

Appendix 1

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :CAMBRIDGESHIRE

| Contact Name | Job Title |
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| Barbara Skinner | Compliance Manager |
| <p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>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.</p> <p>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.</p> <p>We also make a written assessment about</p> <p>Leadership and Commissioning and use of resources</p> <p>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.</p> | |

2009/10 Council APA Performance

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

Council overall summary of 2009/10 performance

The Council has a clear vision for the delivery of the transformation of adult social care services and has made significant progress on the transformation pathway. The progress on this aspect of service delivery has not been achieved at the expense of any other service and the Council has demonstrated the necessary drive and ambition to deliver improved outcomes and to address increasing demand for services related to demographic growth within a period of economic constraint.

Partnership working is afforded a high priority and the benefits accrued from it are evident in the delivery of a broad number of services, with a high proportion being delivered under section 75 partnership agreements. Relationships between the Council and NHS partners are strong and clear with little or no duplication of roles or responsibilities. The target to introduce self directed support to people who use services has been exceeded ahead of time, with performance above that of comparator councils. There is clear political support provided to the department. The action plan outlining the contribution to be made by the department to address budgetary pressures and efficiency savings has been robust whilst protective of essential outcomes for people who use services.

Advocacy and carer services are comprehensive, making a difference to a significant number of people served by the Council. The views and contributions both of people who use services and organisations representing users are considered by the Council to be integral to the ongoing development and review of services. The Council has a strong history of engaging with volunteers and voluntary organisations.

Safeguarding has continued to be one of the priority areas and the focus on this area of work has been clear and apparent in respect of commissioning and contract practice, with the Council taking swift action when matters related to safeguarding may be an issue of concern.

Throughout 2009/10 the areas of improvement identified from the previous assessment of performance report from 2008/09 have been monitored during routine meetings between the Council and the Care Quality Commission. It was noted that progress has been maintained on these areas as well as on new priorities and developments identified by the Council.

Leadership

“People from all communities are engaged in planning with councillors and senior managers. Councillors 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 has a clear vision in respect of adult social care, which is well supported by councillors. In 2009/10, the Council published the Cambridgeshire response to the ‘Transformation Agenda’ in respect of social care. The Council continues to make good use of the Joint Strategic Needs Analysis (JSNA) ensuring that the inequalities and areas of need identified are addressed through joint action plans with partners agencies. Partnership working remains a strength, which is evidenced in a number of work streams across adult social care.

Strong leadership of the department, which also includes community services, has made a positive contribution to addressing budgetary pressures faced by the Council whilst remaining focussed on delivery of services to meet the social care needs of adults. The benefit gained from the joining together and the integration of both community and adult services has led to the development of a wide range of integrated services which are well placed to meet the needs of the community in general and support of the more vulnerable people in particular. The leadership is well supported by strong councillor delivered governance in respect of performance management and commissioning practices.

There is a strong Council focus on the ‘Transformation Agenda’ and the achievements in respect of meeting the early milestones of ‘Putting People First’ are positive indicators for the future. The increased uptake of self directed support, well above comparator councils, has been achieved in part by the support provided to staff to enable them to fully understand the benefits of personalisation and self directed support; in addition person centred planning and outcome focus training has been rolled out across all teams.

Staff training and development have been focussed on through the Council priorities of ‘Putting People First’, carers, adult safeguarding and leadership. Whilst staff turnover and staff vacancies have both risen since last year, the level of staff sickness has significantly reduced to a level well below comparator councils.

A strong performance management culture is embedded in practice across adult social care with robust governance and monitoring arrangements in place. Progress is reported at all levels of the organisation including at Cabinet level.

Key strengths

- The Council has a clear and consistently articulated vision about the transformation of Adult Social Care and about the outcomes to be secured for people using these services.
- There is strong corporate and political support with aligned business planning and budget setting arrangements in place.
- Joint working and partnerships arrangements with health have secured optimum efficiencies without compromising outcomes.
- Effective performance management strategies has contributed to improved performance across all aspects of service delivery.

Areas for improvement

- Ensure that the ethnicity of the workforce is recorded to ensure that the Council is able to monitor equality in terms of employment and gauge if there are any barriers to employment or career progression.
- Continue to work with other Council departments and partners in pursuit of full delivery of the transformation agenda and putting people first.

