

## CSCI ANNUAL PERFORMANCE ASSESSMENT (APA) ACTION PLAN FOR 2008 – 09.

### KEY

COMPLETE	<b>BLUE</b>
Good performance - on track to meet action plan targets	<b>GREEN</b>
Some progress made – some progress towards action plan targets but not meeting all deadlines.	<b>ORANGE</b>
Limited / no progress made against action plan targets and deadlines.	<b>RED</b>

### SUMMARY OF PROGRESS

Area for Development Number	Area for Development	Break-down of status	Overall Status of Recommendation
1	<b>There has been improvement recorded in reviews, however, the Council still needs to bring performance in line with similar councils in England.</b>		<b>Orange</b>
	<ul style="list-style-type: none"> <li>Action Plan in Disability Services to identify dates of reviews and schedule to meet performance expectations with targets established for each team.</li> </ul>	<b>Green</b>	
	<ul style="list-style-type: none"> <li>Action Plan to identify ways in which Older People's Service integrated teams can increase number of reviews undertaken, streamlining processes and reviewing Officer time to conduct reviews</li> </ul>	<b>Orange</b>	
2	<b>Further work is still needed to reduce the level of delayed discharges attributable to social care and bring levels in line with comparators, although improvements were observed in the second half of the year.</b>		<b>Blue</b>

	<ul style="list-style-type: none"> <li>• Joint Strategic Discharge Management Group and Discharge and &gt;40 Day LOS Review Group established for Addenbrookes</li> <li>• Re-utilisation of reimbursement funds and the pooled budget to extend community pathways.</li> <li>• Development of set of performance indicators to facilitate monitoring.</li> <li>• Streamlining of panel process</li> <li>• Implementation of range of investments, including OPMH nursing home placements, domiciliary care for hard to reach patients, discharge cars, double-up cars and 'hard to reach' cars, increased social care workers to improve the assessment and discharge processes, interim care placements / arrangements, new Home-Finder post for self-funders and a mental health nurse within the discharge planning team.</li> <li>• Active management of delayed discharges.</li> <li>• Undertaking 'Root Cause' and Case note Analyses of delayed discharges.</li> <li>• Development of a 16 point discharge action plan, operating across the local health system.</li> </ul>	Blue	
3	<b>To progress plans regarding the reprovion of NHS campus accommodation</b>		Blue
	<b>Completed.</b> The project was completed earlier this year with the registration by CSCI of the two remaining NHS homes. They have been inspected and awarded 2 stars.	Blue	
4	<b>The Council needs to help more people to live at home, particularly older people, and adults with learning disabilities and physical disabilities.</b>		Blue
	• Community based services continue to be preferred option considered.	Blue	
	• Funding panels to continue to challenge requests for residential / nursing care, where appropriate.	Blue	
	• Continue to monitor capacity of domiciliary care agencies to ensure appropriate supply.	Blue	
	• Development of Signposting services to ensure awareness of range of services / opportunities within community.	Blue	
5	<b>The Council needs to continue to further improve the level of Intensive Home Care purchased through Direct Payments.</b>		Blue

	<ul style="list-style-type: none"> <li>• People assessed as needing this level of home care will be part of the development of Self Directed Support, being rolled out from April 2009, which will promote the use of Direct Payments.</li> </ul>	Blue	
6	<b>Timeliness of items of equipment and adaptations delivered within seven working days, although every good, should be brought back into line with comparators.</b>		Blue
	<ul style="list-style-type: none"> <li>• Maintain close working relationship with provider organisation (NRS).</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Close monitoring at monthly commissioning and provider meetings.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Close monitoring of feedback and complaints from prescribers.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Monitoring of service user feedback on quarterly basis.</li> </ul>	Blue	
7	<b>To ensure there is appropriate representation on partnership boards from all minority groups, and that people are enabled to contribute their views.</b>		Blue
	<ul style="list-style-type: none"> <li>• New group for underrepresented groups, 'Voices for Change' established in July '08.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Appropriate ways for representation to be agreed with minority groups</li> </ul>	Blue	
8	<b>The Council needs to further improve the assessments of older people completed within two and four weeks.</b>		Blue
	<ul style="list-style-type: none"> <li>• Targets set within Older People's teams to improve number of assessments completed within two weeks and four weeks.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• OT Duty Team at Contact Centre to fast track referrals using telephone assessments where appropriate</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Cases allocated across locality and area boundaries throughout the county to make best use of all available capacity</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Implementation of productivity tool for OT teams, following programme of training.</li> </ul>	Blue	
9	<b>Continue to improve the number of carers of people with learning disabilities who have received either an assessment or a review.</b>		Blue
	<ul style="list-style-type: none"> <li>• Targets set within teams to improve number of carers assessments and reviews</li> </ul>	Blue	

	<ul style="list-style-type: none"> <li>• Guidance given to teams ensuring that all those in receipt of service for carers should have regular assessment and review.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>• Carers assessment to be completed at the same time as their relatives' service user review.</li> </ul>	Blue	
10	<b>The Council needs to ensure that ESCR is implemented as planned.</b>		Green
	<ul style="list-style-type: none"> <li>• Project Plan is in place for ECSR implementation:</li> </ul>	Green	
	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> team implementing from 29/12/08</li> </ul>	Green	
	<ul style="list-style-type: none"> <li>• ESCR then being rolled out team by team from January – June 2009</li> </ul>	Green	
11	<b>The Council needs to continue to promote direct payments to BME groups.</b>		Blue
	<ul style="list-style-type: none"> <li>• Diversity Lead &amp; Development Manager, Independent Living to continue programme of engagement and develop further opportunities.</li> </ul>	Blue	
12 & 13	<p><b>The Council identified they wished to further develop and implement self directed support over the next year.</b></p> <p><b>The Council needs to demonstrate how it ensures preferences and choice are reflected in services provided.</b></p>		Blue
14	<b>Implement the remaining outstanding Equality Standard for Government 3, 4 and 5</b>		Orange
	<ul style="list-style-type: none"> <li>• Project plan is in place for the assessment for Level 3 of the Equality Standard in March 2009.</li> </ul>	Green	
	<ul style="list-style-type: none"> <li>• Action Plan and framework for review, in line with levels 4 and 5 of the Equality Standard.</li> </ul>	Orange	
15	<b>The Council must ensure that hard to reach groups are kept informed about services available.</b>		Green
	<ul style="list-style-type: none"> <li>• Continuation of Community Outreach Programme in ASS.</li> </ul>	Green	

