



Adult Care and Support

Assessment, Care and Support Planning

Service Plan 2016 - 2019

Date: reviewed May 2017

1 April 2016

Directorate: Children Families and Adults

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**Original Plan agreed 1 April 2016.
Reviewed 1 January – 30 April 2017**

1. Introduction

Policy Context

The Adult Care and Support Service helps to deliver the Council's strategic themes of 'Ambitious Cornwall', 'Partners working together', 'Healthier and safe communities' & 'Being efficient, effective and innovative'. This is in the context of a significant National policy focus on integration with Health, including through the [sustainability and transformation plan](#) and the Cornwall Deal. Adult Care and Support was subject to major legislative change in 2015 with the implementation of the Care Act (2014), the most major change for adult social care since the advent of community care in 1990.

Local Picture

All of this change is also in the context of changing need and demand for adult social care in Cornwall. Our demographics show a growing ageing population but there are significant inequalities in life expectancy between the richest and poorest in Cornwall. There are a growing number of people who are carers for family, friends and neighbours. People with some of the most complex disabilities are living longer. In general, people expect greater choice and control over how their care needs are met. At the same time resources for publically funded care services are scarce and the changing demographic position in Cornwall and improving economic position brings issues about a shrinking labour market to provide care workers.

Adult Care & Support in Cornwall started a service improvement journey in 2014/15 and there continues to be significant work to do. This service plan encompasses the ongoing work to deliver the improvements set out in the original plan and this ongoing work is captured in Appendix 4.

The assessment, care and support planning service underwent a major restructure in 2015/16 seeing the successful appointment of 3 Senior Managers who play a key role in embedding the structure and developing a confident and effective workforce. The work continues to embed this new approach and this will impact on delivery of outcomes.

This service plan cannot be seen in isolation and links with 2 other service plans within Children, Families and Adults Directorate:

- Children and Families–
- Adult's Transformation and Commissioning

Transforming Adult Social Care: The Cornwall Offer

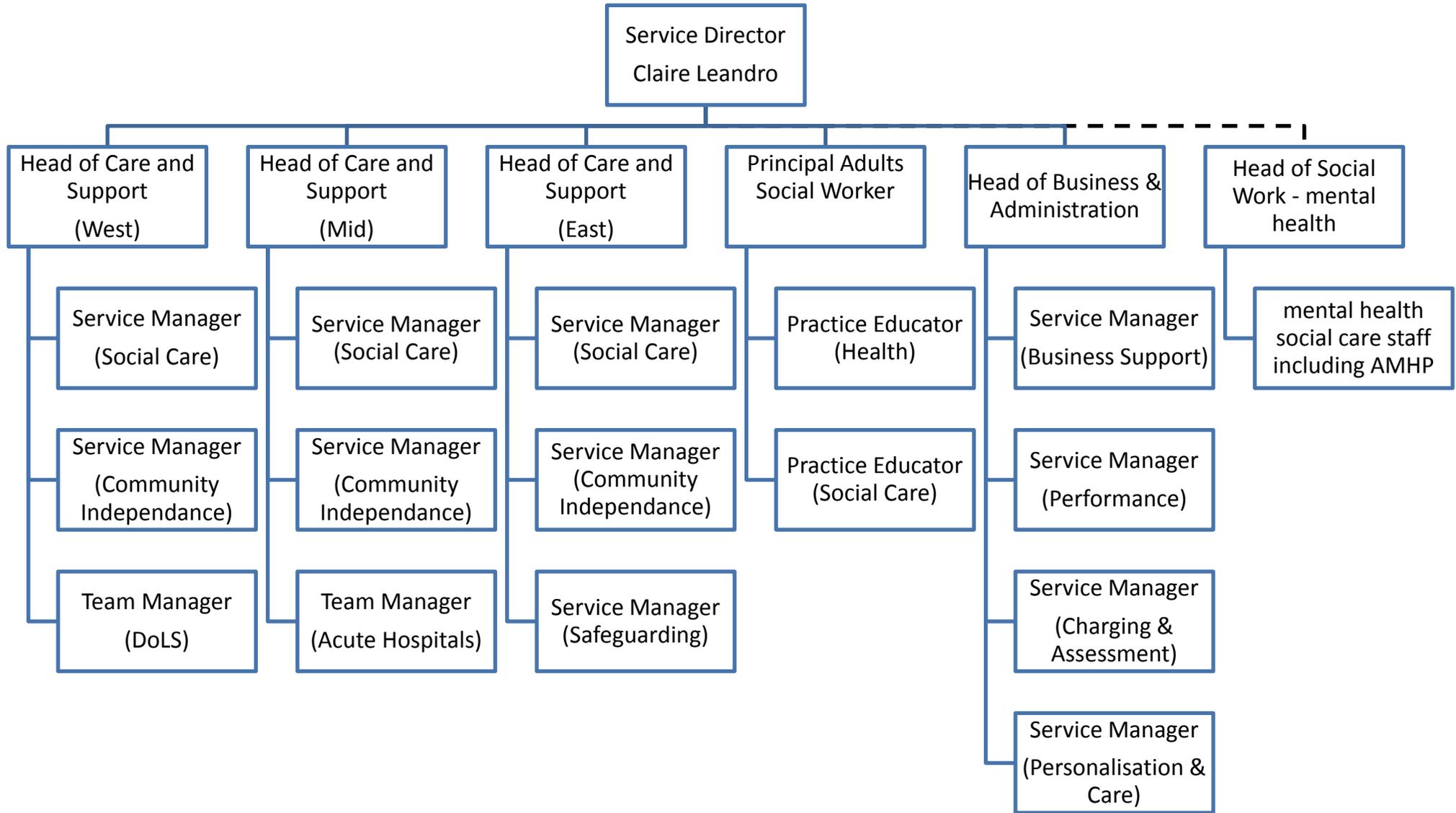
During 2016/2017 the Directorate obtained Cabinet agreement for a high level programme of work to transform Adult Social Care over the next three years so the service can manage present and future demand. See appendix 1 Cabinet Report 25 January 2017.