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

The Joint Strategic Needs Analysis (JSNA) continues to be a key tool in the Council’s service planning and development activities. Refreshes of the JSNA are planned and supported by the Council and health partners.

Relationships with health colleagues, independent providers of adult social care and the third sector have continued to be good. The Council has been clear about what it expects from providers of commissioned or funded services, and has taken clear action with partners when services have not been delivered to acceptable standards of safeguarding or quality. Monitoring and review processes consider quality issues from the perspective of people who use services and their carers, and overall people report improved outcomes.

Although no new extra care sheltered housing schemes opened in 2009/10, the Council has worked to ensure that the client focussed joint commissioning strategies will progress plans for more preventative services in the forthcoming year. The aim is that of developing greater choice through various strands of work including the development of new extra care sheltered housing schemes (that will become available in 2010/11) and from September 2010 a county wide re-ablement service to support people and reduce their need for long term support whilst improving their health and well being. Of the three planned extra care sheltered housing schemes for 2010/11 two will include intermediate care services to be provided by health partners. Commissioning strategies, contracts and service level agreements have been developed on outcome based specifications and the Council has further embedded outcome monitoring processes as part of contractual agreements and quality assurance processes. The contracts commissioning team has worked closely with independent sector providers to prepare for the challenge that may be encountered with people using self directed support. Another strand of work in respect of the prevention agenda is the intention to work with care home providers to reduce hospital admissions, with some focussed support of the provision of end of life care.

The Council meets regularly with a representative provider group, involving and informing them in market shaping activities and sharing with them the future direction of care provision and the transformation agenda.

Key strengths

- Effective and targeted use of Joint Strategic Needs Analysis.
- Introduction of outcome based commissioning and contract monitoring processes.
- Outcome monitoring processes within assessment and review processes demonstrating improvement across all outcomes.
- There is an established culture of service development based on the views of people who use services and their carers.

Areas for improvement

- Continue to lead on the development of extra care sheltered housing schemes in 2010-11.
- Work with and support care home providers to become more skilled and confident in providing end of life care and reduce hospital admissions.
- Implement the plans for a county wide re-ablement service supporting people to remain independent and stay in their own homes.

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| Outcome 1: Improving health and emotional well-being |
| <i>“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”.</i> |
| Conclusion of 2009/10 performance |
| “The Care Quality Commission has agreed to accept 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 ‘performing well’ level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.” |

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 Council have provided support to ensure that people have a good quality of life by maintaining a high degree of independence. People who have complex support needs and their carers benefit from the delivery of personalised support and the services are able to meet the needs and individual preferences as they change. The numbers of people helped through intensive homecare have increased for people who use services and are in line with or above comparators.

The Council have also worked in partnership with the voluntary sector developing a signposting service to advertise the range of services and opportunities available. The Council in conjunction with the voluntary sector provide a range of support services, social events and activities for carers leading to an improvement in aspects of their quality of life.

Council performance in respect of minor and major adaptations have continued to be good contributing to people getting help and support to remain independent in their own homes. Response to surveys about the impact of receiving equipment and adaptations were positive from a high proportion of people in respect of helping them to remain independent. The Council need to ensure that it utilises feedback about the impact of using equipment and adaptations for individuals to achieve the best possible outcome for the person in receipt of the service.

The wide range of rehabilitation services that are available has contributed to helping people to self care and reduce the need for hospital care or care from a healthcare professional.

Support for carers had increased and carers were having more services specifically to support them, with improved access to respite care. The individual support plans and emergency care plans are valued by carers enabling them to feel recognised for the care they provide and be less isolated.

The Council has successfully promoted the use of assistive technologies and equipment available to people who use services

and, through some specific initiatives, has increased knowledge about what is available to groups of staff and to groups of people who previously did not use this equipment in large numbers. Some specific piloting of tele-health equipment has led to positive outcomes for people who tried the equipment and the Council is negotiating to ensure that there is continued use now that the pilot programme has concluded.