16	<b>Improve the number of people with learning disabled helped into paid work.</b>		Blue
	<ul style="list-style-type: none"> <li>Plans within LDP teams, and with partners in training organisations and with employment service, to increase work opportunities for people with learning disabilities.</li> </ul>	Blue	
17	<b>With partners, the Council needs to ensure that mental health safeguarding processes are strengthened.</b>		Green
	<ul style="list-style-type: none"> <li>Revised Policy and Procedures developed which are closely linked to Cambridgeshire County Council's guidance.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Awareness training for all staff to be part of induction.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>CPFT to train a sufficient number of Lead practitioners to ensure at least one in each Team</li> </ul>	Green	
	<ul style="list-style-type: none"> <li>Lead practitioners to receive annual refresher training</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Continue current arrangements with CPFT Lead Director &amp; Adult Lead for safeguarding matters.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Team Managers responsible at operational level, with investigations led by safeguarding lead practitioners or senior staff under guidance of Social Care leads / Team managers</li> </ul>	Green	
18	<b>To ensure all recommendations from the Older People's Service Inspection Report are fully addressed, including the minor areas listed:</b> Minutes of strategy meetings issued on next working day Data Collection less sophisticated		Blue
	<ul style="list-style-type: none"> <li>Action points from strategy meetings issued on next working day</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Monitoring system in place to check compliance.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>POVA information captured on SWIFT.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Information reported quarterly to Cambridgeshire Safeguarding Partnership Board</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Amendments to policy, procedures and practice agreed by Cambridgeshire Safeguarding Partnership Board.</li> </ul>	Blue	
19	<b>To ensure that robust safeguarding procedures are put in place for Direct</b>		Green

	<b>Payments and in the development of Self Directed Support.</b>		
	• Building on processes already in place:	Green	
	• Safeguarding included in all levels of information, from FAQs to detailed information	Green	
	• Folders for service users include information on safeguarding, including advice on CRB / Independent Safeguarding Authority checks.	Green	
	• Safeguarding information included in information resource for professionals.	Green	
	• Training programme includes safeguarding ( course and e-learning)	Green	
20	<b>The Council needs to increase the level of safeguarding training for independent sector staff to bring levels in line with comparators.</b>		Green
	• Increase the level of training in place for independent sector staff.	Green	
	• Continue to ensure the independent sector attend training.	Green	
	• Continue to provide support for organisations who choose to deliver their own safeguarding training.	Green	
	• Continue to monitor level of safeguarding training which is delivered by providers following training from CCC safeguarding team.	Green	
21	• <b>To ensure that the creation of the new Community and Adult Service is smoothly implemented and meets the challenges of transforming Adult Social Services and the requirements of the Department of Health.</b>		Green
	• Project Manager identified to support required activities to establish new service.	Green	
22, 23 and 26	<b>To further develop Strategic Partnerships:</b> <b>22. The Council has acknowledged that it needs to continue to build on and further strengthen the relationship with the PCT, NHS Cambridgeshire, and that there is a need to review strategic partnerships.</b> <b>23. To ensure the progress with the Cambridgeshire Care Partnership continues</b> <b>26. To ensure the review of countywide strategic partnerships that link Cambridgeshire Together are effective and proficient.</b>		Green
	• Continue to strengthen the governance of Section 75 arrangements through	Green	

	Cambridgeshire Care Partnership.		
	<ul style="list-style-type: none"> <li>Establish the Health and Wellbeing Strategic Partnership within the structure of Cambridgeshire Together, to contribute to the delivery of Cambridgeshire's Sustainable Community Strategy.</li> </ul>	Green	
24	<b>To utilise the PCT led joint workforce plan which the Council will feed into to ensure there are sections that are common with other relevant organisations.</b>		Blue
	<ul style="list-style-type: none"> <li>Adult Services Workforce Strategy completed by April.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Shared chapters within Workforce Strategy developed in conjunction with partner agencies.</li> </ul>	Blue	
25	<b>Although progress has been made, the Council needs to continue to improve data collection and that evidence provided reflects the work they are undertaking including capturing the impact and outcomes for service users.</b>		Green
	<ul style="list-style-type: none"> <li>Performance Management Framework being introduced across Adult Social Care, through the Performance Management and Leadership Project.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>Outcomes framework to collect evidence to be developed and used across Adult Support Services.</li> </ul>	Green	
27	<b>Continue to promote dementia care training in the independent sector.</b>		Blue
28	<b>To ensure the client group JSNA feed into the joint commissioning strategies</b>		Green
	<ul style="list-style-type: none"> <li>The client group JSNAs have informed the Joint Commissioning Strategies for Mental Health, Learning Difficulties, Older people.</li> </ul>	Blue	
	<ul style="list-style-type: none"> <li>The JSNA for Physical Disabilities, Sensory Impairments and Long Term Conditions went to the PCT Professional Executive Committee in August '08. It will now inform a Joint Commissioning Strategy which is in preparation led by CCC.</li> </ul>	Green	

<b>AREA FOR DEVELOPMENT 1</b>	<b>There has been improvement recorded in reviews, however, the Council still needs to bring performance in line with similar councils in England.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• Older People's Services <ul style="list-style-type: none"> <li>○ Weekly reporting has been introduced for review capacity, noting reviews completed in time and overdue reviews, and analysis of any shortfall, monthly summary report to County Manager Planned Care, Analysis to be undertaken on full year data to develop capacity plan for review process</li> <li>○ Service users in receipt of care package going into hospital reviewed by hospital team and annual review date moved forward to reduce duplication.</li> <li>○ Piloting of area - wide review team in South Cambs and Cambridge City to commence May 2009.</li> <li>○ Teams working to monthly targets set by CC ; weekly performance review meetings in teams with issues and shortfalls fed back to County Manager Planned Care.</li> <li>○ Six of the the eleven locality teams achieved monthly target for March.</li> </ul> </li> <li>• Disability Services <ul style="list-style-type: none"> <li>○ Reviews in Learning Disability Service has reached target. In Physical Disabilities – improvement made but missed target.</li> <li>○ DMT review monthly; Lead Manager reviews weekly; plans from Locality Teams to ensure compliance for 2009/10</li> </ul> </li> </ul>	
<b>OUTPUT/INCOME</b>	
Review documentation has been updated, and now specifies the need to meet outcomes aspired to by the service user, lists the outcomes wanted by the service user and asks if these have been achieved.	

