

# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Kent



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The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

**Performing Poorly** - not delivering the minimum requirements for people.

**Performing Adequately** - only delivering the minimum requirements for people.

**Performing Well** - consistently delivering above the minimum requirements for people.

**Performing Excellently** - overall delivering well above the minimum requirements for people.

We also make a written assessment about

**Leadership and**

**Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

## 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Well</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Well</b>
<b>Outcome 2:</b> Improved quality of life	<b>Excellent</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Excellent</b>
<b>Outcome 4:</b> Increased choice and control	<b>Well</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Well</b>
<b>Outcome 6:</b> Economic well-being	<b>Excellent</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Well</b>

## Council overall summary of 2009/10 performance

The ongoing transformation of adult social care is well led by senior management and remains fully supported by key partners. There is a strong commitment to the continued development and provision of preventative services, personalisation and self directed support (SDS). A restructure of services into six localities is enabling individuals to access community services more easily, with needs met through a focus on prevention and provision of information.

Findings from the Care Quality Commission service inspection, March 2009, helped the council create and implement a robust action plan for addressing identified areas for improvement.

Of the total number of carers known to the council, who use services, a high percentage were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered and addressed. Activity in this area of work is significantly higher than the average of similar councils.

The 'Total Place' pilot aims to improve services by reducing duplication and improving efficiency across the local public sector through fully integrated health and social care services. The council strengthened the public's role in setting priorities and planning services. This is demonstrated by the recently re-designed 'Directorate Involvement Group', which is jointly chaired by a member of the public and a senior manager, giving the public direct links with the council's senior management team.

The council continues to work to deliver effective community based preventative services in partnership with both health and social care sectors. The focus on personalisation is leading to more localised commissioning arrangements as individuals are assisted to commission local community support of their choice. The development of specialist joint assessments has enabled the council and its partners to address the specific local needs of people with dementia, mental health, stroke and carers

The council aims for safeguarding to be embedded in practice across all key agencies through safeguarding co-ordinators, staff training, job descriptions and all services being required to have policies and procedures in place to help safeguard individuals. However, the actual percentage of independent sector staff who received safeguarding training has fallen further behind the average of similar councils. Although the reported number of completed safeguarding cases has increased the council's final case audit process is delaying closure of safeguarding cases on its electronic recording system. This issue must be addressed in order to ensure that monitoring and evaluation systems enable the council to satisfy the public and partners that most investigations lead to clear outcomes within reasonable timescales.

## Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

The council continues to receive robust political and senior manager leadership. The ambitious and fast developing transformation of adult social care is fully supported by key partners and there is a strong commitment to the continued development and provision of preventative services. This ambition is fully supported by the ten year 'Active Lives' strategy launched by the council in 2006, which continues to provide direction for the council in development of the transformation process. This strategy was recently refreshed, with partners and the public, to ensure its objectives are delivered within the next three years. Findings from the Care Quality Commission service inspection, March 2009, helped the council create a robust action plan for addressing identified areas for improvement.

The council continues to engage with key partners, including the independent sector, to ensure that they fully understand the implications and benefits of 'personalisation' and importantly the changes they are required to make to their every day businesses. During recent years the council has maintained a sustained shift of resources to support the development of preventative services. Much of this activity has been achieved jointly with health partners and investment in the independent sector. A key area of activity during the year was the transfer of responsibility and funding for the commissioning of adult social care for adults with a learning disability from health. This involved the council taking social care commissioning responsibility for over five hundred individuals many of whom have profound and complex needs. This successful activity was supported by a Kent wide multi-agency Project Board.

There are a range of forums, which support and promote joint commissioning, overseen by a joint senior team of commissioners from both health and social care. The continued refresh and use of the Joint Strategic Needs Assessment (JSNA) has recently helped identify the impact dementia will have on local people, which the commissioning agencies will need to be planning for to ensure access to relevant services and care pathways for this particular group of people. There is a continued focus on redesigning the delivery of social care using a SDS model and following the principles of 'Putting People First'. Subsequently, the council restructured its older persons and physical disability care management teams, occupational therapy and homecare teams.

Following consultation the restructuring resulted in the establishment of six localities across Kent, enabling individuals to access community services earlier. Individuals seeking support are offered a proportionate self assessment or assessment by trusted assessors to ensure people get the support they need without having to talk to numerous people. The council, through brokerage arrangements, help individuals to identify the support and services they need after they have been assessed.

