

ADULT SOCIAL CARE PERFORMANCE ASSESSMENT 2007-08 – AREAS FOR DEVELOPMENT ACTION PLAN (FINAL)

Area for development	Lead	Comments / Actions	When
OUTCOME 1 – IMPROVED HEALTH AND EMOTIONAL WELL-BEING JUDGEMENT = GOOD			
<p>➤ Clients receiving a review requires improvement.</p> <p>Updated position Performance on reviews at October 2008 was at 79% for the rolling 12 month period against a target of 75%.</p>	Karen Wadham	<p>Review care management and structures to allow for better throughput and prioritization of reviews.</p> <p>Current review process now undertaken by specific staff within teams and working with Resource Allocation System (RAS) Questionnaire to complete 6 week review within timescale. Overall review performance currently within target. Peterborough Community Services (PCS) currently working to deliver more effective performance management systems.</p>	Completed
<p>➤ The Council / PCT should ensure Local Area Agreement (LAA) targets to improve health and wellbeing and reduce health inequalities are met.</p> <p>Updated position October 2008 = Amber rating for this block of the LAA.</p>	Sue Mitchell	<p>Actions and milestone dates set out in LAA delivery plan.</p> <p>The performance of the Improving Health target indicators in the LAA has improved from red to amber since September, and there is now increased confidence in delivery. Whilst there are still some indicators only reported annually and one with no available data as yet, there is now greater clarity and understanding of the reasons behind the performance of each indicator.</p> <p>The only red area is Obesity in Children. The performance is partly due to reporting problems, and action plans have already been put in place to address the issues. Unfortunately the Healthy Town Bid was unsuccessful. The planned work will still continue but not at the uplifted scale. A Solutions Centre on childhood obesity has commenced. It is clear that a number of the indicators are subject to</p>	

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		<p>significant monthly variations i.e. seasonal such as more smokers want to quit in January than any other time, or due to the small numbers involved a small number of additional teenage pregnancies can make a significant difference to the overall performance.</p> <p>Following the LAA Delivery Summit, plans are being made to hold an Improving Health Delivery Summit, to engage action plan authors, partner organisations including voluntary organisations.</p>	
<p>➤ Although the Council / PCT have a high level of intermediate care provision, consideration should be given to monitoring the level of provision to prevent hospital admission to ensure it meets the level of need of the local community.</p>	Ellen White	<p>Monitor intermediate care (IC) use and ensure appropriate balance between admission avoidance and hospital discharge whilst maintaining flexibility in use.</p> <p>The PCT believes there is greater scope for admission avoidance which could be realised by additional intermediate care facilities. From June 2009 the intermediate care service will move to the City Care Centre – with additional bed capacity. The new service (from June 2009) will include an element of neurological rehabilitation as well as giving additional capacity for “traditional” intermediate care.</p> <p>It is intended that through a piece of work managed by Peterborough Emergency Care Network (PECN) that the correlation between IC and hospital discharges/admissions avoidance will be clearly indicated.</p>	June 2009
OUTCOME 2 – IMPROVED QUALITY OF LIFE		JUDGEMENT = ADEQUATE	
<p>➤ Services for carers, and moving forward the new carers strategy. The carers newsletter is a helpful way of keeping in contact with carers but it could be further improved in ensuring it is</p>	Trish McHugh	<p>Complete carers' strategy by March 2009.</p> <p>Future distributions of the PCS Newsletters will be Spring, summer, autumn and Christmas issues.</p>	<p>March 2009</p> <p>Quarterly</p>

