

Report to: **Adult Social Care Scrutiny Committee**

Date: **26 March 2009**

Title of report: **Commission for Social Care Inspection (CSCI) action plan**

By: **Director Adult Social Care**

Purpose of report: **To notify Scrutiny of progress against the CSCI action plan**

RECOMMENDATION

The Committee is recommended to consider and comment on the contents of this report.

1. Financial Appraisal

1.1 Delivery of the CSCI Inspection Action Plan is funded through existing resources including the Putting People First programme and associated Social Care Reform Grant. There are no other financial implications arising from this report.

2. Supporting Information

2.1 Adult Social Care was inspected by the Commission for Social Care Inspection (CSCI) in July 2008. The Inspection of Independence, Wellbeing and Choice covered the following themes:

- People have access to preventative services (Older People)
- Safeguarding People

2.2 The Inspection also looked at the theme of Leadership and Commissioning to establish how the above themes are being delivered.

2.3 The Inspection findings were published in report format and presented to Cabinet on 25th September 2008, along with the action plan developed by Adult Social Care in response to the report recommendations (see Appendix 1: CSCI Action Plan). Separate judgements are made against each theme and the results were as follows:

- Safeguarding = Adequate
- Preventative Services = Good
- Capacity to improve = Promising

2.4 The Adult Social Care Department felt that the Inspection findings and associated judgements were a fair and accurate reflection of Adult Social Care and that the Inspection acknowledged the improvements made since the Older Peoples Inspection in 2006. A significant achievement is the shift in the 'capacity to improve' judgement from 'uncertain' to 'promising'.

2.5 In November 2008 CSCI awarded Adult Social Care two stars for its performance, judging it to provide 'good' services, and to have 'promising' capacity to improve.

2.5 Delivery of the Inspection Action Plan (Appendix 1) is now a priority for the department and progress is monitored by the CSCI Business Relationship Manager on a quarterly basis.

2.6 Since the previous progress report in November, Adult Social Care has continued to improve its performance against the following areas:

- Timeliness of assessments from 85% completed in four weeks to 87.2%
- Numbers of reviews and assessments for carers increased from 12.9% in November to 14.5% in January

- Number of people supported to live independently increased by over 250 between November and January
- Number of people with physical disabilities helped to live at home remains in the 'very good' banding
- Number of clients receiving a review increased by 190 since December

2.7 Other achievements include:

- Safeguarding:
 - 44 peer reviews and 204 management audits of case files undertaken
 - Increases in safeguarding referrals from older people, people with learning disabilities, physical disabilities and sensory impairments, people with mental health problems and referrals from the NHS. This is evidence that our awareness-raising activity is working.
 - Independent sector staff trained in safeguarding increased from 11.1% in 2007/08 to 26.8% by December 2008.
- Carers:
 - Over 700 carers are now registered with the Carers Emergency Respite Service (CRESS)
- Embedding equalities:
 - Disabled Persons Participation Group officially launched in February 2009. The event was led by local disabled people.

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Local member: Coverage is countywide

BACKGROUND DOCUMENTS:

Appendix 1: CSCI Action Plan

**East Sussex Adult Social Care Action Plan
2008 Independence, Wellbeing and Choice Inspection (IWC) and 2007/08 Performance Assessment Notebook**

Lead Officers are assigned to all actions in the Action Plan. These are available on request.

Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
1. Safeguarding				
<p>Safeguarding Vulnerable Adults</p> <p>The actions below relating to Safeguarding Vulnerable Adults will be implemented as part of the development of an East Sussex Safeguarding Vulnerable Adults strategy.</p>	<p>Develop a Safeguarding Vulnerable Adults Strategy for East Sussex, including a set of agreed performance indicators.</p> <p>The strategy will be managed through the Health and Social Care Joint Chief Executives Group and the Whole Systems Leadership Group will be responsible for its implementation.</p> <p>The Strategy will be developed in partnership and signed off by ESCC Cabinet and the PCT, Sussex Partnership Trust and Hospitals Trust Boards.</p>	<p>First draft to Safeguarding Board 25/11/08</p> <p>Second draft 01/02/09</p> <p>Strategy sign-off 31/03/09</p>	<p>People are safeguarded against abuse and neglect</p> <p>Independent evaluation of strategy commissioned by partner organisations. Evaluation to include a review of performance indicators and to be completed by October 2010.</p>	<ul style="list-style-type: none"> • Practice improvements prioritised alongside strategy development (strategy to be completed by 31/03/09) • Strategy consultation from April 2009 • Quality Assurance Framework developed • Case file audit tool & guidance developed • Operational Instructions and Practice Standards developed • Developed minimum competencies (Investigating Manager & Investigating Officer) • Development of inter agency protocols • Serious Case Review protocol reviewed and signed off by SVA Board • Enhanced Infoview Reporting • Increase in Independent sector staff training from

Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
<p>1.1 Work with partners to promote safeguarding for vulnerable adults by:</p> <ul style="list-style-type: none"> Strengthening the leadership role of the Safeguarding Adults Board and revising arrangements across locality boards and committees to promote strategic planning and operational oversight <p>Revising the serious case review protocol</p>	<p>Develop Safeguarding Vulnerable Adults Strategy to include:</p> <ul style="list-style-type: none"> Review role and function of the East Sussex Safeguarding Adults Board including: <ul style="list-style-type: none"> Terms of reference Membership Structure and roles of locality Safeguarding Boards and County Safeguarding Board Relationships with other strategic boards including Older Peoples Partnership Board Monitoring implementation of Quality Assurance Framework for Safeguarding <p>Governance of serious case review protocol</p>	<p>Initial report to Safeguarding Board 17/10/08</p> <p>Actions complete 31/12/08</p>		<p>11%(in 07/08) to 26.8% (by December 08)</p> <ul style="list-style-type: none"> Clear multi-agency governance arrangements Collaborative working Increased accountability including enhanced involvement of Members <p>Evidenced through:</p> <ul style="list-style-type: none"> Board Terms of Reference reviewed & Chief Executive Group sign-off DASC Chair of SVA Steering Group Members panel after Board Quarterly reporting to Scrutiny & Lead Member established (commenced Oct / Nov 2008 – put report in pack) Serious Case Review protocol reviewed and signed off by SVA Board
<p>1.2 Implement robust governance, performance management and quality assurance arrangements to achieve the key outcomes of keeping people safe, including:</p> <ul style="list-style-type: none"> Establishing minimum training and competency standards 	<p>Develop of Safeguarding Vulnerable Adults Strategy to include:</p> <ul style="list-style-type: none"> A Safeguarding training strategy, developed in partnership with key stakeholders Increase investment in Safeguarding training with particular emphasis on training independent sector providers 	<p>Progress report to Boards 12/01/09</p> <p>Actions completed by 31/03/09</p>	<p>A competent, well trained workforce</p> <p>Increase the percentage of staff from independent sector providers receiving safeguarding adults training from 11% 2008/09 to 25% in 2009/2010 (Self Assessment Survey indicator)</p>	<ul style="list-style-type: none"> Safeguarding Training Strategy being developed for 2009/2010 Developed minimum competencies (Investigating Manager & Investigating Officer) Increase in Independent sector staff training from 11% (07/08) to 26.8% (December 2008)

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<p>for all levels of safeguarding work, linked to a comprehensive strategic training plan</p>	<ul style="list-style-type: none"> • Develop a set of competency levels & minimum training standards for staff undertaking Safeguarding investigations • Training outcomes and implementation of minimum standards to be monitored through the Quality Assurance Framework <p>Reporting structure: Departmental Management Team, Workforce Development Group, Safeguarding Board</p>	<p>Quarterly monitoring of training outcomes from April 2009</p>		
<ul style="list-style-type: none"> • Establishing systems for effective managerial oversight of minimum standards of practice, within a quality assurance framework 	<p>Develop a Quality Assurance Framework for Safeguarding to include:</p> <ul style="list-style-type: none"> • Routine Safeguarding casefile audits and peer review process • User experience feedback • Quality circles co-ordinated by Adult Protection co-ordinators • Development of a minimum data set of Safeguarding activity and performance data <p>Reporting Structure: to ESCC Chief Officer Team, Lead Member, Scrutiny (4 reports per annum), Departmental Management Team, Safeguarding Adults Board and Performance Board</p>	<p>Framework drafted 01/11/08</p> <p>Progress reports to ASC Scrutiny 27/11/08 and 26/03/09</p>	<p>People are safeguarded against abuse and neglect</p> <p>Increase safeguarding referrals from Home Care agencies. 2009/10 targets to be based on 2008/09 baseline.</p> <p>Risk assessments, levels, and protection plans completed for 100% of investigations by 30/09/09</p>	<ul style="list-style-type: none"> • Internal Management Review completed • Quality Assurance Framework developed • Inter-agency protocols developed • Enhanced Infoview reporting • Internal Safeguarding Steering Group established • Increased management capacity • Placements in 0 star establishments reviewed • Scrutiny & Lead Member involvement increased • Appropriate and timely escalation of issues • Regular line management monitoring and reporting of quality <p>Evidenced by:</p>

Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
				<ul style="list-style-type: none"> • 44 Peer Reviews undertaken (Round 2 in January) • 204 Management Audits completed • 5 Team improvement plans implemented • 100% of SVA levels applied • Case file audit guidance launched January 2009 • 100% of SVA levels applied • External case file audit (March 2009)
<ul style="list-style-type: none"> • Establishing systems for monitoring, reporting and evaluation of performance across organisations, linking annual reporting to improvement planning and a measurable work programme 	<p>Develop of Safeguarding Vulnerable Adults Strategy to include:</p> <ul style="list-style-type: none"> • Safeguarding activity, performance and trend data to be mainstreamed into monthly Adult Social Care management information reports • Performance monitoring and evaluation processes to be established across Safeguarding Adults Board partners • Safeguarding data to be used to directly inform investment, resource planning and policy and service development decisions • Performance improvement actions to be incorporated into annual work programme <p>2009/10 Adult Social Care Policy Steer for Safeguarding Adults with</p>	<p>Data set to be agreed by 30/11/08</p> <p>Monitoring arrangements to be agreed by 28/02/09</p> <p>Progress reports to November and February Performance Boards and January Safeguarding Board</p> <p>31/03/09</p>	<p>Partner organisations across East Sussex are better placed to respond to and future plan Safeguarding activity</p>	<ul style="list-style-type: none"> • Quality Assurance Framework developed • Inter-agency protocols developed • Minimum Data Set project brief agreed – Sub Group to SVA Steering Group will deliver this project • Rationalised and representative membership of SVA Board • 4 Topic focussed sub-groups developed • SVA Board work programme • Projected SVA activity levels presentation at next Board <p>Decision making informed by SVA data includes:</p> <ul style="list-style-type: none"> • Increased investment in CRESS • Increased spend on advocacy • Increased investment in

Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
				<ul style="list-style-type: none"> • People who use mental health services from 65 to 117 • NHS referrals increased from 164 to 191 • Citizen Engagement Project Brief developed • Sub Group to SVA Steering Group to manage project • Project workstreams structured around ADSS Standard 11 • Staff and partner organisations engaged in key areas of SVA strategy development including: <ul style="list-style-type: none"> ▪ QAF ▪ Core competencies ▪ Protocols • Awareness raising sessions for key engagement groups planned for 2009
<p>1.4 Ensure best practice in safeguarding through:</p> <ul style="list-style-type: none"> • revising policy on advocacy 	<p>Develop of Safeguarding Vulnerable Adults Strategy to include: Expansion of the range of advocacy support services available across service groups and geographic areas:</p> <ul style="list-style-type: none"> • Develop Service specification • Improve information at the point of contact • Use the Quality Assurance Framework to ensure clear 	<p>Service specification to be drafted by 31/12/08 New service implementation from 01/04/09</p>	<p>Local people can access the advocacy support appropriate to their needs</p> <p>Service users are satisfied with information about advocacy services (baseline to be established by 31/12/09)</p>	<ul style="list-style-type: none"> • Service pilot for new advocacy service agreed (Older People, Carers, Disabled people) • Agreement secured with VCS strategic representatives on the proposed advocacy pilot as part of Putting People First development work <p>Increased commitment to</p>

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	<p>care pathways for Safeguarding are contained within care plans</p>			<p>expanding advocacy support demonstrated through:</p> <ul style="list-style-type: none"> • Increased spend on advocacy for Learning Disability from £73k in 2007/08 to £134k • LDDF spend promoting further advocacy increased from £38k in 2007/08 to £73k • IMCA referrals increased from 21 in June 08 to 33 in December 08. • Independent Mental Health Advocate role (01/04/09) being negotiated with South East Advocacy Projects
<ul style="list-style-type: none"> • promoting prevention and contingency planning in safeguarding policies and procedures 	<ul style="list-style-type: none"> • Improve contingency planning through expansion of the carers emergency respite service (CRESS) across other services • Introduce fast-track access to services for people with unstable medical conditions e.g. MS 	<p>CRESS expansion proposal to DMT by 31/12/08 New service in place by 01/04/09</p> <p>Pathway developed and services identified by 31/03/09</p>	<p>People are safeguarded against abuse and neglect</p> <p>Service users with fluctuating medical conditions can access packages of care quickly without the need for re-assessment</p>	<ul style="list-style-type: none"> • CRESS expansion proposal on target • Over 700 carers now registered with CRESS

Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
<ul style="list-style-type: none"> Promoting uptake of CRB checks by people who use direct payments, and revising literature provided to them about this 	<ul style="list-style-type: none"> Produce a Good Practice guide for employers using Direct Payments to promote best practice and DH guidance on safeguarding issues (including the impact of new legislation for those without capacity and the role of the Independent Safeguarding Authority once established) Produce information in a range of different formats and languages. Review other Direct Payments information to ensure safeguarding issues are appropriately covered and reflect best practice. 	<p>31/01/09</p> <p>31/03/09</p>	<p>People are safeguarded against abuse and neglect</p> <p>Service users are satisfied with information about direct payments services (baseline to be established by 31/12/09)</p> <p>Increase the percentage of personal assistants with CRB checks by 12% by 31/03/09</p>	<ul style="list-style-type: none"> Baseline for satisfaction with direct payments information being established CRB checks will be measured at the end of 31/03/09. Service users continue to be actively encouraged to undertake CRB checks on personal assistants through A4E

