

# Assessment of Performance Report 2009/10

## Record of analysis

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :PETERBOROUGH



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

42

## 2009/10 Council APA Performance

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

43

## Council overall summary of 2009/10 performance

The Council and Primary Care Trust have an established agreement in respect of the delivery of adult social care and the adult social care duties and responsibilities are undertaken by the primary care trust. In this annual performance assessment report the Council and Primary Care Trust acting together will be referred to as the Partnership.

The Partnership delivery of adult social care has been further supported in this assessment year by a stronger working relationship between the Council and the Primary Care Trust. Last year the service inspection which covered safeguarding highlighted for both organisations the need to work together to bring about robust and speedy improvement. The drive to bring about improved outcomes has led to the delivery of an improved service and although there is scope to make more improvements a great deal of underpinning work has been completed. The action plan to address the shortfalls in safeguarding has been comprehensive and has now been supplemented by a follow-up plan. Improvement has been regularly monitored by the Partnership and benefits from senior officer, political and board member interest in the impact on outcomes being achieved by delivery of improved safeguarding. Externally the Partnership have benefited and made use of the expertise and support of the Department of Health Regional Social Care team and funding supplied has been utilised by the Partnership to focus on reviewing and quality assuring the safeguarding action plan through a specific interim appointment.

Support provided to carers is comprehensive, supporting them to lead a full life whilst maintaining their caring responsibilities. Consultation mechanisms are well established and people who use services and carers are able to become involved at different levels and a specific Partnership strategy 'Living My Life' has committed to establishing working groups with people who use services and carers.

People have access to advocacy and support which is arranged through a voluntary organisation. Voluntary organisations are involved in providing assistance and support to people who are involved in self assessment and in supporting people from minority ethnic and diverse communities.

Support to maintain or attain independence has been further enhanced in Peterborough by the provision of extra care sheltered housing for people with a variety of support needs; admissions to residential care are low.

The Partnership is aware of and has addressed numerous challenges with a clear vision about how the services will develop under the 'Transformation Agenda' in respect of adult social care. The programme has been supported by senior appointments who are committed to ensuring that transformation and personalisation will be across all services as outlined in their own personalisation strategy 'Living My Life'.

In addition to the focus on safeguarding action plan, throughout 2009/10 the areas of improvement identified from the previous assessment of performance report from 2008/09 have been monitored during routine meetings between the Partnership and the Care Quality Commission, with progress noted on these areas as well as on new developments that were self-identified.

## Leadership

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

## Conclusion of 2009/10 performance

Councillors and senior managers have clear vision for social care and demonstrate ambition in respect of achieving improved outcomes for people who use services and carers. Transformation plans are in the main well developed and as part of an agreed strategy they reflect and link into the plans with partners. Senior managers were able to provide evidence of how outcomes have been improved and of how the workforce of the Partnership is being supported to further develop and deliver the cultural change which underpins the 'Living My Life' strategy of the Partnership. The Partnership has made good use of the Joint Strategic Needs Analysis (JSNA) ensuring that the inequalities and areas of need identified are addressed through joint action plans, and will be completing a re-fresh of the JSNA in the forthcoming year.

The Partnership has demonstrated its ability to manage a significant degree of change over the past year, and the ambition has been focussed on particular issues and outcome areas, namely safeguarding and choice & control. Consultation and engagement with people who use services and carers has been apparent in most activity undertaken and the contribution made has been valued and respected by all partners and services.

People who use services and carers have been involved in the planning and review of both health and social care services, and are considered by the leadership of the Partnership to be essential to service development.

The workforce makes good use of the access they have to learning and development opportunities. The performance management framework is effective and has contributed to the delivery of improved performance in respect of: carers' assessment, the timeliness of assessments and support for some people who use services to gain employment. Performance is monitored regularly by the Primary Care Trust Board and the Scrutiny Committee for Health.

The Primary Care Trust ended 2009/10 with a financial deficit which has implications for the future way that services are to be delivered; the leadership are focussed on ensuring that they will be able to contribute to greater efficiencies by improving outcomes for people through an improved focus on preventative services and the use of re-ablement services.

### Key strengths

- A clear vision for the future delivery of social care is well understood by the workforce and by people who use services.
- Strong focus on performance management
- Strong corporate and political support for delivery of adult social care
- Supportive senior managers who are focussed on delivering better outcomes for people who use services

### Areas for improvement

- Continue to progress and deliver better outcomes in respect of safeguarding
- Complete as planned the re-refresh of the JSNA

## Commissioning and use of resources

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

## Conclusion of 2009/10 performance

The Partnership has made good use of the Joint Strategic Needs Analysis (JSNA) to inform commissioning priorities and to identify gaps in provision. There is an understanding of the social care needs in Peterborough and the Partnership use this information from the JSNA to target resources on the reduction of health and social inequalities.