Sustainability and Transformation Plan (Shaping Our Future)

Health and social care organisations in Cornwall and the Isles of Scilly have published their proposals for service transformation over the next five years. This includes work on Preventing ill health and ensuring more care at home are at the heart of health and social care plans for Cornwall and the Isles of Scilly.

Achievements 2016/17

- Successful recruitment of 3 Heads of Care and Support
- Completion of adult care and support restructure
- Proactive Social Work recruitment
- Continuing Health Care Social Work Team – focused intervention has helped avoid has protected / cost avoided approximately **£3,581,000** pressure on the council (to Jan 2017) whilst ensuring residents of Cornwall received support while going through this process
- Adult Safeguarding Team reviewed and placed under direct Adult Care and Support management. Targeted work to streamline Adult Safeguarding practices in line with Making Safeguarding Personal
- Senior Decision Panel – providing senior management oversight on packages of care over £600, identifying trends and challenges for the wider workforce
- Realignment of Business Support functions bringing them back in to the service from the former Commissioning Performance and Improvement service
- Staff guidance is in place on team roles and responsibilities
- The 3 heads of service are actively engaging with external and internal partners to strategic direction in line with STP and Cornwall Offer
- Delivery of Day Services changes – established 3 new services to replace Murdoch & Trevithick

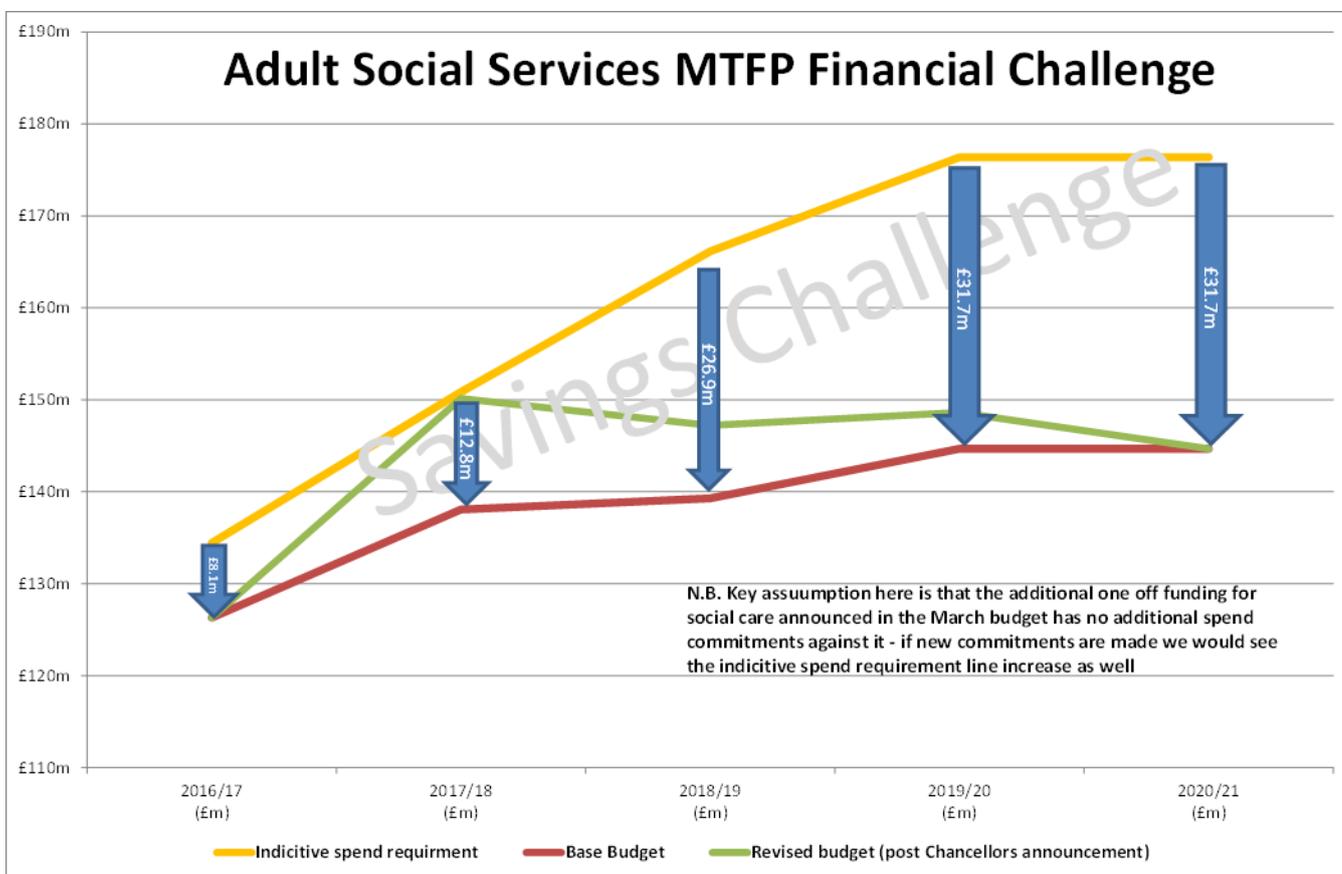


2. Purpose of the service plan

The Service Plan outlines the outcomes to be delivered across the services that fall under the line management of the Service Director.

The plan clarifies the contribution and action required to achieve the overall plans of £12.8m (cumulative) of savings in Adult social Care in 2017/18, as agreed in the Medium Term Financial Strategy. The saving achieved in 2016/17 was £2.969m. Whilst the addition of the Social Care Levy has provided a substantial boost to the finances of Adult Social Care the majority of this levy will be required for the living wage (£16.1m out of the £21m raised by 2020). Therefore, the need to deliver substantial savings to ensure medium term financial and service sustainability still exists. The graph below highlights the spending requirement of the service based upon current trends (yellow line), the current MTFFS allocations (red line) clearly demonstrating that “doing nothing” is not an option.

The green line shows the net impact of the budget post the Chancellors announcement for additional funding for Adult Social Care over the next three years from 2017/18, however this is not a substitute for the delivery of savings.