<b>AREA FOR DEVELOPMENT 2</b>	<b>Further work is still needed to reduce the level of delayed discharges attributable to social care and bring levels in line with comparators, although improvements were observed in the second half of the year.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• Multi-agency Strategic Management Group meeting monthly to overview the processes behind practice and procedures in place in acute trusts and in the community. Outcomes of these meetings cascade to Discharge Planning meetings.</li> <li>• Data for delayed discharges is produced weekly for all partners.</li> </ul>	



<ul style="list-style-type: none"> <li>• The Older People's Purchasing panel has changed days from Thursday to Wednesday, to relieve the pressure on the Discharge Planning Team and give more time to make arrangements for discharge before the weekend.</li> </ul>
<b>OUTPUT/INCOME</b> <p>The mix of service provision has been adjusted to provide additional dementia care capacity in nursing homes and reduce residential care placements to assist timely hospital discharges.</p> <p>Additional capacity in the community based services (health and social care) has successfully supported increased numbers of people to return home from hospital with appropriate palliative care.</p>

<b>AREA FOR DEVELOPMENT 3</b>	<b>To progress plans regarding the reprovion of NHS campus accommodation</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Blue</b>
<p><b>Completed.</b> The project was completed earlier this year with the registration by CSCI of the two remaining NHS homes. They have been inspected and awarded 2 stars.</p>	
<b>OUTPUT/INCOME</b> <p>Miss J has lived at Victoria Road for 4 years. Since moving in and the registration of the home she has benefited from the house being refurbished and has chosen the decoration in her own room. She has been supported by staff to develop her own individual support plan. Her access to the wider community has increased and she is supported to volunteer at the local Salvation Army, attends Age Concern Tuesday Club, and attends both a sewing and cookery class. She has enjoyed a recent holiday to Butlins and a theatre trip to London. The home has recently started to hold tenant meetings in which all the tenants have a greater choice and control as to what happens within their home. Miss J says that she is happier now.</p> <p>The people living at Drybread Road have benefitted from the change of how the home is now regulated and managed. The changes to the physical environment have made the house feel more welcoming and comfortable and have ensured that the needs of the individuals are met more effectively. Each person had an input into the refurbishment of both individual and communal areas to improve ownership of the home. Personal areas are now used more often for 1-1 activities whenever they choose. Although the individuals are unable to verbalise the rationale for this it is believed by staff that they feel more comfortable within their own home.</p>	

<b>AREA FOR DEVELOPMENT 4</b>	<b>The Council needs to help more people to live at home, particularly older people, and adults with learning disabilities and physical disabilities.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<b>Blue</b>	
<ul style="list-style-type: none"> <li>• The Call Advisors of Cambridge Direct continue to signpost callers to services which can support them to live independently. In terms of monitoring quality and outcomes, Call Advisors will do 6 week call back reviews to ask if the signposting met their needs. An example of signposting would be to D.I.S.H.(Disability Information &amp; Support Helpline) who will give detailed information to callers in their specialist area. Other examples of signposting would be to the Citizen's Advice Bureau and to the Village Benefit Service for income maximisation, or to "Speaking Up" advocacy services.</li> <li>• In Older People's Services, evidence for panel minutes demonstrates that care at home is considered as preferred option</li> <li>• Development of new pathways through reconfiguration of rehabilitation services at Brookfields community hospital, establishing more community based services, will support more people to live at home. From June 2009 evaluation of project will include people supported by day therapy and telemedicine.</li> <li>• Learning Disabilities have reached target, continue to emphasise Independent Living, and numbers in residential care are low. The Disability Management Team monitor monthly. In Physical Disabilities services improvements have been made.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<ul style="list-style-type: none"> <li>• End of year figure for numbers of people helped to live at home totalled 9599 (3283 18-64, 6316 65+). While Cambridgeshire has continued to further strengthen its reablement and prevention pathways, it has been able to help more people who meet our eligibility criteria to remain in their own homes since last year (07/08). Numbers helped to live at home have increased across all age bands, specifically a 17% increase in learning disability clients aged 18-64 and 49% increase clients aged between 65 and 74.</li> </ul> <p>Assistive Technology support has enabled people with disabilities to live independently, for instance:</p> <ul style="list-style-type: none"> <li>• Young man able to retain his job through the support of technology – used to lose his tools - supported with trackers.</li> <li>• Young lady continues with her nutritional tasks and supports herself by cooking her own meals - without the fire technology support these tasks would have been considered too high risk.</li> <li>• Young man with a history of medication needs, seizures etc. has lived independently for two years with the support of technology - previously lived in a 24 hour supported living scheme</li> <li>• Group homes now not having a stranger sleeping in their home and are instead supported with technology (i.e. door entry systems, sensor lights, etc.)</li> <li>• Mother of three children, two with visual impairment, one with LD - her confidence hugely increased due to technological support.</li> <li>• Another mother can now sleep in her own bed knowing that the technology provided will wake her if her child experiences difficulties such as a seizure.</li> </ul>	

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<b>AREA FOR DEVELOPMENT 5</b>	<b>The Council needs to continue to further improve the level of Intensive Home Care purchased through Direct Payments.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>▪ Promotion of Direct Payments by all teams has continued throughout the year – overall figures on people receiving Direct Payments has increased again this year, including those people with intensive home care packages.</li> <li>▪ Cambridgeshire County Council launched the implementation of Self Directed Support services in April 2009 and Direct Payments are an integral part of the policy, training and support planning process for all service users, including those requiring intensive home care</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>Case scenario from Physical Disability Service:</p> <p>Ms A receives an intensive care package consisting of direct payments and care provided through a care agency. Prior to a care package being installed Ms A's daughter was providing all care, however she was unable to continue with this due to her mother's increased need. Ms A was initially very reluctant to take on a care package if provided through an agency as she did not like the idea of strangers providing intimate personal care, and was aware it would be unlikely she would receive the same carers on a daily basis. Ms A also felt a care package provided through an agency would not be flexible enough to meet her needs. Ms A feels that the direct payments she receives have enabled her to have better choice and control over her own care and feels that they provide a more flexible service. Ms A's daughter is no longer providing care as she moved out of the family home to pursue her own career, she feels confident that her mothers needs are being met through direct payments and as she has built a good rapport with the direct payment carer and is confident that her mother is being cared for.</p> <p>Case scenario from Learning Disability Service:</p> <p>Ms S is a woman in her 50's and has lived with her elderly father all of her life. She also has high physical needs and uses a wheelchair. She needs considerable help in all aspects of daily living. For the past 2 years her care has been funded through a Direct Payment managed by her father. He initially requested this as he thought it would overcome the problem of frequent changes in staff that they were experiencing through their care agency. The DP is now used to employ a single permanent carer who provides over 40 hours of care per week. Overall this has provided greater consistency of care, Ms S feels safer with a carer who is very familiar with her needs. Ms S will soon be considered for a Personal Budget which will provide even greater flexibility in how the funds can be used to provide more variety in her daytime activities.</p>	

