



DERBY CITY COUNCIL

**COUNCIL CABINET**  
**15 JANUARY 2008**

Cabinet Member for Adult Services

**ITEM 17**

## **ADULT SOCIAL SERVICES ANNUAL PERFORMANCE REPORT**

### **SUMMARY**

- 1.1 This report outlines the 2006 / 07 Commission for Social Care Inspection (CSCI) rating for Derby Adult Social Services. The overall rating is two stars, with services judged as delivering good outcomes with promising capacity to improve.
- 1.2 The report provides more detail behind the rating, and in particular draws attention to the improvements needed to increase our star rating. Improvements required include:
- Reviews of needs and outcomes for people with mental health problems
  - Residential accommodation nearer Derby for adults with learning disabilities
  - Increased intermediate care
  - Increased services to support older people in their own homes
  - Increased support for carers
  - Increased access to work for people with learning disabilities.
- 1.3 The report outlines the challenges in maintaining or improving current performance, and the implications for the Council overall of the rating for adult social services. The two star rating achieved for 2006 / 7 was at the lower end of the two star band. If one additional area had been considered adequate rather than good, the rating would have reduced to one star. In the current CPA process an authority cannot be excellent if adult social services only achieves one star. The adult social services star rating for 2006 / 7 and 2007 / 8 impacts on CPA 2007 and CPA 2008 respectively. It is not yet clear how the adult social services rating will be incorporated into the CAA post-2008. In 2007 / 8 the focus of the majority of time and effort has been on the budget process and actions to bring the budget back into control.

### **RECOMMENDATION**

- 2.1 To note the annual performance report received from Commission for Social Care Inspection (CSCI) for the year 2006 / 7, and to request the Cabinet Member for Adult Services and Corporate Director to bring forward proposals which will improve the delivery of the seven social care outcomes in the city.

## REASON FOR RECOMMENDATIONS

- 3.1 Derby's report points to a strong emphasis on process, but an under-emphasis on service development and modernisation. Investment in increased services to support people with complex needs at home needs to be secured, as does investment to reflect the growth and changing requirements of the population year on year. Improved performance in the areas noted will require increased financial resources.



## ADULT SOCIAL SERVICES ANNUAL PERFORMANCE REPORT

### SUPPORTING INFORMATION

- 1.1 Adult Social Care Performance reports are published annually by CSCI. The report for the year 2006/07 was published on 29 November 2007, authorities are required to report this to a formal Council meeting by 31.1.08 and make the report available to the public.
- 1.2 CSCI provides an overall judgement in the form of a star rating which is based on two separate judgements, the first covers the delivery of services, and the second is a judgement on the Council's capacity to improve.
- 1.3 Nationally there are no zero rated Councils, 28 (19%) one star rated Councils, 74 (49%) two star rated Councils and 48 (32%) 3 star Councils.
- 1.4 **Derby was awarded an overall judgement of 2 stars, and within this was judged to be delivering good outcomes with promising capacity to improve.** This is similar to 2004/5 and 2005/6 when services were judged to be serving most people well with promising capacity to improve.
- 1.5 The judgement is based on evidence from a variety of sources, including a self assessment incorporating data on the current 24 Performance Indicators (subsequently verified by CSCI for consistency and accuracy), the series of in year business meetings with CSCI (which include discussions with staff and some partner organisations), a comprehensive annual review meeting and the outcome of any service inspections or any particular issues of concern. The judgement also takes account of the annual Local Authority Market Analysis Report (LAMA report) which provides a summary of registered social care providers in the local authority area and is used as part of the evidence base for the judgement on commissioning.

### Performance Rating for 06/07

- 1.6 The rating system has changed for 06/07. The first part of the judgement concerning the delivery of outcomes is based on the 7 social care outcomes as launched in 'Our Health, Our Care Our Say'. Performance in providing services which meet each outcome is judged as poor, adequate, good or excellent. The 7 separate judgements are then brought together to form one overall judgement on achieving outcomes.

1.7 The second part of the judgement concerns capacity to improve. This is broken down into a judgement on leadership, and a second judgement on commissioning and the use of resources. Taken together these then form the overall judgement for capacity to improve.

