

ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR CAMBRIDGESHIRE AND ACTION PLAN

To: Cabinet

Date: 5 July 2010

From: Service Director: Adult Support Services

Electoral division(s): All

Forward Plan ref: Not applicable **Key decision:** No

Purpose: To present to Cabinet a Progress Report on the 2008/09 Annual Performance Assessment Action Plan for Social Care Services for Adults for Cambridgeshire.

Recommendation: Cabinet is asked to note and comment on progress against the Action Plan for the 2008/09 Annual Performance Assessment for Social Care Services for Adults for Cambridgeshire.

<i>Officer contact:</i>		<i>Member contact</i>	
Name:	Claire Bruin	Name:	Fred Yeulett
Post:	Service Director – Adult Support Services	Portfolio:	Adult Social Care, Health and Wellbeing
Email:	Claire.bruin@cambridgeshire.gov.uk	Email:	fred.yeulett@cambridgeshire.gov.uk
Tel:	01223 715665	Tel:	01223 699173

1 BACKGROUND

- 1.1 The Care Quality Commission (CQC) makes an annual assessment and judgement on Adult Social Care Services. The judgement is made drawing from the following information collected throughout the year:
- Regular meetings with the Area Manager
 - The annual Self Assessment Survey, which contains quantitative (including the formal performance indicators (PIs)) and qualitative information, submitted in May
 - Any fieldwork inspections
- 1.2 The annual performance assessment framework uses the 7 outcomes set out in the White paper: Our Health, Our Care, Our Say:
- Improved health and emotional well-being
 - Improved quality of life
 - Making a positive contribution
 - Increased choice and control
 - Freedom from discrimination or harassment
 - Economic well-being
 - Maintaining personal dignity and respect
- 1.3 The process for the Annual Performance Assessment was revised in 2008 – 09. The star rating system has ceased. Instead, the assessment of performance in terms of delivery of outcomes is graded individually and then aggregated up into an overall graded judgment.
- 1.4 The assessment is made of two components:
- Delivery of Outcomes Assessment: a grading scale of “poor, adequate, well and excellent”, on the delivery of the seven outcomes,
 - A written assessment for Leadership and Commissioning and use of resources.
- 1.5 In December 2009 the Care Quality Commission judged that overall Cambridgeshire County Council is performing ‘Well’ in its delivery of outcomes for people using Adult Social Care services.
- 1.6 As part of the judgement, CQC noted seventeen Areas for Development for the Council to consider. In response, the Annual Performance Assessment Action Plan for 2008-09 was developed and agreed at Cabinet in January 2010.
- 1.7 This report provides an update on progress in implementing the Areas for Development of the Action Plan.

2.0 PROGRESS IN IMPLEMENTATION OF THE ANNUAL PERFORMANCE ASSESSMENT ACTION PLAN 2008-09.

- 2.1 The Action Plan provides details of the actions agreed, progress made and evidence of how the progress has delivered positive outcomes for service users and family carers. This is set out in Appendix 1. The implementation of the Action Plan is being managed through the Quality for Adults Programme Board and

monthly reporting on an exception basis takes place at the Programme Board. Over the course of the previous six months there has been considerable progress. Eight of the seventeen areas for development have now been completed (BLUE), seven have reached a stage where there is good progress (GREEN) and two areas are making some progress (ORANGE). The progress against the Action Plan has been colour coded to show the overall progress against the recommendations. The progress made against the Action Plan has been reported to CQC at the regular business meetings, the last of which was in April, so the CQC Area Manager is aware of the positive progress that has been made and the ongoing actions to deliver on all the recommendations

2.2 Exception reporting

Of the seventeen Areas for Development which were included in the Action Plan, only two are reported as ORANGE through this exception reporting. Examples of the progress that has been made within these areas is detailed below, however, at this stage, insufficient progress has been made to merit the Red / Amber / Green (RAG) rating of GREEN:

The Exception areas are:

Area for Development 1 – Further improvement is needed to increase the number of reviews for people in receipt of services.

Activity here has included:

In the Disability Service

- Weekly monitoring of targets.
- Dedicated staff conducting reviews– but all practitioners carry out reviews.
- Grouping of reviews being implemented – i.e. all service users at a service provision are reviewed, or multiple services for an individual are reviewed together.
- Increased staff allocated to support review process during implementation of the Transformation of social care agenda.

• Older Peoples / Occupational Therapy Service

- Increased performance for reassessments and reviews.
- Established a dedicated review team.
- Assistive Technology reviews are linked with social care reviews.