<b>AREA FOR DEVELOPMENT 6</b>	<b>Timeliness of items of equipment and adaptations delivered within seven working days, although very good, should be brought back into line with comparators.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>Commissioners continue to maintain close and effective working relationships with the provider (NRS). Fewer complaints being received. Commissioner and Provider monitoring meetings take place monthly.</li> <li>Adverse weather conditions affected the service, but all urgent deliveries were completed on time. The service quickly caught up with deliveries following the adverse weather conditions. Deliveries are now back on target and being delivered within the required timeframe.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>The overall performance for the delivery of equipment within 7 days was 94.7% for 2008/09.</p> <p>Comment received from service user:</p> <p>"To all staff at Equipment Loan Service, Just a few lines to thank you for the prompt delivering and collection of the equipment lent to my dad, ..... in his last few weeks. I'm particularly grateful at the speed of collection after my dad passed away, as it was so upsetting for my mum to have to look at the empty bed in her sitting room - you were good as your word and collected within hours and it was much appreciated."</p>	

<b>AREA FOR DEVELOPMENT 7</b>	<b>To ensure there is appropriate representation on partnership boards from all minority groups, and that people are enabled to contribute their views.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>Discussions about how to involve people Ethnic Minority Communities with the Development Officer of the Cambridge Ethnic Community Forum and Leaders of the Chinese and Indian communities suggested that they were overwhelmed with requests for consultation. In addition feedback from the groups suggested the need for a very structured approach. It has therefore been agreed that the group, Voices for Change, would progress with a meeting every 6 months, with special meetings to be called if necessary, and that meetings will be topic based, with an early topic being the links between Voices for Change and the client focused Partnership Boards.</li> <li>The Interim CEO of Diverse and LGBT representative has agreed to be Chair of the group.</li> <li>First of the meetings using the agreed format was held on the 7<sup>th</sup> April. 16 people attended including lead officers from the 4 partnership boards, who gave short presentations on the work of the respective boards. Members of the group were updated on developments within Adult Social Care e.g. Self Directed Support and Deprivation of Liberty Act and how to best identify and support carers from Diverse</li> </ul>	

Backgrounds. There were a number of suggestion relating to barrier and possible solutions which will be circulated to the relevant boards.
<b>OUTPUT/INCOME</b>
<p>In July 2008 the first meeting of Voices for Change, a diversity reference group, was held. Following a workshop and consultation with Ethnic Minority representatives it was clear that time commitment was an issue for the people involved particularly as other agencies were also requesting a BME presence on a number of different groups. Adult Support Services' response to this feedback was to facilitate two topic based meetings a year that would be attended by the Partnership Board Leads who would then inform their respective boards of any feedback/information/action required from the work with Voices for Change.</p> <p>The first meeting of Voices for Change using the new format was held in April 2009; it was well attended with representatives from diverse groups including a number of BME representatives. The discussion topic focused on 'How to identify and support carers from the BME groups'. The group identified a number of barriers that people from BME backgrounds may encounter and also some positive steps that could be taken to support carers from BME groups, for instance, that people didn't see themselves as carers or the term carer had negative implications – carers information needed to include a clear definition of a carer; people didn't always know what was available and so hadn't asked for assistance. Responses to the issues raised to date have included the production of bookmarks which are being given out in all libraries; Displays in Libraries/ pharmacies; posters promoting carer services in GP surgeries; taster Workshops ~ Information awareness sessions; key people within communities becoming points of contact; use of voluntary organisations and networks. The group also gave a number of comments on the Carers Strategy to the Carers Strategic Development Manager. This feedback will be discussed at meetings of the four Partnership Boards and in particularly at the Carers Partnership Board.</p>

<b>AREA FOR DEVELOPMENT 8</b>	<b>The Council needs to further improve the assessments of older people completed within two and four weeks.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>Assessments for Older People in Cambridgeshire has seen nearly a 50% increase in the numbers assessed within 4 weeks. Of those completed within 4 weeks, the proportion of those completed within two weeks has also increased, in 2007/08 the figure was 73%, it has now reached 89% for 2008/09.</li> </ul>	
<b>OUTPUT/INCOME</b>	
End of year figures: 3065 within 2 weeks, 367 completed between 2 weeks and 4 weeks	
Service user Feedback Questionnaires are sent out following assessment and care planning and comments feed into continuous development	

of the assessment and care management process. Here are a few comments:-

“The care you arranged during the difficult time I had after leaving hospital was excellent and was just what I needed to launch me back into normal life”.

