

REPORT TO CABINET

Title: **ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL CARE BY THE COMMISSION FOR SOCIAL CARE INSPECTION (CSCI)**

Date: 18 December 2008

Member Reporting: Councillor Dudley

Contact Officer(s): Allan Brown, Head of Adult Services (01628-683701)

Wards Affected: All

1. SUMMARY

Performance in adult social care services is subject to an annual assessment by the Commission for Social Care Inspection (CSCI). CSCI require that the outcome of the performance assessment, including the Council's Star Rating, is reported to Cabinet. The outcome is that the authority has retained 2 stars and is rated as 'good' at delivering outcomes with 'promising' capacity to improve.

Copies of the annual performance report are available in the Members' Room, Group Offices or from Democratic Services.

2. RECOMMENDATION: That:

- i) **The report and this year's Star Rating be noted.**
- ii) **The Head of Adult Services be asked to put in place an action plan to address those areas of the service deemed to be 'areas for development'.**

What will be different for residents as a result of this decision?
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Improved services for older people, those with disabilities and other vulnerable adults. This will impact on their quality of life and provide an improved range of service for some of the most vulnerable in the community.

3. SUPPORTING INFORMATION

3.1 Background

As reported annually to Cabinet, the adult social care judgement is made by the Commission for Social Care Inspection (CSCI). The role of the CSCI is to bring together the inspection, regulation and review of adult social care services into one organisation. Its primary function is to promote improvements in social care.

1.1 In the annual process, the following elements of performance assessment for adult social care contribute to the final report and judgements:

- Ongoing routine business meetings between the Council and the CSCI
- An annual self-assessment submitted by the Council
- 2007/08 performance indicators
- An Annual Review Meeting (which was held in July 08) that examined evidence from both the self-assessment and the performance indicators
- The subsequent Performance Assessment Notebook (PAN), containing evidence and emerging hypotheses, which was shared with the Council after the Annual Review Meeting
- The final performance ratings letter, sent to the Council under embargo in October 2008 (to provide an opportunity to comment before the publication of the final version on 27 November 2008).

1.2 The performance ratings for adult social care for 2007/08, also published on 27 November, were overall judgements about:

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve	Promising
Leadership	Promising
Commissioning and use of resources	Excellent
Performance Rating	2 Stars

1.3 The outcome of this judgement is that the Council has been awarded **2 Stars** for its adult social care performance, which is the same rating as that awarded in 2007. This was disappointing in view of the significantly higher number of 'key strengths' as against 'areas for development' (summarised in Appendix 1). CSCI identified a total of 43 'key strengths' and 11 'areas for development'.

1.4 Good progress has been made during 2007/08 and there have been a significant number of developments which have been noted as key strengths in the report.

- Most people receive an assessment in a timely manner and almost all people who have been assessed as needing care, receive it when they need it.
- The council has demonstrated that the provision of telecare has increased in order that people can remain more independent within their own homes.
- The number of older people helped to live at home has improved to a good level.
- The number of people with learning disabilities helped to live at home has improved to a very good level.
- The number of people with mental health problems helped to live at home remains at a very good level.
- The work to improve carers services has been maintained and is of a good level
- More problem drug users are now retained in treatment services and there has been an improvement overall for people who use drug services.
- The council has sustained the good range of advocacy services and there is clear evidence of expansion.
- RBWM continues to demonstrate consistent leadership and there has been some improvement in the level of performance demonstrated this year.

1.5 Details of the performance assessment framework is contained in Appendix 2.

4. OPTIONS AVAILABLE AND RISK ASSESSMENT

4.1 Options

	Option	Comments	Financial Implications
2.	That Members note the report and ask the Head of Adult Services to implement an action plan	We are overall satisfied with the result and indicated improvements and will strive to address the areas identified for improvement, some of which require the assistance of partner agencies such as the Primary Care Trust and the Acute Trust	Any developments will be from within existing resources

4.2 Risk Assessment

4.2.1 There are no risks inherent in this report. However the CSCI have recommended a service inspection during 2009-2010 and it will be important to address as many as possible of the identified 'areas for development' in order to achieve a successful inspection outcome and maintain the Council's reputation as a good performer in adult services.

5. CONSULTATION CARRIED OUT

No external consultation has been carried out in the preparation of this report.

6. COMMENTS FROM OVERVIEW AND SCRUTINY PANEL

Comments from Audit & Performance Review Panel will be included after the meeting on 8 December. Comments from Adult Services & Health Scrutiny Panel on 16 December will be reported verbally to Cabinet.

7. IMPLICATIONS

The following implications have been addressed, where indicated below.