Outcomes

Over the next 3 years we plan to deliver these outcomes: -

- 1 Embed new Adult Care and Support structure – and further develop in light of emerging Transforming Adult Social Care Programme
- 2 Support workforce to develop skills knowledge and expertise to meet our responsibilities

- 3 Increase self-directed support options, as well as inform commissioning priorities and developments to widen suite of potential services for people
- 4 Work to deliver within budget and promote strong effective budget management across the service
- 5 Deliver improved outcomes for people with complex needs
- 6 Embed Quality Standards
- 7 Ensure delivery of safeguarding reflects best practice and 'Making Safeguarding Personal'
- 8 Continue close working with partners on how we deliver social care, particularly to work towards integration
- 9 Deliver a high quality, efficient Business Support and Administration service across Adult Social Care
- 10 Deliver Workforce Planning

3. Overall approach to how we will deliver

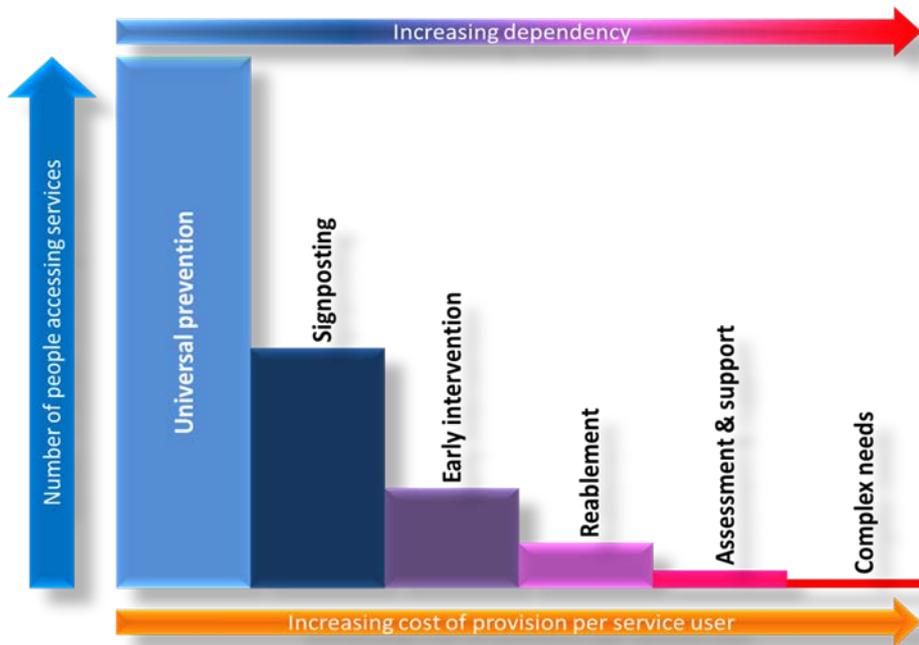
Assessment, Care and Support Planning

Adult Care and Support holds statutory responsibility for the Council which importantly includes activity to safeguard adults at risk of abuse. It covers both assessment and support planning, which focus on individual people, and the commissioning of activity and services as well as Community Independence Services to meet needs and to help manage demand for care, at an individual level and by looking at current and future needs in the wider population. The service receives approximately 22,000 contacts from the public each year through our Access Service. As at 31st December 2016, the Service supported approximately 2,595 long-term residential placements in the last year, 1,795 Direct Payments and 6,571 care and support packages in the community. The service also supports approximately 2,000 carers.

Our future model for Adult Care and Support is about a personalised person centred approach and ensuring we are very clear of the Social Care Offer, so that we can align and joint work with partners from a strong position. Support for carers is threaded through the model. There is a strong focus on managing demand for care to help slow growth and avoid or delay the point at which someone may need long-term care and support.

Against the background of a rising and ageing population in Cornwall with increasingly complex social care needs occurring at a time when increases in the resources available to local authorities are extremely limited, we still require a method for delivering good life outcomes for every person with social care needs in Cornwall.

To achieve this we need to prevent, or delay the escalation of needs and ensure that whilst we are fully supporting people in our society, we do this for as short a period as possible (dependent on their circumstances) and we focus on maintaining people's independence for as long as we can utilising community assets and ensuring that communities become resilient and able to cope with the challenges ahead.



Our overall vision for Adult Social Care in Cornwall is therefore to:

- Provide care and support that is person-centred, personalised, coordinated and empowering
- Design and deliver services which are created in partnership with citizens and communities
- Provide reasonable choice that focuses on outcomes and maximising independence
- Move away from complex systems to simplistic pathways for alternative provision of care and support
- Respond timely to the increasing demand upon all services not only as a result of an ageing population but also people's multiple or complex needs
- Focus on equality and narrowing inequalities
- Identify, fully support and involve carers
- Involve voluntary, community and social enterprise and housing sectors as key partners and enablers
- Recognise volunteering and social action as key enablers

In doing this we will:

- Rebalance the model by orientating professionals towards prevention and early intervention; integrating community and peer groups into specialist care
- Be able to deliver more with restricted increases in resources
- Move away from 'professionalised' models of care towards more community, home-based, peer-led models
- Re-inforce co-productive, adult relationships built on mutual trust, reciprocity and risk management
- Help providers and people who use services to be better at long-term planning, supporting demand rather than rationing supply and plan for active ageing
- Focus on the quality of relationships (between people who use services and those who support them) and the depth of our knowledge about people who use services' needs and assets

For Adult Social Care in Cornwall this means that in the future we will adopt:

- An emphasis on prevention and self-help with the aim of reducing the escalation of need by providing, where necessary, the right support at the right time

- A more strengths based approach where support is required, utilising a social model of for people with multiple or complex needs
- More person-centred care, which promotes choice and control for those people with long term conditions
- A role in enabling families and communities to provide safe and dignified care and support for people with unmet care needs for as long as possible, building on the natural support networks that already exist around the person where possible.

The Service has a key role to safeguard adults at risk of abuse. It also carries specific legal responsibilities in relation to the Mental Health Act (much of this is discharged through a delegated arrangement with Cornwall Partnership Foundation Trust (CPFT) via Council staff seconded to the organisation) and in relation to the Mental Capacity Act, including Deprivations of Liberty Safeguards.

