

CWOP/27/10

Policy & Scrutiny Committee Community Wellbeing and Older People

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Progress report on CQC Annual Performance Assessment and Action plan

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To receive a report introduced by Craig Derry, Head of Informatics, providing an update and further information as previously requested by Members. The Committee first considered the Care Quality Commission performance ratings for Essex Adult Social Care Services on 11 March 2010.

CWOPPSC – March –CQC Performance Assessment

At the CWOPPSC meeting in March 2010 a number of queries were raised, which required investigation by the Directorate. A response was requested back to the committee by end June.

Carers Assessments

The committee requested year end data for NI 135 as well as actions that are planned to improve the score

For 2009 / 10 we exceeded our target of 28% with a final outturn of 29.98%. The target set by the LAA for 2010 / 11 is 30%.

We have benchmarking data for a number of our Institute of Public Finance (IPF) comparator councils. It is anticipated that this will be above the average for the comparator councils once all their data is received.

IPF group 2009-10	2008-09	2009-10
ESSEX	25.2%	29.9%
DEVON	24.7%	31.4%
SOMERSET	30.0%	22.3%
GLOUCESTERSHIRE	26.3%	28.2%
KENT	28.7%	40.2%
HAMPSHIRE	19.0%	Not yet available
WEST SUSSEX	22.7%	Not yet available
CAMBRIDGESHIRE	16.3%	Not yet available
OXFORDSHIRE	20.4%	20.5%
HERTFORDSHIRE	20.0%	25.1%
NOTTINGHAMSHIRE	26.9%	Not yet available
NORTHAMPTONSHIRE	17.3%	25.0%
WORCESTERSHIRE	18.1%	26.0%
STAFFORDSHIRE	12.4%	15.7%
WARWICKSHIRE	34.6%	61.3%
LANCASHIRE	25.8%	26.6%
AVERAGE	23.0%	29.3%

England average 2008-09	23.1%
Shire counties average (2008-09)	22.8%
East of England (2008-09)	22.3%

Within the Carers Strategy we have several actions that should increase the number of carers assessments we undertake such as:

- Ensure carers have access to comprehensive information on the full range of information and services available

- Carers Week and Carers Rights events undertaken to develop 'information' opportunities
- Carers awareness training programme developed for non AHCW staff – e.g. health care professionals
- Training to AHCW teams to raise carer awareness and assessment knowledge and improve practice and recording
- Mail out of 'Carers Self Assessment' to all identified carers who have not had an assessment (quarterly)
- Develop Carer Support pathways for carers of people who have had strokes
- Further publicise available services e.g. via GP surgeries.

Intermediate Care

Whilst in the CWOPPSC Craig Derry detailed the new beds we had, members wanted to see a summary which details both ECC's provision and NHS provision and showing whether this is for admission avoidance or to support timely discharge. They also requested details on targets for new provision and to see the action plans supporting these.

The follow information below needs to be viewed in the context of the work regarding Health and Social Care joint commissioning project currently been undertaken with Tricordant. This joint commissioning project has been agreed by the 3 Directors of Adult Social Care and the 5 PCT Chief Executive's in Essex to develop a joint approach to commissioning services for older people on a pan Essex basis. The project will focus on the urgent care pathway for older people particularly covering services around admission avoidance, reablement, intermediate care and end of life care. Tricordant have been appointed to project manage this review over the next six months. The initial phase being completed is to map the current baseline of service provision and understand partners' strategies and plans that might impact on older people. The initial findings are being reported back on 18th June. Further phases of their work will include the development of targets for new provision and action plans to develop.