*“As a carer for my husband, I would like to say how helpful and efficient and completely understanding of my position I found my social worker.”*

<b>AREA FOR DEVELOPMENT 9</b>	<b>Continue to improve the number of carers of people with learning disabilities who have received either an assessment or a review.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• Monitored weekly by lead manager and monthly by DMT.</li> <li>• Target of 16% met.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>End of year figures: 312 carers of LD (18-64) receiving assessment or review. We continue to work hard to support people in long term caring roles. This has seen Cambridgeshire increase in the number of carers receiving an assessment or review. 312 carers of people with a learning disability have received an assessment or review, a 74% increase from last year (07/08).</p> <p>Survey of Carers following Carers Assessment led to this response from one service user asked if a difference had been made by the assessment:  “Help with getting independent living for my son making life easier”.</p>	

<b>AREA FOR DEVELOPMENT 10</b>	<b>The Council needs to ensure that ESCR is implemented as planned.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• First Early Adopter team now evaluating.</li> <li>• Second Early Adopter team started to implement ESCR – and were specifically selected because they are a netilla site, and so any access issues are resolved before further roll out to other teams using netilla..</li> <li>• The roll out programme for ESCR has been approved by the Quality for Adults Programme Board, to bring it in line with the roll out of Self</li> </ul>	

Directed Support.
<b>OUTPUT/INCOME</b>
<p>n evaluation of the early adopters site has led to the following benefits as a result of using ESCR being documented by the team:</p> <ul style="list-style-type: none"> <li>• No paper/No Filing</li> <li>• Availability for all to see the information</li> <li>• Nothing can be lost or misplaced</li> <li>• Everything is at your fingertips</li> <li>• System is easy to use</li> <li>• Will reduce mistakes.</li> <li>• Document filed once</li> </ul> <p>Staff feedback included: “Potentially a powerful tool ..... Needs more hands on use, but my first impressions are positive.”</p>

<b>AREA FOR DEVELOPMENT 11</b>	<b>The Council needs to continue to promote direct payments to BME groups</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>• Meetings have taken place with the leader of the Indian community and leaders of the Chinese community to discuss how best to approach promoting a number of services to their respective communities. There has been a subsequent meeting with the Chinese community and an interactive workshop is being planned that will promote a number of services such as supporting people and direct payments.</li> <li>• Leaflets explaining Direct Payments have been translated into Chinese for distribution to the Chinese Society</li> <li>• Leaflets about Direct Payments have been sent to the Cambridge Ethnic Community Forum and information about requests for translated leaflets from the forum will be directed to the relevant officer.</li> <li>• Date now confirmed with the Chinese Community to provide a morning workshop which will include discussion on Direct Payments. The workshop will also include presentations and discussion about Benefits, Assistive Technology and the Supporting People Service. There has also been a meeting with the Indian Community to discuss the possibility of meeting with their Over 50s group.</li> <li>•</li> </ul>	
<b>OUTPUT/INCOME</b>	
<ul style="list-style-type: none"> <li>• We continue to promote choice and control across all of Cambridgeshire's communities. This year (08/09) 51 people from a BME group received a direct payment, representing a 200% increase in a year.</li> </ul>	

- Direct Payments have been used to provide culturally specific support to service users:

Mr A is Indian and speaks Gujarati, requiring an interpreter during the assessment. Mr A was admitted to hospital following a stroke. He has a history of bladder problems, including prostate surgery. Mr A suffered his first stroke in 1994 and family advised he recovered well but with decreased mobility since. In the past 6 months Mr A has had 5 TIAs and was admitted 4 times to Addenbrooke's since October 2008. Mrs A (Daughter-in-Law) has already been assessed as a carer and is receiving Direct Payments for this. Assessment led to care package through agency: 2 carers x 4 daily visits in addition to existing 20 hours provided by informal / main carer. Family have had an extension – shower room added to property downstairs with adjoining bedroom for Mr A through Disabled Facilities Grant. Service user receives Direct Payments totalling £293.60 per week which is used to pay his main carer/ daughter-in-law who is providing care. The family have always held the view that as long as it is appropriate, Mr A be cared for at home with his family.

Mrs Z is an 85 year old with Alzheimers and high cholesterol but is otherwise in good physical health. She has remained in her own home for the past 6 years with Direct Payments. Previously she would stay with her daughter at weekends, but over the past 12 months her daughter has realised that her mother is much better if kept in her own environment so requested an increase in funding. Mrs Z needs constant attention as she can wander and her bungalow is off the main road running through the village. Mrs K has lived in the same bungalow for 62yrs which is why her surroundings are so familiar to her and because her small team of carers have been with her for so long they know how to calm Mrs Z if she becomes agitated. Her carers keep Mrs Z stimulated and take her for walks and will dance with her when she needs calming. She has reverted to using her first language, but the carers are still able to understand her needs because it is familiar to them. The Direct Payment was increased to enable this care to be increased – thus enabling Mrs K to have her needs met by carers who are aware of her needs (despite her reverting to her first language) and are practised in meeting these.

<b>AREA FOR DEVELOPMENT 12 &amp; 13</b>	<b>The Council identified they wished to further develop and implement self directed support over the next year. The Council needs to demonstrate how it ensures preferences and choice are reflected in services provided (Also linked to Area for Development 28).</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• The implementation plan for Self Directed Support (SDS) has been agreed by the In Control Total Project Board and Quality for Adults Programme Board. Roll out will commence from April 2009, with all staff trained by March 2010 and all new and existing service users converted to self-directed support by March 2011. <ul style="list-style-type: none"> <li>• A series of workshops with support staff, service area leads, partners has informed the creation of business processes that are used as a basis for new operational instructions.</li> <li>• A two-year training strategy has been produced and is being implemented, to encompass not only process training, but also cultural change in order to ensure staff understand fully how to apply the principles of SDS.</li> </ul> </li> </ul>	

**Blue**



- Support Arrangements document to ensure staff are adequately supported as SDS is implemented agreed by ICT Project board.
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## OUTPUT/INCOME

Case studies of those receiving Personal Budgets:

**Dev** is a young man with learning disability who lives at home with his family. He has had a Personal Budget for a year. Before receiving his Personal Budget, Dev did not go out or take part in any activities. He felt very low. He lacked self-confidence and self-esteem and his family life was affected. Dev's sister manages his Personal Budget which she says has changed the whole family's lives in a positive way: *'Dev now goes out horse riding, swimming and for regular walks. He also goes out with support from agency workers and this has helped improve his confidence and enabled him to do things without his family. In turn this has helped the family unit to be sustained and improved things for the family as well as Dev.'* In future Dev would like to continue the activities he now enjoys, but also plans to try and experience new things. His support plan shows the intention to use some of his Personal Budget to buy a computer for Dev to use at home to help his communication. *'His Personal Budget has given Dev the opportunity to do many different things and to explore new opportunities,' his sister says. 'It has enabled him to socialise more and be more involved in the community. It has helped him to go out where before he was not leaving home. It has been a fantastic move for him and has improved his quality of life immensely.'*