Other important functions include assessment and care planning in respect of avoiding admissions to and preventing delayed transfers of care from acute and community hospitals.

The Integration of Health and Social Care is an important theme running through the Care Act and major national initiatives including the NHS Forward View. The Care Act strengthens a personalised approach to Adult Care and Support that emphasises choice, control and promotes prevention, inclusion and wellbeing.

The Directorate has historically had a range of staff deployed within other parts of the Health sector. However, this arrangement had lost focus on the social care needs of people and financial rigor around the provision of packages of care was not consistently delivered. The Directorate is bringing the line management of most of these staff back within the Service. This will provide a strong, clear platform from which to build creative and innovative integrated services. The design and implementation of such services will be significant work over the next two years. This work will be undertaken in partnership with Health colleagues, the public, the Voluntary Sector and Councillors.

There are still a number of areas of significant risk within the Service as it currently operates. These include workforce gaps (particularly re a high number of vacancies for Qualified Social Workers) which have impacted on the timeliness of assessments and completion of care planning work and the timeliness of work on Adult Safeguarding. Other risks include some remaining gaps in data quality and inconsistent approaches to quality assurance and performance management.

The Directorate has put in place a comprehensive Safeguarding Adults structure, however, this is somewhat dispersed and its efficacy requires reviewing with a view to streamlining and to ensure clarity.

In order to focus on managing risk appropriately, the Service is developing a new Risk Register and the main strategic risks are being added to the Directorate and Corporate Risk Registers. Activity to manage and reduce those risks is built in to this Service Plan.

Prepared by: -

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Adult Care and Support

26 April 2017

Appendix 1 – Action Plan 2016/2019

Outcome 1: Embed adult care and support restructure and further develop in light of emerging Transforming Adult Social Care Programme

Evidence	Restructure of care and support teams completed March 2016. Community Independence Teams restructure was completed July 2016. Sensory impairment team re-organised January 2017
Outcome	To have a consistent staff structure across the county to enable the needs of the Cornwall population to be met
Council Strategy / Business Plan or other priority?	Corporate Business Plan 2016 – 2020 4.3.1 reorganising assessment and care management 4.3.2 maximise income through timeliness of assessment, links to 4.2.2 financial assessment and charging policy 4.3.5 delivery of long term care and support
Comprehensive Impact Assessment (CIA)?	Yes. Completed at the start of the restructure
Actions:	<ol style="list-style-type: none"> 1. Implement phase 3 of re-design including therapy staff and re-ablement staff Completed July 2016. 2. Develop policies, procedures, processes to support the teams and new pathways. 3. Ensure teams are clear on their roles, functions and expectations of organisational culture Roles and Functions document updated February 2017. 4. Ensure focus on safeguarding approaches and processes New Risk Manager roles created and recruited to. Triage Function now sitting in Adult Social Care. 5. Ensure focus on hospital facing work Dedicated Community hospital teams in place. 6. Ensure focus on quality assessment, support planning and effective service provision. 7. Put in place development and support for leaders of new teams to requirements for new teams. 8. Develop locality working with partners (links to other outcomes 9). 9. Review effectiveness of new structure and revise as needed. 6 month Review took place October 2016 Senior and Service managers have met to evaluate and action plan consolidation of restructure.
Risks:	<ul style="list-style-type: none"> • Difficulty of setting up new teams with carry-over of previous approaches • Tight capacity to embed the restructure, which presents risks to putting in place robust service • Risk to service continuity from change programme - mitigate by use of change management tools • Ongoing issues with recruitment and retention leading to high use of agency staff to fill gaps in teams • Continued high levels of sickness continue to impact on frontline teams

Measures	<ul style="list-style-type: none">• Safeguarding performance measures• Reduce delays for all assessments, including hospital settings• Numbers of DPs, packages of care, placements
Partners to work with	<ul style="list-style-type: none">• Adult Transformation• Commissioning

Outcome 2: Support workforce to develop skills, knowledge and expertise

Evidence	<p>HR information on monitoring and improvement and attendance</p> <p>Training for capability and performance management</p> <p>Workshops delivered regarding attendance management</p> <p>HCPC mandatory re registration completed, with some staff submitting validation portfolios to registration body</p>
Outcome	<p>A skilled workforce which includes the professional expertise and knowledge required to meet the statutory functions of the council. Our service has a learning culture, with a workforce who is reflective in their work, sharing and promoting good practice.</p>
Council Strategy / Business Plan or other priority?	<p>Corporate Business Plan 2016 - 2020</p> <p>4.3.1 reorganising assessment and care management</p> <p>4.3.2 maximise income through timeliness of assessment, links to 4.2.2 financial assessment and charging policy</p> <p>4.3.5 delivery of long term care and support</p>
Comprehensive Impact Assessment (CIA)?	<p>not required</p>
Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. Maximise Corporate offers of support to AC&S in relation to skills development and HR. 2. Put in place dynamic recruitment and retention strategy and plan for all roles (Talent and Management). 3. Undertake skills audit and learning needs analysis to inform workforce planning and learning and development priorities. Mandatory training curriculum now in place for professional staff – Completed. 4. Core learning and development requirements to be developed for workforce. 5. Practice Quality Standards to be reviewed annually and work audited. The learning from audits will inform learning and development opportunities. 6. Clarify career and qualification pathway for all groups. Career pathway for all staff groups in place – Completed. 7. Put in place programme to ensure high quality application of Council's Attendance Management Policy. 8. Design and embed quality supervision options to support the 'mandatory' requirement. 9. Support teams and supervisors and staff to deliver quality PDS. 10. Develop workforce plan for AC&S.