West Essex

- 6 guaranteed Interim Placement (IP) beds, residential care dementia linked with reablement and 11 spot commissioned IP beds. This capacity is used for both transfer from hospital and admissions from community as part of admission avoidance
- Discussion with West PCT Providers on how we can work in partnership with a new pilot scheme at Princess Alexandra Hospital that is linked with the CARS team (Community Assessment and Rehab Service). This in relation to supporting timely discharge and prevention agenda.
- Rapid Assessment Centre – PCT provision at St Margaret Hospital, Epping and Saffron Waldon Community Hospital, linked with ambulance service. This service aims to prevent older adults who are not blue light admissions being diverted from A+E. RAC is staffed daily and is able to offer a range of diagnostic services, aims where clinically assessed as safe to treat and return patients to care of GP. Service has links with Urgent Care.
- Urgent Care – PCT services that operate across West provides intermediate care services, primary focus is on prevention of hospital admission but also takes some patients home from hospital. Provides direct personal care, OT and nursing inputs
- Reablement Service, Essex Cares – Social Care service that aims at providing personal care that facilitates improved functioning or assists in regaining skills following hospital admission. Service accepts both hospital discharge and referrals from community

- Hamstell Unit – commissioned by Princess Alexandra Hospital on the top floor of Alexandra House in Harlow, (38 beds, these are covered by PAH clinicians, OT and Physiotherapist and have a dedicated social worker who works as part of the team) used to transfer patients who are awaiting PCT rehab services, identified as having complex needs. They also have access to clinicians, OT, Physiotherapy.

North East Essex

- 10 IP beds at Loganberry Lodge - with Reablement.
- 9 other pre paid contract IP beds and further beds are spot commissioned as needed. NE is currently operating approximately 25-30 IP beds at any one time.
- Health, i.e., NE PCT and CHUFT currently commission no intermediate care beds in NE Essex.
- The Intermediate Care Service provides rehabilitation, palliative care, crisis intervention, admission avoidance and nurse led step-up beds.
- The rehabilitation service is aimed at increasing independence through support and care within the client's home on discharge from hospital. The service is provided until the set goals are achieved and the level of support and care provided is assessed and reviewed on a regular basis.
- The palliative care service takes on patients in the last few months of life and their cases are usually managed by the District Nurse. Care is provided by assistant practitioners and reviewed regularly by the qualified nurses.
- Admission avoidance takes place in A&E and EAU at Colchester hospital with the aim of supporting patients to return home, or to a step up bed rather than use an acute bed. The service liaises with the emergency department staff to organise discharges to intermediate care services for a period of up to five days.
- Crisis Intervention is a rapid response service available to people who are medically stable and experiencing a health/social care crisis. They provide treatment and therapy to assist recovery in the home environment. Care is provided on the basis of a comprehensive assessment and holistic approach to care.
- There are also 8 intermediate care step-up beds located in Cheviots Nursing Home, Colchester and a small number in Clacton and Harwich hospitals.
- The total of Community Beds for Clacton and Harwich is 98.

South West and South East Essex

- SW - has 3 community hospitals (120 beds) serving 2 acute hospitals for rehabilitation and discharge to the community. Intermediate care beds are used for discharge from hospital where rehabilitation is not assessed as suitable in combination with Community Care hospital beds.

- There are 17 ECC interim care beds at Woodbury Court used for hospital admission, discharge, reablement, housing and/or equipment delays and admission avoidance. Some reablement in interim beds is planned
- Palliative Care is provided at Mayflower NHS Community Hospital
- SE are having to spot purchase additional interim beds to support the ones that they already have as demand is high at the moment.
- There are 6 beds at Longview and 3 at Rosedale, all ECC commissioned beds
- 10 joint funded beds at Parklands with Health. Beds are at ECC locality rate and health provide rehabilitation.
- Palliative care does not use interim care beds. Care is provided by local hospice.
- SE Essex PCT are purchasing step down beds which will be used for admission avoidance and hospital discharge. They are proposing to purchase an extra 75 beds. At times of crisis/red alerts etc they already purchase step down beds.

