, % of protection plans reviewed in 28 days, % alerters informed of outcome in 9 days, median length of case)	Monthly from June 2010
12. Establish practice standards and competencies for the Safeguarding Board and identify gaps and omissions.	Develop training and induction plan for members. Create framework of agreed responsibility, behaviours, and competencies across the partnership with minimum standards against which to measure performance of the Board (see Appendix 4). The PQAS will monitor this information and report through the existing Council member scrutiny and review process and Local Strategic Partnership Board. The increase in oversight and scrutiny will include: • Annual report to council members • Quarterly reports to the	September 2010 Draft completed – final version agreed September 2010

Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management		
How is this to be achieved / action	Expected evidence of improvement	timescale
	Local Strategic Partnership Board • Quarterly reports to the appropriate cabinet member • Bi-annual report to Overview and Scrutiny (Adult Social Care) As part of the performance Self Assessment Toolkit monitoring of the wider reporting undertaken by partners to their respective management will be collated to ensure dissemination is cross-agency.	
13. Benchmarking/'good practice'	In order to assist with the performance management of safeguarding activity the potential for benchmarking and sharing of 'good practice' will be investigated. Through the Northwest Performance Leads Group and membership of the Chairs Northwest group it will be attempted to get an agreed set of five standardised local indicators on five key 'milestones' in the safeguarding journey with as many local authorities/safeguarding boards across the northwest as possible.	March 2011
14. Strengthen the leadership of the safeguarding board.	Undertake review of current governance arrangements and cross-agency agreements relating to adult safeguarding. This will result in: • Agreed terms of reference signed off by all agencies	August 2010 September 2010

Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management		
How is this to be achieved / action	Expected evidence of improvement	timescale
	• Agreed updated memorandum of agreement for all agencies with performance standards to allow monitoring of compliance (for example see Area 3 Actions 16 & 17. • Refreshed membership of the Board • Agreed clarification on the roles and responsibilities of the Board for setting strategic priorities and targets for safeguarding for all partners. (See Appendix 4).	
15. Promote the work of the Adult Safeguarding Board with staff and stakeholders	An 'awareness raising' strategy will be created to cover both internal and external stakeholders. This will include: Five public 'awareness raising' sessions undertaken in Bootle, Crosby, Maghull, Formby, and Southport involving an open stand, publicity material, and an opportunity to talk to the public face to face. Summary explanation leaflet created on the working of the Adult Safeguarding Board created for dissemination to the workforce across all the partner agencies. Following the local government elections two further safeguarding sessions will be undertaken with elected members.	September 2010 March 2011 September 2010 March 2011

Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management		
How is this to be achieved / action	Expected evidence of improvement	timescale
16. Monitoring of inter-agency commitments through Strategy Meeting attendance assessment	A sample of 50% of strategy meeting minutes will be reviewed to identify where required partners did not attend. A target of full attendance in 85% of cases will be set for 2010/11.	March 2011
17. Monitoring of inter-agency commitments through SASB attendance assessment	All attendance lists of the Sefton Adult Safeguarding Board (SASB) will be reviewed in 2010/11 to identify where required partners did not attend. Where an agency did not attend for more than one meeting in the year this will be highlighted and discussed and addressed by the Board. The number of 'deputies' sent to meetings will also be assessed. Where more than one deputy within the year was sent by an agency this too will be investigated by the Board.	March 2011

Improvement Area 4 – Develop differentiated training opportunities for key staff from all agencies and ensure attendance		
How is this to be achieved / action	Expected evidence of improvement	timescale
18. Agree clear cross-agency competencies for key roles, provide training, and monitor attendance	Competencies and standards are already in place for in-house and contractor/provider staff and training outcomes are monitored on a quarterly basis and scrutinised by Cabinet. The training sub-group will develop a set of standards for key roles across all agencies for agreement by the SASB. Key partner organisations continue to provide their own safeguarding training however those partners who are members of the Safeguarding Adults Learning and Development Subgroup have agreed and committed themselves to providing workforce figures on those undertaking safeguarding training within their own organisations on a quarterly basis which will then be reported to the SASB.	Completed July 2010 October 2010

