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## **Decision Session – Executive Member for Housing and Adult Social Services**

**23<sup>rd</sup> June 2009**

Report of the Director of Housing and Adult Social Services

### **Progress on the improvement plans for adult social care**

#### **Purpose of Report**

1. To seek the Executive Member's approval of progress on the improvement plans agreed following the Independence, Well-Being and Choice inspection (by the former Commission for Social Care Inspection [CSCI] in June 2008) and the Annual Performance Assessment by CSCI in November 2008.

#### **Background**

2. The Executive Member and Advisory Panel received the improvement plan relating to the CSCI inspection at the meeting on 8<sup>th</sup> December 2008. At the same meeting members received the annual letter from CSCI which set out the Annual Performance Assessment (APA).
3. An update report on the inspection improvement plan was brought to the Executive Member and Advisory Panel meeting on 27<sup>th</sup> January 2009. At the same meeting a high level, summary improvement plan for the issues raised in the APA was presented to members that set out the key areas for development. It was agreed that an update on both plans be made in June.
4. The Commission for Social Care Inspection (CSCI) ceased to exist at the end of March 2009 and its responsibilities passed to the Care Quality Commission (CQC). This new body is also responsible for health services assessment and regulation (also taking on the functions of the Health Care Commission and the Mental Health Act Commission). CQC will be carrying out the annual assessment of performance for 2008/9 and monitoring progress on agreed improvements.
5. There were 20 recommendations arising from the inspection and 12 areas for development identified following the APA letter – with some overlaps. It was necessary to log and audit progress on all of these issues but since the January meeting officers have synthesised the two plans into a single, working document so that there is no confusion about the overlaps between them.
6. This report therefore updates the Executive Member on the key improvement issues for adult social care arising from both processes in

2008. For ease of presentation the issues have been grouped under thematic headings in this report. A much more detailed analysis has been presented to CQC as part of the annual self assessment process for 08/9 which was completed in May.

## **Safeguarding**

7. There has been progress on all the recommendations relating to safeguarding.
8. As previously reported the issues relating to Governance and Leadership have been dealt with in the arrangements for the York Safeguarding Adults Board which has been in operation since November 2008. Full membership from key organisations on the Safeguarding Adults Board is in place; this includes representation from the local PCT, Police, CQC, Independent Care Group, Executive Member of the Council, Fire & Rescue service, Probation Service and York Hospitals Foundation Trust. Board members are all senior managers within their organisations. It has the authority to take decisions in a timely manner. Currently the Board is chaired by DASS that provides links into council corporate priorities. The Board has the following groups to support its work:
  - Performance and Quality Assurance – including performance management
  - Practice Development and Training
  - Public awareness and stakeholder involvement – to be established
9. Skills training - we have taken steps to safeguard vulnerable adults through an improved, more comprehensive and consistent approach to training. Following representations from members of the York Safeguarding Adults Board, it was agreed that there would be continue to be a Joint Practice Development and Training group with NYCC and the City of York. The Chair would be rotated between the two organisations. The key reason for this is based upon the shared providers and statutory services across the two areas. The group has a regular meeting structure and takes the lead in commissioning the training required within the area for both the statutory and independent services.
10. The inspection recommended that the council and partners should ensure that the annual safeguarding report sets out comprehensive activity data and performance analysis set against a measurable work programme and objectives to track improvements year-on-year. The Performance and Quality Assurance Group provides the Board with regular performance report including contextual information. The Board is due to receive its first annual report in November 09.
 

There has been a very significant increase in safeguarding referrals from 88 in 2007/8 to 203 in 2008/9.
11. A new, plain English leaflet on safeguarding has been produced by the Board and this is also available on the council's website. More work to involve community groups and people who have experienced safeguarding

in shaping the future agenda will be undertaken by the Public awareness and stakeholder involvement sub-group of the Board.

12. A new and effective serious review protocol for investigating cases has been agreed by the Board with sign-up from the partners.