The council are involved in an ambitious pilot, 'Total Place', which aims to improve services to individuals, by reducing duplication and improving efficiency, across the local public sector. The proposition offers significant revenue and capital savings by rationalising that estate. The pilot also seeks to make a reality of fully integrated service facilities between the council and health.

The council continue to strengthen the public's role in helping set priorities and planning services. This is supported by the recent re-design of the 'Directorate Involvement Group', which is based on a partnership model. The group is jointly chaired by a member of the public and a senior manager, giving the public direct feed into the senior management team of the council. Across the council there is strong leadership supported by financial, performance and planning systems. These are contributing factors in enabling the council to deliver a balanced budget at the end of year, whilst maintaining its eligibility criteria at a 'moderate' level. Another significant factor is the importance attached to adult social care by councillors, which has meant the availability of good levels of financial support for the provision and development of adult social care.

Implementation of the modernisation of adult social care programme has depended upon the commitment of all staff working across the social care sector. To enable this to happen the council ensure staff are able to be involved in the shaping of this ambition. Despite this major activity staff retention remains good, turnover low and sickness rates have fallen. Training has also been a major component in the delivery of the modernisation agenda. Staff within the council and across the social care sector have been involved in a wide range of training focused on personalisation, which includes SDS and enablement. Importantly this also included the development of a positive risk policy, which was implemented to help support staff manage the challenges to risk and safeguarding that personalisation can present to practitioners.

The council remain committed to an effective performance framework to monitor performance and importantly to drive future improvements. Regular reporting to all management levels helps ensure steps can be taken to address identified areas of concern. However, the council remain unable to report activity across the twelve local district council associated with the delivery of major adaptations. The data presented for nine of the twelve district councils indicates an average completion time that is more than twice that of similar councils. This is an area of activity the council must seek to address, if it is to fully understand the impact of service delivery and the impact on the outcomes for individuals.

### Key strengths

- The transformation of adult social care is well led and fully supported by key partners. There is a strong commitment to the continued development and provision of preventative services.
- The new structure of six localities is enabling individuals to access community services earlier, with needs met through a focus on prevention and provision of information, which will reduce the number coming to the council for advice and help.
- The 'Total Place' pilot aims to improve services to individuals, by reducing duplication and improving efficiency, across the local public sector and seeks to make fully integrated service facilities between the council and health partners a reality.
- The council continue to strengthen the public's role in helping set priorities and planning services. This is supported by the recent re-designed 'Directorate Involvement Group'. This group is based on a partnership model, jointly chaired by a member of the public and a senior manager, giving the public direct feed into the senior management team of the council.

### Areas for improvement

- The council remain unable to report activity across the twelve local district councils associated with the delivery of major adaptations. Data presented for nine of the twelve district councils indicates an average completion time that is more than twice that of similar councils. This is an area of activity the council must seek to address, if it is to fully understand the impact of service delivery and the impact on the outcomes for individuals

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value"*

## Conclusion of 2009/10 performance

Partnership working is focussed on leading the transformation of local services and is considered by the council as vital for the continued development of social care. The Joint Strategic Needs assessment (JSNA) has contributed to developing shared priorities and joint commissioning arrangements with health partners. Relationships with the independent sector and the current commissioning arrangements reflect the needs of individuals choosing to direct and control their own support. The views of individuals continue to be routinely collected and used extensively to deliver local priorities. This is helping to ensure the quality of commissioned services is maintained as evidenced by the home care survey and the carers and transition planning research. Commissioning is an area where individuals continue to have significant involvement and is evidenced by numerous positive activities during the year, including the modernisation of day services for individuals with a learning disability. In addition, work with local minority groups is helping shape services to ensure cultural needs are met.

As part of the council's review of its existing public involvement strategy, staff visited local black and minority ethnic (BME) groups to ascertain different ways of involving people. The council aim to use this feedback to assist them produce information and to make informed decisions about communicating with people from groups BME backgrounds. The council utilises findings from complaints to help identify problems and drive up quality. Regular reports to senior staff and lessons learnt are published in a public involvement newsletter. Additionally, the council receive regular feedback from district groups and forums about services, which also feeds into the business planning and commissioning processes. Health configurations support joint commissioning arrangements and offer a focus on pathway redesign, emphasising prevention and early intervention in critical areas such as stroke, dementia, support for carers and long-term conditions. Personalisation is also leading to more localised commissioning arrangements as individuals are enabled to commission local support of their choice from within the immediate community.