1.8 The table below shows the breakdown of our judgement

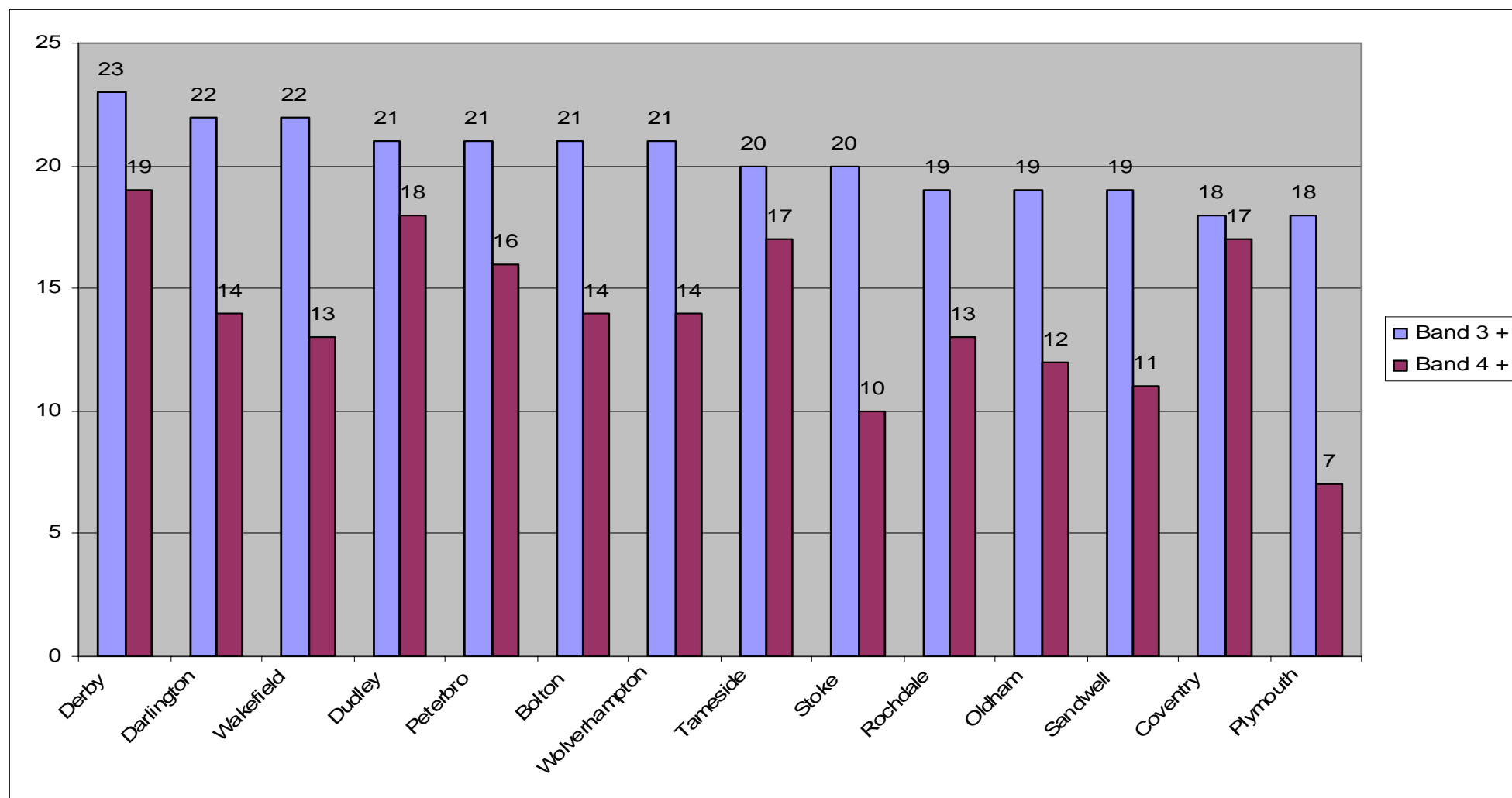
<b>Areas for judgement</b>	<b>Grade awarded</b>
<b>Delivering Outcomes</b>	<b>Good</b>
Improved health and emotional well-being	Adequate
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Adequate
Maintaining personal dignity and respect	Good
<b>Capacity to Improve (Combined judgement)</b>	<b>Promising</b>
Leadership	
Commissioning and use of resources	
<b>Star Rating</b>	<b>Two stars</b>

The full report is attached as Appendix 2.

1.9 There are many positives contained in the report and the progress we have made in addressing the areas for improvement from 05/06 is noted.

1.10 There are also some important pointers for us in terms of further improvement for the future. The national overview report provides useful comparison with other authorities, and in particular outlines the difference between 2 and 3 star authorities.

1.11 In the past we have focussed strongly on process and on the performance indicators for adult social services. We have performed very well against the 24 performance indicators for adult social care. In 06/07 we met acceptable or better levels of performance in 23 of the 24 indicators, more than any other local authority in our comparator group, as illustrated in the table below.



1.12 However when we look at the overall performance judgement for our comparators we are 12<sup>th</sup> out of 16 authorities, as illustrated in the table below.