### **Personalisation**

13. *Hospital Discharge – the inspection recommended that the council worked with partners to ensure that arrangements were effective. Action taken :*
  - The number of delayed discharge reimbursable days continued to drop in 2008/9 despite very severe and prolonged pressure for admissions into hospital
  - The revised delayed discharge protocol was approved and signed off by York Hospitals Foundation trust and the council.
  - An additional 100 hrs p.w. home care was made available during winter months to avoid unnecessary delays in hospital discharge
  - Our staff, who are part of the multidisciplinary team at A&E, have evidenced that they prevent approximately 30% of potential admissions or re-admissions of referrals to them i.e. 210 in the past 12 months. This has included provision of equipment, rapid response team, changes to care packages, etc.
  - Twelve week follow up of people who received support post-discharge from intermediate care services demonstrated that at least 85% remained at home in the community

14. *The inspection recommended that the council and its partners should implement the Single Assessment Process (SAP) in accordance with national expectations.*

We have established a pilot to introduce person held records. It has initially targeted new referrals, reviews and any complex cases prior to a larger roll out.

Our approach to developing a common assessment approach has been to work through the joint projects agreed with the PCT, and in particular the Intermediate Tier project. York Health Group (the Practice Based Commissioning Consortium) has agreed to take over the lead and this is expected to offer increased drive, and engagement from clinical staff and practitioners. Using funding from the Social Care Grant the York Health Group will employ a seconded project manager whose job description and project plan have been agreed jointly with the PCT, the Council and the PBC consortium. Recruitment was due to take place in May and work will start as soon as the appointment is made.

If successful we intend to adopt the same approach in the other joint projects, specifically older people's mental health and long term conditions.

15. *The inspection recommended that the council should ensure that assessment and care management and services are in place to deliver beneficial and personalised outcomes that promote wellbeing. We very significantly exceeded our 2008/09 target for customers using self directed support and now have 340 customers receiving their support via a personal budget – an 82% increase on the previous year. The Council has been an*

active member of “In-Control” within the LD service since 2006 and has now signed up to the “Total Transformation” agenda to ensure that all service areas are able to benefit from the shared commitment around the principles underpinning Self Directed Support. The council is strongly linked into regional development programmes and is performing well in relation to other authorities.

16. *The APA letter identified the need for progress in the take up of people and users self-assessing their needs. As part of the Personalisation agenda people will be given the option to do a supported assessment on line which will reference eligibility criteria and financial criteria in order to give an indication as to whether they would be eligible for funding or for support from the City of York Council. A support option will, of course, be available for all customers who may be classed as self-funders or contributors. This work is also linked in to the change with the assessment and intake service in terms of how that fits into the IT technology that is available. A paper based version is in development through a working group including staff from front line teams. In addition, we are currently looking at the purchase of an OT self assessment tool for minor pieces of equipment.*
17. *The inspection recommended that the council should work with its partners to effectively promote and support the use of advocacy services for older people.*

Assessment and care management staff and staff contracted to support vulnerable service users have a substantially increased awareness of the importance of advocacy and the need to both offer and provide it where necessary. The introduction of new provisions under the Mental Health Act (Deprivation of Liberty Safeguards) has provided an opportunity to extend the Independent Mental Capacity Advocacy service, as well as to meet with care providers to raise awareness of the need to protect customers’ rights and interests and to ensure access to advocacy. The feedback from providers about the advice and direct contact provided has been very positive.

We have actively supported OCAV, an older people’s advocacy service to secure new funding, and through this have developed an increasingly positive relationship with the service.

## **Prevention**

18. *The inspection recommended that the council should ensure that the needs of black and minority ethnic elders are met through the development of culturally sensitive services and self-directed support opportunities.*

The table below has used the population data to compare the predicted numbers of older customers from different groups against the actual numbers we provided services for in 2008/09. It shows that the numbers we would anticipate needing a service are very low and this is reflected in the numbers we actually provide a service for.

Table 1

|         | 55-64     |        | 65-74     |        | 75-84     |        | 85+       |        |
|---------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|
|         | Predicted | Actual | Predicted | Actual | Predicted | Actual | Predicted | Actual |
| Asian   | 3         | 1      | 4         | 4      | 3         | 4      | 7         | 3      |
| Black   | 1         | 1      | 1         | 1      | 1         | 2      | 0         | 0      |
| Chinese | 2         | 1      | 2         | 0      | 2         | 4      | 5         | 2      |
| Mixed   | 1         | 2      | 1         | 0      | 2         | 1      | 3         | 2      |
| White   | 562       | 533    | 789       | 736    | 1866      | 1750   | 2454      | 2369   |

We are not complacent about this issue but the very small numbers of people involved suggest that continuing to use a more personalised approach rather than a blanket approach is likely to be more productive in ensuring culturally sensitive responses. Recent examples include finding a Finnish speaking social worker via an embassy to assist someone needing residential care and recruiting a Thai speaking person (by contacts in the University and the business community) to befriend a local carer who needed support.