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<p>issued in a more timely way, and steps taken to ensure it includes up to date information on national as well as local issues for carers. The Council / PCT should also ensure carers of young people are informed about and able to access carers' services.</p> <p>Updated position The draft carers' strategy 2009 – 2011 was taken to NHS Peterborough Board in December 2008 for comment.</p> <p>Peterborough Community Services (PCS) is developing their carers' newsletter to include both regional and national news as well as covering the local perspective / issues for carers.</p> <p>A proposal for a part-time carers' case worker based at PCVS has been developed which will be supported by funding secured from a move of resource from PCS.</p>		<p>Joint protocols due to be completed by February 2009.</p> <p>Young carers' steering group in place Quarter 1 2009/10.</p> <p>Case worker in post by end of January 2009.</p> <p>A young carers' steering group is to be set up in partnership with children's service</p>	<p>February 2009</p> <p>June 2009</p> <p>January 2009</p> <p>February 2009</p>
<p>➤ The Council / PCT should work to ensure there is a good range of breaks available to meet local need. To improve the choice of residential breaks within Peterborough for people with learning disabilities.</p> <p>Updated position The annual commissioning return – CRILL – shows increased temporary break admissions in the 12 month period to September 2009.</p>	Jo Wright-Lakin	<p>The introduction of Individual Budgets from January 2009 will provide the opportunity for individuals to purchase breaks which best meet their outcomes and suit their individual needs.</p> <p>To support an informed choice, the PCT is developing information and advice centre which will signpost and refer people to appropriate providers/agencies from October 2009.</p> <p>Prior to October, NHS Peterborough will be working to develop the local market to ensure a range of local opportunities is available.</p>	<p>January 2009</p> <p>October 2009</p> <p>Ongoing</p>
<p>➤ The Council / PCT should promote and</p>	Jessica Slater	Cross Keys Homes in conjunction with NHS	October

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<p>increase the use of telecare, within the context of the existing level of provision which the Council / PCT should clarify to ensure all those currently in receipt are counted.</p> <p>Updated position Previous issues around undercounting of new admissions to sheltered schemes with Telecare and community alarms scheme users have been addressed via regular reports from Cross Keys housing.</p>		<p>Peterborough and Supporting People Programme are piloting a hospital discharge service. Using Telecare the pilot will support timely hospital discharge of older people and provide direct contact for patients for the first three months after leaving hospital. A dispersed Telecare alarm unit will be made available to every person aged over 50 during the discharge planning phase. The alarm will be cost free to the person during the three month trial period.</p> <p>This pilot aims to achieve a 20% reduction in readmission to hospital of people over 50 within 28 days of leaving hospital.</p>	2008 – April 2011
<p>➤ The Council / PCT should review the provision of information about preventative services to ensure this is easily accessible.</p> <p>Updated position Voluntary sector review (June to October) of organisations with which we contract, identified approximately 2350 adults who are also identified on RAISE receive a low level preventative service from the voluntary sector.</p> <p>The Grant Funded Services Return work is currently underway – which will provide the full picture of current service take up within voluntary sector preventative and low level services.</p>	Jessica Slater	<p>Review all voluntary sector contracts.</p> <p>Expand services linked to Healthy Living Centre.</p>	<p>December 2009</p> <p>December 2009</p>
OUTCOME 3 – MAKING A POSITIVE CONTRIBUTION		JUDGEMENT = GOOD	
<p>➤ Engaging with people who have drug and alcohol problems as identified through the Drugs and Alcohol Team needs assessment.</p>	Howard Shoebridge	<p>Expert groups (including users and carers) to take place on 15 and 16 December 2008 and include feedback from all service providers and their target groups.</p>	December 2008