During the heavy winter snowfall the council successfully worked on capacity building with the independent sector and ensured operational readiness regarding out of hours arrangements and social care arrangements. Despite the snowfall the council, working with a range of partners and the independent sector, managed to continue with the effective delivery of a range of



community based services including meals on wheels. The council have now moved away from block contracts and remain committed to looking at new ways to commission services within an outcomes focused framework. This is illustrated by recent work in respect of the enablement services and scrutiny arrangements to monitor the quality of commissioned services. To support local commissioning the council employs a specialist demographer to collate and interpret demographic data, enabling the identification of patterns of demand and future trends. Demographic and need modelling have fed into a range of planning initiatives including the JSNA and SDS, which enable the council to identify efficiencies and is evidenced by the modernisation of day services for individuals with a learning disability. The council continues to focus on working with partners to implement the prevention agenda. This is evidenced by the jointly appointed Director of Public Health and work with district councils to implement projects focussed on housing options for vulnerable people and over the last year over two hundred and seventy extra care housing units have been delivered.

The council has in place an effective contracting function to support its commissioners, which focuses on quality and value for money. This is important as the council commission over 85% of its services from external providers and has seen a continued improvement in the quality of care services commissioned, despite not being able to offer price increases to the market. In line with the ambition of the council to promote independence and prevention, the number of individuals placed in residential or nursing establishments continues to reduce. Historically Kent has a large number of people with learning disabilities living in residential care, many of whom are from other local authorities and the council is seeking to reduce the current high costs associated with this service. This is supported by the granting of health assets to independent housing providers to develop new housing options during the period 2008/11 and local district councils developing independent housing facilities.

To assist in delivering efficiency savings the council continues to invest in the independent sector to help them deliver services in line with the rapidly developing personalisation programme and has reconfigured its in house homecare programme to provide an enablement service. The council also continue to roll out telecare and telehealth equipment and have invested in their contact and assessment centre to enable equipment to be fast tracked for eligible users at the point of contact. These actions enable the council to contain expenditure on traditional care services, despite an increasing ageing population and increased demand for services.

### **Key strengths**

- The council continues to deliver effective community based preventative services. The focus on personalisation is leading to more localised commissioning arrangements as individuals are enabled to commission local support of their choice from within the immediate community.
- The development of specialist joint assessments capture the specific needs of individuals with dementia, mental health, stroke and carers.
- The council and health partners actively promote the sharing of resources to deliver and promote independence. A range of positive examples exist including the delivery of mental health services and an integrated Learning Disability Service, with a focus on promoting independence and personalisation.

### **Areas for improvement**

- Not applicable

## Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 1** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at a **‘good’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### Key strengths

### Areas for improvement

## Outcome 2: Improved quality of life

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

## Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 2** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an **‘excellent’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

## Key strengths

## Areas for improvement

### Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 3** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an ‘**excellent**’ level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### Key strengths

### Areas for improvement

## Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

### Conclusion of 2009/10 performance

The council restructured during the year to deliver SDS support through a countywide service that offers help and information. Individuals with lower level needs can access fast track assessments and receive information, advice and guidance, access to equipment, minor adaptations and enablement services speedily. The service is operated by qualified staff to ensure decisions reached are appropriate and that individuals are signposted to a range of effective community based services that promote and encourage individuals with simple needs to remain living independently in the local community. Signposting services include the seven established ‘Gateway’s’ service and ‘Contact Kent’. The council recently undertook a survey to formally determine the effectiveness of outcomes achieved. The results will contribute to commissioning and business planning arrangements which include plans for five additional ‘Gateway’s’ across the county. The council actively reviews its range and quality of public information and available support to ensure it is both accessible and relevant to the needs of the whole local community. This is demonstrated by the recent re-design of its public website, which also included public involvement to ensure ease of access. Carers can also access information and services relevant to their specific needs. The availability of financial assessments enables individuals to access benefits.