The Partnership has been clear with providers of failing or poor services about outcomes that are expected to be delivered. Monitoring and review processes consider quality issues from the perspective of people who use services and their carers, and overall people report improved outcomes. Specific action has been taken in respect of some poor quality services, which was demonstrated when the Partnership undertook close monitoring of a provider of a poor rated service which was specifically for minority ethnic communities monitoring improvement balanced against the needs of people who use the services until they had adequate re-assurance that the service was meeting expected quality standards. The poorest quality in-house care home was closed in 2009/10 and there is a programme in place to de-commission in-house residential care. The Partnership has opened a new intermediate care facility within the City Care Centre and are intent on commissioning additional extra care housing in 2010/11.

Reviews have been commissioned or undertaken in respect of Valuing People Now and Learning Disability services (involving people who use services, carers and staff) to establish how the Partnership could provide better services more efficiently as well considering how they can bring people living out of the council area back to Peterborough.

The Partnership is performing well in respect of supporting the independence of older people through rehabilitation and intermediate care, with a good number of people remaining in their own homes more than 90 days after discharge from hospital in keeping with their individual care plans.



Significant progress has been made to ensure that the views of carers gained through carers assessments/reviews and through consultation, are used to facilitate choice of care provider, care services or support.

### **Key strengths**

- Targeted and effective use of the Joint Strategic Needs Analysis
- Improved commissioning capacity
- Clear focus on improving safeguarding, personalisation, choice and control.
- Embedded stakeholder engagement and oversight in respect of the delivery of the strategic plan – leading in some cases to involvement at a project level

### **Areas for improvement**

- Proceed with plans to commission more extra care housing
- Implement the plan to develop a city wide re-ablement care service to support people to remain independent and reduce support needed in the long term
- Proceed with plans to undertake a review of the dependency needs of people in all extra care schemes
- Make full use of available data and information to drive up quality of commissioned social care

49

### Outcome 1: Improving health and emotional well-being

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

### Conclusion of 2009/10 performance

The Partnership has continued to provide support to help people access clear and useful information about how to maintain and improve their physical health and well being. The health trainers programme introduced in December 2009 has helped over 450 people to build a healthier lifestyle and improve their general well being. The Partnership has supported regional campaigns to contribute to improved knowledge of local people in accessing appropriate health care. Additional services have been provided and signposting has been put in place to promote local access to health care services and during the past year have delivered a regional campaign which was an update on the previous campaign also delivered by Peterborough. There has been focussed support alongside the provision of public information about childhood obesity, and early indicators are that the target set for 2010 will indicate that the planned improvement is on target.

The Partnership has developed an alcohol strategy during 2009/10 and the impact of this should be evident in 2010/11. To ensure that people from Eastern European communities that have drink related problems are not marginalised, the Partnership has commissioned targeted work from a charity to support people with a range of alcohol related problems to ensure their needs, however complex, are addressed. Over 650 people were supported by this work with support ranging from simple advice and help to delivery of complex care packages. The Partnership has helped a large number of people to stop smoking including the provision of nicotine reduction therapies and support to help pregnant women to cease smoking.

There has been an increase in the number of delayed hospital discharges although few are attributable to social care. The Partnership is monitoring any delayed discharges from mental health services on a monthly basis and has noted an overall improvement over previous years. The Partnership has in place well established pathways through intermediate care to both prevent unnecessary hospital admission and to facilitate early hospital discharge. There is a seven day service which contributes to hospital avoidance care and facilitates weekend discharges to reduce unnecessarily lengthy hospital stays. The use of non-

residential intermediate care increased in 2009/10.

The introduction of direct enhanced GP services has ensured that people who have a learning disability have provision of improved GP support and annual health checks from GPs who have received training and input direct from learning disabled people. Feedback from carers and people who have used the service has been positive.

### Key strengths

- Positive outcome and reduced use of A&E services arising from the promotion of the regional 'Choose Well' campaign.
- There has been ongoing targeted work with specific groups of people who use service to address health inequalities.
- The number of older people who have been helped through rehabilitation / intermediate care has increased and is above that of comparator councils.
- Access and support for end of life care is good and is above that of comparator councils.
- The Partnership has maintained a focus on monitoring the contract with the mental health trust to further reduce delayed discharges from mental health facilities.
- Introduction of GP enhanced services for people with learning disabilities.