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<p>Updated position The PCT now receives quarterly performance reports from the Joint Commissioning Group.</p>		As part an integrated drug treatment system in prison, engagement events are planned with prisoners and carers.	By March 2010
<p>➤ Improve the mechanisms for obtaining feedback on an ongoing basis from people who use services on those services.</p> <p>Updated position As part of all new contracts there will be a requirement for the provider to submit evidence around users' feedback. This will be reviewed at provider level through the contracts monitoring governance arrangements and organisationally via the PCT's Quality Group.</p>	Aidan Fallon	<p>Undertake comparative benchmarking of complaints and survey responses and measure trends and progress over time.</p> <p>Refresh the contract management, performance management and governance arrangements to ensure that service user experience information is used to influence the planning of services and commissioning decisions.</p>	<p>March 2009</p> <p>Completed</p>
<p>➤ Increase the numbers of people with a learning disability helped into voluntary work. (Also referenced in "Economic Wellbeing" – all work).</p> <p>Updated position As at October 2008:</p> <p>134 people in paid work. 56 people in work experience. 15 people in voluntary work.</p>	Jo Wright-Lakin	<p>Raise expectations around work, particularly in schools and colleges.</p> <p>Expect organisations we contract with to create employment within their services.</p> <p>Asking any other organisations we work with to create employment within their services.</p> <p>Work in partnership with Job Centre Plus to get more people into work.</p>	March 2010
OUTCOME 4 – INCREASED CHOICE AND CONTROL		JUDGEMENT = ADEQUATE	
<p>➤ Assessments of older people completed within two and four weeks.</p> <p>Updated position Assessments completed within 4 weeks – year to date at November 2008 = 72.6% against a target</p>	Karen Wadham	<p>Review care management processes and streamline to ensure standards can be met.</p> <p>Introduce new performance reporting to enable weekly monitoring and managing of assessment timeframes by individual Team Managers which is</p>	<p>Completed</p> <p>November 2008</p>

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<p>of 85%.</p> <p>50.4% of assessments were completed within 2 weeks.</p> <p>Weekly reports on individual breaches in place.</p> <p>Improved performance expected in December data.</p>		<p>ensuring assessments are completed in timely way.</p>	
<p>➤ The Council / PCT should progress the arrangements to develop more flexible working as undertaken with the project to undertake reviews out of office hours.</p>	<p>Denise Radley</p>	<p>Commissioners to review out of hours services in 2009/10 as part of "Putting People First".</p>	<p>March 2010</p>
<p>➤ Complete the pilot for carers' emergency respite care and ensure the proposal reflects demand for emergency respite care services for all carers.</p> <p>Updated position</p> <p>The annual commissioning return - CRILL - shows increased temporary break admissions in the 12 month period to September 2009.</p> <p>To date, 90 carers have made contact to register for the emergency respite service. Of these:</p> <ul style="list-style-type: none"> • 75 have completed the care plan and these have been signed off. • 15 people not yet returned the plan. • 45 of these carers have had previous referrals and are known to ASC. • 45 were previously unknown. <p>To-date no-one has requested emergency support.</p>	<p>Trish McHugh</p>	<p>Progress updates and review meetings to continue quarterly for the duration of the pilot.</p> <p>Evaluate pilot and confirm ongoing service model.</p>	<p>Quarterly</p> <p>March 2010</p>

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<p>➤ To implement individual budgets for new and existing service users as planned.</p> <p>Updated position Project currently underway.</p>	Jessica Slater	<p>Individual budgets will be introduced from January 2009 for new service users. From 1 April 2009 we aim to include all existing service users at the point of their annual review. From October 2009 service users will be able to access a range service via an independent universal access support and information hub. All actions and dates set out in separate project plan.</p>	<p>January 2009</p> <p>October 2009</p>
<p>➤ Review and implement changes as necessary to the system for producing public information.</p> <p>Updated position NHS Peterborough has reviewed all adult social care information provided to the public, service users and carers, along with the distribution and accessibility of this information.</p>	Amie Barber	<p>A review of the Providing Information policy has resulted in the addition of a notice to all documents, informing of its availability in alternative formats and languages.</p> <p>Review public website.</p> <p>Launch new website in early 2009.</p> <p>All new publications will follow the Providing Information Policy including stakeholder/service user input, and will receive final sign off from the Director of Adult Social Services.</p>	<p>Completed</p> <p>Dec 2008</p> <p>Feb/March 2009</p> <p>On-going from January 2009</p>
<p>➤ Examine the reasons for the relatively low number of complaints and ensure the process for making complaints is accessible.</p>	June Stefanelli	<p>Quality Group to review systems and processes for complaints.</p>	<p>September 2009</p>
<p>➤ Ensure all service users receive outcome focused/person centred planning.</p>	Karen Wadham	<p>Staff involved in Resource Allocation System questionnaires to facilitate outcome based assessments ahead of individual budgets implementation.</p> <p>Training for all assessment staff for January 2009 in outcome based care planning.</p>	<p>October – December 2008</p> <p>January 2009</p>