2. Delivering Preventative Services

2.1 Revise documentation supporting assessment and review processes to ensure a person centred, outcome focussed approach	<p>Develop a Quality Assurance framework for assessment, care management and review, to include:</p> <ul style="list-style-type: none"> A cross-service review of assessment and review documentation and processes 	Report on review to Boards by 31/01/09	<p>People using Adult Social Care Services receive person centred, high quality services wherever they live in East Sussex</p> <p>Assessment and Care Management: Maintain user satisfaction levels at greater than 75% for 'satisfaction</p>	<ul style="list-style-type: none"> Minimum competencies developed for ASC Staff for Safeguarding – out for consultation <p>2008/09 User satisfaction – Assessment and Care Management:</p> <ul style="list-style-type: none"> 'satisfaction with assessment'. Target greater
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Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
	<ul style="list-style-type: none"> Annual schedule of peer review and internal audit of outcome focussed practice and delivery of person centred approach <p>Reporting structure: Audit and Review outcomes reported to Performance Board; Putting People First Programme Board.</p>	<p>Schedule agreed by 31/01/09</p>	<p>with assessment' and 'overall satisfaction with adult social care'</p> <p>Occupational Therapy: Maintain the percentage of users who felt their life has improved as a result of equipment/adaptations, at over 75%</p> <p>Support To Access Care Services (STACS): Maintain percentage of service users who felt that the information received from STACS had allowed them to make an informed choice at 80%+.</p>	<p>than 75%. Q1 = 92%, Q2 = 92%</p> <ul style="list-style-type: none"> 'overall satisfaction with adult social care'. Target greater than 75%. Q1 = 91%, Q2 = 86% Occupational Therapy: Maintain the percentage of users who felt their life has improved as a result of equipment/adaptations, at over 75%. Sept 08 = 82% April – September Overall satisfaction with the STACS team was 100%, 98% being 'very satisfied.'
<p>2.2 Promote positive outcomes by establishing systems for effective managerial oversight of minimum standards of practice, within a quality assurance framework for assessment , care planning and review processes</p>	<p>Develop a Quality Assurance framework for assessment , care management and review, to include:</p> <p>Review and refresh minimum standards of practice for assessment, care planning and review.</p> <p>Refreshed standards to be disseminated across the Department through communications plan and staff training programme.</p> <p>Reporting Structure: DMT / Monitor adherence to standards</p>	<p>Standards review findings reported to Boards by 31/01/09</p> <p>Refreshed standards to be disseminated by 30/04/09</p>	<p>People using Adult Social Care Services receive person centred, high quality services wherever they live in East Sussex</p> <p>ESCC Staff Survey:</p> <p>Increase percentage of staff who agree that: 'Over the past 12 months I have become clearer about the Council's objectives and my role in achieving them' from 46% in 2007 to 50% 2009</p> <p>Increase the percentage of</p>	<ul style="list-style-type: none"> Quality Assurance Framework structure for all operational and support services. DMT report 4th Feb. <p>ESCC Staff survey to be completed in 2009</p>

Recommendation	Action	Timescale	Outcome	Update on outcomes (February 2009)
	through Performance Board; Putting People First Programme Board.		staff who state 'My line manager discusses team performance at team meetings' from 60% in 2007 to 65% 2009	
2.3 Undertake action to ensure that older people have confidence in systems for reporting concerns and are effectively supported to do so	<p>Develop the Quality Monitoring processes and reporting for purchased care services to increase the overall quality of provision taking account of complaints, reviews, CSCI information and safeguarding issues.</p> <p>Develop organisational understanding of the issues relating to older peoples confidence in reporting concerns through:</p> <ul style="list-style-type: none"> • Specific work with service providers to identify and understand the level and nature of concerns being raised with them • Deliver awareness raising sessions to the Health and Community Theme Group of the Older Peoples Forums. • Deliver awareness raising sessions to each of the East Sussex Older Peoples Forums and through Carers forums 	<p>31/03/09</p> <p>31/03/09</p> <p>31/03/09</p> <p>September 2009</p>	<p>Older People feel more confident reporting their concerns</p> <p>Reduced number of concerns raised by the independent sector about older people lacking confidence in systems for reporting concerns (Establish baseline by 31/03/09)</p>	<ul style="list-style-type: none"> • Complaints about older peoples services increased from 176 in 07/08 to 236 Dec 2008 • Baseline and protocol agreed with the independent sector for monitoring concerns • CONTROCC – Our contract management system went live in December 08 and is now being developed to provide information for quality monitoring of contracted services

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3. Leadership & Commissioning				
<p>3.1 Ensure that strategies and action plans are specific and measurable, with improved service and team plans that establish robust links between targets, performance and outcomes</p>	<p>2009/2010 business plans:</p> <ul style="list-style-type: none"> • Outcomes to be set for all departmental and service level targets • Scrutiny and Lead Member to assess and monitor SMART approach to business planning and delivery of targets <p>Further develop specific and measurable actions to be included in all Commissioning Strategies and implementation plans at the point of re-refresh.</p>	<p>31/03/09</p> <p>Scrutiny report 26/03/09</p> <p>2009/2010</p>	<p>Changes in policy and service development are directly linked to strategies and plans</p> <p>Council Plan and Adult Social Care Business Plan will contain only SMART targets</p>	<ul style="list-style-type: none"> • 2009/2010 plans currently being developed to include only SMART targets – completion date 31/03/09 • Agreement reached with partners to refresh Commissioning Strategies in line with PPF and to include SMART targets • Communication plan for PPF agreed
<p>3.2 Ensure that people who use services and carers area supported during the organisational change programme by effective monitoring and maintaining quality outcomes</p>	<p>Strategic review of Adult Social Care Engagement to include:</p> <ul style="list-style-type: none"> • Developing our care management and review practice to ensure existing users and carers are fully supported through organisational change • Setting strategic objectives for consultation, engagement and involvement of users, carers, providers, stakeholders and local people in policy and service design, development, and evaluation • User and Carer membership on strategic boards (where users and carers are not already 	<p>Project Initiation Document 30/10/08</p> <p>Options and recommendations agreed by 31/03/09</p>	<p>People who use services feel informed, engaged and supported through organisational change</p> <p>70%+ people feel supported through changes made to their service (user experience survey)</p> <p>User/Carer representation on all strategic boards by 31/12/09 and extended involvement in service development and evaluation</p>	<ul style="list-style-type: none"> • Participation training for 20 members of Disabled Persons Participation Group commissioned. Training to take place before 31/03/09 • Project brief agreed for strategic review of engagement • Project manager appointment process underway • PPF Programme work is engaging all groups related to ASC planning structures, including • Closer to Home events

