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

To: Cabinet

Date: 27th September 2011

From: Acting Executive Director: Community and Adult Services

Electoral division(s): All

Forward Plan ref: N/a Key decision: No

Purpose: To present to Cabinet:

 An update on work undertaken to address the areas for improvement set out in the Care Quality Commission's Assessment of Performance Report 2009/10

 An update on the approach being developed to update the Annual Performance Assessment.

Recommendation: Cabinet is asked to:

- 1) Note the content of the report and the progress made in implementing the current action plan
- 2) Continue to support the role of Adults, Health and Wellbeing Overview and Scrutiny Committee in receiving exception reports where actions are rated "amber" or "red"
- 3) Receive a further report at its meeting in December to approve the Local Account and Action Plan prior to publication
- 4) Delegate to the Service Director: Strategy & Commissioning (Adult Social Care) and the Portfolio Holder for Adult Social Care the responsibility of agreeing with the Chair of the Adults, Health and Wellbeing Overview and Scrutiny Committee how the Committee will be involved prior to approval being sought from Cabinet.

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1. BACKGROUND

- 1.1 The Care Quality Commission (CQC) formerly made an annual assessment and judgement on Adult Social Care Services. The judgement was 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 2010
 - Any fieldwork inspections
 - Extended Summer Routine Business Meeting, held in July 2010.
- 1.2 In 2009/10, CQC did not undertake a fieldwork inspection of adult social care services in Cambridgeshire, nor request to meet with service users and family carer focus groups, but did speak on the telephone to family carers as part of the extended Summer Routine Business Meeting in July.
- 1.3 The Assessment of Performance framework used the seven 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.
- 1.4 The assessment is made up 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 The process for the Assessment of Performance was revised in 2009/10, with a self-declaration process being introduced for the annual Self-Assessment Survey. This resulted in councils being required to submit a Self-Assessment only for the outcome areas where they wanted to demonstrate improvement from the previous year's assessment, except for the outcome area Maintaining Personal Dignity and Respect, which considers safeguarding amongst other information. In addition, all authorities were required to complete responses on Leadership and Commissioning and Use of Resources. For Cambridgeshire, this meant that the Self-Assessment Survey

presented information relating to four Outcome Areas: 2 – Improved Quality of Life, 3 – Making a Positive Contribution, 4 – Increased Choice and Control and 7 – Maintaining Personal Dignity and Respect. The Care Quality Commission did, however, reserve the right to request a full Self-Assessment Survey from up to a quarter of councils. Although Cambridgeshire Adult Social Care Services was not required to complete a full Self-Assessment Survey, officers and partners worked hard to ensure that evidence across all outcome areas was gathered.

1.6 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, with two Outcome Areas rated as Excellent. The table setting out the judgements is below:

Delivering Outcomes Assessment - Overall Council is performing:	Well	
Outcome 1: Improved health and well-being	The council is performing:	Well
Outcome 2: Improved quality of life	The council is performing:	Excellent
Outcome 3: Making a positive contribution	The council is performing:	Excellent
Outcome 4: Increased choice and control	The council is performing:	Well
Outcome 5: Freedom from discrimination and harassment	The council is performing:	Well
Outcome 6: Economic well-being	The council is performing:	Well
Outcome 7: Maintaining personal dignity and respect	The council is performing:	Well

1.7 The Care Quality Commission also noted a number of areas for improvement under each of the 7 outcome areas, and an Action Plan was drawn up in response. The Draft Action Plan was presented to Cabinet on 15th February 2011, where it was approved. It was also agreed that a progress update would be presented to Cabinet after six months and that exception reports would be presented to the Adults, Health and Wellbeing Overview and Scrutiny Committee, if actions to implement the improvements were not progressing well.

2. PROGRESS AGAINST THE ACTION PLAN

2.1 Progress is shown by the coloured rating in the Action Plan (Appendix1). The ratings used are:

• Blue: completed

• Dark Green: very good progress

• Light Green: good progress

Amber: attention from Lead Officer

Red: attention from Lead Officer's manager

2.2 As of September 2011, actions in the Action Plan are rated as shown in the table below. Good progress is being made on most actions, or they are completed.

Rating	Number of actions
Blue	17
Dark Green	6
Light Green	17
Amber	2
Red	0

- 2.3 One action in Area for Improvement 2 is rated Amber. The action is to capture County Council, NHS, City and District activity and investment on prevention and develop and implement joint plans to deliver prevention services more efficiently and effectively. The prevention mapping exercise has closed, and a report is being submitted to the health and wellbeing officer group in October. Therefore the action is now progressing well, but is behind the original timescale.
- 2.4 One of the activities within Area for Improvement 8 is rated amber. The action is to work with the Voices for Change group to support the transition to a Partnership Board, providing infrastructure, guidance and training as necessary, with a timescale of the end of July 2011. The key issue for the Council and Voices for Change is that the views of minority groups are heard and taken into consideration in planning and developing services. To progress this, the Service Director: Strategy and Commissioning (Adult Social Care) is meeting with the Chair of Voices for Change to discuss the best way for the Council to support the group in the context of the new Health and Wellbeing Board and network and the development of Local HealthWatch.

3. CHANGES TO THE ANNUAL PERFORMANCE ASSESSMENT

- 3.1 In early 2011, CQC announced that the 2009/10 APA would be the last Annual Performance Assessment of local authorities. Annual assessments and routine inspections of councils by the CQC are to be replaced by "local accounts" on the standard of services, which would be reviewed by other councils or user-led groups, and authorities will be inspected by CQC only when risks are identified.
- 3.2 In response, the Council has developed its own approach to assessing its performance, working with other authorities in the East of England. Improvement East supported a regional partnership to develop a

benchmarking tool, and Adult Social Care are currently completing this and writing a self-assessment, which will be completed by the end of September. The work focuses on the Council's performance in 2010-11.

- 3.3 In mid-October, a peer review team has been invited to challenge our self-assessment and carry out an assessment of our performance, identifying areas for improvement. The work will be led by Jeff Hobden, an external Social Care Specialist, supported by a team including representatives from Cambridgeshire Local Involvement Network, and Council and LGSS Employees.
- 3.4 The peer review team will provide their final feedback to the Council before the end of October, and a new action plan will be developed to replace the existing APA Action Plan in November keeping to the same timescale as the previous CQC inspection regime. Cabinet will be asked to approve the Local Account and Action Plan to address the areas for improvement identified through the peer review, prior to its publication. The involvement of Adults, Health and Wellbeing Overview and Scrutiny Committee prior to seeking approval from Cabinet will be agreed through discussion with the Chair of the Committee.

4. SIGNIFICANT IMPLICATIONS

4.1 Resources and Performance:

- 4.1.1 Successful implementation of the Area for Improvement 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 previous years. This requires the following resources to be deployed to support the necessary work:
 - 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.
 - 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 NHS Trust and Cambridgeshire and Peterborough NHS Foundation Trust play key roles in delivering parts of the action plan on behalf of the County Council. Continued focus on partnership working, and the

- arrangements that underpin them, 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 NHS Trust 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 increasing choice and the range of opportunities, whilst maintaining market stability for vulnerable groups. 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.
- 4.2.4 The new approach to reporting on the Council's performance has been developed in partnership with other local authorities in the region, to allow continued learning and benchmarking between organisations.

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 fewer 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 is underway 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 ensure that minority groups and communities are included within these arrangements. Contacts and communication channels that have been established will to be used to improve the involvement of people within minority communities.

Source Documents	Location
Annual Assessment of Performance Report 2009 / 10,	3 rd floor
Care Quality Commission	C wing
•	C wing Castle Court
	Cambridge