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OUTCOME 5 – FREEDOM FROM DISCRIMINATION AND HARASSMENT JUDGEMENT = GOOD			
<p>➤ The Council / PCT should focus on the provision of non-care managed services in using the reform grant as is planned.</p>	Denise Radley	Phase 2 of “hub” development will consider universal information and advice provision.	October 2009 – March 2010
<p>➤ Recording of ethnicity of people in receipt of a service.</p> <p>Updated position Recording of ethnicity for service users receiving a care managed service from the PCT or independent sector continues to be good. Issues remain around the recording of ethnicity for those receiving a service from the voluntary sector.</p>	Tina Hornsby	Enhanced reporting requirements built into new contracts to enable closer monitoring of this.	April 2009
<p>➤ Monitor action taken in response to the race, gender and disability equality action plans to ensure the required impact is achieved.</p> <p>Updated position A review of policies for which impact assessments had been completed and the date undertaken has been carried out in order to prioritise future refresh activities.</p>	Aidan Fallon	<p><i>Training and awareness raising</i></p> <ul style="list-style-type: none"> • Implement new mandatory programme of training on equality and diversity (E&D) at work • E&D refresher training targeted at Board members and senior management will be provided. • Plans are being made to re-launch a programme of Equality Impact Assessment (EIA) training. • Appoint workforce equality officer has been appointed. <p><i>Equality governance</i></p> <ul style="list-style-type: none"> • We have in place an Equality and Diversity Steering Group which oversees E&D issues/developments in the organisation. 	<p>Completed</p> <p>April 2009</p> <p>December 2009</p> <p>Completed</p> <p>On-going</p> <p>On-going</p>

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		<ul style="list-style-type: none"> A six monthly E&D progress report continues to be made to the Board. <p><i>Providing information/Translations /Interpreting</i></p> <ul style="list-style-type: none"> A 3-year contract developed in partnership with Peterborough City Council is in place with CINTRA to provide professional translation and interpreting services. Information published on our website can be translated in to key local languages at the push of a button. <p><i>Development of Single Equality Scheme (SES)</i></p> <ul style="list-style-type: none"> Develop a Single Equality Scheme. Set up a project group comprising staff and external stakeholder representation to oversee the development of the SES. 	<p>On-going</p> <p>On-going</p> <p>March 2009</p> <p>Completed.</p>
<p>➤ Monitor the impact on outcomes for people of the eligibility criteria.</p> <p>Updated position Peterborough continues to implement the eligibility criteria at "high moderate".</p>	Denise Radley	Consider evaluation of impact once future national plans are published.	2009 (to be confirmed)
OUTCOME 6 – ECONOMIC WELLBEING		JUDGEMENT = GOOD	
<p>➤ The Council / PCT have already identified helping carers to remain in or return to paid work as an area for development.</p> <p>➤ The Council / PCT have already identified helping those with mental health needs to remain in or return to paid work as an area for</p>	Trish McHugh Howard Shoebridge	<p>Implement the Improving Access to Psychological Therapies (IAPT) programme with the aim of keeping people in work.</p> <p>Develop a plan of initiatives that will support carers to remain in or return to work.</p>	<p>From April 2008</p> <p>April 2009</p>