Mid Essex

Health Element

- There are 66 community Hospital Beds which provide Rehabilitation, End of Life and Admission Avoidance services.
- The Rapid Assessment Service is based at the Braintree Hospital and sees up to 6 service users per day. It covers the whole of the Mid Locality and aims to divert people from Acute Hospitals. Following assessment the service users is likely to be referred to the Admission Avoidance Service or admitted to the community hospital if more intensive 24hr treatment is required.
- The Admission Avoidance Service has approx 30 staff and work across Mid Essex in supporting service users in own home. This service works with service users both on discharge from hospital and to avoid admission in first place. This is a 6 week service.
- Each locality in Mid has a Community Matron who works with the District Nurses and Specialist nurses in providing an Integrated Community Service referred to as the Virtual Ward

Social Care

- Currently have 10 IP beds linked to Essex Cares reablement services. There are 5 in Parkview in Witham and 5 in Madelayne Court.
- Beds within the guarantee contract and spot purchase for IP beds are also utilised.
- Reablement services work both with SCD and the Community Teams in picking up cases within the community; however the majority are referred from the Broomfield Hospital.

End of Life Care (EOL)

The committee requested an updated report on where we are in terms of developing End of Life Care provision and also want the existing hospices mapped – what is there, where is it and what does it provide? They also want to know what work we are undertaking in particular with St Helena’s Hospice in Colchester and St Clare’s in Harlow.

Essex as a large County has developed good networks with both NHS and voluntary sector partners in relation to end of life care. There are currently 5 PCTs in Essex and 6 Hospices that support the population. Below is a table of current hospice provision.

Locality	Hospice	Bed numbers	Catchment
West	St Clare’s	10	Harlow, Epping & Uttlesford
North East	St Helena’s	15	Colchester & Tendring
Mid	Farleigh	12	Maldon Braintree & Chelmsford
South West	St Luke’s	10	Basildon & Thurrock
	St Frances	20	Brentwood
South East	Fair Havens	10	Castle Point, Rochford & Southend

Adults, Health and Community Wellbeing has representation at all levels in engagement with PCTs and other partners regarding end of life or palliative care. Each of the localities have Palliative, Supportive and End of Life Groups that are Multi-Agency and include reps from the PCT, Acute Trust, Social Care, Marie Curie, Macmillan and service user or carer reps. Other reps such as Parkinson’s and MS Society will attend on an ad hoc basis. These groups link with an Essex wide Palliative, Supportive and End of Life Network Board as well as the East of England Palliative and End of Life Programme Board. All of these groups have social care represented on them. Tes Smith (West Essex) attends the East of England Palliative and End of Life Programme Board and April Lawlor attends the Essex Palliative, Supportive and End of Life Care Network Board.

Additionally each locality has a form of practice subgroups attended by health and social care looking at practice issues and the application of tools e.g.

- the GSF (gold standards framework, and register)
- PPC (preferred priorities of care document)
- LCP (Liverpool Care Pathway)

Preferred Priorities of Care documentation

This enables people to express their wishes re their EOL needs and where they would wish to die.

Operationally, Essex County Council has used the EOL tool ‘Preferred Priorities of Care’ to enable people to express their wishes regarding their EOL needs and this forms part of the Practice Guidance documentation used across the county. It appears in two places in both the

assessment and review forms to ensure it acts a trigger for the Self Directed Support practitioners and facilitators. The Quality Monitoring team have developed standards in partnership with the PCTs for end of life care to be used when monitoring providers. These standards relate to respecting the wishes of the individual at the end of their life and fully involving family and friends in making decisions. These standards are based on the 'national gold standard for palliative care' and have been embedded in the new contract for nursing care.

The Essex Cancer Network in partnership with the 5 PCTs and ECC jointly funded an awareness raising event in March 2009 to share good practice regarding the national and regional developments for end of life care. This event was well supported by a wide range of health, social care and independent and third sector providers.

The dignity challenge and raising awareness campaigns in Essex have also contributed to the end of life agenda. In addition the Essex Cancer Network in partnership with St Helena Hospice in Colchester were successful in a recent bid to engage consultants to complete a mapping and bench marking exercise to identify training needs for end of life care for both staff in community settings as well as trainers. Social care and the NHS have contributed to this mapping exercise and will also include training needs of staff within care homes.

Additionally 2 bids have been successful in gaining funding from the National team to take forward advance communication training. In addition AH&CW have been working with the Essex Cancer Network re the availability of Advanced Communication training for Senior Practitioners across all Community and Hospital Teams. 10 Training Courses have being run between Oct 09 and March 10 for health and social care staff across the county.