Key strengths

- A specific short term independence unit has been established for people with physical and/or learning disabilities that has helped more people to become independent.
- The range of general and specialist inpatient and day attendance rehabilitation services provided has supported more people to return home early from inpatient treatment and has supported some people to need reduced packages of care.
- Carers have well developed support plans, including emergency care plans and have ease of access to free and independent advocacy.
- Assistive technologies and equipment have been well promoted by the Cambridgeshire who have used a variety of strategies to ensure that people who use services and staff are aware of the wide range of equipment that is available, with an increased uptake amongst some client groups.

Areas for improvement

- Continue as planned to increase the provision of extra care housing across the county, addressing the needs of people from all client user groups.
- Utilise feedback about equipment and adaptations to ensure that individual support requirements are being met.

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

Volunteering is well established in the county and people who use services are able to become involved in shaping and developing services. The ongoing consultation with user-led and voluntary organisations and the support mechanisms in place are effective and contribute to ensuring that the views of people who use services and carers are considered integral to the way services are delivered and run. People have access to support to enable them to become involved at all levels and the partnership boards are particularly active in the county.

The Council has ‘user participation contracts’ in place and groups of people have been involved in carrying out equality impact assessment of material or outcomes from some work streams.

Carers and people who use services provide training to staff, to carers groups and to external groups ensuring that the views and experiences of people who use services are utilised to make a difference to the way services are provided and developed. Feedback from people contributing either to the design or delivery of training for staff has been highly valued.

The Council is involved with a number of volunteering schemes, continuing to help and support people to volunteer in their own communities in a wide range of roles. Through a specific Council programme a number of people who use services who have commenced volunteer work has increased and the Councils plans to continue with this programme in the forthcoming year aiming to further increase confidence of individuals involved, avoid social exclusion and support people to make a positive contribution.

The Council is committed to ensuring that people from minority ethnic communities are supported to become fully involved in all aspects of shaping and developing services. In addition to some specific minority groups that contribute to service development, the Council are involved in supporting the development of a partnership board to strengthen the overall profile of people from minority groups.

Key strengths

- Partnership boards are actively involved with the Council in the development of all services and promotion of issues of particular relevance to specific client groups.
- User led organisations are well established and feed into service development and ongoing service review, and have been particularly active in respect of the use of self directed support.
- There is a strong and active voluntary sector which provides a range of support to people who use services and carers across the county.
- The Council is engaged with the local involvement network (LINK).
- User groups who are not part of a wider network are also able to be involved in providing an insight to inform service delivery and design.

Areas for improvement

- Proceed with plan to support the development of a partnership board for people from minority groups.
- Continue to support the development of an improved transitions service for parent carers and young people.

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 roll out and delivery of self directed support to people who use services has been successful over the past year with the Council exceeding its own milestone early. The Council has ensured that people who use service and carers are able to choose from a wide range of support to determine how their needs for personal care and support are met. There is a wide range of advice and information available to support this choice and the Council has ensured that people who are unable to make independent decisions have access to the support of advocates. People who are funding their own care and support needs are also provided with information about accessing information and support is provided by third sector organisations to support people who are self funding. There are specific carer advocacy services available as well advocacy for people who use services with particular needs and advocacy for people from minority communities.

There are a wide range of support services available to help people including access to comprehensive out of hours support. To aid communication between staff teams the Council has commenced co-locating services at the same base as the customer care centre, which is the gateway to all social care services in the county and where out of hours is located, The Council do not receive an excessive number of calls out of hours but do plan to maintain the service with no reduction on hours which includes Saturday mornings. Support is provided by a range of agencies and includes the provision of day services for people with dementia in a more rurally isolated part of the county, which is supporting carers to continue in their caring role. Specific support is available for carers from the Council and charities as well as through informal peer support groups.

The support care needs of the majority of people are reviewed regularly and the Council needs to work with the mental health trust to ensure that people who use mental health services are reviewed regularly.

Whilst an increased number of carers have been supported by either the Council, voluntary agencies or partner organisations the numbers receiving a review or an assessment has remained low and the Council need to consider how this opportunity for carers to have their needs reviewed or assessed can be increased.

Independence is supported via a range of means and the planned provision of more extra care housing in 2009/10 was not met but has been the postponed with anticipated delivery in the forthcoming year 2010/11. Whilst the Council does have an

established re-ablement and prevention pathway it is not been available across the whole of the county. The Council has been involved in drafting a county wide re-ablement plan which will commence in September 2010. It is anticipated that this service will increase the number of people who with the appropriate support will be able to successfully manage without (or with less) statutory support with no negative impact to their health and well being whilst maintaining greater independence and control.