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<p>development.</p> <p>Updated position The National Indicator around supporting people with mental health problems to remain in work has been included as a LAA target.</p> <p>A carers' drop in session was held on Carer's Rights Day on 5 December 2008. This was supported by a number of agencies including Connexions, JobCentre Plus and PCVS. The aim of the day was to provide information and support for working carers and general benefits advice.</p>			
OUTCOME 7 – MAINTAINING PERSONAL DIGNITY AND RESPECT		JUDGEMENT = ADEQUATE	
<p>➤ Review the capacity within the POVA team to deal with the increase in alerts and adjust as necessary.</p> <p>Updated position Interim consultant safeguarding manager in post as well as additional capacity of social work time in Safeguarding Team.</p>	Karen Wadham	<p>Review safeguarding arrangements using external support.</p> <p>All Team Managers to be trained to chair and manage the safeguarding process and strategy meetings to embed in core assessment and care management.</p> <p>New policy and procedures and Serious Care Review policy to be signed off by Safeguarding Adults Board and launched.</p>	<p>Completed</p> <p>Completed</p> <p>January 2009</p>
<p>➤ Develop guidance on interpersonal relationships for all service user groups across both Council / PCT and contracted services. Make this accessible to everybody in both format and publication.</p>	Denise Radley	To consider when this piece of work can be resourced within 2009/10 Annual Accountability Agreement.	2009/10
LEADERSHIP			

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<p>➤ Performance management to ensure targets set are met and corrective action taken as necessary.</p> <p>Updated position NHS Peterborough has a new Performance Management Framework. This framework seeks to ensure that appropriate focus is given to achievement of priority targets, and turning round under performing targets.</p>	Tina Hornsby	<p>Priority and turnaround targets to be reported to Directors fortnightly, and the Board monthly.</p> <p>Monthly Performance Clinics to be established whereby all senior managers consider performance issues on key targets and work to ensure work plans are embedded throughout the organisation</p> <p>As part of the review and creation of all contracts quality and performance schedules are being included to ensure holistic reporting of performance and quality. The following major contracts are being reviewed in the next 12 months.</p> <ul style="list-style-type: none"> • Acute • Mental Health • Peterborough Community Services 	<p>Ongoing</p> <p>Ongoing</p> <p>April 2009 Oct 2009 April 2009</p>
<p>➤ Reducing staff sickness absence.</p> <p>Updated position The Quarter 2 sickness rate for all staff was 6.42% against a target of 6.20 – a reduction from 7.36 in 2007/08.</p>	Angela Cunnington	<p>New Managing Attendance at Work Policy ratified in 2008, and supported by line managers training. Project Group overseeing this area.</p> <p>Managing attendance meetings of Human Resources team members, line managers and Occupational Health representatives re-established to discuss specific cases and agree actions. Also use of "options interviews".</p> <p>Use of the information available through the Electronic Staff Record (ESR), to alert to line managers via the budgeting/guidance process of their team's current sickness status.</p> <p>Individual areas of good practice shared with other areas, e.g. in Residential Care (PCS provided). A local system of only reporting sickness to the Service Manager, with credit card issue of his contact number, has been very effective and has been cascaded to</p>	<p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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		<p>other teams as a good idea.</p> <p>Regular Board reporting of sickness levels and actions to address including a target for reduction.</p>	Quarterly
COMMISSIONING AND USE OF RESOURCES			
<p>➤ The Council / PCT should ensure there are robust systems in place to monitor placements made in services which have not been rated by the regulatory body.</p> <p>Updated position The PCT does not use non-regulated services.</p> <p>2008/09 CRILL was submitted on 30 November 2008 – we are awaiting analysis from CSCI.</p>	Helga Crick	<p>Feedback from the 2007/08 Commissioning Return (CRILL) process has been fed back to the contracts team, which has added local intelligence in order to identify non-rated services which may be of concern. It is expected that the number of unrated services will be greatly reduced in the 2008/09 CRILL return.</p>	Completed