Council	Type of Council	Improved health & emotional well-being	Improved quality of life	Making a positive contribution	Increased choice and control	Freedom from discrimination and harassment	Economic well-being	Maintaining personal dignity and respect	Delivering outcomes?	Leadership	Commissioning	Capacity to improve?	Position in comparator table	Adults Start Rating
Bolton	M	Good	Good	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Excellent	Excellent	3	***
Coventry	M	Good	Excellent	Excellent	Good	Good	Good	Good	Good	Excellent	Excellent	Excellent	4	***
Darlington	UA	Excellent	Good	Good	Good	Good	Good	Excellent	Good	Excellent	Excellent	Excellent	4	***
Derby City	UA	Adequate	Adequate	Good	Good	Good	Adequate	Good	Good	Promising	Promising	Promising	12	**
Dudley	M	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Good	Excellent	Excellent	Excellent	Excellent	1	***
Oldham	M	Good	Good	Good	Excellent	Good	Good	Good	Good	Promising	Promising	Promising	9	**
Peterborough	UA	Good	Adequate	Good	Adequate	Good	Good	Good	Good	Promising	Promising	Promising	11	**
Plymouth	UA	Adequate	Adequate	Adequate	Adequate	Adequate	Good	Good	Adequate	Promising	Promising	Promising	14	*
Rochdale	M	Adequate	Good	Adequate	Adequate	Good	Adequate	Adequate	Adequate	Promising	Promising	Promising	14	*
Sandwell	M	Good	Good	Excellent	Good	Good	Good	Good	Good	Excellent	Promising	Promising	7	**
Stockton on Tees	UA	Good	Adequate	Good	Good	Good	Good	Good	Good	Uncertain	Promising	Promising	10	**
Stoke on Trent	UA	Good	Adequate	Adequate	Good	Adequate	Adequate	Good	Adequate	Promising	Promising	Promising	13	*
Tameside	M	Excellent	Good	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Excellent	1	**
Wakefield	M	Good	Good	Excellent	Good	Good	Excellent	Good	Good	Excellent	Excellent	Excellent	4	***
Walsall	M	Good	Adequate	Adequate	Adequate	Adequate	Good	Adequate	Adequate	Uncertain	Uncertain	Uncertain	14	*
W'hampton	M	Good	Good	Good	Good	Good	Good	Good	Good	Excellent	Promising	Promising	8	**

- 1.13 The conclusion is that performance indicators are only a part of the picture, and are not the most significant factor in the overall rating. Process is important but we need to focus more on service modernisation and development in order to provide the level and types of services necessary in order to improve the judgement on delivering outcomes.
- 1.14 The judgement of 2 stars was in line with our expectations, but the detail behind the judgement suggests that our performance is in the lower part of the 2 star band. This report focuses on the areas where we need to make further improvements in order to achieve a higher performance judgement.

### **Delivering Outcomes**

- 1.15 Three star councils are described as achieving good performance across all of the 7 outcomes, over 90% of 3 star councils were good or excellent across all outcomes.
- 1.16 Whilst the overall judgement is that Derby is a 2 star authority delivering good outcomes, most other two star authorities are delivering more good or excellent outcomes than we are, and have fewer areas where the judgement is only adequate. If we had been judged as delivering adequate outcomes in only one additional category then our overall rating would have reduced to adequate and the likelihood is that we would have been judged as a one star authority. There are some important lessons for us in this, and areas where we need to focus attention in improving our current performance.
- 1.17 Derby was judged as delivering good outcomes in 4 areas of service and adequate outcomes in three. The areas where we are judged as only achieving an adequate performance are:
- Improved Health and emotional well being
  - Improved quality of life
  - Economic well being

### **Improved health and emotional well being**

- 1.18 83% of councils are rated as good or excellent, placing Derby in the lowest 17% of councils for this measure. Our report highlights the need to
- Address the limited access to complaints / information for BME users of HIV/Aids services
  - Address the reporting of reviews for people with mental health problems to ensure that accurate data is maintained and that people are being reviewed
  - Progress the plans to re- provide community accommodation for people currently living in NHS hospital accommodation
  - The Council needs to increase intermediate care provision available to prevent hospital admission and to facilitate timely discharge.

- 1.19 The national summary report particularly refers to good intermediate care services which prevent admission to hospital, and ensuring people do not remain in hospital once medically fit for discharge as performance areas which distinguish 3 star councils.
- 1.20 We perform consistently well in managing the hospital discharge process but our low level of Intermediate Care services (which we provide jointly with Derby City PCT ) are singled out for comment. In addition to the relatively low level of social care investment in Intermediate Care, Derby also has a relatively high level of emergency hospital admissions for older people. Both of these factors will have affected the judgement. We will need to maximise existing, and potentially further increase, the capacity of intermediate care services, jointly with PCT colleagues. We also need to re focus efforts jointly with PCT and other health colleagues on admission avoidance. The reduction in emergency bed days (and by extension emergency admissions) in acute hospital for older people (75 years plus) has been a local LPSA indicator over the past 3 years. We are not likely to achieve the required reduction in admissions. This is important as the impact on older people of unplanned (and potentially avoidable admission) is highly significant in terms of independence and well being. The impact on the use of resources across the whole system is also considerable, with each unnecessary admission costing in the region of £2000.00. If we were to avoid only 20 admissions per week this potentially creates significant opportunity for investment in alternatives and other services which can deliver better outcomes for people. This is one of the most important strategic challenges facing us as a health and social care system in Derby.
- 1.21 We have capital investment in place for an additional 9 intermediate care beds at Perth House, which are beginning to come on stream now and due to be completed in April 08. This was achieved from Derwent New Deal funding. These beds will be focussed on admission avoidance, and have required significant additional resource from both Derby City PCT and ourselves. The additional social care staffing requirements are being met through the existing adult social services budget allocation. This development needs to sit alongside a whole system re-prioritisation of admission avoidance, with detailed performance management of emergency admissions / bed days usage, so that the Perth House capacity is used appropriately and contributes to a reduction in unnecessary admissions.
- 1.22 The Council's current budget strategy does not include any capital or revenue resources for further investment in intermediate care services.