Workforce development are engaged with the National core competences issued by the National team (skills for health skills for care). Tes Smith and Workforce Development are also linking with education providers to ensure this issue is addressed within curriculums for those training to be a social workers.

West Essex

West Essex AH&CW are also working with the PCT and Marie Curie as one of six areas in the East of England who have signed up to the Delivering Choice Programme, this is still in the planning stage currently. This can be described as a partnership between the PCT, social care, voluntary and independent sectors working to optimise palliative care through better planning and co-ordination of services – to enhance the persons choice and achieve a best value outcome.

A West Essex PCT audit which is in its second year which highlights significant improvement with social care engagement. The PPC completed by social care continues to increase and the Marie Curie Delivering Choice Programme will ensure that social care continue to support people this process.

AH&CW are working with St Clare's Hospice in terms of undertaking joint training for both continuing healthcare and safeguarding. In addition social workers in the hospice and the Community Assessment Team work together and Service Managers from both organisations meet on a monthly basis. Issues being explored include how personal budgets could support hospice at home and day services.

South West

South West Hospice at Home – This pilot project is collaboration between the PCT, ECC, Thurrock Council, St Luke's Hospice and SPDNS a specialist provider in end of life care. People who are reaching the end of their life are enabled to remain at home with specialist support to achieve their preferred place of death. This pilot has been very successful so far in both preventing hospital admission as well as

facilitating timely hospital discharge for a number of people who may otherwise have entered long term care or remained in hospital. The service actively uses feedback from service users and carers to influence future service design.

South East

Both South East and Mid Essex have appointed a GP Facilitator who works across GP practices regarding the use of the Gold Standard Framework. (See above) Social care staff work alongside community staff to support this process. There are informal links with community nursing and home care staff to support people with access to appropriate care in their own home.

In South East Essex the Council is engaging with the CEO of Fair Havens Hospice and Southend Council to explore future developmental opportunities for a Hospice at home scheme similar to the South West model.

Mid Essex

In Mid Essex draft proposals are being developed to work with Farleigh Hospice and the PCT to develop an Out of Hours palliative care and end of life service. The Council has already agreed funding for the proposal.

North East Essex

In North Essex the Council is currently working with the PCT and St Helena Hospice and 2 events were organised in March to develop joint commissioning for End of Life services, including further development of the outreach support service currently provided by St. Helena.

Across Essex we are working positively with all 5 PCT areas with regards to the implementation of the strategy. Each PCT has developed or are developing (West, SW) their own End of Life strategies. Social Care has contributed to the development of these through the locality meetings. Integral to these are the relationship and role social care with play in partnership and service delivery. Social care delivery will continue to support this through the delivery of the personalisation agenda.

Minor adaptations

The Committee requested performance data regarding the timeliness of minor adaptations.

Adult Social Care perform above our IPF comparator group average and have improved further in 2009-10 through projects like Mobile Assessment Service (MOAS). Note that we also exceeded our planned target for 2009-10.

GOOD PERFORMANCE IS LOW	2008-09 Outturn	2009-10 Plan	2009-10 Outturn	2010-11 Plan
2PD014.0 - Average length of time (weeks) waiting for minor adaptations from assessment to work beginning.	1.2	1.1	0.81	0.8

Average length of time waiting for minor adaptations from assessment to work beginning.

Essex 2009-10	0.81
Cambridgeshire	1
Oxfordshire	1.1
Worcs	1.1
Essex 2008-09	1.2
Gloucestershire	1.2
West Sussex	1.3
Northamptonshire	1.4
Somerset	1.6
Lancashire	1.7
Warwickshire	1.9
Hampshire	1.9
Bedfordshire	2
Hertfordshire	2
Kent	3.8
Staffordshire	5.3

Data for IPF counties is 2008-09 unless stated

BME rep on LDPB

The committee requested a briefing on the vacant position of a BME rep on the Learning Disability Partnership Board (LDPB) and the process for filling the position.