During the year the council undertook a mapping exercise to evaluate the level of advocacy across the county and subsequently voluntary organisation agreements were revised to facilitate increased availability and access to advocacy services. Individuals continue to receive timely initial assessments of need. However, the delivery of timely care packages to entitled individuals is below the average of similar councils. As a result of the restructure of staff teams and localities and the implementation of SDS an increasing number of individuals in receipt of a care package provided by the council did not receive an annual review during the year. This is an area of activity the council must seek to address so that it can be assured the needs of concerned individuals remain appropriately addressed.

Of the total number of carers known to the council, who use services, a high percentage were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered and addressed. Activity in this area of work is

significantly higher than the average of similar councils. The use and take up of SDS, overall, is increasing although performance is below the average of similar councils. To enable individuals to maximise their personal choice and control the council must deliver on its plan to enable 30% of eligible individuals to benefit from the use of SDS options by April 2011. This target is based on evidence that SDS is now available for all new service users and existing service users at the point of a review of their needs. The introduction of SDS has meant people in minority groups with eligible needs, such as those with autism, are able to receive additional co-ordination and brokerage support in planning bespoke support that meets their specific needs. Individuals who are unable to, or do not want to manage their personal budget, are offered an option to use the 'Client Money Service', provided by the council. The council also offer criminal records bureaux checks free to people who want to employ personal assistants and provide them with access to training course run by the council.

The council is supporting people with learning disabilities to exercise choice and control over their lives and the learning disability re-provision programme is a good example of person centred planning in partnership with health. The scheme is helping people who use services to move from residential care to community settings where they are able to be more independent. The carers' emergency card now has over one thousand two hundred registered carers and provides access to support when unexpected emergencies arise. The service is offered to all carers and not just those people receiving community care services. Additionally, the council provides a range of short breaks, which benefit carers and the individuals they support. The latest carers survey commissioned showed people are satisfied with the help they received from the council.

The council, with partners, continues to offer an increasing range of community based options; to encourage and enable individuals with complex needs to live independently. Locally, approximately 85% of services are now purchased from other sources. Importantly, this approach has led to the continued reduction in the number of people admitted to residential care homes. The availability and use of assistive technology has developed through existing partnership arrangements and its use is associated with fewer hospital admissions. County wide the council now offers an assessment and enablement team providing easy access to enablement services. As well as being community focused, part of each team is hospital based, working with health colleagues to manage hospital discharges. The council has acknowledged that the popularity of the scheme has led to demand outstripping supply and therefore work is in place to increase capacity. Strategies to develop increased capacity include providing 'train the trainer' courses to the independent sector and council staff in order to increase access to enablement services.

The council is committed to promoting its complaints procedures to local communities and is keen to learn from complaints received. This is evidenced by a regular complaints report that is considered by senior staff and council members to identify current activity and lessons learnt.

### Key strengths

- A countywide service offers individuals with lower level needs easy access to information, advice and guidance, equipment, minor adaptations and enablement services.
- The council actively reviews its range and quality of public information and available support to ensure it is both accessible and relevant to the needs of the whole local community. This is demonstrated by the recent re-design of its public website, which included public involvement to help ensure ease of access.
- The council offers free criminal records bureau checks to people who want to employ personal assistants and use of their jobs website to advertise positions. Personal assistants can also access training through the council.
- The learning disability re-provision programme is a good example of person centred planning in partnership with health to move people from residential care to community settings, which is helping support individuals to live how they want and where they want.
- A high percentage of carers were assessed or reviewed during the year, which is helping to ensure the changing needs of carers are considered. Activity in this area of work is significantly higher than the average of similar councils.

### Areas for improvement

- As a result of the restructure of staff teams and localities and the implementation of SDS an increasing number of individuals in receipt of a care package provided by the council did not receive an annual review during the year. This is an area of activity the council must seek to address so that it can be assured the needs of concerned individuals remain appropriately addressed.
- The use and take up of SDS is increasing, overall, although performance is below the average of similar councils. To enable individuals to maximise their personal choice and control the council must deliver on its plan to enable 30% of eligible individuals to benefit from the use of SDS by April 2011.



### Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 5** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at a **‘good’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### Key strengths

### Areas for improvement

## Outcome 6: Economic well-being

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 6** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an ‘**excellent**’ level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### Key strengths

### Areas for improvement

## Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

### Conclusion of 2009/10 performance

The council and its partners continue to make the safeguarding of vulnerable adults a high priority with safeguarding arrangements implemented through the multi-agency Kent and Medway safeguarding adults committee, chaired by Kent’s Director of Adult Social Care. Arrangements were recently enhanced by the appointment of a Board Manager to take forward the strategic development of safeguarding issues. Safeguarding continues to be well publicised by the council and has contributed to an increase in the number of safeguarding referrals received during the year.