Improvement Area 5 – Make the role of the adult safeguarding co-ordinator more focused on quality assuring practice		
How is this to be achieved / action	Expected evidence of improvement	timescale
19. Review job description of safeguarding coordinator and re-align to focus on quality and push adherence to target timescales.	New job description created. The safeguarding coordinator will reduce attendance at strategy meetings by 80% in 2010/11. The safeguarding coordinator will undertake the role of expert audit of safeguarding documentation using the new audit tool (see Appendix 1) to the timescales and volumes as described in Improvement Areas 1, 2, and 3 of the action plan. The safeguarding coordinator will play a lead role in the new PQAS where performance and quality will be discussed, collated, and disseminated for scrutiny/action. (See Area 3 Action 11). The safeguarding coordinator will play a lead role in developing the standardisation meetings to ensure changes in working practices are embedded and timely operational feedback is provided to the SASB (see Area 2 Action 9).	June 2010 March 2011 August 2011 September 2010 September 2010

Improved quality of life for older people

Improvement Area 6 –Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation		
How is this to be achieved / action	Expected evidence of improvement	timescale
20. The proposed national 'stretch target' for self directed support will be used to measure development of individualised services.	All front-line social workers are to be trained in new 'self-directed support' processes. These are designed to improve the choice and control of clients by allowing individualisation of the care package and promote independence. A target of 30% of all clients having been through the self directed support process and having access to an individual budget has been set for 2010/11 (National Indicator 130).	June 2010 March 2011
21. Creation of 'Older Persons Flexible Day Care Strategy'	A new strategy will be developed in partnership with our main day care provider (New Directions). This will be designed to improve access to more flexible day care facilities more closely tailored to individual needs. Monitoring will be undertaken through performance management criteria developed within the strategy's action plan.	October 2010
22. Increase the number of available Extra Care units to support implementation of Sefton Dementia Strategy.	In order to provide for additional support capacity within the market an additional 24 Extra Care units for people with dementia will be provided to enhance the ability of the Council to support people with dementia to continue to 'live at	December 2010

Improvement Area 6 –Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation		
How is this to be achieved / action	Expected evidence of improvement	timescale
	home'.	
23. Market Facilitation Strategy (MFS)	The new MFS has been launched and outlines the new flexible approach to service delivery to improve the choice and control available to service users. Meetings with providers to discuss progress of strategy and identify gaps and opportunities for delivering more flexible choice to service users have been arranged. Four are planned in 2010/11.	Completed Next meeting is in May 2010.

Improvement Area 7 – Progress the planned production of a carer's strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support		
How is this to be achieved / action	Expected evidence of improvement	timescale
24. Production of refreshed Carers Strategy	A refreshed strategy will be produced in tandem with engagement and consultation with stakeholders. The plan will contain a clear implementation plan with monitoring and performance standards. Quarterly Carers Strategy meetings have been set for the year that will review progress of strategy with key stakeholders. Evaluation of 'Caring with Confidence' training programme undertaken to inform next training programme	September 2010 Quarterly Rolling two-year programme

Increased choice and control for older people

Improvement Area 8 – Ensure that care planning increasingly reflects the individual aspirations of service users as well as meeting their physical care needs		
How is this to be achieved / action	Expected evidence of improvement	timescale
25. Production of a person centred plan for all appropriate care management clients.	The new plan will reflect the individual's aspirations and increases in direct payments or managed care where appropriate. An audit will be undertaken of 10% of all new person centred plans using a new audit pro-forma to assess the quality of the new care plans. A target of 70% classed as 'good/excellent' in reflection of individual aspirations will be set for 2010/11.	June 2010
26. Training for assessment staff on self directed support	Training to be delivered on how staff ensure that assessments encompass individuals aspirations through support planning and helping users develop their own self directed support. 105 assessment staff to be trained by June 2010.	June 2010
27. Training and coaching on reflective practice	Training and action learning to be delivered using the CQC 'critique' document to enable staff to reflect on practice to enhance and develop their skills. For 145 managers and social work staff by June 2011. Currently being planned in conjunction with service managers. Effectiveness will be monitored via audits of case files and supervision records.	Starting Sept 2010, And over following 9 months.