### Areas for improvement

- Continue to monitor and actively work to reduce the number of delayed discharges from acute hospitals.
- Continue to support people with long term needs to manage their health related conditions.
- Proceed as planned to support the delivery of the PCT's priorities specific to health and well being.
- Progress the ongoing implementation of the plan to reduce the numbers of teenage pregnancies.

## Outcome 2: Improved quality of life

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

## Conclusion of 2009/10 performance

Support provided to carers has increased throughout the year and the Partnership is actively engaged in ensuring that carers are offered assessment and reviews as a right and the number of carers receiving an assessment or review remains high with the council performing better than comparator councils. Carers days and carers’ support events are held in the city and amongst social and health care professionals there is an increased level of awareness of the need to identify and ensure that carers are aware of the support available to them. The Carers Partnership Board has ensured that it has developed mechanisms to capture the views of the majority of carers and has built-in opportunities to ensure that carers can influence service development at all levels.

The Partnership has ensured that there are services to help people to maintain independence including access to assistive technology. A multi agency group has delivered a new falls prevention strategy which outlines the pathway for people who have fallen ensuring that they receive appropriate levels of support, assistance and onward referral to specialist clinicians or services.

There has been an increase in the provision of extra care sheltered housing which has helped more people to maintain their independence and people who use these services expanded on how they appreciated being independent but able to ask for assistance with some activities of daily living. The accommodation and facilities in one of the schemes visited were of a high standard and accessible to people with varying support needs. Intermediate accommodation has also been developed on a small scale for people who use mental health services alongside some long stay specific accommodation for those in need of longer term support. People who use the service are able to develop skills and abilities essential to independence at a pace that suits them with skilled input and support from health and social care staff as needed.

There were short waiting times from assessment to delivery of minor adaptations with the Partnership performing better than comparator averages, in respect of the provision of minor adaptation and equipment this meant that people were usually waiting

less than a week. In respect of waiting times for major adaptations performance of the Partnership was in line with that of comparator councils. The Partnership had identified why performance in respect of these waiting times was not better and intends to improve on this in 2010/11.

The Partnership utilises feedback from surveys to inform and shape service improvement and development.

### Key strengths

- Continue with negotiations with housing partners to develop more extra care sheltered housing schemes for people who have dementia.
- The community link bus service and dial a ride service provides support to people maintain a degree of independence and participate in using community services and facilities.
- Short waiting times between assessment and delivery of minor adaptations.
- Admissions to residential care provision are low.
- Feedback from people who use services evidenced that people provided with community equipment were supported to make full use of the equipment and enjoy a good quality of life.

### Areas for improvement

- Ensure that all carers who are eligible receive appropriate support and that all carers are provided with a range of information about support that is available to them.
- Progress the plan to establish a re-ablement service in Peterborough.
- Continue with plan to implement the revised fall strategy with aim of addressing high rate of falls amongst the over 65s.

### Outcome 3: Making a positive contribution

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

### Conclusion of 2009/10 performance

There is a full range of user related partnership boards that are active and involved with Peterborough Council and the Primary Care Trust. Through the partnership boards, people who use services and carers have opportunities to meet and consult with staff from statutory agencies as well as voluntary groups and are able to review and influence service development. Progress has been made on increasing the level of engagement with carers and people who use services. Consultation mechanisms are well established and people who use services and carers are able to become involved at different levels.

The Partnership has a specific strategy ‘Living My Life’ which is grounded in a commitment to establishing working groups that have membership from amongst people who use services and carers. A number of the partnership boards are chaired or co-chaired by board members who are not employees of the Partnership ensuring that there is meaningful opportunities for independent contributions to be made and fully considered.

Volunteering is well established in Peterborough and the range of voluntary provision is varied meeting the needs of a wide number of people. The views and opinions of all people who use services are actively sought by the Partnership. In addition to the established range of user led groups and boards 2009/10 saw the development of an active user group for people accessing drug treatment services.

Progress is being made on securing the involvement of people who have used safeguarding services through the delivery of a safeguarding user engagement strategy. The action taken to increase the number of carers from BME communities has been successful in engaging with a hard to reach group of citizens.