Key strengths

- Significant progress has been made in ensuring that more people who use services receive self directed support.
- Cambridgeshire have systematically introduced self directed support via specific teams utilising ongoing learning from the experiences of staff and people who use services to minimise problems and maximise opportunities.
- The Council has improved both the timeliness of social care assessments across all client groups and improved on the time people wait for a service when the assessment has been completed.
- The Council has increased the number of people receiving a review across client groups with the exception of people who mental health services.
- The customer care team and client specific care teams have received additional awareness training in respect of the receipt of complaints and more is planned with increased capacity being provided to the customer care team.

Areas for improvement

- Undertake work with the mental health services to improve the number of reviews of care plans for people who use mental health services.
- Implement and monitor the effectiveness of the Council's plans and priorities to ensure that people are offered increased choice and control over the services and support they receive.
- Continue to implement 'putting people first' priorities and ensure that people benefit from a wide range of self directed support.
- Further increase the uptake of self directed support and monitor progress.
- Evaluate the reasons for the low level of complaints received to ensure that the numbers received reflect a high degree of satisfaction rather than a general lack of awareness of their right of access to the complaints procedures.

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 accept 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 ‘performing well’ level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

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 accept 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 ‘performing well’ level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

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

Safeguarding arrangements are well established and the Council has ensured that Council social care staff and care staff from the independent sector have undertaken safeguarding training. Referrals on safeguarding have decreased since last year (which had seen a dramatic increase in 2008/09) and the Council is now actively monitoring numbers received to gauge and understand why. Good awareness of the need to monitor the rate of referrals and sources is in place to establish if training provided has been effective in ensuring that a high awareness of safeguarding issues is shared amongst all partners and providers of social care.

More staff across the Council and amongst independent sector providers have received the appropriate level of safeguarding training and the Council has worked with one of the health partners to develop an e-learning training package to further embed safeguarding within training programs. The e-learning is to be used by mental health services. Carers are also able to participate in awareness raising training.

Representative carers act as expert partners and have helped to deliver joint training. Information / activity events have also been held with carers to help increase support with 263 carers attending 979 sessions (including sport and leisure activities as well as stress management). Call handlers from the contact centre have also been trained in identification and promotion of peoples right to complain and the Council has planned additional training which is be rolled out to all staff though their managers. In 2010/11 the customer care team will be further increased to raise capacity.

The Department of Health Dignity Care Campaign paid for a ‘Poet in Residence’ to work with people who have dementia to help people to express themselves. As part of a preventative initiative working with the libraries to improve people’s quality of life by supporting them to express feelings that they have not previously shared, the poet has spent time individually with 77 people. The campaign produced a collection of poems and prose, a calendar of artwork and a training DVD to support staff to use communications techniques that have been developed. Readings and the workshop were well attended involving people who have dementia, home carers and members of the public.

Key strengths

- Improved management of information systems related to safeguarding demonstrated that the Council is active ensuring that a high number of safeguarding referrals are dealt with and resolved to the point of closure in a timely manner.
- Safeguarding leads are in place within hospitals, the police force and Cambridgeshire Community Service with active involvement in the safeguarding board.
- Feedback from people who use services and their carers is used to inform improvements and contributes to the annual review of procedures.
- There is strong engagement with voluntary bodies to introduce a range of support measures for survivors of abuse.
- Council has engaged seven carer support managers to provide individual and group support to carers across the county.
- Good use has been made of the Dignity and Care funding from the Department of Health to enhance and improve communication pathways for people with dementia with positive outcomes.
- There are clear and consistent safeguarding thresholds and signposting information, supported by clear access routes.
- Robust governance and monitoring arrangements.
- Strong commitment to safeguarding training across most key partners.
- Person centred planning and support is embedded in practice.

Areas for improvement

- Continue to drive improved safeguarding practice across all services and in partnership with the Mental Health Trust deliver e-learning on safeguarding to all staff.
 - Continue to monitor safeguarding referrals to consider numbers of referrals, and issues raised – intervening when indicated if referral pattern continues to drop establishing if threshold are being adhered to.
-