### **Improved quality of life**

- 1.23 70% of councils are rated as good or excellent, placing Derby in the lowest 30% of councils for this measure. Our report highlights the need to:
- improve the take up of Telecare services
  - develop services to help people living outside the Council area to return to live in the city. Forty-two of the 134 people living outside the City live more than 30 miles away
  - increase support to enable older people to remain living at home. Although expanding, the current range of services is not comprehensive.



- 1.24 The national summary report particularly refers to services which support people to remain safe and secure in their own homes, emphasising such new services as telecare as being important. Services which distinguish three star councils include higher levels of support for carers, and higher levels of intensive homecare to help prevent admission to residential care
- 1.25 In our case judgement was affected by a range of considerations. CSCI have expressed concern that our telecare development has been behind the pace of those authorities most proactively embracing the opportunities it offers. Concern was also expressed at the relatively high number of adults with a learning disability who live some distance away from Derby in residential care homes, and the need to find more local and appropriate placements for some people. Whilst our progress in developing intensive home based support and reducing the number of people entering residential care was praised, the level of intensive support available to people remains significantly lower than the best authorities. The number of people supported to enter residential care is decreasing; however CSCI require us to continue to reduce our use of residential care in order to achieve the performance level of the best authorities.
- 1.26 This is a performance area where there remains much to be done. Intensive home based support is not a cheap option, but it is what most people want for themselves. We still need to review how we use all of the resources available and find more ways of supporting those people with the highest level of needs to live safely and securely at home, and prevent admission to residential care. Our performance on the provision of intensive home care has marginally deteriorated this year (13.0 per 1000 population aged 65 years or over in September 06, to 12.7 in September 07). This is largely due to the reduction in overall homecare hours provided between September 06 and September 07, required to bring the budget into control. Any increase in intensive home based support; including the extended use of telecare services have clear financial implications. In 06/07 and years immediately prior, there was no increase in the social care budget to reflect either the increased number of people (particularly older people over 80 years) who are likely to need social care support nor to reflect the changed needs and expectations in terms of support for people in their own homes. For the future the budget needs to be more closely aligned with our ambitions for the level and type of services we wish to offer people, particularly older people. We have made some positive progress recently in this respect and we will need to continue this for the future, to meet the new expectations of the public and to modernise adult social care services in line with national policy and best practice.

### **Economic well-being**

- 1.27 84% of councils are rated as good or excellent, placing Derby in the lowest 16% of councils for this measure. Our report highlights the need to:
- Encourage and provide opportunities for people with learning disabilities to obtain voluntary or paid employment
  - Expand the Carers strategy to address support for employment needs of carers.

- 1.28 The national report places a high emphasis on supporting people into work and enabling greater independence in so doing. Particular emphasis is given to carers and the level of support provided to enable carers to maintain work or re enter work. This was highlighted as an area of weakness for Derby, together with the low level of paid and voluntary employment for people with a learning disability.
- 1.29 Carers services which enable carers to maintain or re enter work include increased levels of day services, increased and more flexible respite care and other sitting or respite type services. These all require financial resources, and whilst our level of support for carers is average it has not improved year on year. We now need to focus more on understanding the work issues for carers in Derby and identify what more we can do to support carers in employment, including raising the issue of carer support with employers. This is beginning to be addressed through the review of carers support.
- 1.30 Work is also already underway as part of the modernisation of learning disability services to increase investment in job coaches for adults with a learning disability and to raise the performance in this area. We are also looking at how other authorities with higher numbers of people in paid work have achieved this; so that we can learn from their experience.

### **Capacity to improve – the second part of the overall judgement**

- 1.31 As referred to earlier, capacity to improve is made up of two separate judgements, one concerning leadership and the other concerning commissioning and the use of resources. We were judged as having promising capacity to improve, leadership was judged as promising, as was commissioning and use of resources.
- 1.32 This is very much in line with other 2 star authorities, 31% of Councils were judged as excellent, 61% including ourselves as promising and 9% as uncertain.

### **Leadership**

- 1.33 33% of Councils are judged as excellent in terms of leadership.

In order to be judged as excellent councils need to

- Have highly competent, ambitious and determined leadership skills of senior officers and elected members that champion the need of people who need social care
- Undertake comprehensive and coherent strategic planning
- Have sufficient people, skills and capability at all levels, because of long term systematic planning
- Monitor and implement professional and occupational standards irrespective of whether the services are in house or commissioned by the Council
- Have effective performance management, quality assurance and scrutiny arrangements
- Demonstrate performance improvement is linked to management action.