The council undertook an audit to understand the high number of cases reported as not complete, during 2008/09. Consequently, all adult protection cases are now audited prior to closure to ensure the resolution of any outstanding actions. Attention is paid to any cases with an inconclusive outcome. The reported number of completed safeguarding cases has since increased. However, the council’s final case audit process is delaying closure of safeguarding cases on the council’s electronic recording system. Data provided by the council indicates that 42% of cases are not closed within the council’s own standard of six months. This issue must be addressed to enable the council to satisfy the public and partners that most investigations lead to clear outcomes within reasonable timescales

An additional multi agency training consultant has been employed to further develop the multi agency safeguarding training strategy. Care and health workers are also supported through regular supervision, teamwork and training to manage complex safeguarding cases. The council utilise staff from specialist services, when required, to offer advice and support to staff working with individuals with complex needs. Safeguarding is now incorporated within staff job descriptions to help reinforce the ethos that safeguarding adults is the responsibility of all staff and is supported by a range of safeguarding training courses. Despite a range of strategies to provide safeguarding training, the council is not able to provide a clear picture of uptake in the independent sector. This is an area of activity the council needs to focus on in the future to ensure the quality of outcomes for individual who use services.

The availability of safeguarding co-ordinators ensures that learning is fully embedded in practice across all key agencies and workshops and practice sessions are routinely held with council staff to focus on safeguarding practice. The council is planning to develop an effective and sensitive way of obtaining feedback from people who have been the subject of safeguarding alerts. The aim will be to ensure victims of abuse are more directly engaged in the safeguarding process and to inform and improve practice.

During the year the council undertook a mapping exercise to evaluate the level of advocacy provided across the county and subsequently voluntary organisation agreements were revised to facilitate increased availability. Vulnerable adults going through the safeguarding process now have access to an independent advocate to represent them as required. With the on-going development and take up of SDS the council is continuously seeking ways to ensure that potential risks to the safety of individuals are reduced and this is evidenced by the increased employment of safeguarding officers. The council is mindful of the need to engage with all regulated care services, whether commissioned by the council or not, to help improve the quality and safety of the wider market place. Care providers identified as being below standard are approached and improvement plans implemented to help deliver an improved quality of service.

The council continues to work closely with partners to ensure that there is a clear understanding and expectation that failure to respect the personal dignity of service users is considered as abuse of an individual. Services commissioned by the council are required to have policies and procedures in place to help safeguard individuals. Activity is also supported by effective partnership working with the local constabulary to help raise awareness and tackle hate crime against those vulnerable individuals living within wider local communities. The arrangement for the Deprivation of Liberty Safeguards is a partnership agreement between the five key social care and health bodies in Kent and Medway. A gradual upward trend in activity in dealing with enquiries from care homes and hospitals is reported, in line with Department of Health estimates.

### **Key strengths**

- The availability of safeguarding co-ordinators ensures that learning is fully embedded in practice across all key agencies and workshops and practice sessions are routinely held with council staff to focus on safeguarding practice.
- A range of effective community based services are commissioned to enable individuals to remain living independently. These services are required to have policies and procedures in place to help safeguard individuals.
- Safeguarding is now incorporated within staff job descriptions to help reinforce the ethos that safeguarding adults is the responsibility of all staff and is supported by a range of safeguarding training courses. A significant level of training was also delivered to relevant council staff during the year.

### **Areas for improvement**

- Data provided by the council indicates that 42% of cases are not closed within the council's own standard of six months. The council must ensure that cases open for more than six months are reviewed and closed in order to assure partners and the public that outcomes for people at risk are effectively managed and the council is promoting good safeguarding practice.
- Despite a range of strategies to provide safeguarding training, the council is not able to provide a clear picture of uptake in the independent sector. This is an area of activity the council needs to focus on in the future to ensure the quality of outcomes for individual who use services.
- The council must deliver on its plan to develop an effective and sensitive way of obtaining feedback from people who have been the subject of safeguarding alerts. This will ensure victims of abuse are more directly engaged in the safeguarding process and to inform and improve practice.