<b>Key strengths</b>
<ul style="list-style-type: none"><li>• A new service user advisory group has been established which acts as a voice for people using drug treatment services.</li><li>• The Partnership is engaged with the local involvement network (LINK) and is keen to promote a focus on adult social care services provision.</li><li>• The Partnership has increased the number of registered carers from BME communities to ensure that their contribution to and views in respect of service development are captured.</li></ul>
<b>Areas for improvement</b>
<ul style="list-style-type: none"><li>▪ Proceed with plan to ensure that carers and people who use services are involved in the on-going implementation of the safeguarding plan</li><li>▪ Produce as planned a carers directory aimed at supporting new carers</li></ul>

#### Outcome 4: Increased choice and control

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

#### Conclusion of 2009/10 performance

Assessments undertaken include the personal wishes and aspirations of people who use services and help is provided to maximise individual choice and control. The timeliness of assessments has improved and the delivery of individual budgets and direct payments (as part of self directed support to people who use services) has been successful over the past year with the council exceeding its plan it is performing above regional and England averages. The Partnership has ensured that people who use services and carers are able to choose from a wide range of support to determine how their needs for personal care and support are met. The Partnership has funded six voluntary organisations to assist support planning and self assessment. The Partnership has established a carers emergency respite service and has significantly increased the number of listed on the Partnerships emergency support register – each of whom has an individual emergency support plan in place.

The Partnership has ensured that people have access to advocacy and support, and although there has been a reduction in the spend on advocacy services for people who have learning disabilities the funding has been secured for use in 2010/11 when it will be needed to support people transferring from campus accommodation. Advocacy is provided through an umbrella community and voluntary sector organisation.

The complaints received continue to be low in numbers and although the Partnership has ensured that access to and information about how to make a complaint is available the Partnership continues to receive about half the rate of comparator councils based on the population served. The Partnership has concluded that as services are provided by an integrated organisation most complainants are using the Patients Advisory Liaison Service to raise concerns or complaints and in taking into consideration the numbers received by this service, if they are related to adult social care services then the Partnership would not be out of line with comparators,

People continue have the opportunity to participate in a review of their care although performance in respect of reviews for older



people has not been as good with the Partnership performing less well than comparator councils. Reviews in respect of people who use mental health services improved in 2009/10.

The range of out of hours provided through the Partnership was reviewed and as a result a number of changes were made, eliminating difficulties in accessing out of hours support as well as duplication between teams. As a result of the reviews changes were made impacting positively on access, capacity and provision.

The number of older people admitted to residential care homes is low and there is evidence that the numbers of people with learning disabilities and mental health issues living in settled accommodation has increased.

### Key strengths

- The timeliness of assessments has improved for all groups of people who use services except people who use mental health services.
- The Partnership is actively involved in ensuring that people have ease of access to advocacy services.

### Areas for improvement

- Further increase, as planned, the take up of personal budgets and direct payments.
- Commission, as planned, additional extra care housing with support to promote independence
- The Partnership should undertake a review of concerns and complaints received by the PALS to establish if any complaints received are related to adult social care and utilise learning from the review of these as it has done with other complaints received.

### **Outcome 5: Freedom from discrimination and harassment**

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

### **Conclusion of 2009/10 performance**

Engagement with people from minority ethnic communities has been increased during in 2009/10 through some specific strands of work. An increased number of carers from BME communities are now registered with the Partnership and are aware of services that are available to them. This was achieved by the Partnership actively making contact through mosques to publicise carer support that is available. Another strand of work related to supporting people who have alcohol related social care problems from minority communities is the support work delivered through the alcohol strategy which has provided both simple and complex care services to people from Eastern European communities.

The Partnership has advised that it is at the development stage in respect of a single equality assessment scheme. Advocacy and interpreter services are wide ranging and easy to access.

The Partnership has ensured that the eligibility criteria are well signposted and has also ensured that there is detailed information on the website on what the criteria means. Information and signposting is also available for people who are not eligible to receive care services and in addition to being available on the website, information is detailed in a variety of ways including: in free council magazines, information leaflets, and via targeted newsletters and mailings.

The Partnership has established a local group focussed on prevention of violent extremism (PVE) with a network of partners and a prevention training programme has been developed to train 120 front line staff in dealing with new arrivals in the city. The staff are from a range of services and providers.

Feedback from Peterborough people who use services gained through national surveys are positive in respect of fair treatment, addressing crime and anti-social behaviour, and respect and consideration. People who use services are involved in the delivery of specific staff training on a range of topics including anti-discriminatory practice, diversity and communication.

Peterborough has a highly acclaimed HIV/AIDS services working with and supporting a high number of people, many of whom are from minority ethnic communities. The work is undertaken in partnership with a number of voluntary organisations supporting people to remain independent in managing their care and support needs.