Sangita Mitra has now accepted a role as a BME advisor on the Essex Learning Disability Partnership Board. This role dovetails with Sangita's substantive post as a project worker for New Generation Development Agency, where her role is to build the capacity of BME community groups to engage with public bodies effectively. Sangita has extensive contacts across the whole county in a wide range of BME groups, both from her role with New Generation and her past experience as a project

worker at Essex Race Equality Council.

She was identified as the most appropriate person to take up a seat on the LDPB because she is best placed to help us to identify people with a learning disability from a BME background and build their capacity to engage with a range of governance structures.

There are two key aspects to the role that Sangita has agreed to take up. Firstly, she has agreed to engage with work being undertaken by the LDPB to help identify areas which may be of specific concern to people from a BME background – to reduce the likelihood of “unknown unknowns”. In the longer term she has also agreed to help us to identify people from the BME groups that she works with who have a learning disability and who may be able to engage with public bodies such as the LDPB in the future.

Area for Improvement	Rating	Improvement Objective	Background / Rationale	Improvement Plan Response Area	Actions Underway and Planned	SMT Owner	Lead Officer	Progress Report					
Leadership		Ensure that the outcomes from various safeguarding adult's projects across the county are used effectively to influence future safeguarding adults practice.	The aim of the directorate is for the incorporation of safeguards into everyday practice; the safeguarding of vulnerable adults should be the priority at all reviews, assessments and meetings etc.	Inspection 2010	• To implement 'Raising Practice Standards' groups.	Sue Hawkins							
				Inspection 2010	• To develop safeguarding action / practice learning sets.	Sue Hawkins	Stephen Bunford						
				Inspection 2010	• To establish regular meetings with the locality safeguarding lead Operational Service Managers.	Sue Hawkins	Stephen Bunford						
				Inspection 2010	• The establishment of debriefing (mandatory thinking) sessions for the management team, responsible for the delivery of safeguarding adult responses.	Liz Chidgey	Sue Hawkins	•ASC Management Team - review of safeguarding Incident / response discussion sessions, have been established, as part of the scheduled ASC MT meetings for 2010. The first meeting took place on 4th May 2010. • Future meetings to be scheduled on an 'as and when' basis.					
Commissioning and Use of Resources		Continue to strengthen joint commissioning practice with health partners to secure improved outcomes for vulnerable adults, older people and their carers.	The aims of the joint commissioning agenda with health include • Developing a seamless service for the citizens of Essex • Considering the cost effectiveness and procurement savings achievable through pooled budgets • Establishing joint commissioning and common framework agreements • Agreeing a common delivery agenda and be explicit about priority outcomes to be achieved • Articulating clearly the level of organisational responsibility	Inspection 2010	To appoint Jenny Owen to the role of Deputy Chief Executive for Essex County Council leading; • the strategic development and delivery of the Council's Adult Social Care service including; >• direct and commissioned services. The role also has responsibility for Adult Community Learning and Libraries to achieve the service synergies and strategic focus for the wider community wellbeing agenda. As Deputy Chief Executive, Jenny will have corporate leadership responsibility for developing new ways of commissioning our people services and for ensuring integrated working with health.	Jenny Owen	Craig Derry	Establishment of Jenny Owen in the new Deputy Chief Executive for Essex County Council, communicated in April 2010.					