**Alice** is able to do a lot of things, but needs help with daily living and keeping safe. She comes from a close family and wanted to stay near her parents and friends when she left college. But she didn't want a residential home or a supported living scheme where she couldn't choose who she lived with. While in college, Alice and her family attended a New Partnership Project meeting where a speaker from a housing association spoke about shared ownership. They were keen to explore this further as a way of enabling Alice to live in the village she grew up in, living close to her family, and having a choice of who she might share her home with. The family put together a plan using Alice's Personal Budget. It gave Alice some support during her holidays from college, where she was a weekly boarder, and listed what she would like to do when she was at home. A local registered social landlord agreed that shared ownership was a real possibility. Alice and her family contacted an organisation that facilitates mortgages for people with disabilities. For a small amount of her Personal Budget, they secured the mortgage, sorted out the income support mortgage payment, handled the housing benefit application and made sure that the finances between the registered social landlord and Alice were managed on Alice's behalf. Alice found a house in the village. She shares the house with her friend Rob who also has a Personal Budget. They share the overnight support that they both need but have their own PAs, recruited through an independent provider. Alice and Rob are very happy in their home. They moved in in 2008 and are now looking for a third person to share with them.

## AREA FOR DEVELOPMENT 14

Implement the remaining outstanding Equality Standard for Government 3, 4 and 5

<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Orange</b>
<ul style="list-style-type: none"> <li>County Council achieved Level 3 of the Equality Standard in March 2009, following production of self-assessment document and peer challenge from the IDEa.</li> <li>The new national Equality Framework was introduced in April 2009, to replace the Equality Standard. This will replace levels 4 and 5 with a score of 'excellent'. This change has delayed the Council is reviewing its targets for achievement of the 'excellent' level and will confirm ambition following feedback from the IDEa peer challenge for level 3 in March 2009.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<ul style="list-style-type: none"> <li>County Council achieved Level 3 of the Equality Standard in March 2009, with examples of involvement in strategic developments and services tailored to meet cultural and religious needs within Adult services providing strong evidence for the peer reviewers.</li> <li>Adult Support Services have carried out 11 Equality Impact Assessments (EIAs) this year on a range of services, policies and strategies, including the Carers Strategy, that appropriately highlighted the need to identify and support carers from BME communities and other hard to reach groups.</li> </ul>	

<b>AREA FOR DEVELOPMENT 15</b>	<b>The Council must ensure that hard to reach groups are kept informed about services available.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Green</b>
<ul style="list-style-type: none"> <li>The Voices for Change group has representatives from various Hard to Reach groups. There will be a standing agenda item on Service Updates in the Voices for Change Meetings.</li> <li>The Traveller Liaison Officer distributes promotional leaflets about the work of ASS when she visits Traveller Sites.</li> <li>Meetings have been held with the Leader of the Indian community and the Leaders of the Chinese community to discuss how best to approach promoting a number of services to their respective communities. There has been a subsequent meeting with the Chinese community and an interactive workshop is being planned.</li> <li>The Carers newsletter is distributed on a bi-monthly basis. The most recent publication contained information on 2 Workshops that will be run by the Learning Disability Partnership, the first of which is in April on Valuing People Now and Self Directed Support.</li> <li>4 GP Surgeries in Fenland have signed up to work with the Carers Support Team to identify carers who may be isolated.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>Throughout the year a number of visits to community groups have taken place. Most recently officers have been in discussions with the Chinese community to arrange a workshop that will include presentations on a number of available services including Assistive Technology, Welfare Benefits, Supporting People and Direct Payments. In addition there will also be a presentation that gives an overview of services</p>	

offered by Adult Support Services, this will include Self Directed Support. The workshop is now planned for 21st August. In addition two meetings with leaders from the Indian Community have been arranged to discuss a similar workshop for the over 50s members of the Indian Community, this is now planned to take place in August / September.

<b>AREA FOR DEVELOPMENT 16</b>	<b>Improve the number of people with learning disabled helped into paid work.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
Blue	
<ul style="list-style-type: none"> <li>• In first nine months of current year 21 new people have gained paid employment, meeting target set.</li> <li>• Strategy and action plan being written by Lead Commissioner to respond to economic downturn effecting employment in general.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>The Fenland Learning Disability Team employment support service, FENTASC, have supported two service users to find part time paid jobs. They work for a local private school on Monday, Wednesday and Friday afternoons. The service users gained the jobs following completion of an assessment form, meeting with staff and their previous voluntary work experience. FENTASC staff supported these placements by shadowing the service users and using photos and written lists to give them as much independence as possible, once they became confident staff 'faded out'. They have learnt many new skills including time keeping, Health &amp; Safety in the work place, appropriate behaviour in the work place, the importance of completing a task fully and concentrating on the task at hand. It also gives them a sense of pride when they tell people they have a paid job. The workplace benefits from the knowledge that they have very reliable, hard working and conscientious people working for them and a support package that works with them to ensure that this can carry on.</p>	

<b>AREA FOR DEVELOPMENT 17</b>	<b>With partners, the Council needs to ensure that mental health safeguarding processes are strengthened.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
Green	
<ul style="list-style-type: none"> <li>• Revised Policy and Procedures developed which reflect Cambridgeshire County Council's guidance.</li> <li>• Awareness training for all staff to be part of induction due to commence April 09</li> <li>• Six More Lead Practitioners Trained Feb / March 09</li> <li>• Four Development Sessions Per Year Arranged For Lead Practitioners for 2009 – 10, and all Lead Practitioners now receive annual refresher training</li> <li>• Next Lead Practitioner training course to take place on 22<sup>nd</sup> June, with a further course in October.</li> </ul>	

<b>OUTPUT/INCOME</b>
<p>Safeguarding case example from adult mental health services:</p> <p>A service user, who moved into a project with 4 other service users following the death of his mother, began to display instances of challenging behaviour, including a number of assaults on the other service users and staff within the service. The safeguarding process was instigated and a number of safeguards were put in place: the service user was placed on the CPA programme; began psychology and art therapy interventions; staffing at the project was increased; a link member of staff was identified from the locality team to support the project staff. It was ultimately agreed that the service user needed/ wanted to live in a single person service that could meet his specific needs and where he would not be at risk to other vulnerable people. The service user's family were also involved and offered the service user accommodation with them until alternative accommodation was available. The service user has now signed a tenancy for a 2 bed flat and via Self Directed Support will be having a specifically tailored 24/7 support plan.</p>