Risks:	<ul style="list-style-type: none"> • Disproportionate numbers of NOSWs to more experienced Social Workers. • Significantly less experienced workforce than expected. • Locality teams without balanced skill mix. • Resource implications of training workforce (financial cost, operational demand). • Gaps in frontline management. • Mandatory training – non-compliance.
Measures	<ul style="list-style-type: none"> • Reduction in vacancy rates and staff turnover across all roles. • Reduction in agency spend and duration of length of employment. • 100% PDS compliance. • SW Health Check evidences improvement in quality of supervision compared to 2014/15. • Mandatory training – compliant.
Partners to Deliver Outcomes:	<ul style="list-style-type: none"> • Higher Education Institutions (HEIs) • Corporate partners i.e. Corporate L&D: HR: Employment Support: Skills for Care • Academic institutions • Adult Care Learning & Development • Potential joint opportunities with health partners? • HR and Data team to work together • Principal Social Workers within local teams

Outcome 3: Increase self-directed support options as well as inform commissioning priorities and developments to widen suite of potential services for people

Evidence	An internal audit focusing on Direct Payments (DP) was carried out and due to the number of actions the progress had to be presented to Audit Committee, an additional Direct Payments Audit review was carried out.
Outcome	We are working towards an effective, timely Direct Payment process to support service users and meet Local Authority requirements.
Council Strategy / Business Plan or other priority?	Corporate Business Plan 2016 - 2020 4.3.1 reorganising assessment and care management 4.3.2 maximise income through timeliness of assessment, links to 4.2.2 financial assessment and charging policy 4.3.5 delivery of long term care and support
Comprehensive Impact Assessment (CIA)?	Yes.
Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. Development of Individual Service funds as an option for service users. Progress - Inaugural project board meeting held December 2016. ISF Co-production plan in place. 2. Promotion of Direct payments as an option for eligible service users. Progress - Recruitment to direct payments team has enabled identified staff to be locality based and available to frontline staff to provide knowledge and expertise. 3. Engagement programme with service users groups to raise awareness of options 4. DP refresher session delivered to frontline teams - Complete
Risks:	<ul style="list-style-type: none"> • Inappropriate DPs being awarded to service users • Increased delays in setting up and start of DPs
Measures	<ul style="list-style-type: none"> • Increase in take up of direct payments (agency and PA) for eligible service users • Comparative data with other family authorities on DP rates
Partners to Deliver Outcome	<ul style="list-style-type: none"> • Adults Transformation and Commissioning

Outcome 4: Finance – work to deliver within budget and promote strong effective budget management across service

Evidence	Outturn March 2017 expected overspend of approximately 4.3%. Have to achieve MTFP savings.
Outcome	Working towards financial balance.
Council Strategy / Business Plan or other priority?	<p>Corporate Business Plan 2016 - 2020</p> <p>4.3.1 reorganising assessment and care management</p> <p>4.3.2 maximise income through timeliness of assessment, links to 4.2.2 financial assessment and charging policy</p> <p>4.3.4 community inclusion building on Living Well, employment options for people with learning disabilities and those with mental health problems</p> <p>4.3.5 delivery of long term care and support</p> <p>4.3.6 integration of health and social care</p>
Comprehensive Impact Assessment (CIA)?	Yes/No/to be decided.
Actions to Deliver Outcomes:	<p>Maintain and then improve the current budget position through: -</p> <p>See detailed MTFP.</p> <ol style="list-style-type: none"> 1. The introduction of a delegated budgets approach with clear lines of accountability as part of the locality model. Completed 2. Benchmarking finance and service performance to set realistic targets. Ongoing 3. Promoting a culture of innovation throughout AC&S service to achieve a leaner and higher performing service. 4. Providing clarity of use of budgets and spend from social care perspective to ensure partners are able to use their spend effectively 5. Putting in place panels for SU groups to ensure effective and consistent cost of packages/placements. Completed 6. Review RAS, particularly how it operates for care home placements.

Risks:	<ul style="list-style-type: none"> • Demand pressures undermine ability to deliver • Inability to work with partners to risk share where appropriate • Cost effective provision to access
Measures	<ul style="list-style-type: none"> • Introduction of area specific budgets and accountability. • Integrated finance and Service Performance Dashboards. • Raising issues earlier within the finance cycle.
Partners to Deliver Outcome:	<ul style="list-style-type: none"> • Corporate finance colleagues • Adult Transformation and Commissioning

Outcome 5: Deliver improved outcomes for people with complex needs

Evidence	Many service users are living within residential placements. Market forces and the reducing numbers of residential placements and providing equality for people with complex needs means we have to think differently. Increasing opportunities creativity and independent living for people to have improved life choices.
Outcome	To improve support for people with learning difficulty and complex needs to live independently in their own homes within the community. To improve equality and quality of well-being and life opportunities.
Council Strategy / Business Plan or other priority?	Corporate Business Plan 2016 - 2020 4.3.1 reorganising assessment and care management 4.3.3 Redesign of In-House LD day services/short breaks 4.3.4 community inclusion building on Living Well, employment options for people with learning disabilities and those with mental health problems 4.3.5 delivery of long term care and support 4.3.6 integration of health and social care
Comprehensive Impact Assessment (CIA)?	Yes.
Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. Deliver AC & S elements of the review of S75 SLS/Complex Cases Project Brief SLS undertaking all reviews joint with health 2. Formalise the agreement for continued commitment to fund the SLS clients achieved through agreement with CCG. Complex care joint funding protocol in final draft 3. With CPI & CCG ensure progression of the Project and its plan 4. Complex risk assessment training for OTs 5. Partnership working with Children and Families Service to support young people in transition from children to adult services. This includes supporting Children and Families Service to increase staff awareness and application of Mental Capacity Act (2005) 6. To recognise that our Occupational Therapists; DOLs team; Sensory loss team all work with childrens as well as adults <p>Project Plan will concentrate on the following:</p> <ol style="list-style-type: none"> a) Joint assessment review for both sets of client groups.