				Improve communication with third sector and independent sector and address their concerns raised regarding contracting processes.	• To establish engagement with providers in commissioning processes.	Inspection 2010	• EICA Meeting (Liz Chidgey and David Holroyd) • Home Support Services contract renewal proceeding via a competitive dialogue model with domiciliary support providers.	Will Patten		Cross reference with Annual Performance Assessment item; <i>The council needs to continue its work to shape the market to ensure it can respond to the move to self directed support.</i> 'Efficiency and IT solution, good dialogue ideas feedback received from providers, possible agreement that we could add in a two hour return around on acceptance of a care package and 48 hour leading time on the start of the package for normal care packages and shorter for hospital discharges.' WP @ Exec Board 13th May			
						• To develop and deliver training to meet joint objectives at all levels	Inspection 2010	• Review the Workforce Development Plan	Karen Wright	Danny Canning			
				Ensure that all people who use services are provided with an opportunity to give feedback on the quality of services they receive.				Inspection 2010	• Create media advertising, leaflets and adverts in supermarkets	Clare Hardy	Rob Field	Investigation of the options to be considered; - links to be made with Val Wass & Sue Hawkins to consider where the responses from the public would be received. - target group potentially to be informal carers and neighbours expressing concerns on behalf of those receiving a service - to determine if service users are already satisfactorily covered by receipt of the Complaints and Representations leaflet. Rob to link with Val Wass	
								Inspection 2010	• To review and promote the methods and opportunities for service users and user organisations to provide feedback.	• To commission development of a survey from the Research Team , to allow the gathering of feedback of service users and carers who have received an intervention from the Social Care Direct Team	Sue Hawkins	Gill Thomas	Govmetric tools ruled out - alternative feedback methodology to be developed by the Research Team
								Inspection 2010	• Show how service user feedback is and will be actioned (consideration of an online feedback mechanism including publishing RAG reporting of providers and / or an Ebay - Trip Advisor style feedback collection)	Will Patten	Val Wass		
								Inspection 2010	• To achieve a culture of continuous improvement in relationships with service users and other professionals; transparency about success and failure.	• Engagement of voluntary sector partners • show consistent partnership working.	Will Patten		
								Inspection 2010	• To develop a culture that celebrates success and leads to staff feeling confident and empowered to be leaders and partners in service development whatever level they're working at; choice and control for staff as well as service users	• Establishment of the Staff Engagement Panel	Karen Wright	Suzie Ward	• Establishment of both; > Formal Staff Engagement Panel > Wider Virtual Staff Engagement Panel (using a forums site to host discussion)
								Inspection 2010	To fully demonstrate the use of service user input into leadership decisions: with a full record of service users views and carer views in discussions – learning culture needs to 'catch up' with personalisation agenda	• Consider a review of engagement with the planning groups, and feedback mechanisms for showing how contributions have influenced the design and decision making processes	Craig Derry		• Formation of a User Reference Group by Essex Coalition of Disabled People.
								Inspection 2010	• Investigate service user and carer participation within the development of commissioning strategies. > representation within the new Senior Operational Development Manager led commissioning groups.	Will Patten			
				Engage older people who identify as lesbian, and vulnerable groups				Inspection 2010	• Review the Evidence Team Research completed in 2009. Identify recommendations for implementation.	Karen Wright			
								Inspection 2010	• To establish a strategy to increase awareness of support available to LGBT people and vulnerable groups (among staff and service users) to be commissioned from the SSIT.	Karen Wright	Ros Wilson		