<b>AREA FOR DEVELOPMENT 18</b>	<p><b>To ensure all recommendations from the Older People's Service Inspection Report are fully addressed, including the minor areas listed:</b></p> <ul style="list-style-type: none"> <li>• Minutes of strategy meetings issued on next working day</li> <li>• Data Collection less sophisticated</li> </ul>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<p><b>Blue</b></p> <ul style="list-style-type: none"> <li>• <b>To provide clarity on immediate actions required for professionals, following professionals POVA strategy meetings</b> <ul style="list-style-type: none"> <li>○ The chair of the strategy meeting confirms the actions to be taken at the meeting to ensure that the representatives from each agency understand their responsibilities and act immediately on the decisions made in the meeting.</li> <li>○ Copies of the Adult Protection Action plan is sent to all those that attend the strategy discussion meeting within five working days.</li> <li>○ The safeguarding lead has the responsibility for having an overview of the process</li> </ul> </li> <li>• <b>To improve data capture on POVA cases, to enhance understanding of trends to inform future amendments of policies, procedures and practices.</b> <ul style="list-style-type: none"> <li>○ Safeguarding information is now being inputted onto SWIFT by the relevant safeguarding lead within the locality team, and will replace the manual spreadsheet.</li> <li>○ Information from previous years has been used to increase understanding and was been considered when agreement was reached to strengthen the training and operational support.</li> </ul> </li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>Actions from a safeguarding strategy meeting are clear and written copies of the action plan are sent out promptly.</p>	

An additional trainer, and a new admin officer, have been appointed and a new operational post has been developed to provide greater support to lead practitioners across the county.

<b>AREA FOR DEVELOPMENT 19</b>	<b>To ensure that robust safeguarding procedures are put in place for Direct Payments and in the development of Self Directed Support.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
Green	
<ul style="list-style-type: none"> <li>The Adult Safeguarding Manager has been actively involved in the development of the safeguarding procedures for self directed support.</li> <li>Cambridgeshire's Adult Safeguarding Manager has been invited by Simon Duffy, the Head of the In Control Total Project, to be part of the national Safeguarding group.</li> <li>A simple guide is being developed for the general public about things they might do when they wish to raise concerns with their carer.</li> </ul>	
<b>OUTPUT/INCOME</b>	
A leaflet has been developed, giving safeguarding information, and will be sent out as part of the information pack to all services users on Self Directed Support.	

<b>AREA FOR DEVELOPMENT 20</b>	<b>The Council needs to increase the level of safeguarding training for independent sector staff to bring levels in line with comparators.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
Green	
<ul style="list-style-type: none"> <li>The employment of extra staff to deliver the training strategy has been agreed.</li> <li>The numbers of staff trained within the independent sector by those staff trained as key practitioners is now captured.</li> <li>Employment of trainer and new admin officer in mid April, to increase training to independent sector.</li> <li>The safeguarding E Learning Package has been well received by provider services and it is the aim of the team to capture information about usage and customer satisfaction on a quarterly basis and report to the Board.</li> <li>Staff induction training in safeguarding with Addenbrooke's hospital has meant 5000 of their staff received information on safeguarding.</li> </ul>	
<b>OUTPUT/INCOME</b>	

Contracts made with the Council's Contracts and Care Placements unit stipulate that organisations must adhere to the Council's safeguarding procedures, and that all staff must have safeguarding training. As part of Contract Monitoring, Contracts managers check to ensure that staff have attended training, and if they haven't this will be noted as an action on the action plan, with clear timescales.

**Safeguarding example:**

A routine contract monitoring visit took place at a registered care home for older people, and raised several safeguarding issues. These issues were referred to the Locality team and a safeguarding meeting was held, attended by: County Council, Cambridgeshire Community Services (CCS), Care Quality Commission, Fire officer, Health and Safety and the Police. Several more visits were made to the care home by number of professionals and more safeguarding issues were found. The providers were invited to attend a meeting and an action plan was set for them to rectify all of the concerns, some with immediate effect, others with timescales. Despite assistance from CCC and CCS, the home failed to rectify the concerns and more concerns were being raised on a daily basis. The multi disciplinary safeguarding team then made a joint decision to move all funded residents to a safe environment and also to assist self funded people to look for alternative placements if they wished to move. CCC contracts unit gave notice on the contract and assisted the locality team in finding alternative accommodation. All service users did move to alternative accommodation, some locally and others further afield to be nearer their families. Contracts sent out follow up questionnaires to the residents to find out how the residents had been affected by the move and the responses were very positive. The feedback at that point was that some service users had quickly started to gain weight, others that had been isolated in their rooms were beginning to mix with other people and generally there was no unexpected deterioration. Three months following the move a questionnaire was sent to all the families to try and gather a longer term view of the affect of the move, again the feedback was positive with examples of a person who had previously refused to leave her room and showed signs of aggression was now taking part in activities within the home and regularly attending the hairdresser and looking much better. It is intended to follow up these residents again with similar questionnaires before the anniversary of their move which was in August last year. Two people died following the move, however, one was already in receipt of end of life care and her niece made contact after the move to say her Aunt had died but that she was really pleased with the help given to move her as the care she received in the last few days of her life was excellent and she had died in comfort. The second relative rang after her mother's move to say that the new home had noticed she was unwell on arrival and the new GP had discovered an advanced stage tumour. She was able to spend the last weeks of her mother's life with her closer to her own home and visit every day before she died in receipt of good quality care.