Financial	Legal	Human Rights Act	Planning	Sustainable Development	Diversity & Equality
Yes	Yes	Yes	N/A	N/A	N/A

Background Papers: None

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
<ul style="list-style-type: none"> • Most people receive an assessment in a timely manner and almost all people who have been assessed as needing care, receive it when they need it. • Service delivery remains free from discrimination and there are examples that people from under represented groups are increasingly accessing services. • The council has demonstrated that the provision of telecare has increased in order that people can remain more independent within their own homes. • Volunteering is an area of continuing priority within the council and has been included as a Local Area Agreement target. 	<ul style="list-style-type: none"> • There is evidence that the council has an increased number of people who remain in hospital when their medical needs have been met. The council should work to ensure that fewer people remain in hospital unnecessarily. • The number of clients receiving a review has improved, however this has not improved at the same rate as other councils. • Performance in most outcome areas has plateaued and whilst there are some improvements reflected by some of the performance indicators (PI's), this is sufficiently across the whole performance indicator suite.
Older people	
<ul style="list-style-type: none"> • The number of older people helped to live at home has improved to a good level. 	
People with learning disabilities	
<ul style="list-style-type: none"> • The number of people with learning disabilities helped to live at home has improved to a very good level. 	
People with mental health problems	
<ul style="list-style-type: none"> • The number of people with mental health problems helped to live at home remains at a very good level. 	
People with physical and sensory disabilities	
Carers	
<ul style="list-style-type: none"> • The work to improve carers services has been maintained and is of a good level 	

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well-being

The contribution that the council makes to this outcome is Good

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There is good information about a range of activities promoting health and wellbeing, which is available; this includes access for minority groups. • Work to achieve good health for people with Learning Disabilities adults is in place. • More problem drug users are now retained in treatment services and there has been an improvement overall for people who use drug services. • The number of clients receiving a review has improved and the council is committed to achieving further improvement. 	<ul style="list-style-type: none"> • There is evidence that the council has an increased number of people who remain in hospital when their medical needs have been met. The council should work to ensure that fewer people remain in hospital unnecessarily.

Improved quality of life

The contribution that the council makes to this outcome is Good.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The council has demonstrated that the provision of telecare has increased in order that people can remain more independent within their own homes. • The numbers of people helped to live at home has improved across care groups. • More people with learning disabilities are able to live in the community as extra care housing has been increased and further increases are planned for 2008/09. • The work to improve carers' services has been maintained and is of a good level. 	<ul style="list-style-type: none"> • The level of intensive home care has dropped and is now below the average for other similar councils.

Making a positive contribution

The contribution that the council makes to this outcome is Good.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none">• The council has provided a range of examples of its pro-activity in relation to seeking regular feedback from people who use services and their carers.• Volunteering is an area of continuing priority within the council and has been included as a Local Area Agreement target.• A good use of different formats has enabled people to participate and where possible hard to reach groups have been contacted. The council has appointed someone to work with the Black and Minority Ethnic community.	<ul style="list-style-type: none">• The council has identified within its planning that further work is required to improve services for people with HIV and AIDs and their carers.

Increased choice and control

The contribution that the council makes to this outcome is Good.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none">• Most people receive an assessment in a timely manner and almost all people who have been assessed as needing care, receive it when they need it.• Information is made available to people who are self funding but who require advice and guidance to access services privately.• A very good level of performance has been achieved in 2007/08 in terms of people who use services receiving a statement of their needs and how they will be met.• The council has sustained the good range of advocacy services and there is clear evidence of expansion.• The opportunity for people wishing to use direct payments to purchase services has successfully increased again in 2007/08.	<ul style="list-style-type: none">• Progress on delivering higher cost packages via Direct Payments should remain a priority.

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is Good.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none">• The access team and customer service centre has fully trained staff available to provide the information, advice and sign posting when people need it.• Service delivery remains free from discrimination and there are examples that people from under represented groups are increasingly accessing services	<ul style="list-style-type: none">• None

Economic well being

The contribution that the council makes to this outcome is Good.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none">• The council has enabled more people with learning disabilities achieve paid work and voluntary work during 2007/08• The intervention of the rapid response and rehabilitation service enabled most people using the service to live independently.• The council has a well very experienced team focused on providing welfare benefits advice to local residents likely to need social care assistance.	<ul style="list-style-type: none">• More work could be done to ensure that carers are supported to return to employment.

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is Good.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none">• There has been a considerable increase in the number of referrals and cases completed, indicating that there is a greater awareness of the need to safeguard vulnerable adults.• Good progress has been made in partnership with the PCT to formulate a "dignity statement".• The accreditation and monitoring team within the council visit care homes that have problems to ensure that residents are safeguarded.	<ul style="list-style-type: none">• Although there has been a small increase in the number of staff in external organisations receiving safeguarding training the council should work to ensure that its planned safeguarding training in 2008/09 is included those staff.

Capacity to improve – Leadership

The council's capacity to improve services further is Promising.

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • RBWM continues to demonstrate consistent leadership and there has been some improvement in the level of performance demonstrated this year. • The council is measuring and monitoring the quality of its work in relation to the seven outcomes of “Our Health, Our Care, Our Say” and in the directors overview of performance issues the responses were identified against each outcome. • Changes within council scrutiny arrangements are giving greater focus and there is a specific adult social care and health overview and scrutiny committee. • There is evidence of strong partnerships. 	<ul style="list-style-type: none"> • Performance in most outcome areas has plateaued and whilst there are some improvements in some of the areas covered by PI's, this is not sufficient across the whole performance indicator suite. A service inspection is recommended.