		gay, bisexual and transgender to develop services to meet their needs.	and vulnerable groups • Effective planning to support these groups now and in the future	Inspection 2010	• Hold specific consultation/ engagement activities/ events targeting LGBT and vulnerable groups -> Good consultation/engagement work with LGBT and vulnerable groups • To complete a benchmarking research exercise to learn from elsewhere: how have other authorities engaged LGBT groups.	Craig Derry	Maire Maisch (MKA Associates)	
Safeguarding		Continue with information and publicity campaigns to ensure that all citizens are provided with accessible information to empower them to keep safe and raise a safeguarding adult's referral.	• Planning groups to consider targeting specific groups and identifying methods to access them (e.g village halls, local magazines, stickers on dustbins, leaflets) • Improved safety of vulnerable adults in Essex • AskSAL is the vehicle by which the profile of safety/safeguarding is raised/maintained • Recognising that English is not first language of some service users and that this has implications for use of helplines/first contact etc. >• Marginalised groups are reached • Consider range of options to promote safeguarding, including sponsorship options e.g. council tax, bills, buses, social marketing campaigns, social networks, links with national organisations, linking with existing festivals/events	Inspection 2010	• Include safeguarding issues in Essex People Survey Possible avenues to explore are: • Promoting Community Safety for people with a Learning Disability/Autism • A new approach to promoting community safety for example via a multi-agency DVD/Advert – how to stay safe etc • Potential community safety events – for example staying safe through the winter, safe communities etc, multi-agency events similar to a smaller scale Later Life Expo • Supporting ESAB's marketing activities with a research exercise to establish ways of making people feel safer – i.e. targeted consultation with communities (but would require commitment to firm follow-up actions)	David Williams	Gay Leggett	
		Continue to develop advocacy services to meet the needs of all individuals and communities.	To conduct a review of the advocacy referral processes, with a view to; • Raising awareness • Establishing monitoring of the use of advocacy (including IMCA) within safeguarding processes • Research of current advocacy services - quality, availability and accessibility.	Inspection 2010	To commission; • development of a monitoring process. • research activity to review current services • inclusion to communications plan for staff responding to Safeguarding Alerts	Sue Hawkins	Stephen Bunford	• Monitoring tools already in place to track the use of the IMCA service. • To investigate way of monitoring the use of advocacy services within all safeguards responses.
		Should continue to develop ways to receive feedback from people who have been subject to safeguarding enquiries.	To invite and encourage feedback from service users who have been subject to a safeguarding adults response by ECC	Inspection 2010	• To be cross referenced with Leadership section; <i>Ensure that the outcomes from various safeguarding adult's projects across the county are used effectively to influence future safeguarding adults practice.</i>			• To be cross referenced with Leadership section; <i>Ensure that the outcomes from various safeguarding adult's projects across the county are used effectively to influence future safeguarding adults practice.</i>
				Inspection 2010	• Information / Leaflets to be developed to be left with service users following safeguarding adult responses, to invite feedback.	Sue Hawkins	Stephen Bunford	
		Ensure that partner agencies are communicated with regarding the outcomes of safeguarding adult's investigations.	To ensure that all partner agencies are aware of the action taken in response safeguarding alerts raised and the outcomes of the investigations. • To support and encourage further partnership	Inspection 2010	• To investigate and confirm current provisions for providing feedback to referring agencies within the safeguards practice guidance.	Sue Hawkins	Stephen Bunford	• Revised practice guidance has been developed and approved by the Process and Systems consultation Group and Adult Social Care Management Team.
				Inspection 2010	• To develop quality assurance of the application of practice guidance that outcome information should be shared with referring agencies.	Sue Hawkins	Stephen Bunford	• A Quality Assurance Framework, for the monitoring of the implementation of the safeguards practice guidance has been developed, and signed off (alongside the practice guidance) • The first quality assurance audit is proposed for September / October 2010.
		Ensure that older people and their carers are provided with information and support when they are discharged from hospital.	• Improved access to information and services o Equality of information across all areas of the County o Improved collaboration between partners agencies to benefit (P), service users and carers Improve service delivery through: • Benchmarking working in respect of joint discharge planning (HAT: ECC; Acute: PCT)	Inspection 2010	• Providing television option with supporting leaflets/business cards with contact numbers • Develop HAT information pack (ECC comms. dept., public engagement, media teams, ?Paul Lister to sponsor)	Audrey Bancroft	Paul Lister	Raised as an action and agenda item in the Hospital Assessment Teams Functional leads meeting for the establishment of a working group.
	Continue to develop services and improve training for staff to support older people at the end of their life.	To improve the knowledge of all professionals of care pathways for end-of-life care.: Review training programme for EoL Care	Inspection 2010	• Asking leads from each profession to develop care pathway documentation • Promote development of and uptake of training programmes (Steve Pruner)	Karen Wright	Danny Canning		