	<ul style="list-style-type: none"> b) Resource the joint assessment reviews c) Commence Stakeholder Engagement Programme to enable a clear and consistent message presented resulting in a realistic timeframe for delivery d) Develop opportunities for accommodation and support solutions including support planning e) Offer the potential for efficiencies which match a client's support needs and organisations' financial requirements f) Joint work with operations commissioning and providers to deliver a new pricing tool for LD and complex needs within residential and supported living g) S117 protocol is being developed in partnership with CFT and CCG h) Joint CFT / CCG pilot for s117 being developed
Risks:	Failure to meet programme timetable for Better Care Fund
Measures	<ul style="list-style-type: none"> • Deliver to timetable agreed by 'ICB' • Complex care joint funding protocol in final draft which will provide staff with the process for joint funding • Partnership work with commissioning and housing to identify people with LD and complex needs to move from residential care into their own accommodation • Work with staff to deliver cultural change to move from care management to a 3 tier conversation model
Partners to Deliver Outcome:	<ul style="list-style-type: none"> • NHS Kernow • CFT

Outcome 6: Quality Standards – All Services

Evidence	<p>Whilst systems are in place to measure performance in terms of quantity, there are less qualitative measures of practice. Regular audit is required to ensure that our core practice standards are maintained and that practice is consistent across the Service. Audit will inform the learning and development needs of the workforce.</p> <p>We have invested in supervision training and the Social Work Health Check has evidenced the positive impact this has had on supervision standards. It is important for us to maintain momentum in raising these standards.</p>
Outcome	<p>Principal Social Workers and Principal Occupational Therapists, who are based within local teams, have a core role in raising standards of practice to ensure we deliver a high quality, consistent service. The Principals work in partnership with the Practice Education & Development Team in order to achieve this.</p>
Council Strategy / Business Plan or other priority?	<p>Corporate Business Plan 2016 - 2020</p> <p>4.3.1 reorganising assessment and care management</p> <p>4.3.2 maximise income through timeliness of assessment, links to 4.2.2 financial assessment and charging policy</p> <p>4.3.4 community inclusion building on Living Well, employment options for people with learning disabilities and those with mental health problems</p> <p>4.3.5 delivery of long term care and support</p> <p>4.3.6 integration of health and social care</p>
Comprehensive Impact Assessment (CIA)?	<p>Yes/No/to be determined</p>
Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. Ensure consistency in quality of practice will be assessed against Practice Quality Standards and use of case file audits 2. Practice Quality (PQ) Standards to be reviewed annually. 3. Case Audit Tool to be developed and applied, with clear reporting of outcomes of audits. The learning themes from audits will inform learning and development opportunities. 4. Safeguarding Adults Audits to be undertaken and reported and action taken to credit positive work and address poor performance (links to outcome 8)

	<ol style="list-style-type: none"> 5. Social Work Health Check will evidence quality of supervision from practitioner perspective 6. Common themes raised through stakeholder/customer feedback will be reviewed and appropriate actions considered to improve quality of service. This will include 'Compliments, comments and complaints'; 'Learning Disability Partnership Board'; Autism Partnership Board' and other stakeholder groups. 2 practitioners now working with commissioning to develop autism strategy for adults 7. Regional and national moderation of the Assessed and Supported Year in Employment (ASYE) for social workers 8. Continuing Professional Development portfolios evidence learning in practice in line with HCPC and other professional body requirements 9. Appraisal through PDS system will evidence performance and quality of work 10. Reflective practice to be promoted – includes opportunities for peer group supervision
Risks:	<ul style="list-style-type: none"> • Capacity to deliver. • Sub-standard practice leading to inefficiencies, cost, risk to service users.
Measures	<ul style="list-style-type: none"> • Quality of Practice improved as evidence by case file audits Senior decision panel to develop an audit tool for audit of cases being presented • Positive feedback from regional LA partners and Skills for Care on standards of social work practice and robust ASYE programme • Feedback from stakeholders evidences that concerns around quality of practice/service is taken seriously and acted upon • Progression through career pathways are linked to high standards of practice
Partners to Deliver Outcome:	<ul style="list-style-type: none"> • Safeguarding Adults Team • Children and Families Service • Regional Local Authorities (PSWEG); Skills for Care; • Learning Disability Partnership Board; Autism Partnership Board; Quality Checkers... • Commissioning, Service & Improvement

Outcome 7: Ensure current delivery of adult safeguarding reflects best practice and 'Making Safeguarding Personal'

Evidence	<p>The MSP approach is embedded within the 2014 Care Act guidance on Adult Safeguarding, requiring Adult Safeguarding practice to be person led and outcome focussed, aiming towards resolution or recovery. The Safeguarding referral form encourages good practice by asking the referrer to document whether the adult has consented to referral and the adult's views and desired outcomes, together with what is known about what the adult wants to happen next.</p> <p>Cornwall will build on its existing guidance to develop the Making Safeguarding Personal Approach further. Our recent independent audit identified the need extend MSP initiatives including tools for benchmarking, national training tools, and templates for user friendly communication.</p>
Outcome	<p>Embed MSP in the Adult Safeguarding Procedures.</p> <p>Support the development of Practitioners' core skills in relationship building and working with complexity and risk.</p> <p>Use supervision and opportunities for reflective practice on the MSP approach.</p> <p>Develop recording systems and measurement of outcomes to support an MSP approach.</p> <p>The Safeguarding Adult Procedures will;</p> <ul style="list-style-type: none"> • Ascertain desired outcomes at the beginning and middle of process and review at the end. • Work at the adult's pace, not to defined timescales. • Risk assess with the adult, use proportionate person centred responses. • Involve the adult in defining the plan for Enquiry. • Focus on recovery and resolution, not solely on whether harm has occurred or not. • Work with adults supported by advocates when needed. • Use the Mental Capacity Act provisions to maximise involvement wherever possible.
Council Strategy / Business Plan or other priority?	<p>Corporate Business Plan 2016 – 2020:</p> <p>4.3.1 reorganising assessment and care management</p> <p>4.3.4 community inclusion building on Living Well, employment options for people with learning disabilities and those with mental health problems</p> <p>4.3.5 delivery of long term care and support</p> <p>4.3.6 integration of health and social care</p>