**Key strengths**

- The Partnership has actively engaged with minority groups and has provided services which address their needs as carers or users of services.
- Active participation and promotion of the prevention of violent extremism programme, which has been nationally recognised as a good example by the Cohesion Board.
- People who use services are involved in delivering diversity and anti-discriminatory staff training

**Areas for improvement**

- Improve awareness and monitoring of safeguarding amongst minority communities
- Continue to develop the single equality scheme
- Proceed with plans to improve awareness of safeguarding in minority ethnic communities and to ensure that minority ethnic communities are making use of direct payments and individual budgets to meet their individual care needs.

## Outcome 6: Economic well-being

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

## Conclusion of 2009/10 performance

Carers are supported to combine their caring role and current employment and the Partnership has been active in promoting flexible working practices to local employers. Together with the Department for Work and Pensions the Partnership are trying to support 32% of the total number of carers who have employment.

The Partnership, through its Financial Assessment staff, has helped 66 new users to claim over £110,000 in additional income. In addition another commissioned service that provides benefits and take up of services has secured over £820,000.

There has been a significant increase in the number of people with learning disabilities who are in employment; they have been helped by an employment service. The Partnership figures are more than double those of comparator councils. Support for people using mental health services to secure employment has been good and access to psychological therapies has supported nine people to come off sick pay or benefits.

The Partnership has been active in promoting flexible working practices to local employers, encouraging practice that enables carers to remain actively employed and financially independent. There is support provided for employers of people with disabilities or long term conditions and the Partnership have successfully supported both employers who have encountered problems with the Employment Services Team supporting people to remain in paid employment.

### Key strengths

- A high number of people with learning disabilities have been supported to secure and maintain employment.
- Support for people who use mental health services.
- Feedback from carers who have employment has been favourable about the support they have received and in many cases it has been extremely positive.

### Areas for improvement

- Continue to support people to maximise their income through take up of benefits and employment opportunities
- Continue to support people who use services to access training, paid work and voluntary work.
- Proceed as planned to deliver support to people through the Improving Access to Psychological Therapies service (IAPT) enabling them to move off sick pay or benefits.

## Outcome 7: Maintaining personal dignity and respect

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

## Conclusion of 2009/10 performance

The Commission for Social Care Inspection carried out an inspection in January 2009, looking at Independence Well-Being and Choice, which focussed on three themes: safeguarding of adults, delivering personalised services, and working in partnership. Safeguarding was judged to poor and four comprehensive recommendations were made that were deemed necessary to improve safeguarding of vulnerable adults in Peterborough.

Prior to the inspection commencing, The Partnership had introduced new safeguarding procedures that were informed by and based on good practice and current guidance. The new policy and procedures were put in place after an internal audit in July 2008 had revealed problems with the existing procedures and practice. The Partnership has ensured that staff undertaking safeguarding assessments and their managers have access to regular quarterly training workshops in addition to the basic awareness and enhanced level training courses.

The Partnership accepted the inspection findings as detailed in the report, submitted an action plan detailing steps that would be taken to address the recommendations. Progress to address the recommendations has been monitored by the Care Quality Commission at routine meetings with the Partnership. Progress has included: 1) a formalised quality assurance and performance management process which includes regular auditing of a selection of safeguarding case files with robust challenge as appropriate; 2) clear and effective responses to received safeguarding concerns or referrals; 3) improved training of staff and managers who have key safeguarding roles; 4) general safeguarding awareness training for a wide range of people, with specific training for those engaged in mental health capacity judgements.

The Partnership has supported the provision of qualifying training for Mental Health Assessors and Best Interest Assessors in support of their respective roles under the Deprivation of Liberty safeguards, prior to working in their respective specialist areas. In addition the Partnership has participated in and contributed to information sharing and learning events with other local and

regional partners.

Community safety is also considered by the safeguarding board with links to the Community Safety Partnership and a number of schemes related to community safety support the more vulnerable people in communities many of who use adult social services. There is a multi agency referral scheme in place which saves on duplication and ensures that people who are vulnerable get support from the right agency irrespective of which agency identifies or is alerted to a potential or actual safety issue.

### **Key strengths**

- Strong and measurable progress against the action plan to improve safeguarding has been achieved.
- Clear action taken to review and terminate commissioning of contracted services where outcomes were not positive.
- Links between the Partnership and the Community Safety Partnership directly benefit people who use services.

### **Areas for improvement**

- Maintain a strong focus on safeguarding to ensure that the action plan is regularly reviewed and progress monitored and adjusted as necessary
- Evaluate safeguarding referrals received to identify any trends or patterns that could be addressed through training or via other means.
- Utilise evaluation of referrals made in respect of deprivation of liberty to identify any trends or patterns
- Proceed with the plan aimed at improving safeguarding practice and understanding of mental capacity issues and deprivation of liberty aimed at the poorer providers

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