<p>Outcome 1: Improved health and emotional well-being</p>		<ul style="list-style-type: none"> Ensure that older people's carers are provided with health advice to support them in their caring role. 	<ul style="list-style-type: none"> Engaging practice managers at GP surgeries 	<p>Inspection 2010</p>		<p>Craig Derry</p>	<p>Lynda Hampel</p>	<p>The East of England Strategic Health Authority has funded a project to enable a series of Carer Awareness seminars to be held in the Essex region. We are required to work with PCT colleagues and to ensure that 341 delegates receive this training in the allocated timeframe of 6 months and funding of £51,083 has been received to facilitate this.</p> <p>The aim of the sessions is to raise awareness of the informal carer, how to identify them and signpost them to other sources of support and advice. The core presentation is given by 'Carers UK' supported with important local help and initiative information from the Carers Strategy team.</p> <p>The brief requires delegates to be drawn from a multi-disciplined range of organisations such as health care trusts, voluntary organisations, care providers and local authorities. In order to attract busy health care professionals such as GP's practice nurses, pharmacists, community matrons, etc, we have also offered to reimburse the costs for locum cover - an offer which is gradually being taken up.</p> <p>We held the first seminar in Chelmsford in March and feedback from the 87 delegates was positive. The schedule for the remaining seminars is as follows:</p> <ul style="list-style-type: none"> ECC and NHS North East Essex in Colchester on the 18th May. ECC and South East & South West Essex PCTs in Billericay on the 10th June. ECC and West Essex PCT in Harlow on the 25th June.
<p>Outcome 2: Improved quality of life</p>		<p>Ensure that all assessment and care planning processes consider older people's personal aspirations.</p>	<p>Professionals should have a better understanding of people's short- and long-term goals and aspirations for QoL to assist in delivering;</p> <ul style="list-style-type: none"> Improved mental health for people at home Increased physical and mental activity Reduction in social isolation <p>Need to recognise that QoL means different things to different people and question assumptions about what people want in this respect</p> <ul style="list-style-type: none"> People should be enabled to express a view about quality of life <ul style="list-style-type: none"> When working with service users, ask questions about QoL aspirations and needs; listen; recognise QoL needs will change over time <ul style="list-style-type: none"> Increased focus on prevention <ul style="list-style-type: none"> Implementation of complex, integrated support planning 	<p>Inspection 2010</p> <p>Inspection 2010</p> <p>Inspection 2010</p> <p>Inspection 2010</p> <p>Inspection 2010</p> <p>Inspection 2010</p> <p>Inspection 2010</p> <p>Inspection 2010</p>	<ul style="list-style-type: none"> Review of the assessment and review tools and provision within them for capturing personal aspirations and goals. Review of the training for assessment and support planning. <ul style="list-style-type: none"> Delivery of training for operational staff on assessment and support planning skills (incorporating recording of aspirations and goals). <ul style="list-style-type: none"> Review of the quality monitoring criteria for assessments and support planning. Review of the training for staff completing the quality monitoring of assessments and support planning. Review of the Quality Assurance Framework tools to ensure they monitor for the inclusion of aspirations. Monitoring of the effective of use by operational staff via the Quality Assurance Framework reporting. <ul style="list-style-type: none"> Delivery of training for staff completing the quality monitoring role. <ul style="list-style-type: none"> To increase the accessibility and use of universal services and reference to / development of the Citizens Portal. <ul style="list-style-type: none"> To maximise the opportunities for older people to remain as independent as possible through promotion and use of equipment, minor adaptations and reablement. <ul style="list-style-type: none"> Establishment of a Support Planning Functional Leads Group, to support the embedding and developing of support planning practice with staff undertaking the support planning role both employed by Essex and within the 3rd sector. <p>Cross reference to APA Improvement Objective <i>Continue to evaluate the initiatives underway in promoting carers assessments.</i></p> <p>Link to the objectives of the Home Support Services contract, competitive dialogue and service specification.</p> <p>Quality assurance of domiciliary care providers, care plans, and care planning practices.</p>	<p>Karen Wright</p> <p>Karen Wright</p> <p>Karen Wright</p> <p>Karen Wright</p> <p>Karen Wright</p> <p>Pauline Holroyd</p> <p>Karen Wright</p> <p>Pauline Holroyd</p> <p>Will Patten</p> <p>Will Patten</p>	<p>Ros Wilson</p> <p>Danny Canning</p> <p>Ros Wilson</p> <p>Danny Canning</p> <p>Helen Whitting</p> <p>Steph Planchenault</p> <p>Mary O'Mahoney</p> <p>Val Wass</p>	