	Also SAB business Plan priorities
Comprehensive Impact Assessment (CIA)?	To be developed
Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. Deliver ACS staff workshops around MSP and follow up sessions to be arranged for feedback around tools. 2. SAB to facilitate multi-agency workshops around MSP to: <ol style="list-style-type: none"> a. ensure partner agencies are well-informed b. recognise that partnership engagement in this culture shift is crucial c. provide clear leadership 3. Put in place engagement with service users groups to review tools and agree 'what works' 4. Review of adult safeguarding policies, guidance, procedures to reflect 'best practice' around adult safeguarding practice 5. Programme put in place to ensure all staff understand policies and procedures and use effectively, including accurate and timely recording.
Risks:	<ul style="list-style-type: none"> • ACS does not meet statutory duties around adult safeguarding • Cornwall is not aligned with national and /or regional practice • Reputational risk - MSP is sponsored through the LGA and CFA Director is signed up to integrating this approach.
Measures	<ul style="list-style-type: none"> • Multi-agency audits around consistency of approach to adult safeguarding through the Safeguarding Standards Unit & ACS evidences practice that is person centred and outcome focused and demonstrates principles underpinning MSP. • Internal audit of practice • SA PIs
Partners to Deliver Outcome:	<ul style="list-style-type: none"> • SSU • & Isles of Scilly Safeguarding Adult Board • Designated Safeguarding leads in agencies • Service users and Carers

Outcome 8: Continue to work closely with our Partners on how we deliver Social Care including working towards integration

Evidence	We work co-operatively with partners to deliver services. However, there are limited integrated arrangements.
Outcome	We want to ensure needs are met effectively. STP explained the need to further work together.
Council Strategy / Business Plan or other priority?	Corporate Business Plan 2016 - 2020 4.3.1 reorganising assessment and care management 4.3.2 maximise income through timeliness of assessment, links to 4.2.2 financial assessment and charging policy 4.3.4 community inclusion building on Living Well, employment options for people with learning disabilities and those with mental health problems 4.3.5 delivery of long term care and support 4.3.6 integration of health and social care
Comprehensive Impact Assessment (CIA)?	Yes
Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. Continue to build on and participate in the current plans for integration over the next 2 years and then to review, e.g. PCH/CPFT and how Social Care provides added value. Development of Cornwall offer with frontline teams. Progress - Senior manager participation in Clinical practitioner cabinet for STP and Social care representation local engagement events for STP. 2. Consider alliances including with Housing Providers and Associations to look at local initiatives. 3. Put in place mechanisms to ensure clear accountability of spend. (links to outcome 4). Progress - Senior decision panel in place since July 2016. 4. Put in place joint planning meetings with key partners, including community health. Progress - Describe Don't Prescribe training programme in progress with key health partners. STP groups in place. 5. Build on the Living Well to strengthen and develop multi-disciplinary approach in localities Progress – being delivered through STP.
Risks:	<ul style="list-style-type: none"> • Inbuilt resistance. • Lack of budget control leading to breakdown of confidence in relationships and day to day

	<p>management and trust.</p> <ul style="list-style-type: none"> • Clear accountability of spend adding cost pressures across the system. • Relevant and required registration of professional competencies.
Measures	<ul style="list-style-type: none"> • Evidence of joined up delivery of services on a locality model. • Consensus on structure, budget and holistic provision.
Partners to Deliver Outcomes:	<ul style="list-style-type: none"> • Health providers e.g. CFT • GPs • NHS Kernow • Communities, Service users • Corporate colleagues

Outcome 9: Deliver High Quality, efficient Business Support and Administration service across Adults Social Care

Evidence	Feedback from customers and Commissioner - backlogs in the areas of Brokerage, Direct Payments and Financial Assessments impact directly on provider and service users. Delays in purchase orders being raised and payments being made
Outcome	<ul style="list-style-type: none"> • Swifter payments to providers will contribute to an improvement relationship between the Council and the providers • Efficient business support processes will enable frontline staff to feel supported.
Council Strategy / Business Plan or other priority?	<ul style="list-style-type: none"> • Corporate Business Plan 2016 - 2020 • Ambitious Cornwall • Healthier and Safe Communities • Partners working together • Being efficient, effective and innovative
Actions	1. Actions have been broken down within the Team Plan
Risks	<ul style="list-style-type: none"> • As a service it doesn't have the resources to support the workforce to deliver a fit for purpose service • Work pressures and backlogs prevent the service from moving forward and delivering an effective service • Whole System decision making that do not consider the implications on the workforce e.g. retrospective funding increases
Measures	<ul style="list-style-type: none"> • Creation of skills matrix to identify current skills level of each employee and areas of learning and development • Development of a workforce plan – developing a career pathway, apprentices and work experience • Systems Review and proposal developed – this will be a 3 year programme. (Milestone reporting) • National/regional and local compliance with reporting mechanisms and timeframes • Implementation of a placement hub across health and social care (programme milestones required) • All identified backlogs are cleared and teams are adequately in place to meet the demands • Lean efficient business processes and workflows

	<ul style="list-style-type: none">• Swifter payments to all providers• Workforce plan developed
Partners	<ul style="list-style-type: none">• HR• Workforce• Learning and Development• Providers• Commissioners

Outcome 10: Deliver Workforce Planning

<p>Evidence</p>	<p>Newly established service which has experienced significant change over the last 12 months with phase 1 of the restructure being implemented on the 1/3/16 and phase 2 on the 1/6/16. There has been a number of vacant posts at a senior level which has provided stability. Vacancy and “fill” rates plus turnover figures. The Staff survey 2016 identified a number of areas where Adults Social Care is performing well in areas such as teams working well together and willing to go the extra mile. There are areas which need to be improved. In service staff engagement sessions will contribute to future service development:</p> <ul style="list-style-type: none"> • Workforce profile and associated dashboard reported to SMT on a regular basis • Exit data • Agency spend and deployment • Sickness absence data • Training and development budget and return on investment from training and development • Social Work Health check
<p>Outcome</p>	<ul style="list-style-type: none"> • Leadership capacity to engage in partnership working with a clear emphasis on systems leadership and skills to work in partnership and in multi-disciplinary teams • Identification of critical roles and vacancies and succession plans in place to address potential gaps • Recruitment and retention plan and focus on improving induction arrangements • Effective practitioners are recognised and rewarded appropriately • A clear understanding of the demographic profile of the workforce • A continued talent pipeline of potential recruits to meet current and future demand, identifying potential vacancies for apprentices in line with the Council’s apprenticeships strategy • Identification of skills gaps (address through outcome 2) • Improved attendance and attendance management and associated reduction in use of interims, agency workers and temporary contracts • Explore the reasons for high incidence of work-related stress and develop solutions • Progress towards an integrated workforce (in line with expectations established through the STP) • Mitigate the potential impact on workforce of budget pressures and associated workforce capacity issues