## **Commissioning and use of resources**

- 1.34 33% of Councils are judged as excellent in terms of commissioning and use of resources, however nearly 20% are judged as uncertain; we therefore fall in the middle 50%.
- 1.35 To achieve an excellent rating councils need to:
- Produce an analysis of needs which is joint with the PCT and covers the whole population
  - Have strategic commissioning plans which are increasingly linked to outcomes, link investment with activity over time and where expenditure reflects national and local priorities and is fairly allocated
  - Have a medium term financial plan and financial management and reporting is robust, annual efficiency savings are delivered and there is a track record of managing budgets
  - Ensure that people who use services, carers and staff are integral to commissioning through consultation, design and evaluation and information about cost and quality is used in planning services
  - Understand and manage the social care market effectively, taking innovative measures jointly with providers and meeting the needs of publicly funded and self funded individuals
  - Demonstrate joint commissioning and partnership working which improves economy, efficiency and effectiveness: cost and quality are balanced in the commissioning and de-commissioning of services
- 1.36 We will need to review our current arrangements against these standards in order to move from promising to excellent in both the above areas.

## **Moving on**

- 1.37 CSCI have noted our progress and we need to ensure that we continue to move forward and address the areas for improvement noted in our report. We need to be more ambitious for our services in Derby, to raise the importance and profile of aspects of adult social care, and maintain progress in modernising services. We also need to demonstrate sound financial management and ensure that we have a realistic financial plan attached to our plan for improvement so that we can deliver new opportunities and good outcomes for people who need social care support. We should be aspiring to move away from any areas of performance judged only as adequate, and to move some of our good areas into excellent. The focus for 07/08 and 08/09 must be to move the adequate areas of performance in terms of delivery of outcomes to good or excellent.
- 1.38 Moving from our current 2 star rating to a 3 star rating represents a real challenge. This should be built into business and financial planning from now onwards. We need to demonstrate and be able to evidence, continuous service improvement: standing still is not an option. We will also need to continuously review the investment available to achieve improvements if the Council aspires to be among the best performing adult social care authorities. Some of the required improvements are achievable within currently available resources, but others will require additional revenue and capital investment, whether that is additional new

funding or funding diverted from elsewhere in the social care or health and social care system. The reality is that we will need to invest if we want to be among the best for the future.

- 1.39 Finally, safeguarding, or adult protection is emerging as a key area for scrutiny by CSCI. This is in the wake of the national reports on serious deficits in the standards of care provided for some adults with learning disabilities but the concerns are relevant across all adults. Social care is the lead agency for the protection of vulnerable adults and we must ensure that we have resourced this area of work adequately and are able to demonstrate working with other agencies to improve adult safeguarding and best practice in terms of responding to concerns about individuals. This is both a training and management issue which will need to be included in the business plan for 08/09.

## OTHER OPTIONS CONSIDERED

### 3.1

For more information contact:	Sheila Downey, tel: 255365	sheila.downey@derby.gov.uk
Background papers:	Appendix 1 – Implications	
	Appendix 2 – CSCI Summary Report	

**IMPLICATIONS****Financial**

- 1.1 The adult social services budget for 07/08 contained no capacity for growth or development and indeed required significant budget reductions. This has affected our capability to meet some of the improvement challenges highlighted. The revenue budget proposal for adult social services for 08/09 contains modest opportunity for service development and improvement in the area of dementia care. In order to improve services and increase our performance judgement increased revenue and capital investment will be required, and will need to be kept under regular review.
- 1.2 The capital programme for 08 / 09 makes no provision for investment in adult social care.

**Legal**

- 2.1 None.

**Personnel**

- 3.1 None.

**Equalities impact**

- 4.1 None. This report does not include any change to service provision.

**Corporate priorities**

- 5.1 This report is relevant to corporate priorities 5 and 6, helping us all to be active, healthy and independent; and delivering excellent services and value for money.

**CONFIDENTIAL: EMBARGOED UNTIL 29 NOVEMBER 2007**

Mr Michael Foote  
Director Corporate & Adult Social  
Services  
Derby City Council, The Council House,  
Corporation Street,  
Derby  
DE1 2ZL

21<sup>st</sup> October 2007 - Final

Dear Mr Foote,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF  
SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR DERBY

***Introduction***

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes (formerly Serving People Well) using the LSIF rating scale*

*And*

- *Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31<sup>st</sup> January 2008) and to make available to the public, preferably with an easy read format available.