Improvement Area 8 – Ensure that care planning increasingly reflects the individual aspirations of service users as well as meeting their physical care needs		
How is this to be achieved / action	Expected evidence of improvement	timescale
	The audit process will be cross-referenced with the training system to identify audited files where the staff involved have been on training. In these cases a target that 90% achieve a 'good/excellent' score following the audit will be set and monitored - providing sample sizes in the early period make this data significant/relevant.	
28. Transitions Protocol	Group to be established to develop a generic transitions protocol to include all client groups. Completed transitions protocol	Sept 2010 March 2011

Improvement Area 9 – Ensure that information about services and support that is produced is properly distributed and made available to the public		
How is this to be achieved / action	Expected evidence of improvement	timescale
29. Develop a systematic approach to leaflet distribution and ensure partner agencies are displaying materials	A project is underway to create a centralised corporate communications department to ensure consistent application, economies of scale and 'corporate badging'. A Project Initiation Document is in place to scope the leaflets and detail on how the public access information along with appropriate action plan and performance standards.	Sept 2010
30. Ensure service user input into making information about services 'accessible'.	Establish a service user focus group via the Ability Group of the Sefton Equalities Partnership to test accessibility of information and its usefulness. A mystery shopper exercise is currently being undertaken and the results will be reported back to the Partnership Board and Equalities Partnership.	Group established June 2010 September 2010
31. Continue to utilise 'road shows' to promote information on priority areas	In collaboration with stakeholder colleagues, and with private company support, hold a series of Memory Matters road shows across Sefton in support of the Dementia Strategy. Deliver two events (one for providers, second awareness raising across wider workforce) to promote an understanding of the needs of people with dementia.	May – Aug 2010 Sept 2010

Improvement Area 10 – Use advocacy in a more focused and precise way to ensure that the views of people who use services are heard and respond more effectively		
How is this to be achieved / action	Expected evidence of improvement	timescale
32. Develop guidance for the use of advocacy and monitor uptake and outcomes. To ensure that service users have choice and control in respect of the use of advocacy services the new procedures will focus on maximising choice and developing alternate pathways for service users.	In order to ensure the use of advocacy is more focused and effective for service users a set of amended and agreed procedures and policy guidance will be developed with usage criteria, clear service standards, and eligibility criteria. Monitoring arrangements will be put in place for use of advocacy in general and specifically for safeguarding situations. The audit tool described in Appendix 1 will be utilised for assessing the use of advocacy in safeguarding cases based on the 10% sample audit of files noted in Area 2 Action 7.	September 2010 September 2010 September 2010
33. Joint Advocacy Strategy developed with NHS Sefton.	NHS Sefton to lead a project on developing an Advocacy Strategy with clear objectives and outcomes for service users and in consultation with service user groups.	December 2010

Improvement Area 11 – Work with partners to improve the consistency of outcomes for people who use services and their carers at the time of discharge from hospital		
How is this to be achieved / action	Expected evidence of improvement	timescale
34. Develop a Multi-agency Discharge Strategy (MDS) and robust action plan.	The Multi-agency Discharge Strategy will ensure that arrangements and performance management systems are consistent and meet the needs of people discharged from hospital. The strategy will: • Be agreed and signed up to by all agencies • Include clear pathways, processes and procedures • Be informed by review and reporting of service users' 'journey' • Create timely discharge arrangements for all agencies • Allocate accountability • Set standards and specific monitoring and reporting requirements • Develop data sharing and ownership protocols Joint meetings commenced with NHS Sefton – chaired by NHS Sefton Commissioner.	Sept 2010 Feb 2010