<b>AREA FOR DEVELOPMENT 21</b>	<b>To ensure that the creation of the new Community and Adult Service is smoothly implemented and meets the challenges of transforming Adult Social Services and the requirements of the Department of Health.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• Executive Director (Community and Adult Services) in post from 23 March 2009. The new Community and Adult Service officially came into being on 1 April 2009.</li> <li>• Community and Adults Management Team currently consists of Executive Director along with three other Service Directors. - Service Director (Adult Support Services), Service Director (Community Engagement (Fenland)) Service Director (Community Learning and Development). They are joined by the joint post with the Primary Care Trust (PCT), Director of Public Health.</li> <li>• Executive and Service Directors being supported by HR and Finance colleagues to prepare for a restructuring within Community and Adult Service that will lead to a structure for Adult social care that is fit to deliver the transformation agenda.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>New Community and Adult Service, with Executive Director, established April 2009.</p> <p>Focus has been maintained on service delivery, driving up quality, and developing and implementing the self-directed support system.</p>	

<b>AREA FOR DEVELOPMENT 22, 23 &amp; 26</b>	<b>To further develop Strategic Partnerships:</b> <b>22. The Council has acknowledged that it needs to continue to build on and further strengthen the relationship with the PCT, NHS Cambridgeshire, and that there is a need to review strategic partnerships.</b> <b>23. To ensure the progress with the Cambridgeshire Care Partnership continues</b> <b>26. To ensure the review of countywide strategic partnerships that link Cambridgeshire Together are effective and proficient.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<ul style="list-style-type: none"> <li>• Strategic review of partnerships within the Cambridgeshire Together framework (Countywide Local Strategic Partnership) completed</li> <li>• Workshop in February with key stakeholders to prepare for start of the new strategic thematic partnership</li> <li>• Confirmation that Cambridgeshire Care Partnership will continue to focus on governance of Section 75 agreements</li> </ul>	

<b>OUTPUT/INCOME</b>
New thematic partnership established – Care, Health and Well-being – bringing together adult health and social care, public health initiatives and Supporting People. Links with client focused partnership boards clarified and well received by these partnership boards.

<b>AREA FOR DEVELOPMENT 24</b>	<b>To utilise the PCT led joint workforce plan which the Council will feed into to ensure there are sections that are common with other relevant organisations.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>• Workforce Strategy for Adult Services has been developed and was approved by Cabinet in May 2009.</li> </ul>	
<b>OUTPUT/INCOME</b>	
Workforce Strategy written that takes account of the transformation of adult social care and will support a dynamic approach to workforce issues as the transformation agenda is progressed. The strategy has encompassed the key areas set out in the recent DoH Workforce Strategy.	



<b>AREA FOR DEVELOPMENT 25</b>	<b>Although progress has been made, the Council needs to continue to improve data collection and that evidence provided reflects the work they are undertaking including capturing the impact and outcomes for service users.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	
<b>Green</b>	
<p>Improvements in Data Quality have continued through:</p> <ul style="list-style-type: none"> <li>• New Data Quality reports written for all Administrators that pick up errors in Assessment Framework.</li> <li>• Data Quality Officer in post in Adults Performance Team.</li> <li>• Monthly errors report sent out to all teams for correction. Error correction rate monitored on a team by team basis and a management information indicator developed and will be published shortly</li> <li>• Data Quality error rates have now reduced by 47%</li> <li>• IS Trainers get monthly updates on common errors being committed</li> <li>• All Data outside SWIFT have a documented process and is regularly validated at team level and reporting level.</li> <li>• Adults Performance Team carry out case file audits to test the accuracy of SWIFT inputting.</li> <li>• Development of an Outcomes Framework for Adult Social Care that will capture impact and outcomes across all client groups, is progressing, with mapping of existing outcomes work including SDS, Supporting People, Assessment/Review, and contract monitoring.</li> <li>• Commissioning Manager for Mental Health is working with voluntary sector providers to introduce the Mental Health Recovery Star. An initial workshop was held followed by a training session for staff. Providers have agreed to trial the use of the Star with service users.</li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>Data Quality errors have reduced considerably as a result of reporting, through the work of the Data Quality Officer and close liaison with teams, leading to better information being available and used to demonstrate the work taking place in Adult Services.</p> <p>Workshops have taken place with representatives of all services to develop an Outcomes Framework within Adults Services, this work is now planned to be taken forward through Quality for Adults Programme. Better evidence of outcomes for service users available to demonstrate the positive work of adult social care and partners across Cambridgeshire.</p>	

<b>AREA FOR DEVELOPMENT 27</b>	<b>Continue to promote dementia care training in the independent sector.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>• Training and information is provided to Independent Providers via the Brokerage Scheme.</li> <li>• Ongoing requirements for training, informed by the National Dementia Strategy, is being managed through the Older People's Training Consortium, involving CPFT, CCS and Independent Providers. <ul style="list-style-type: none"> <li>• CPFT to construct a flow chart for training for specific job roles.</li> <li>• Training questionnaire sent to Independent Providers to assess type and frequency of training required.</li> </ul> </li> </ul>	
<b>OUTPUT/INCOME</b>	
<p>Quote from evaluation of current dementia training to independent providers:</p> <p>"Everything I learnt today was relevant to each and every day at work...Helps us to understand our residents. How to help confused residents in relation to their past. How to validate a situation. Enjoyable and new knowledge gained. Everything talked about was useful. Understanding why people may have challenging behaviour. Got ideas on how to reduce stress."</p> <p>Home managers were asked for examples of changes in practice following training:</p> <p>"One lady would become very distressed when she could not leave the unit, we followed your advice and agreed to walk outside with her. She came back after a few minutes but was much more settled. We now have it in her care plan that she can go out."</p>	

<b>AREA FOR DEVELOPMENT 28</b>	<b>To ensure the client group JSNA feed into the joint commissioning strategies.</b>
<b>OVERALL STATUS OF RECOMMENDATION</b>	<b>Green</b>
<ul style="list-style-type: none"> <li>• Joint commissioning strategies for older people, people with learning disabilities and mental health problems were informed by the JSNA information and were approved by Cabinet in September 2008.</li> <li>• Joint commissioning strategy for people with physical disabilities and sensory impairments, informed by the JSNA information, will be presented to Cabinet for approval in Autumn 2009.</li> </ul>	
<b>OUTPUT/INCOME</b>	

One example of a development that has resulted from the information in the JSNA being included in and informing the joint commissioning strategies:

Development of Autistic Spectrum Development worker post, hosted by partners in voluntary sector.

Highlighted that people with Autistic Spectrum Disorders (ASD) were having difficulty accessing services. Mainstream services lack understanding of ASD. Access to specialist services depends on eligibility criteria being met.

In consultation with 3<sup>rd</sup> sector it has been agreed to recruit an ASD Development Manager using Learning Disability Development Fund monies. He/she will be based in a local vol org with focus on ASD. The post will run for 2 years of wider development project to improve and develop services. This will include setting up a multi agency strategy group. A nominated senior officer for ASD has been identified in the LDP. ASD Development Manager job role clarified. Invitations to be host employer sent to 5 local autism vol sector groups. Award criteria agreed. Assessment date is 19<sup>th</sup> May to select appropriate host employer.