## Appendix 1

### ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
<b>Delivering Outcomes</b>	<b>Good</b>
Improved health and emotional well-being	Adequate
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Adequate
Maintaining personal dignity and respect	Good
<b>Capacity to Improve (Combined judgement)</b>	<b>Promising</b>
Leadership	
Commissioning and use of resources	
<b>Star Rating</b>	<b>Two stars</b>

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

## KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
<b>All people using services</b>	
<ul style="list-style-type: none"> <li>• Full time falls coordinator providing training to all sectors on use of assessment tool &amp; signposting</li> <li>• User participation strategy</li> <li>• Increased take up of direct payments</li> <li>• Out of hours services are responsive and shaped by user feedback</li> <li>• Training for consistent application of eligibility criteria</li> <li>• Integrated benefits advice service increasing take up of benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Increase range of intermediate care provision</li> <li>• Review self assessment pilot and utilise to inform future self assessment plans.</li> <li>• Continue to reduce number of permanent admissions to residential care</li> <li>• Develop guidance to support people who use services and their relationships</li> <li>• Address low number of safeguarding referrals</li> <li>• Increase training of council staff in safeguarding / adult protection</li> </ul>
<b>Older people</b>	
<ul style="list-style-type: none"> <li>• Assessments and services are provided in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• Further develop support to enable older people to remain living at home.</li> <li>• Proceed with plans to co-locate health and social care staff</li> </ul>
<b>People with learning disabilities</b>	
<ul style="list-style-type: none"> <li>• Number of people helped to live at home</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with development of plans for reprovision of community accommodation for people in NHS long stay accommodation</li> <li>• Provide accommodation to enable people placed outside city to return</li> </ul>
<b>People with mental health problems</b>	
<ul style="list-style-type: none"> <li>• The number of drug users in treatment exceeded the target</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain accurate data on reviews</li> </ul>
<b>People with physical and sensory disabilities</b>	
<ul style="list-style-type: none"> <li>• Equipment and adaptations delivered within 7 days, and reduced wait for major adaptations</li> <li>• User involvement in writing integrated Equality &amp; Disability Scheme</li> <li>• Life coaching led to take up of increased opportunities in community</li> </ul>	<ul style="list-style-type: none"> <li>• Increase range of complaints information for people who use HIV/Aids services</li> <li>• Fully implement all five equality standards</li> </ul>
<b>Carers</b>	
	<ul style="list-style-type: none"> <li>• Strategy needs further expanding to address employment needs</li> </ul>



## KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

### Improved health and emotional well-being

The Council makes an **adequate** contribution to improving people's health and sense of well being.

Information about healthy lifestyles and health care issues is available to some people who use services, and it was good to note that the council and PCT work together to encourage take up of information by targeted user groups. Provision of intermediate care needs to be developed and the council advised of its intentions to increase the number of intermediate care beds available. Twenty-one people with learning disabilities continue to live in NHS accommodation. The council has an action plan in place in respect of completion of individual assessments by end of 2007 with a view to successful relocation onto the community in line with national timescales. Recording and data collection in respect of reviews for people with mental health problems needs to improve.

### Key strengths

- The Community Safety Partnership (CSP) leads on delivering the drugs strategy and social services are fully involved. The NTA performance management report shows the number of drug users in treatment for the year to-date exceeds the 2006/07 partnership target.
- The number of delayed discharges from hospital is low.

### Key areas for improvement

- Address the limited access to complaints / information for BME users of HIV/Aids services.
- Address the reporting of reviews for people with mental health problems to ensure that accurate data is maintained and that people are being reviewed.
- Progress the plans to reprovide community accommodation for people currently living in NHS hospital accommodation.
- The council needs to increase intermediate care provision available to prevent hospital admission and to facilitate timely discharge.

### Improved quality of life

The contribution that the Council makes to this outcome is **adequate**.

The Council provides support to enable some people to live at home. The change in eligibility criteria has resulted in people who previously received a service no longer being eligible, which has impacted on the numbers of people helped to live at home. The Council need to continue to expand the range of non-care managed support to improve preventative services available. Equipment, aids and adaptations are all delivered within waiting times that have reduced since last year, contributing to helping some people to live at home. The Council needs to progress the plan to develop more services for people with complex needs to live nearer to home and return from out of city placements.

### **Key strengths**

- The falls service has a full time co-ordinator who has made training available to all sectors. A 16 point assessment tool is used to signpost to most appropriate resource.
- The number of learning disabled people helped to live at home continues to be good.
- The percentage of equipment and adaptations delivered within seven days has risen to 85%. Waiting times for major adaptations has also improved.
- The council has made significant progress on development of an overarching quality assurance strategy.
- The Council have agreed a service user participation strategy.
- Service user feedback is to be sought in respect of quality of provision through review and care management processes.
- Preventative and non care managed service mostly provided via funding to voluntary sector has increased.

### **Key areas for improvement**

- The Council needs to improve the take up of telecare services.
- The Council needs to develop services to help people living outside the council area to return to live in the city. Forty-two of the 134 people living outside the city live more than 30 miles away.
- Support to enable older people to remain living at home needs to be developed with health and other partners. Although expanding, the current range of services is not comprehensive.

### **Making a positive contribution**

The outcomes in this area are **good**.