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
	<p>present)</p> <ul style="list-style-type: none"> • Establishing robust mechanisms for user and carer involvement to directly influence investment and commissioning decisions • Develop and deliver a programme of inclusive participation training <p>Ensure systematic engagement of service users and their carers through organisational change as part of the Putting People First <i>Choice, Market Development and Engagement</i> workstream</p> <p>Reporting structure: Departmental Management Team; Putting People First Programme Board.</p>	<p>Programme developed by 31/03/09.</p>		<ul style="list-style-type: none"> • Older Peoples Forums • Carers Strategy Group and Commissioning sub-group • BME outreach and Engagement project • VCS liaison group • Provider forums
<p>3.3 Ensure equality of access to services by taking action to:</p> <ul style="list-style-type: none"> • Ensure equalities issues are embedded in strategic commissioning and operational processes and service delivery 	<p>Review management and reporting arrangements for equalities issues in Adult Social Care to deliver:</p> <ul style="list-style-type: none"> • inclusive and robust decision making and communication structures for equality and diversity issues across Adult Social Care • promote learning opportunities for staff and users/carers • refresh the Equality impact assessment approach to be inclusive and to maximise its 	<p>Project Initiation Document 31/10/08</p> <p>DMT progress report December 08 and February 09</p> <p>Review completion by 31/03/09</p>	<p>All people (including disabled people, people from minority ethnic communities, gay, lesbian, bi-sexual and transsexual people) feel that their needs are reflected in strategies and service developments.</p> <p>Fair and equitable access to information and advice, and receive appropriate and inclusive services.</p>	<ul style="list-style-type: none"> • Departmental management arrangements reviewed: <ul style="list-style-type: none"> ○ New Adult Social Care Equality and Diversity Board agreed, with external representation ○ User / Carer inclusion group options being appraised. Group to commence by April 2009 • Plain English on-line assessment form went live on 18 December 2008

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)						
	effectiveness as a practical tool <ul style="list-style-type: none"> revise commissioning and operational process and practice in accordance with EIA recommendations Reporting Structure: Departmental Management Team		User/Carer representation on all strategic boards by 31/12/09 and extended involvement in service development and evaluation	<ul style="list-style-type: none"> Disabled Persons Participation Group launch February 2009 Participation training for 20 members of Disabled Persons Participation Group commissioned. Training to take place before 31/03/09 Joint Health and Social Care meetings with LINK to agree work programme and ensure inclusive approach to engagement Equality Impact Assessment approach reviewed with Children's Services. 						
<ul style="list-style-type: none"> Improve performance in access to care managed services 	NIS 136: People supported to live independently through social services all ages <ul style="list-style-type: none"> Increase the number of people supported, to achieve LAA targets Age and ethnic origin monitoring of service users (quarterly) Reporting structure: Performance Board; LAA project group.	2008/09 – 2011	More people are supported to live independently (NI 136) <i>Delivery of 3 year LAA targets:</i> <i>Targets</i> <table border="1" data-bbox="1290 1078 1720 1150"> <thead> <tr> <th>08/09</th> <th>09/10</th> <th>10/11</th> </tr> </thead> <tbody> <tr> <td>12158</td> <td>12673</td> <td>13175</td> </tr> </tbody> </table>	08/09	09/10	10/11	12158	12673	13175	<ul style="list-style-type: none"> NIS 136 December 2008 performance is 3051.23 (a total of 12793 people supported) Number of people receiving Direct Payments from BME groups increased from 22 (07/08) to 62 (December 2008) % of adults with one or more services whose ethnicity was not stated reduced from 4.4% (07/08) to 3.8% (December 08)
08/09	09/10	10/11								
12158	12673	13175								
<ul style="list-style-type: none"> Develop strategic plans 	ESCC commissioned 'bus and	2009/2010	Local transport services meet	<ul style="list-style-type: none"> Transport review to 						