Improvement Area 12 – Use the intelligence gathered through the complaints process more effectively to fine tune and improve overall service provision and processes		
How is this to be achieved / action	Expected evidence of improvement	timescale
35. Wider dissemination of the monitoring and analysis of complaints will be undertaken	Summary information from complaints data will be disseminated to Cabinet Members and service heads to provide for the use of this information in supporting service planning.	Quarterly reports/annual service planning
36. Collaboration with NHS Sefton, sharing of good practice to create consistent decision making and efficiencies.	In order to remove silos of activity resulting from complaints and ensure greater cross-agency transparency for the citizen a joint post - based in NHS Sefton - has been established. The complaints officer will be responsible for reporting outcomes to cross-agency management and providing monitoring information for service planning.	Completed Quarterly to DMT, Yearly to Cabinet

Providing Leadership

Improvement Area 13 – Ensure that workforce developments and training plans have clear improvement targets that are able to be monitored		
How is this to be achieved / action	Expected evidence of improvement	timescale
37. Refresh and assess the HR Strategy & Action Plan.	The HR Strategy & Action Plan has been refreshed and targets re-assessed to ensure they are 'SMART'. The action plan has been informed by the Northwest model of Integrated Local Area Workforce Strategy (ILAWS).	Completed
38. 2010/11 Learning & Development Plan contains a review of previous year's outcomes and 'SMART'er targets.	Trimester performance reviews will be monitored for delivery against targets through the Departmental Management Team (DMT).	Completed / ongoing

Improvement Area 14 – Clarify the strategic priorities for older people's services and share the detail of these plans with staff and stakeholders		
How is this to be achieved / action	Expected evidence of improvement	timescale
39. Completion of the Sefton Older Persons Strategy.	The Sefton 'Older Person Strategy' will be completed and will contain performance and monitoring standards for service development around a set of strategic priorities developed in consultation with a wide variety of stakeholders including Local Involvement Networks and Sefton Partnership for Older Citizens. This will set the strategic direction for Sefton and will be disseminated through a variety of awareness raising activity including for example 'road shows', leaflets, posters, and via existing older people networks.	September 2010
40. Review of service plan for older people	The service plan for older people will be reviewed to ensure that a specific targeted action plan is developed and is monitored via DMT.	September 2010

Improvement Area 15 – Strengthen the implementation process associated with the Equalities Strategy		
How is this to be achieved / action	Expected evidence of improvement	timescale
41. Mainstream equality and diversity and encourage senior managers to champion the strategy.	Develop a clear set of behaviours in relation to equality and diversity that are expected of all staff linked to the values of the Council.	September 2010
	All senior managers of the Council are now involved in a culture change programme in addition to a coaching programme.	Ongoing
	Develop a clear set of positive messages of what is acceptable and unacceptable.	September 2010
	Develop processes that will assist the organisation to identify and challenge unwanted behaviour at all levels.	September 2010
	Director of Adult Social Care is now champion for equality.	Completed
	Performance sub-group of the Corporate Equalities Partnership is to monitor and report on application of policies across the Borough and with partners.	Quarterly

Improvement Area 16 – Ensure that Equality Impact Assessments are used consistently to improve services for hard to reach groups		
How is this to be achieved / action	Expected evidence of improvement	timescale
42. Re-assess EIA for current strategies in the Department.	The Director of Adult Social Care has established a corporate sub-group to performance manage the use of EIA across the Council. EIA plans will be assessed and linked to the Council's strategic targets, monitoring performance and targeting resources.	September 2010
43. Improve data collection in respect of hard to reach groups	Improvements will be undertaken to data collection (especially at first contact stage) to ensured consistent approach to recording of all hard to reach groups via customer service centre. This will be monitored and performance managed by the Corporate Equalities Group as part of their action plan.	Incorporated in the performance action plan of the Corporate Equalities Group to be signed off April 2010.