The Council have demonstrated that they do consult on plans to shape and improve services with people who use services, providing feedback as appropriate. People are increasingly supported to enable them to contribute however, methods and supporting media to enable all people who use care services to contribute to planning and development consultation need to be developed and made available. The Council have been piloting self assessment since November 2006 and advised that the organisation managing the project reports a low take up of the opportunity to self assess – the Council will need to reflect on and review the project to determine and understand why take up has been so low.

### **Key strengths**

- The Council has provided some support and opportunities for people who use services to become involved in developing services and policies that are meaningful and help to give direction to the council.
- The numbers of volunteers working in social care has increased through support provided by the council to voluntary bodies who recruit and provide support for volunteers.
- The Council have some evidence of consultation with service users being used to inform modernisation of day services.

### **Key areas for improvement**

- Methods and media to enable all people who use services to participate need to be developed and evidence retained of the contribution made to planning services.
- Review self assessment pilot project, utilising outcome of review to inform self assessment in the future.

### **Increased choice and control**

The outcomes in this area are **good**.

Improvements in assessments and delivery of services have resulted in assessments of most people being completed in a timely manner with services also being provided without excessive waiting periods. Good progress has been made with uptake of direct payments increasing across all service user groups. The number of people who have been supported through advocacy has increased and advocacy is available to most people who use services. The Council is committed to consulting with and responding to the views of people who use services and carers with plans to extend this input into quality monitoring, contract review and re-tendering. Some funding is being utilised to further develop person centred planning and person centred reviews. The Council needs to progress with plans to fully utilise single assessment processes across services; joint working is already in place across most assessment services and information provided as assessment to one professional is made available to other disciplines as appropriate. Electronic social care records are available to health care staff where co-located with Council staff.

### **Key strengths**

- Advocacy services are available to most people who use services.
- Assessment and provision are timely.
- Significant progress to promote and provide direct payments to a wide range of people who use services and carers.
- Out of hours services are responsive and have been shaped by feedback.

### **Key areas for improvement**

- Utilise information from Person Centred Reviews to inform commissioning strategy & service planning.
- Proceed and develop with health plans to co-locate care managers and district nurses together to support co-ordinated joint working to meet needs of people who use services.
- Continue to reduce admission to permanent residential care by providing alternative accommodation and improved day services.
- Progress plan to provide information about complaints in a wider range of community languages, utilising other formats or media than is currently available.

### **Freedom from discrimination or harassment**

The outcomes in this area are **good**.

The Council has the eligibility criteria set at moderate needs which was increased in 06/07 from low. Staff are well trained in applying the criteria consistently and the council is monitoring services provided to ensure that no groups of service users are disadvantaged. Some people who use services have been involved in compiling the council integrated Equality and Disability Scheme. Two of the five standards have been

implemented and plans are in place to implement the remaining three standards before March 2008. The Council have identified a lead officer to monitor progress to full implementation.

#### **Key strengths**

- People who use services have been involved in writing the councils integrated Equality and Disability Scheme.
- Staff have received training to ensure consistent application of eligibility criteria takes place.
- The ethnicity of people assessed and receiving a service is good.

#### **Key areas for improvement**

- Fully implement all five equality standards as planned.
- Ensure that staff record ethnicity of people receiving a service.

#### **Economic well being**

The outcomes in this area are **adequate**.

The Council has been successful in supporting a lot of people who have physical disabilities into employment, voluntary work or educational / training schemes. No people who have learning disabilities have been helped into paid or voluntary work and this is an area of improvement that they Council have plans to address. The Council has evidence that some people who receive support services are receiving less ongoing funding to support activities aimed at reducing social isolation or to create employment opportunities. The Council needs to ensure that support for carers is provided enabling them in respect of maintaining or accessing employment. There is a protocol in place between the council and health to deal with any disputes over continuing care, but disputes are infrequent.

#### **Key strengths**

- The council provides an integrated benefits and advice service which secured additional income for a large number of people in the Council area.
- Disputes protocol for continuing care is in place between council and health with no increase in number of disputes from previous year.
- Life coaching was provided to over 300 people with physical disabilities many of whom used a day centre – with the coaching leading to all accessing external courses or community activities.

#### **Key areas for improvement**

- Encourage and provide opportunities for people with learning disabilities to obtain voluntary or paid employment.
- Carers strategy to be expanded to address support for employment needs of carers.

## **Maintaining personal dignity and respect**

The outcomes in this area are **good**.

Safeguards against neglect, abuse or poor treatment are in place. Whilst the Council has provided training to more staff than in previous years the numbers trained remain comparatively low. There has been a decrease in numbers of safeguarding referrals indicating that training has failed to make an impact on staff awareness – this is an area for improvement. Guidance is provided for staff in respect of maintaining professional relationships with people who use services, and there are arrangements in place for staff to receive information and guidance of privacy and confidentiality – this is provided at induction. The Council needs to ensure that guidance on the right to form and develop relationships between people who use services is developed and shared with all sectors that provide care services.

### **Key strengths**

- The independent sectors have been well supported by training in respect of adult protection.
- Most people admitted into care homes have access to single rooms and the council have made arrangements for all staff to comply with policies related to privacy and confidentiality. The council also has guidance for staff in respect of maintaining professional relationships with people who use services.