19. **Equality Standards:** *The APA stated that further work was needed to ensure that all of the standards are implemented. In addition:*

- *The APA identified the need for the council to ensure that access and take up of services is ongoing for people from ethnic minority backgrounds.*
- *The APA also stated that the council should improve the engagement with the BME communities within the council area.*
- *The APA also stated that the council should address access and take up of breaks services for people from black minority ethnic backgrounds, and ensure that under-represented groups have fair access to services.*

Actions taken:

- The DASS chairs the corporate Equalities Leadership Group which has met the targets in the improvement plan agreed following the CPA inspection in 2008. The main improvements in place are:
  - The programme of Equality Impact Assessments for a range of services (including some adult social care services) was completed and consulted on.
  - Community engagement with representatives from all the equality strands in place through a sub-committee of the Council (the Social Inclusion Working Group) and through twice yearly conferences
  - Staff engagement now in place for all the equality strands through a staff reference group (over 60 staff now actively involved in this work)
- A revised equalities scheme for housing and adult social services is in place for 2009 to complement the Corporate scheme. The major project that will be subject to an Equality Impact Assessment in 09/10 is the EPH

Review but the scheme commits to EIAs for each policy or service review (appropriate to the scale of the change) so this will be a much more dynamic process from now on. Progress on EIAs will be regularly monitored by the departmental management team.

- The feedback from the Equalities Impact Assessments on Safeguarding, Personalisation and the Carers Strategy has been passed to the relevant project Boards and agreed. These were drawn from consultation with community groups including representatives of BME residents.
- The Safeguarding Board is setting up a public involvement and awareness raising sub group and the data from the EIA has been fed directly into the publication of a simple fact sheet for the public. The fact sheet is one agreed by partner agencies and will be available through all partner agencies e.g. PCT, police, hospital trust.

20. *The inspection recommended that the council should review and revise the Minimum Guaranteed Standards to ensure that it makes the maximum contribution to the delivery of personalised services that promote wellbeing and independence in line with council objectives.*

This was done in March.

21. *The APA identified the need for further development of the range of preventive services to promote independence for people and help more people to live at home including the provision of intensive home care.*

Although the numbers of people supported at home have increased our statutory return (which is a 'snapshot' in time) shows a reduction in the numbers of people receiving intensive home care. At the same time we have experienced an increase in admissions to residential and nursing care – although these still compare favourably with other council areas.

Our hypothesis is that our focus on re-enablement has meant that the need for continued long-term intensive home care packages has diminished. We base this assumption on evidence in our first return under indicator NPI 125 85% of people using the service remained at home following intermediate care. A further 10% were in hospital but for some of those there was still an expectation of future independent living.

The increased numbers of people entering residential care is caused by a return to levels in previous years following an unexpected drop in 2007/08 and the continuing pressure of an aging population. Our ability to maintain level in line with historical levels despite the potential increase because of demographics changes is evidence of the success of our various approaches to sustain independence – not solely intensive home care.

We plan to investigate these hypotheses further during the next 12 months.

## Performance Management

22. *The inspection recommended that the council should develop a comprehensive performance management and quality assurance framework across all adult social care areas.*

### Infrastructure and processes

- We have agreed with the Deputy Regional Director's representative and CQC, to use a significant portion of the Department of Health improvement monies for a dedicated, senior Performance and Improvement Manager post reporting to the Director and leading on the creation of a more robust departmental framework. A senior manager is currently covering this role pending an appointment to a fixed term post until March 2011.
- An ongoing 'buddying' arrangement is now in place with Sunderland Council, which has an excellent record in performance management. A very helpful diagnostic day was held which has resulted in specific changes to the governance of performance management with a monthly board in place, chaired by the DASS, looking at performance and budgetary issues. This in turn will feed into monthly monitoring at the corporate level.
- We have put into place an approach that ensures service users and carers can rely upon improved responses. This is measured and monitored through:
  - Weekly information regarding waiting lists, numbers of referrals and completed pieces of work available to the Service Managers, Group Managers and Assistant Director.
  - Monthly performance clinic for Group Managers, Assistant Directors and management information staff. This allows us to look at each of the performance indicators on a monthly basis to take corrective action and to plan strategies for dealing with improvements or perceived difficulties.
  - A monthly Performance Board chaired by the Director of Housing and Adult Social Services monitors and challenges performance data through the mechanisms described above.