Actions to Deliver Outcomes:	<ol style="list-style-type: none"> 1. To develop a strategy for securing an effective adult social care workforce in the future with an associated workforce plan 2. Succession plans 3. Recruitment and retention plan 4. Defined career pathways to ensure a continued flow and progression through the workforce 5. Increase the number of apprenticeships within the service and make best use of the apprenticeship levy 6. Reduce sickness within existing workforce through developing a service plan to support individuals to remain healthy at work improve capability and performance 7. Equip managers to undertake effective performance management and improve the quality of practice
Council Strategy / Business Plan or other priority?	<ul style="list-style-type: none"> • STP • Cornwall Deal
Comprehensive Impact Assessment (CIA)?	<p>Yes</p>
Risks:	<ul style="list-style-type: none"> • Supply of suitably skilled and experienced individuals to meet identified workforce requirements • Retention of staff • Impact of budgetary pressures • Continued high levels of sickness impacting on resources available to deliver the Council's offer
Measures	<ul style="list-style-type: none"> • Reduction in vacancy rates and improved fill rates and reduction in Agency spend • Reduction in sickness absence figures • Improved employee survey and SW Healthcheck outcomes • Increased number of apprentices • Rebalancing of the workforce demographic profile to reflect the population of Cornwall • PDS compliance
Partners to Deliver Outcomes:	<ul style="list-style-type: none"> • STP partners • ADASS • Colleges and learning providers

Appendix 2 – Financial Plan

	Original Budget 2017/18 £m
Employees	21.069
Premises Costs	0.029
Transport Costs	0.846
Supplies & Services	4.489
Third Party Payments	165.160
Transfer Payments	2.014
Recharges	3.365
Gross Expenditure	196.972
Government Grants	(0.022)
Other Grants, Reimbursement and Contributions	(32.102)
Customer and Client Receipts	(26.463)
Income Recharges	(0.308)
Total Income	(58.895)
Interest Payable and Similar Charges	0.000
Movement in Reserves Statement	0.000
Net Expenditure	138.077

Sub Service Analysis

The Adult Care & Support services can be broken down over the following sub services:

	£m
Assessment & Care Management	16.237
Commissioned Care Costs	101.254
ACS Whole of Service	2.793
Specialist & Complex	0.664
Pooled Funds	12.475
Business Support	4.654
Total Adult Care & Support Service	138.077

Appendix 3 – Performance

The below ASCOF figures relate to national performance indicators 2015/16.

Adult Social Care Outcomes Framework (ASCOF) performance indicators 2015-16

Measure	Description	Current Source	CORNWALL	Notes
1A	Social care-related quality of life score	Adult Social Care Survey (ASCS)	19.37	
1B	The proportion of people who use services who have control over their daily life	Adult Social Care Survey (ASCS)	78	
1C(1A)	The proportion of people who use services who receive self-directed support	Short & Long Term (SALT) collection	93.7	1C - full cost service users (i.e those who pay the full direct costs of the services they receive but whose support is arranged by Cornwall Council) have not been identified and are therefore excluded from the denominator
1C(1B)	The proportion of carers who receive self-directed support	Short & Long Term (SALT) collection	100	1C - respite care is ordered against the service user and so does not appear as a carer's service.
1C(2A)	The proportion of people who use services who receive direct payments	Short & Long Term (SALT) collection	33.65	1C - full cost service users (i.e those who pay the full direct costs of the services they receive but whose support is arranged by Cornwall Council) have not been identified and are therefore excluded from the denominator
1C(2B)	The proportion of carers who receive direct payments	Short & Long Term (SALT) collection	99.7	1C - respite care is ordered against the service user and so does not appear as a carer's service.
1D	Carer-reported quality of life score	Survey of Adult Carers (SACE)	-	Not reported 2015-16. Next reported 2016-17.
1E	The proportion of adults with a learning disability in paid employment	Short & Long Term (SALT) collection	3.41	

1F	The proportion of adults in contact with secondary mental health services in paid employment	Mental Health Minimum Data Set (MHMDS)	N/A	
1G	The proportion of adults with a learning disability who live in their own home or with their family	Short & Long Term (SALT) collection	73.1	
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support	MHMDS / MHLDDS	N/A	
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	Adult Social Care Survey (ASCS)	49.4	
1I(2)	The proportion of carers who reported that they had as much social contact as they would like	Survey of Adult Carers (SACE)	-	Not reported 2015-16. Next reported 2016-17.
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Short & Long Term (SALT) collection	14.5	
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Short & Long Term (SALT) collection	497.3	
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Short & Long Term (SALT) collection	88.3	

2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	Short & Long Term (SALT) collection	2.8	
2C(1)	Delayed transfers of care from hospital, per 100,000 population	Delayed Transfers of Care data	23.3	
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	Delayed Transfers of Care data	11.7	
2D	The outcome of short-term services: sequel to service [that is people not requiring long-term services after a period of reablement]	Short & Long Term (SALT) collection	94.1	
3A	Overall satisfaction of people who use services with their care and support	Adult Social Care Survey (ASCS)	71.3	
3B	Overall satisfaction of carers with social services	Survey of Adult Carers (SACE)	-	Not reported 2015-16. Next reported 2016-17.
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Survey of Adult Carers (SACE)	-	Not reported 2015-16. Next reported 2016-17.
3D(1)	The proportion of people who use services who find it easy to find information about support	Adult Social Care Survey (ASCS)	68.2	
3D(2)	The proportion of carers who find it easy to find information about support	Survey of Adult Carers (SACE)	-	Not reported 2015-16. Next reported 2016-17.
4A	The proportion of people who use services who feel safe	Adult Social Care Survey (ASCS)	65.3	

4B	The proportion of people who use services who say that those services have made them feel safe and secure	Adult Social Care Survey (ASCS)	90.4	
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