Commissioning and use of resources

Improvement Area 17 – Strengthen directorate and partnership strategic developments through publishing detailed commissioning and joint commissioning strategies for older people		
How is this to be achieved / action	Expected evidence of improvement	timescale
44. NHS Operating Plan	Strategic operating plan which will report to NHS Board, Sefton Partnership for Older Citizens and Borough Partnership.	Annually
45. Transforming Community Services	Proposal submitted to the NHS North West on the integration of delivery of appropriate services with Sefton MBC. The Community Services and Transforming Social Care work streams will be joined-up.	Submitted March 2010

Improvement Area 18 – Use commissioning incentives to improve the pace of development of a wider range of community based, flexible services and accommodation options.		
How is this to be achieved / action	Expected evidence of improvement	timescale
46. The recently launched and co-produced [with care providers] Market Facilitation Strategy sets out a series of activities to assist external providers and stimulate the market to offer a more varied choice of care and support to personal budget holders.	Providers meetings and forums will continue to influence the Strategy and test out new ideas to expand the care market. Performance will be monitored as part of the strategy's action plan. The co-produced 3-year action plan will be continually revised and updated via provider meetings and forums. Four meetings are proposed for 2010/11.	First meeting May 2010 Strategy will be updated annually

Improvement Area 19 – Use value for money approach more effectively to challenge established services.		
How is this to be achieved / action	Expected evidence of improvement	timescale
47. Successfully agreed with contracted home care providers to secure fee level at current fees. In return agreement of three-year extension to 2012 for non-residential contracts awarded	To ensure consistency of provision and provide continuous contributions towards savings target for 2009/10 which will cascade down into 2010/11.	March 2010
48. Cease applying inflation element for 2010/2011	Will positively contribute towards efficiency savings targets	April 2010
49. Continue to reassess and where appropriate re tender all high value care packages	Ensure value for money and identify continuous contributions towards savings target for 2009/10 that will cascade down into 2010/11. Two value for money exercises will be undertaken in 2010/11 one focussing on dementia / day care; and one on Learning Disability provision.	March 2011
50. Review purchasing/ commissioning arrangements to maximise the use of joint arrangements and ensure value for money	Explore cost savings following the transfer of the Learning Disability Commissioning budgets from PCT to LA. Create new contract for joint funded packages.	September 2010 March 2011
51. ASC Department uses a range of benchmarking facilities to ensure costs are economic and efficient. Comparison data taken from national commercially	Explore collaborative procurement partnership via sub regional reablement groups.	April 2010 and throughout the year

Improvement Area 19 – Use value for money approach more effectively to challenge established services.		
How is this to be achieved / action	Expected evidence of improvement	timescale
produced databases are used in negotiation with providers. Lang and Bussion national annual survey of fees for social care. Trade associations also undertake analysis of market price trends		
52. Use CRILL and LAMA data to effectively challenge low performing residential and nursing providers	Reduce where appropriate quality payments until all defects in service resolved. Contracts will undertake file sampling and collate evidence from review process for clients in adequate/poor homes to monitor outcomes for clients and provide feedback to homes on quality.	April 2010 and throughout the year
53. Widen Individual Budgets availability to more service users	Increased choice and control for service users and potential for productivity and efficiency gains by users managing their own care packages.	April 2010 and throughout the year

Appendix 1 – Safeguarding Audit Tool

A draft audit tool has been created for case file audit - see attached document. This tool will be developed further to provide greater quality assurance and scrutiny for risk planning and Protection Plans as per the action plan.

Appendix 2 – DRAFT Terms of Reference for sub-group

The following details have been extracted from the current draft Performance Management and Quality Assurance Framework and Memorandum of Agreement for background information.