### Performance Improvement over the year

There has been a stronger 'grip' on the management of performance in areas which have been identified for improvement for more than one year. We recognise that there is further improvement required in some of the areas. However, we have seen a step change across the board. We have worked in a systematic way to understand the reasons for poor performance, identify potential solutions – improved information for managers, advice to managers on significance of data, process re-engineering, increasing capacity where necessary, and restructuring activities. This work will continue over the coming years until the culture and practice of performance management has been embedded in day to day management.

Examples of improvement are given throughout this report but there has been a particular focus on issues which have been raised for more than one year:

### **Carers**

For NPI 135 - carers receiving needs assessments or reviews - we focused work on bringing together carers' assessment workers which has led to an improvement in the latter half of the year reaching a final turnout of 17.1. Although this is slightly lower than our target it does represent a significant improvement step change in performance as shown in the table below.

Table 2

|          | Separately | Jointly |
|----------|------------|---------|
| 2008/09  | 530        | 516     |
| 2007/08  | 267        | 158     |
| Increase | 99%        | 226%    |

*The APA identified the need to increase the number of service users whose needs for support are reviewed, and increase in the numbers receiving a statement of their needs.*

### **Reviews**

We have increased performance by 17 percentage points while dealing with 34% more work

Table 3

| <b>Reviews</b>   | 2007/08 | 2008/09 |
|--|---------|---------|
| Number   | 4287    | 5,757   |
| % increase in number of reviews                            |         | 34.3    |
| Reviews completed as % of reviews expected to be completed | 67.10   | 84.08   |

### **Statement of Needs**

We increased performance by 5 percentage points while dealing with 7% more customers.

Table 4

| <b>Statement of Needs</b>                                  | 2007/08 | 2008/09 |
|--|---------|---------|
| Number of customers obtaining services                     | 6399    | 6847    |
| % Change   |         | 7%      |
| Reviews completed as % of reviews expected to be completed | 92.7    | 97.08   |

### **Timeliness of assessments.**

Timeliness of assessments has been our most challenging performance area.

Table 5

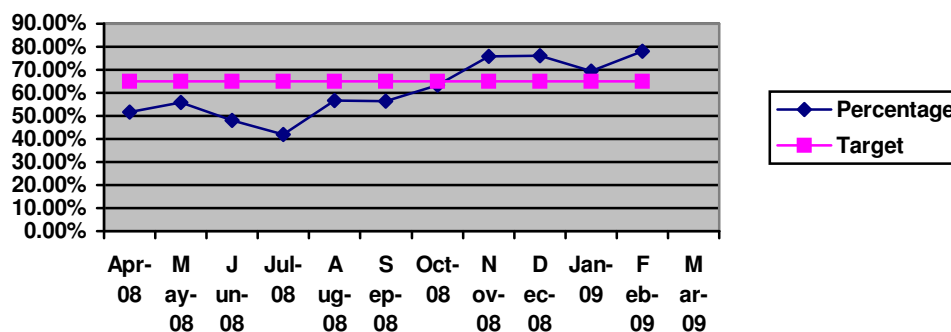
| Timeliness of assessments              | 2007/08 | 2008/09 |
|--|---------|---------|
| Number of new customers to be assessed | 1,464   | 1,908   |
| % increase in number of assessments    |         | 30%     |
| % of assessments completed in 28 days  | 61%     | 67.1    |



We are pleased we have improved by 6% points while dealing with an increased demand of 30% as set out in the table above.

However, we had an ambitious target of 80% which we have not achieved. Over the last six months we have put in place a number of changes which as the following graph shows have steadily improved our month by month performance.