### **Key areas for improvement**

- Develop guidance on interpersonal relationships for use across directly provided and commissioned services.
- Increase the proportion of council staff trained to identify risks and assess vulnerable people.
- Address the low number of safeguarding / adult protection referrals through staff training and increased awareness.

## **Capacity to improve**

The Council's capacity to improve services further is **promising**.

The Council is committed to engagement with people who use services and carers involving them in consultation and planning of services. Progress has been made addressing the area of improvement identified in last year's performance assessment report. The council has continued to develop strategic planning of some services in partnership, which contributes overall to address local needs and priorities. A focus on service modernisation has led to a reduction in the number of people admitted to permanent residential care, increased improvement in home care and the provision of more services and support mechanisms to enable people to maintain independence. The council recognises that modernisation must proceed at a pace if people who use services are to have access to services they choose to use to maintain them in the community. The Council raised its eligibility criteria last year from low to moderate and has provided training for staff in applying the criteria consistently. The change in criteria has reduced the number of older people (with lower care needs) getting services to help them live at home. The Council uses some information about costs, performance and quality in social care services to inform planning and commissioning of services. Through the leadership of councillors, directors and senior managers the council is moving towards embedding performance management with business efficiency to

ensure the quality of services can be improved whilst managing to make necessary efficiency savings.

## **Key strengths**

### **LEADERSHIP**

- The council have made progress addressing the areas for improvement identified in last year's performance assessment report.
- The council have made good progress in implementation of the social care record.
- Co-ordinated partnership working on strategic planning of some services.

### **COMMISSIONING AND USE OF RESOURCES**

- Intensive care provided as a percentage of residential care and intermediate care combined is good.
- Partnership arrangements are in place to undertake analysis of need to better inform commissioning.
- Most people who use services have some opportunity to become involved through consultation about services that are commissioned to meet needs.
- All reviews include benefit checks, which helps those no longer eligible for care services to maximise their benefits.

## **Key areas for improvement**

### **LEADERSHIP**

- Ensure that the vision to provide a modernised service, which supports people is a shared vision.
- Evidence what improved outcomes have been as a result of training provided for the independent sector and continue with plans to strengthen work with the independent sector.

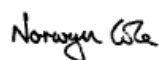
### **COMMISSIONING AND USE OF RESOURCES**

- Develop or commission services to be provided within city for people with complex needs.
- Continue to develop a partnership approach with providers clarifying councils future commissioning intentions for all groups of people who use services.
- Consider how commissioning can be used to improve standards of regulated services in the city.

## **Follow up action in 2007-08**

Progress to address the issues raised in areas for improvement to be monitored through routine business meetings between the council and CSCI.

Yours sincerely



**NORWYN COLE,**  
Regional Director  
Commission for Social Care Inspection

## KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
<b>All people using services</b>	
<ul style="list-style-type: none"> <li>• Full time falls coordinator providing training to all sectors on use of assessment tool &amp; signposting</li> <li>• User participation strategy</li> <li>• Increased take up of direct payments</li> <li>• Out of hours services are responsive and shaped by user feedback</li> <li>• Training for consistent application of eligibility criteria</li> <li>• Integrated benefits advice service increasing take up of benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Increase range of intermediate care provision</li> <li>• Review self assessment pilot and utilise to inform future self assessment plans.</li> <li>• Continue to reduce number of permanent admissions to residential care</li> <li>• Develop guidance to support people who use services and their relationships</li> <li>• Address low number of safeguarding referrals</li> <li>• Increase training of council staff in safeguarding / adult protection</li> </ul>
<b>Older people</b>	
<ul style="list-style-type: none"> <li>• Assessments and services are provided in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• Further develop support to enable older people to remain living at home.</li> <li>• Proceed with plans to co-locate health and social care staff</li> </ul>
<b>People with learning disabilities</b>	
<ul style="list-style-type: none"> <li>• Number of people helped to live at home</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with development of plans for reprovision of community accommodation for people in NHS long stay accommodation</li> <li>• Provide accommodation to enable people placed outside city to return</li> </ul>
<b>People with mental health problems</b>	
<ul style="list-style-type: none"> <li>• The number of drug users in treatment exceeded the target</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain accurate data on reviews</li> </ul>
<b>People with physical and sensory disabilities</b>	
<ul style="list-style-type: none"> <li>• Equipment and adaptations delivered within 7 days, and reduced wait for major adaptations</li> <li>• User involvement in writing integrated Equality &amp; Disability Scheme</li> <li>• Life coaching led to take up of increased opportunities in community</li> </ul>	<ul style="list-style-type: none"> <li>• Increase range of complaints information for people who use HIV/Aids services</li> <li>• Fully implement all five equality standards</li> </ul>
<b>Carers</b>	
	<ul style="list-style-type: none"> <li>• Strategy needs further expanding to address employment needs</li> </ul>