Capacity to improve – Commissioning and the use of resources

The council's capacity to improve services further is Excellent

KEY STRENGTHS	KEY AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The directorate working with health professionals has a detailed analysis of need for most of the population. • Joint commissioning strategies are in place for all care groups including carers. • Eligibility criteria are consistent with no plan to change or review. There are appropriate responses given to self funders and good support for people using services with financial advice for service users who require help. • People who use services, their carers and relevant staff are central to commissioning processes and there are many examples of good quality consultation. • The directorate is well informed about the cost of provision and is at all times looking for best value services. • The council has a clear understanding of the local social care market and has 	<ul style="list-style-type: none"> • The council should ensure that further progress is made to improve the level of intensive home care.

responded well to working jointly with providers and other stakeholders when commissioning new services.

- There is a joint approach between the council, health and other partner agencies to ensure that where care homes are failing intervention is taken to either relocate individuals or to work to resolve problems. Good examples have been provided.

Reference	PAF	2005/6 band	2005/6 actual	2006/7 band	2006/7 actual	2007/8 band	2007/8 actual	Comment
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ADULT SERVICE DATA

C28	Households receiving intensive home care per 1,000 of population aged 65+	3	9.5	3	8.8	2	7.2	Band drop, 8.1 required for next band. Data from HH1 return in September	↓
C29	Adults with physical disabilities helped to live at home per 1000 of population	3	3.5	2	2.6	3	3.5	Band rise, 4.2 required for next band	↑
C30	Adults with learning disabilities helped to live at home per 1000 of population	4	2.6	4	2.8	5	3.2	Band rise to top band	↑
C31	Adults with mental health problems helped to live at home per 1000 of population	5	4.1	5	3.8	5	4.2	Top band maintained	
C32	Older people helped to live at home per 1000 of population	3	80.7	3	83.6	4	93.0	Band rise, 100.0 required for top band	↑
C51	Direct payments per 100,000 of population	5	180.0	5	563.8	5	1461.7	Top band maintained	
C62	The number of carers receiving "carers services" as a % of clients receiving community services	3	7.10%	4	10.38%	4	10.60%	Band maintained, 12.00% required for top band	
C72	Admissions of supported residents aged 65 or over to residential/nursing care (per 10,000 pop.) Including temporary admissions that became permanent.	5	66.2	5	75.8	5	31.8	Top band maintained	
C73	Admissions of supported residents aged 18-64 to residential/nursing care (per 10,000 pop.) Including temporary admissions that became permanent.	5	1.3	5	1.4	5	1.2	Top band maintained	
D37	Availability of single rooms in residential accommodation	5	97.0	5	99.0	5	100.0%	Top band maintained	
D39	Percentage of people receiving a statement of needs and how they will be met	4	96.9	4	96.5	5	100.0%	Band Rise to top band	↑
D40	Clients receiving a review (%)	2	48.0%	3	60.4%	3	69.3%	New band introduced this year, 75% required for top band	
D41	Delayed transfers of care (Interface indicator)	5	11	5	16	4	26	Band drop, 20.12 required for top band	↓
D54	Percentage of items of equipment and adaptations delivered within 7 days	5	92.2	5	95.1	5	98.4%	Top band maintained	
D55	Waiting time for assessments (48 hours to start, 4 weeks to complete)	3	74.1%	3	80.2%	4	88.3%	Band rise, 90% required for top band	↑
D56	Waiting time for care packages (4 weeks to be in place).	4	83.5%	4	85.2%	5	92.6%	Band rise to top band	↑
D75	% of Assessed Social Work Practice Learning Days - Adults			Not Available	20.0	4	11.0	New banding, 17.0 required for top band	
E47	Ethnicity of older people receiving assessment	3	1.08	3	1.17	3	1.53	Top band maintained	
E48	Ethnicity of older people receiving services following an assessment	3	1.07	3	0.99	3	1.03	Top band maintained	
2137	Percentage of assessed service users with ethnicity 'Not Stated'	no band	7.6%	no band	3.4%		1.1%	Includes 'refusers'	
2138	Percentage of people receiving a service with ethnicity Not Stated	no band	8%	no band	4.4%		1.8%	Includes 'refusers'	
E82	% assessments leading to service being provided			no band	83.5%	no band	82.2%	Banding removed in Aug 2008	
B11	Intensive home care as a percentage of intensive home and residential care	5	28.2	5	29.5	4	24.0%	Band drop, 27% required for top band. Data partially from HH1 return in September	↓
B12	Weekly Cost of intensive care (residential, nursing & intensive Home help)					2	730.0	542 required for next band	
B17	Average hourly cost of home care					2	21.3	16.56 required for next band	