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to address inequity of access by area, linked to transport planning	community transport reviews' Objectives include: <ul style="list-style-type: none"> • Develop a passenger transport strategy to deliver Council objectives in the most cost effective way • Address inequity of access to transport services across the county • Assess the extent to which Council funded bus services meet the needs of the county and contribute to the delivery of adopted policies • To develop a clear Community Transport Strategy defining the role of voluntary and community based transport as part of an integrated system 		peoples needs in a cost effective way	commence 2009/2010. Cross cutting review being led by Transport & Environment On 21 January 09 DMT are considering a report to pilot Integrated Transport in Eastbourne and another rural area during 2009.
3.4 Establish standards and processes that will ensure the systematic engagement of the public and partners in consultation, strategic development and service planning	Strategic review of Adult Social Care Engagement	Project Initiation Document 30/10/08 Options and recommendations agreed by 31/03/09	People who use services, their carers and key stakeholders feel informed, engaged and supported through organisational change User/Carer representation on all strategic boards by 31/12/09 and extended involvement in service development and evaluation	<ul style="list-style-type: none"> • Project brief agreed for strategic review of engagement • Project approach to voluntary sector agreed through Voluntary Sector Liaison Group • Project manager appointment process underway
3.5 Strengthen contracting, procurement and commissioning arrangements to improve market management and build partnerships with the	Review partnership arrangements with provider agencies to improve departmental/provider relationships: <ul style="list-style-type: none"> • Options appraisal for cross sector provider partnership 	Review progress report to DMT January 2009	Adult Social Care and provider organisations work effectively together to meet the needs of both publicly funded and self-funded individuals	<ul style="list-style-type: none"> • 44% of service users reported having changed their mind about the service they were initially considering, 70% reported this to be as a result of the

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independent sector	<p>arrangements</p> <ul style="list-style-type: none"> Options appraisal to cover home care, residential and voluntary organisations <p>Implement specialist support / homecare contracts and develop helped to live at home services with the market and commissioners</p> <p>Develop Joint Procurement with the Primary Care Trust in order to improve market management of nursing care (minimum requirements, consistent fee rates, better identify service gaps) and establish joint brokerage to promote single point of contact for purchasing.</p> <p>Ensure providers are fully engaged in the development and implementation of the Putting People First <i>Choice, Market Development and Engagement</i> workstream action plan</p>	<p>2009/2010</p> <p>Progress reports to DMT January 2009, March 2009</p> <p>Joint brokerage to be established during 2009/2010</p>	<p>Support To Access Care Services (STACS): Maintain percentage of service users who felt that the information received from STACS had allowed them to make an informed choice at 80%+.</p>	<p>information being received through the STACS team (Sept 2008)</p> <p>Policy on placements reviewed November 2008. Outcomes include:</p> <ul style="list-style-type: none"> One star services to be commissioned only when (i) it is a matter of user preference or (ii) lack of alternative availability Operations Managers to approve all one star placements Zero star services to be suspended <p>Reviews of service users in zero star placements to be completed by 31/3/09.</p> <ul style="list-style-type: none"> Maintain percentage of service users who felt that the information received from STACS had allowed them to make an informed choice at 80%+. September 2008 = 98% Joint brokerage to be established during 2009/2010 Providers have been consulted on specifications for specialist home care/community support for LD and OPMH in Autumn 08

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				<p>and development of a contract strategy is in hand for 2009</p> <p>During Autumn 2008 nursing, residential homes and home care agencies were involved in engagement events on PPF. (Home Care 26 Nov 2008 Residential providers 10 Dec 2008)</p> <ul style="list-style-type: none"> • Agreement with Independent Care Group to broaden and enhance the role of the group to act as a PPF reference group including independent and voluntary sector providers
<p>4. Performance Assessment Notebook areas for development not covered by IWC recommendations</p>				
<p>4.1 The number of problem drug misusers accessing treatment services is significantly less than the comparator average.</p> <p>The number of problem drug misusers sustained for 12+ weeks in treatment services was is significantly less than the comparator average.</p>	<p>East Sussex Adult Drug Treatment Plan:</p> <p>Monthly routine monitoring number of assessments, average and longest waits, exceptional waits, numbers in each treatment modality, retention and planned/unplanned discharges with actions planned to address deviation from target trajectories. Target ref: [TP3.7]</p> <p>Recommission services providing tier 2 and tier 3 interventions</p>	<p>Monthly from April 2009</p>	<p>More problem drug users are accessing and sustaining treatment services</p>	<ul style="list-style-type: none"> • 87 more people in effective drug treatment in August 2008, compared to March 2008 (1039 to 1126)