Table 6



We believe we can sustain this trend with further changes we will introduce in the next 12 months. As part of a council wide initiative on improving initial customer contact ([Easy@york](#)) we are re-configuring the way people make contact with adult social care. This includes:

- Improving the means by which people can contact us – web, telephone, face to face
- Improving the range of information available to help people make informed choices. including a method for people to self assess.
- Reducing the number of hand offs within the process and incorporating trusted assessor routes.
- Strengthening our signposting

We have an action plan for an improvement of this performance indicator through 2009/10 and are confident that measures we are putting in place will improve this further.

*The APA identified the need to improve waiting times for the delivery of major adaptations.*

Having identified a major performance issue in relation to OT assessments we have reviewed our OT process generally and have achieved a significant reduction in waiting times.

Table 7 - % of assessments completed in 28 days.

| Q1 | Q2 | Q3 | Q4 |
|----|----|----|----|
| 34 | 40 | 70 | 84 |

In March we achieved 90.4%

We identified that we still had a difficulty in the delivery of the actual

adaptation. This arose because demand in financial terms was higher than our budget partly reflecting changes to regulations that meant that we were undertaking fewer major adaptations but they were significantly more expensive. We matched funded a contribution from the regional housing funding to alleviate the difficulties in 2008/09. We have adopted two further approaches to deal the funding difficulties in 2009/10, which we predict should remove the waiting list.

- We are receiving an additional £225k DFG funding
- We offer an equity release scheme as part of a regional scheme to fund costs in excess of DFG limits

Our minor adaptations and delivery of equipment performances continue to be extremely high. Equipment 96.4% in 7 days (15,000 issues) Minor adaptations 95.9% in 7 days (1,200 issues)

Further improvements are expected through the introduction of a trusted assessors scheme to be rolled out across assessment staff and through warden call and re-ablement team to give a swifter more targeted response to simple adaptations and equipment requests.

23. *The inspection recommended that the council with partners should ensure that strategic planning and commissioning is supported by the incorporation of measurable objectives and financial information.*

The Council has entered into a long-term partnership with Northgate Kendric Ash as a performance and transformation partner with the aim of saving at least £15m in net costs over 3 years. NKA were the partners for the very successful review of community transport that has improved the service in line with personalisation (new transport arrangements following the closure of 2 large day services to be replaced by a range of community based day supports) **and** produced significant savings. NKA will provide additional, high quality support to the transformation and procurement of care provision with the initial focus being on the review of residential care for older people that is already underway.

## Workforce

24. *The inspection recommended that the council should introduce measures to assure the content and quality of supervision within a whole system approach to individual performance development.*

- We have instituted an audit system where by group managers regularly check that supervision has been undertaken
- We have pulled together a working group whose brief it is to ensure a professional development pathway for staff within assessment and personalisation. This is for professional staff and non-qualified staff. Through this we have ensured that the supervision of staff is focused not just on work with customers but also picks up on the professional development pathways for each individual. In addition, a professional practice discussion group is in situ - to discuss anonymised cases and offer solutions/discuss best practice

- In our provider services we have re-energised our approach to supervision with regular monitoring report on a range of issues being reported regularly to service and group managers.
25. *The inspection recommended that the council should ensure a robust approach to multi-agency workforce planning is in place to support the delivery of its objectives.*
- A workforce strategy is now in place which brings together the activity already underway and sets out the future agenda. It is recognised that more dedicated work needs to be carried out to take the strategy to its next stage of development and some of the DoH improvement monies will be used to bring in some help on this.
  - We are now a member of a new North Yorkshire-wide Care Alliance on Workforce Development and links have been made at a regional level (by the DASS presence on the Joint Improvement Partnership) on workforce development funding that could be available through Skills for Care etc.
  - Skills and training are aligned to service transformation and we are also making links with the Local Strategic Partnership's Learning Alliance with a view to accessing additional resources for skills training.
  - Workforce planning data has been updated for the Assessment and Personalisation team to ensure we have accurate information on anticipated retirement profiles. Alongside this, work is occurring regionally, of which York is a part, on social workers' skill bases for the future. We are part of the University of York social work planning team to assist in course redesign for trainee staff.
  - Staff are actively participating in a training and development pathway group within Assessment and Personalisation that will formulate and agree the way in which staff develop.
26. *The inspection recommended that the council should ensure that staff and people who use services are effectively engaged with and supported through organisational change.*