Despite the activity outlined above, review activity overall has remained below target. However, the percentage of reviews completed in the performance year that has just ended has increased. For 2009 – 10 provisional figures indicate 73% of people who use services will have had a review, in 2008-09 this figure was 69.2%.

Area for Development 2 - There needs to be a continued focus on reducing delayed discharges from hospital, particularly those attributable to social care.

The Executive Director of CAS and Chief Executive of NHS Cambridgeshire continue to meet with senior managers of acute and community providers to manage the reduction of delayed transfers of care. This work has been supported by GO East who have confirmed that pressure in the system is contributed to by (i)

Addenbrookes have a high level of conversions from A&E attendances to admissions, (ii) the difficult winter impact on health care and emergency care admissions; (iii) the successful reduction of length of stay in acute hospitals, (from 26 days average to 11 days) which has led to people being discharged with a higher degree of volatility. Objectives agreed to prevent admissions, maximise intermediate care and reablement, and improve management of long term conditions, readmissions, support for carers and end of life issues.

3.0 OUTCOMES ACHIEVED FOR SERVICE USERS AND CARERS

The Action Plan attached as Appendix 1 lists Outputs and Outcomes for each Area of Development to demonstrate improved outcomes for service users and family carers. A small number of positive examples have been included here to highlight the impact that has been made on service users' and carers' lives.

Area for Development 4

Following a hip fracture an elderly woman returned to the home she shared with her daughter but found that the layout of the property was overly restrictive, even with equipment and simple adaptations. Her daughter was at work all day and she was becoming socially isolated and very lonely. A reassessment led to her being considered an urgent case for re-housing within Extra Care. She moved to a spacious level access flat which she can easily move around within, and was able to toilet without the use of a commode. She immediately joined in with the majority of the social activities on offer. She was able to move herself in her wheelchair to the dining room and independently transfer from her wheelchair to a dining chair to retain her independence. She has forged many friendships and often now receives visitors to her home. She has benefited from living within a building which has level access throughout, also from having social interaction with others over lunch and at social functions. When her daughter visits she now has quality time with her Mother. She is fiercely independent and by living within Extra Care she is able to retain that independence but have access to the support and care she may need now or in the future.

Area for Development 8

Like many young men, Alan planned to share a house with a friend after leaving college. But, in his third and final year, he decided that he didn't want to finish his course and came home to live with his family in a small village south of Cambridge. Alan's family talked to him about what he wanted from his life. He didn't like the idea of going to a day centre and he didn't want to do another college course. He wanted to do things he enjoys, like going to the gym, going bowling, going shopping and doing activities like cooking, writing and photography. After finding out about personal budgets, the family put all of Alan's interests into a weekly plan. The plan was agreed with Alan's mother acting as his agent and managing the personal budget on his behalf. One year into his personal budget Alan is really making the most of the opportunities it has given him, and his week is full of the things he likes to do as well as the things that he needs to do. He goes to the local gym, shopping and bowling, and spends time at home when he cleans his room and cooks his lunches. He makes decisions about how he wants to be supported and the role he wants his PAs to take. Alan's mother says: 'Alan is gaining confidence by the day, his general health has improved and he is now a very fit young man. He has taken up running and swims at the local pool three times a week. He has plans to go back

to college one day a week to take a pottery course, he is also looking for work experience as one of his goals is to have a job.'

Area for Development 12

Cambridgeshire's innovative Homeshield scheme, is providing positive outcomes for older and vulnerable people in the community who are not always known to services. The scheme is an outreach referral service, for older and vulnerable people. The scheme ensures support is received from a range of organisations helping people to stay safe, healthy and happy in their own homes. Over the first year of the project the total number of referrals into the scheme was 219 and this was from 22 different referral sources. The greatest number of onward referrals was to Cambridgeshire Fire and Rescue Service for fire safety checks (include the fitting of smoke alarms). There were 70 referrals to the Pension Service, of which 39 were eligible for follow-up for benefit checks, 13 of whom were found not to be claiming their full entitlement. During the year the total value of benefits gained is £48,224.00 per year. A 92 year old woman living alone in her bungalow was referred to the Homeshield scheme by a Fire Officer who visited to assist following reports of a number of small fires, for instance, caused by a toaster setting bread alight, and found that she had no heating and hot water in her home. Support from Homeshield and a referral to a local charity have enabled the lady to have her heating and hot water problems resolved, and her garden has also been renovated.