Performance and Quality Assurance Sub-group

Overall Purpose

The sub-group will discharge responsibilities for data quality and audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

Remit

- Develop information and reporting arrangements consistent with existing No Secrets guidance requirements
- Advise on requirements to meet future national audit and data requirements
- Develop and report on a programme of audits to deliver core elements around assurance within No Secrets and ADSS guidance
- Ensure agencies monitor the "risk gap" between referrals opened and closed
- Develop and actively promote audit tools to help assure safeguarding practice, recording and supervision
- Oversee preparation of regular performance reports for consideration by the board
- Secure assurance on the quality and timeliness of data on safeguarding adults issues
- Consider and receive reports on single agency and multi agency audits of adult protection work
- Review contracting mechanisms in terms of reasonable assurance on effectiveness of safeguarding provisions
- Consider evidence on the prevalence or incidence of abuse and assess any implications for local strategic action, policies, procedures and practice
- Consider data and other requirements associated with adult social care performance assessment, the annual health check and other performance assessment mechanisms applying to partner agencies
- Maintain a forward plan of work and set time aside for the group to:
  - Review achievements
  - Assess effectiveness
  - Consider future requirements

Appendix 3 – DRAFT Organisation & Operation/Roles & Responsibility

The following details have been extracted from the current draft Performance Management and Quality Assurance Framework and Memorandum of Agreement for background information.

Performance and Quality Assurance Sub-group

It is proposed that a new sub-group is created reporting directly to the Sefton Adult Safeguarding Board (SASB) to monitor and evaluate performance and quality issues relevant to Adult Safeguarding practice in Sefton. Proposed terms of reference for the group are provided in Appendix 9. This group will have roles covering:

- Provide SASB with information on issues of quality, performance and audit.
- Develop and agree recording standards
- Establish regular detailed quality reporting
- Establish baselines from which to measure practice improvement
- To conduct surveys across and within organisations
- To receive and interpret feedback
- To ensure service user/carer involvement and participation and feedback
- To assure the safeguarding adult process and practice across the Borough in relation to:
    - Alerting
    - Referring
    - Investigation
    - Decision making and action planning
    - Record keeping
    - Timely practice
- Assess the overall effectiveness of current joint working practices to safeguard
- Assess the quality and robustness of Protection Plans
- Undertake case file sampling and audit
- Coordination of quantitative and qualitative performance indicators
- Coordinate partner self-assessments
- Coordinate findings of Monitoring and Sharing Trends (MaST) group
- Provide analysis of outcomes, outputs from audit activity, statistical and performance information
- Agree measures to be taken by the partnership when data reveals a lack of reporting within a particular area or for a specific group of people, e.g. hate crime, Black and Minority Ethnic (BME) groups, harassment

The sub-group membership is to be agreed, but is suggested as:

- Health
- Social Care
- Police
- Voluntary Agency
- SASB coordinator

This will be the core membership with each agency identifying an appropriate person, when required, and others co-opted onto the group as determined by specific tasks being undertaken. The Chair of the group will be a member of the SASB.

The group will operate under the following processes:

- The PQA sub-group will meet a minimum of eight times per year.
- Minutes of the meeting will be sent to the SASB
- Identified performance and quality issues will be reported to the SASB quarterly.
- An annual report will be provided to the SASB and will incorporate the sub-group's work plan.

Where case exception concerns are raised regarding safeguarding practice the following process will be followed:

- Agency staff should discuss the concerns with their line manager and record the concerns as per agency policy.
- A written request that the case be subject to a SASB case audit should be forwarded to the SASB coordinator.
- The SASB Chair will consider the request and a decision made regarding the appropriateness of the request.
- The Chair of the SASB will confirm the decision to proceed with the request with the requesting agency or will report the reasons for any decision not to take forward.
- Any immediate action deemed necessary to safeguard adults will be agreed by the PQA sub-group and implemented with urgency.

Appendix 4 – DRAFT Safeguarding Board Standards/MoA

A draft Memorandum of Agreement (MoA) has been created – see attached document. This will be discussed at the next Sefton Adult Safeguarding Board meeting in June for agreement and signing by September 2010.

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