## CQC Annual Performance Report 2008/09

## **Improvement Plan**

	CQC Comment	Improvement Actions	Lead Officer
Outcome 1	Having recently reviewed data presented to the	The Council and NHS partners have	Paul Martin
Improved	Department of Health in respect of hospital	reviewed the process for data	
Health and	'delayed transfers of care' the council is aware	collection and revised this in the	
wellbeing	the overall numbers of people delayed is	light the issues identified. A revised	
	accurate. However, whether individuals are	and robust process has been	
	delayed for social care or health reasons is less	implemented and all partners are	
	accurate. A higher number of individuals were	confident in the data quality. There	
	recorded, in error, as being 'delayed' due to		
	social care reasons and therefore distorts the	General Manager, Adult Social	
	originally submitted data. The council and Health	Care.	
	partners are fully committed to revising their data		
	recording systems to enable future data to be	Nationally arrangements have been	
	presented accurately.	made for all local authorities to	
		have access to the reports sent into	
		the national data base (UNIFY 2).	
	The percentage of systematic reviews undertaken	A new Reviewing Team has been	Karin Divall
	to measure outcomes achieved for individuals	established within Adult Social Care	
	known to the council has reduced. The council	and started work with effect from	
	must ensure activity does not reduce further	October 2009. Actual and planned	
	considering performance is now below the	activity within this team will deliver	
	average of similar councils.	the improvement target of 82%.	

		There is an improvement plan and increased resources in place for Learning Disability Reviews to achieve our target of 82%. We also introduced Outcome focussed reviews in April 2009.	Jugal Sharma
Outcome 2 Improved quality of life	No specific improvements required		
Outcome 3 Making a positive contribution	Whilst the council has in place all the mechanisms for consultation and engagement with the voluntary sector, the latter report a shift in power base is required if the voluntary sector is to be fully influential. This perception is acknowledged by the council who are committed to exploration and resolution.	current arrangements for engaging with voluntary sector partners. We will also meet with the sector as a collective group to look in more	Denise D'Souza
		We will explore and resolve our engagement with LD voluntary sector partners and self advocacy groups through review of LD	Jugal Sharma

		Partnership Board with new arrangements in place by April 2010. We will also contribute to work to improve voluntary sector partnerships across client groups.	
Outcome 4 Choice and Control	No specific improvement required		
Outcome 5 Freedom from Discrimination and Harassment	No specific improvements required		
Outcome 6 Economic well being	No specific improvement required		
Outcome 7 Dignity and Respect	The council should ensure that its safeguarding strategy is fully accessible to people who fund their own social care, considering the developing personalisation agenda.	The Safeguarding Board is now chaired by the DASS and has refreshed terms of reference.  An action from the November 2009 Board meeting is that all partners will carry out an audit of communication/information so that the Board can be assured that information is readily available for people regardless of whether they receive services currently from	Karin Divall

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ASC. The BHCC leaflet has also been	
revised and has been distributed	
widely to ensure that people, again	
regardless of whether they fund services or not, have up to date	
information about where to go for	
advice and support.	
The BHCC single Access point which	
was established in May 2008	
provides information and advice	
and signposting to people	
regardless of whether they fund	
their own services.	