Heads of service have taken an active approach to staff engagement both setting the tone for future work and their expectations of staff:

- There have been a number of staff events over the past six months on the major transformation and performance issues. In Assessment and Personalisation teams these began with two staff conferences in January - entitled "Have Your Say". Information from these along with work already completed with managers of the service has allowed the development of a three-year work plan for the service. In addition, a number of working groups are required to move the agenda forward and these are in place with a number of staff volunteers in each. Already business process changes to the way carers' assessments are being undertaken have been piloted - resulting in quicker turn-round times for assessments. Further staff conferences took place in June with the next ones due in October 2009.

- In Service Delivery and Transformation the focus has been on 3 simple messages in meetings and regular newsletters with the staff in provider services - namely Customer Focus, Quality and Continuous Improvement. Its management team have focussed on how it models the leadership standards in everyday practice and has developed a communication strategy to ensure the 700 plus staff in the services are kept informed, engaged and focussed on how they can continuously improve their service to the customer.
- Staff from Assessment and Personalisation have now undertaken 2 sessions of training on personalisation. This has assisted staff to understand the culture and strategic direction of the service. As a result 25 staff have signed to be “champions” of personalisation and to assist with detailed work on operational. systems and processes.

27. *The inspection recommended that the council should ensure that managers are fully equipped to deliver organisational change and effective services through the provision of a comprehensive management development programme.*

- All managers have been through training on the corporate Leadership and Management Standards which sets out the context for performance development reviews for staff. The council has also entered into a partnership which enables managers to set up on-line 360 degree appraisals.
- We have increased investment in an IDeA leadership management programme for middle managers commencing April 09. This is based on a successful programme used by housing staff and will train 10 key service manager staff in leadership skills

28. *The inspection recommended that the council should develop team plans derived from council, directorate and service plan objectives and ensure teams set specific and monitorable goals to deliver continuous improvement.*

A refreshed 3 year Directorate plan is in place from 09/10 that picks up the major cross cutting and corporate issues (e.g. equalities and health & safety) and the departmental priorities. This links directly into the refreshed Corporate Strategy which has been launched at events for managers and for all staff and which in turn links into the 7 themes of the Sustainable Community Strategy. There is therefore a clear link between corporate, departmental and service plans. These have been published with associated targets and milestones and were taken to elected members for scrutiny at the former HASS EMAP.

Work is now well underway to complete the team plans that will put into place the very detailed actions consistent with the overall strategic framework.

29. *The APA identified the need to continue to make improvements in rates of staff turnover and vacancies.*

Staff turnover has been better than plan for 08/9 and is at its lowest level for several years.

Staff absence due to sickness has continued to decrease to 10.5 days per fulltime employee. This is ahead of plan compares to over 21 days per f.t.e. in 2006/7.

## **Other**

30. *The APA raised the issue of the development of the provision of extra care housing and a clear forward strategy for such future development.*

The work on a new 40 bed extra care scheme on a former Discus bungalow site is now underway. We will undertake development work to prepare a longer-term extra care strategy linked with review of EPHs and accommodation needs of older people as part of the corporate efficiency programme.

31. *The APA stated that the Council should work closer with partners on a range of income maximisation issues and including fuel poverty etc, to address economic disparities, for people.*

The customer finance team have completed benefit checks for approximately 1700 customers during 2008/09, resulting in £1.1m of additional benefits being claimed. This is an excellent outcome and builds on a very good performance in 2007/8.

In response to tackling fuel poverty we have developed two approaches:

- A change to our grant system to focus on energy efficiency measures (insulation etc). Additional funding of £100k has been committed for 2009/10 to target a particular geographical area of York where energy efficiency is lower. This will also pick up vulnerable adults living in this area.
- We have established a partnership with energy organisations, PCT, Pensions Service and Fire service to co-ordinate a "HOTSPOTS" campaign. This will train front line staff eg home carers, pension visitors, PCT staff to simply check if there are potential fuel poverty issues in a household and fire safety ( eg one bar fire, curtains closed to retain heat at inappropriate times). A simple referral card will then be sent to a co-ordinator who will then involve specialist agencies in either improving energy efficiency or fire safety or ensuring a benefits check is undertaken.