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
	(including specialist prescribing) in Hastings and Rother Target ref: [TP1.1] Crack and/or opiate users recorded as being in effective treatment.	Contract to be awarded 31/12/08 2008-2011	2009/2010 Target: 5 % increase from baseline year This indicator is embedded within the National Indicator Set and appears within Vital Signs.	
4.2 Average length of time waiting for minor adaptations from assessment to work beginning improved but remains below the comparator average.	Develop a cost effective process for procuring non standard Minor adaptations Streamline the process for ordering minor adaptations to increase efficiency	Options paper to DMT December 2008. Process agreed by 31/03/09	People don't have to wait as long for their minor adaptation to be installed Reduce waiting times for minor adaptations from assessment to work beginning from 2.0 in 07/08 to 1.9 in 08/09 (Self Assessment Survey target – measured by average number of weeks)	<ul style="list-style-type: none"> • Waiting times for minor adaptations maintained at 2 weeks • Waiting times for major adaptations reduced from an average of 32.1 weeks (2007/08) to 11.7 weeks (December 2008)
4.3 Reducing falls continues to be the top priority within the 'Healthier Communities and Older People' part of the ES LAA. However the number of falls continues to rise.	Falls intervention activity to be: <ul style="list-style-type: none"> • targeted for maximum impact in the context of the local demographics • based on robust analysis of the level and nature of falls across the County. Falls Intervention Programme for Care Homes (Adult Social Care, PCT's, Falls Prevention Programme): <ul style="list-style-type: none"> • Additional £30k investment into the Care Homes programme 	Quarterly monitoring of Falls data to LAA project Group and Falls Prevention Group October 2008 – March 2009. Quarterly progress reports to LAA project team and	People benefit from targeted intervention regarding falls prevention	<ul style="list-style-type: none"> • Community Falls Response Service (CFRS) pilot completed: 713 ambulance attendances avoided due to CFRS intervention which equates to nearly 40 a month for the pilot period. • Wealden and Eastbourne Lifeline are now developing CRFS into a response service attached to Lifeline. • Falls intervention

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
	<ul style="list-style-type: none"> Percentage reduction in numbers of falls 3 months prior to the pilot and 3 months after programme intervention Reporting structure: Performance Board and ESCC LAA project team.	Performance Board.		programme for Care Homes to be evaluated at end of programme (March 09)
4.4 There was some evidence that feedback influenced services but this needed further development	Strategic review of Adult Social Care Engagement to include: <ul style="list-style-type: none"> Setting strategic objectives for consultation, engagement and involvement of users, carers, providers, stakeholders and local people in policy and service design, development, and evaluation Establishing audit trails to demonstrate tangible connection between user/carer feedback and service development Launch of disabled persons reference group User and Carer membership on strategic boards (where users and carers are not already present) Establishing robust mechanisms for user and carer involvement to directly influence investment and commissioning decisions Confirmation and dissemination of corporate consultation standards Develop and deliver a 	Project Initiation Document 30/10/08 Progress reports to DMT & PPF Boards November 08, January 09 Options and recommendations agreed by 31/03/09	Service users and carers can see how their feedback is directly influencing service development	Examples of user/carer influence over service development: Learning disability: <ul style="list-style-type: none"> Service user involvement in awarding new contract for advocacy schemes Service user direct input into recruitment material for support workers including Day in the Life descriptions Mental Health <ul style="list-style-type: none"> Carer assessment practice changed as a result of MH carer feedback Older People <ul style="list-style-type: none"> Concerns raised by tenants during the review of a Directly Provided Services establishment (St Davids court) results in withdrawal of the initial proposal and a more inclusive process being introduced. User and carer representatives have

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
	<p>programme of inclusive participation training</p> <p>Systematic engagement of service users and their carers, through Putting People First <i>Choice, Market Development and Engagement</i> workstream</p> <p>Reporting structure: Departmental Management Team; Putting People First Programme Board.</p>			<p>reported that they feel actively involved in developing day opportunities services e.g format of newsletter has changed following their feedback.</p> <ul style="list-style-type: none"> • Members of Older Peoples forums have been elected onto the East Sussex Local Involvement Network • Disabled Persons Participation Group launch in February 2009. 20 members of the Group to undertake participation training by 31/03/09 • Learning from complaints: User and carer complaints about final demand letters for outstanding charges being sent out in what they considered a short period: Debt collection procedure was reviewed and final demands now go out at day 52 instead of day 40.
<p>4.5 Care management experiences Advocacy and Transition</p>	<p>Develop a multi agency transition framework and process that will ensure high quality, person centred support is delivered to young people and their families</p>	<p>March 2009</p>	<p>Young people are supported and enabled to achieve their maximum potential and are prepared for greater independence as valued members of the community</p> <p>Users and carers are satisfied</p>	<ul style="list-style-type: none"> • Joint Working Protocol for Young Carers agreed between Adult Social Care and Childrens Services. Young Carers Strategy Group agreed draft protocol. • Transition framework project on track. Completion date

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
			with their experience of transition (baseline to be established 2009/10)	March 09
4.6 Care management experiences - Single Assessment Process	<p>Complete and evaluate pilots to extend use of SAP in wider agencies (including GP surgery and Person Held Record pilots)</p> <p>Further establish electronic means of information sharing between health & social care staff, to include NHS mail accounts for Social Care employees as part of CSIP Joint Care Management pilot</p> <p>Develop and submit a bid to become a Common Assessment Framework (CAF) demonstrator site.</p>	<p>GP Pilot 15/09/08 to 15/03/09</p> <p>Evaluation complete by 30/05/09</p> <p>31/03/09</p> <p>31/03/09</p>	More consistent and effective assessment practice resulting from more effective partnership working	<ul style="list-style-type: none"> • The GP SAP pilot went live on 17 September in a surgery using Vision software that had been adapted to enable key patient data to pre-populate the SAP Background Information & Contact Assessment document. Completed referrals have since been received by District Nurses and ASC's Social Care Direct contact centre and initial responses are positive. Other surgeries using Vision are now expressing interest. The pilot will run for 6 months. • CAF bid submitted but unsuccessful due to the high number of bids
4.7 Continuing Health Care	<p>Agree and implement Continuing Health Care protocols jointly with health</p> <p>ESCC audit of Continuing Health Care implementation</p> <p>Adult Social Care Scrutiny Review of Continuing Health Care Services</p>	<p>31/03/09</p> <p>31/03/09</p> <p>31/03/09</p>	People needing Continuing Health Care services receive person centred, high quality services wherever they live in East Sussex	<ul style="list-style-type: none"> • Joint protocols agreed including assessment and disputes processes • Monthly joint management meetings; Leadership Board and Operational Project Group. • Adult Social Care currently recruiting CHC co-ordinator • CHC cases within the