Area for Development 15

Carers are supported via carers assessments to look at their own employment needs and what support they would require to enable them to continue or regain employment. Implementation of the Cambridgeshire Carers Strategy includes a standard on Economic Wellbeing to support carers to ensure they are informed and assisted to access benefits and grants to which they are entitled; able to take advantage of opportunities for work if they wish to do so; and working carers are supported to remain in employment through carer-friendly employment practices. For instance, a young person with a learning disability was offered a college course that only covered three and half days a week. The team supported this young person via their support plan to find other activities and support to enable mum to continue to work full time.

SIGNIFICANT IMPLICATIONS

4.1 Resources and Performance:

- 4.1.1 Successful implementation of the action plan, which includes actions in relation to a number of specific indicators, is required to continue to improve local services and build on the improved performance judgements of the last two years. This requires the following resources to be deployed to support the necessary work:
- 4.1.2 Continued capacity for project management to support the work within the Quality for Adults Programme. This resource has been secured, following identification of resources from the Office of Corporate Services and use of the Modernisation Grant for the Transformation of Adult social care.
- 4.1.3 Work being undertaken within existing resources, using current staff expertise to develop policies and procedures, improve processes and deliver necessary training.

4.2 Statutory Requirements and Partnership Working:

- 4.2.1 NHS Cambridgeshire, Cambridgeshire Community Services and Cambridgeshire and Peterborough NHS Foundation Trust play key roles in delivering parts of the action plan on behalf of the County Council. Existing governance arrangements will be used to ensure that partners deliver their responsibilities in respect of the action plan.
- 4.2.2 The introduction of Self Directed Support has been required by Government via the Local Authority Circular Transforming Social Care (January 2008), and is being taken forward in close partnership with social care delivery partners, especially NHS Cambridgeshire, Cambridgeshire Community Services and the Cambridgeshire and Peterborough NHS Foundation Trust.
- 4.2.3 Separate work is being undertaken with Providers, including the Council's in-house services, via a "champions" group, who are working alongside contracting colleagues in a positive way to meet the challenges of Self Directed Support. The group has representation from across the local social care sector, including voluntary organisations. This group will help the Council (and its commissioning partners) think through the best approaches to maintaining market stability for vulnerable groups, whilst choice will increase and undoubtedly people directing their own support will begin to move around an evolving market place. This will challenge Providers, including in-house services, to provide high quality services at affordable prices that individuals will wish to purchase, as the Council moves away from block contracting and service users (and their support networks) become the main "customer" of Providers.

4.3 Climate Change

- 4.3.1 There are no significant implications for any of the headings within this category, although as services move to more modern and more localised arrangements, environmental considerations will play a greater part, and it is possible that less people (staff and service users) will be travelling as often or as far.
- 4.3.2 Working on service improvement across the county and across organisations requires staff who are based in different parts of the county to work together. Wherever possible travel will be minimised by less reliance on face-to-face meetings. Where meetings are required, attempts will be made to rationalise these so that staff can cover a number of meetings at one site. Hot desking, for Council staff and partners, in each others' buildings will continue to be promoted to support this approach.

4.4 Access and Inclusion

- 4.4.1 A greater role for the voluntary sector (and community groups in general) is envisaged in the future, as individuals begin to make their own choices about support in their local communities, including possibly moving away from the more traditional sources of support.
- 4.4.2 Work has started on ways to make information about services on offer easily accessible to people directing their own support and to employees, especially care managers, contact centre staff and other community groups. This is crucial to

enable individuals and their supporters to make informed choices, and to help the Council and its partners make good judgements about “market shaping” based on individual purchasing decisions, whether “self funders” (people who pay the full cost of their social care services) or not.

4.5 Engagement and Consultation

- 4.5.1 Building on the positive work of engaging service users and family carers, we need to continue to find ways to ensure that minority groups and communities are included within these arrangements. Contacts and communication channels that have been established during 2008/09 will provide the basis for improving the involvement of people within minority communities.

5.0 RESPONSE TO THE SUMMARY REPORT OF THE 2008/09 ANNUAL PERFORMANCE ASSESSMENT

- 5.1 The last year has been a positive year for Adult social care across Cambridgeshire, delivering improved services for the people of Cambridgeshire, and building on the positive recognition of the “2 star” rating for 2007 / 08 and achieving the performing “Well” assessment for 2008 – 09. Staff in the County Council and partner agencies have continued to work hard to deliver these improvements, supported by County Councillors and Non-Executive Board Members of NHS Cambridgeshire, and we are continuing to work to further improve services.

<i>Source Documents</i>	Location
Annual Performance Assessment Report 2008 / 09, Care Quality Commission	Room B310, Castle Court Cambridge