## **Next Steps**

32. The process of very carefully auditing progress on the improvements identified by CSCI from 07/8 means we are in a position to negotiate with CQC whether they agree that most of the issues have now been addressed.

This will be dependent on CQC's view on our recently submitted self assessment of performance in 08/9 and the forthcoming, formal Annual Review meeting in July.

33. The management team have analysed the issues arising from 08/9 and intend to develop a revised improvement plan which is not based on 07/8 performance but on the current position and which focuses on the improvement journey to excellence which will take place over the next 2 to 3 years. This will put the council in a much more proactive and positive position about performance management whereby we set out the improvement agenda based on our self assessment rather than waiting for the next CQC Annual Performance Assessment in the autumn. The revised plan would have to be adjusted to take into account any issues which CQC wish to see addressed but which are not already included but the intention is to work together throughout the year to minimise these.
34. From this analysis the proposed 6 priorities for improvement are:
  - Management of Performance
  - Safeguarding
  - Personalisation ("Putting People First")
  - Service Transformation
  - Partnerships with Health
  - Workforce development

If approved by the Executive Member (and subsequently endorsed by CQC and the Deputy Regional Director for Social Care) these would be used to refresh the Directorate plan in terms of high level objectives. The detail of improvement actions would be located in the service and team plans.

### **Consultation**

35. There has not been any specific consultation on this report but elements of the service plans and work-streams will have been consulted upon.

### **Options**

36. Options are not part of this report which is intended to set out the summary position of actions taken to implement the improvement plan

### **Corporate Priorities**

37. Adult social care touches upon many of the objectives and priorities in the Corporate Strategy and most specifically the sections on Healthy City and Inclusive City.

## **Implications**

### **Financial**

38. There are no financial implications arising directly from this report.
39. Reference is made in the report to the use of one-off specific funding from the Department of Health which has been made available to CYC as a consequence of the APA rating for 07/8. This expenditure has to be agreed with the Deputy Regional Director for Social Care and is currently expected to be a total of up to £165k in 09/10.
40. Mention is made throughout the report to the increase in the number of referrals, the increased demand for services and the surge in the number of safeguarding investigations. The increase in overall demand was predicted as part of the demographic changes that are taking place in York and that were foreseen in the long-term commissioning strategy for older people. This presents real challenges in the coming year in terms of managing that demand within the current approved budget. Budgetary constraints could also have an impact on some performance.

### 41. **Other Implications**

#### **Human Resources (HR)**

As reported above, Workforce Development will continue to be one of the main priorities for adult social care.

#### **Equalities**

This is covered in the main body of the report under the section headed Prevention.

#### **Legal**

There are no implications arising from this report.

#### **Crime and Disorder**

There are no implications arising from this report.

#### **Information Technology (IT)**

None arising specifically from this report.

#### **Property**

None arising specifically from this report.

#### **Other**

None

## **Risk Management**

42. This report focuses on high level issues that the Executive Member should be aware of and therefore does not analyse more detailed risks that would be dealt with through service planning.

43. Significant progress has been made on implementation of the improvement plan and on performance. It is difficult to predict what the assessment of performance by CQC for 08/9 will be but given this progress the risks associated with the recommendations of this report are assessed at a net level below 16.

### Recommendation

44. That the Executive Member comments and approves the progress on the improvement plans for adult social care as set out in this report.

Reason : So that the Executive Member is engaged in monitoring and approving the progress on the improvement plan for adult social care.

45. That the Executive Member approves the proposed 6 broad areas for future improvement set out in paragraph 34.

Reason: So that these can be incorporated in a refresh of the Directorate Plan and be used to drive future improvement.

**Author:**

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**Chief Officer Responsible for the report:**

Bill Hodson  
Director

**Report Approved**



**Date** 12<sup>th</sup> June 2009

**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

**Background Papers:**

1. Report to HASS EMAP on 8/12/08 - Independence, Well Being and Choice – Outcome of inspection by the Commission for Social Care Inspection (CSCI) – and accompanying improvement plan
2. Report to HASS EMAP on 27/1/09 - Improvement Plan in response to Commission for Social Care Inspection (CSCI) Annual Performance Assessment (APA) of Adult Social Services 2007/8 - and accompanying improvement plan