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
	<p>Jointly manage strategic and operational CHC issues through monthly meetings with Health</p> <p>Reporting structure: Joint Health and Adult Social Care Chief Executives Group</p>	31/03/09		Learning Disability pooled budget are the current priority for transfer as part of Valuing People Now.
<p>4.8 Pathways to Employment Carers</p>	<p>In response to the National Carers Strategy and 18 months implementation of the Joint Carers Commissioning Strategy:</p> <ul style="list-style-type: none"> • Reviewing the Commissioning Strategy, its implementation plan and governance structures to ensure they are fit for purpose. • Completing an interim review of the carers emergency respite service (CRESS) service pilot • Develop employment related services in line with national strategy recommendations <p>Reporting Structure: Joint Carers Strategy Group</p>	<p>All actions complete by 31/03/09. Progress reports to Joint Carers Strategy Group</p>	<p>More carers are able to access, return to and remain in paid employment</p> <p>Increase the number of carers supported to continue in their employment or return to work: 2009/2010 target to be set against 2008/09 baseline.</p>	<ul style="list-style-type: none"> • Carers Respite Training budget of £20k funds respite when carers wish to attend training courses. • Carers support grants regularly used to help carers develop skills and prepare for the workplace e.g. Computer purchases have enabled home working • ESCC Personnel Department leading implementation of strategy for supporting working carers
<p>4.9 Supporting transition from young people's to adult services for relevant young people</p>	<p>Develop a multi agency transition framework and process that will ensure high quality, person centred support is delivered to young people and their families.</p>	March 2009	<p>Young people are supported and enabled to achieve their maximum potential and are prepared for greater independence as valued members of the community</p>	<ul style="list-style-type: none"> • Joint Working Protocol for Young Carers agreed between Adult Social Care and Children's Services. Young Carers Strategy Group agreed draft protocol. • Transition framework project

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
				on track. Completion date March 09
<p>4.10 Increase focus on quality over cost in commissioning and contracting.</p>	<p>Develop and implement commissioning and procurement model to include:</p> <ul style="list-style-type: none"> • A data set to monitor quality of service delivery to directly inform commissioning decisions • How the department will increase quality-based incentives to providers which will include: <ul style="list-style-type: none"> - Our approach to service re-design and development - Our approach to identifying and addressing gaps in the market - How we will achieve better market control through commissioning services differently - Moving provider relationships towards service development activity - Improving quality through our Preferred Providers by paying more for higher quality service - Use pre-stated price bandings in tendering processes to increase focus on quality 	<p>Draft strategy To DMT by September 2009</p> <p>Strategy completion by 31/03/10</p> <p>Establish and develop engagement mechanisms during 2009/2010</p>	<p>People using Adult Social Care Services receive person centred, high quality services wherever they live in East Sussex</p>	<ul style="list-style-type: none"> • The Choice, Market Development and Engagement workstream for Putting People first has absorbed this area of work. • Project Team and PID on target to be developed by April 2009 <p>Policy on placements reviewed November 2008. Outcomes include:</p> <ul style="list-style-type: none"> ▪ One star services to be commissioned only when (i) it is a matter of user preference or (ii) lack of alternative availability ▪ Operations Managers to approve all one star placements ▪ Zero star services to be suspended ▪ Reviews of service users in zero star placements to be completed by 31/3/09. <p>Fee increases:</p> <ul style="list-style-type: none"> ▪ Preferred provider 3.2%, non-preferred providers 2.0% (08/09) ▪ Preferred Provider and Home Care Block rate 4% in 2009/10

Recommendation	Action	Timescale	Outcome	Update on outcomes (January 2009)
	<p>Work with providers to Increase focus on quality over cost:</p> <ul style="list-style-type: none"> • Develop the forum approach introduced for home care, across nursing, residential and voluntary sector providers. • Systematic engagement of service providers through <i>Putting People First Choice, Market Development and Engagement</i> workstream 			<p>Failing home care provider decommissioned and new provider contract in place with higher hourly rate on 5 January 09</p> <p>Provider relationships:</p> <ul style="list-style-type: none"> • Discussions initiated through existing forum mechanisms including the regular Home Care providers forum; Residential Care providers forum and VCS liaison group. Ongoing engagement arrangements discussed through these forums.