
ADULT SOCIAL SERVICES ANNUAL PERFORMANCE ASSESSMENT

**Responsible Cabinet Member – Councillor Veronica Copeland
Adult Services Portfolio**

Responsible Director – Murray Rose, Director of People

SUMMARY REPORT

Purpose of the Report

1. To inform Cabinet of the outcome of the Annual Performance Assessment of Adults Social Care carried out by the Care Quality Commission (CQC).

Summary

2. The grades outlined in the Assessment Report are an overall grade for delivering outcomes and a separate grade for each of the seven outcomes. Commentary has also been provided on the two domains of leadership and use of resources and commissioning.
3. The overall judgement for Darlington was that we are ‘performing well’. See **Appendix 1** attached.

Recommendation

4. It is recommended that :-
 - (a) Members note the contents of the report, and
 - (b) the assessment be referred to the Health and Well Being Scrutiny Committee for their consideration

Reasons

5. The recommendation is supplied in order to inform Members of the current performance of Adult Social Care.

**Murray Rose
Director of People**

Background Papers

No background papers were used in the preparation of this report.

Pauline Mitchell - Extension 2505

S17 Crime and Disorder	The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.
Health and Well Being	Adult Services contributes to improving health and well being
Carbon Impact	The issues contained within this report do not have an impact on Carbon Emissions.
Diversity	Adult Services are of particular relevance to disabled people and to older people. It is also of equal relevance to both genders and all racial groups within the population
Wards Affected	All Wards are affected
Groups Affected	Adult Services are of particular relevance to disabled people and to older people
Budget and Policy Framework	The issues contained within this report do not represent change to Council policy or the Council's policy framework.
Key Decision	This is not a key decision
Urgent Decision	For the purpose of the 'Call-in' procedure this does not represent an urgent decision.
One Darlington: Perfectly Placed	This report contributes to both the 'Safer Darlington' and 'Healthy Darlington' themes of the Sustainable Community Strategy.
Efficiency	Through the delivery of the action plan to address the issues highlighted in the report from CQC efficiencies will emerge

MAIN REPORT

Information and Analysis

6. The Annual Performance Assessment (APA) report usually reflects the outcome of an Annual Review Meeting. However, this year the CQC indicated that they did not consider a meeting would be necessary. Instead performance has been graded using a self-assessment process which was subsequently endorsed by CQC.
7. Darlington Council was assessed as performing well in the previous 2008/09 APA. We have through our self assessment, confirmed that during 2009/10 we continue to perform at this standard and consequently only Outcome 7, Maintaining Personal Dignity and Respect and the Leadership and Commissioning domains have been assessed this year.
8. The seven judgements Darlington received for 2009/10 are therefore as follows:-

(a) Improved health and well-being	Performing well.
(b) Improved quality of life	Performing well
(c) Making a positive contribution	Performing well
(d) Increased choice and Control	Performing well
(e) Freedom from discrimination and harassment	Performing well
(f) Economic well being	Performing well
(g) Maintaining dignity and respect	Adequate
9. Full details of the outcome of the assessment are provided at **Appendix 1**. It should be noted however that the judgement for maintaining personal dignity and respect relates to safeguarding and at the time the assessment was submitted it was not considered that sufficient progress had been made to move up a full grade. However in their report the CQC acknowledge that improvements have been made, stating on Page 4 of their assessment report 'Improvements to safeguarding processes have been made since the Service Inspection in 2009 and the Council can now demonstrate the existence of a robust Safeguarding Adults Board with multi agency members and clear direction. Information about safeguarding is easily accessible and there is a single point of contact for people to report concerns.

Outcome of Consultation

10. The Safeguarding Board had an all day stakeholder session during the year to identify further areas for improving joint working across all key agencies. This led to the establishment of several working groups to work on specific issues.



Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Darlington

Contact Name	Job Title
Julie Rayner	Area 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

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Well
Outcome 3: Making a positive contribution	Well
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	Adequate

Council overall summary of 2009/10 performance

Darlington Council were assessed as performing well in the 2008/09 Annual Performance Assessment. The council have, through their self assessment, confirmed that during 2009/10, they continue to perform at this standard and consequently only Outcome 7 and the Leadership and Commissioning domains have been assessed this year.

The council has a clear vision of how they are going to deliver the transformation of adult social care services and they have consulted upon and communicated this vision to staff, service users, Cabinet members, the public and key stakeholders. Processes are in place to ensure that staff understand about personalisation and what their role is within the personalisation agenda.

Leaders and managers have demonstrated over the past year their capacity to lead and implement change and they have worked with partners, both public and private sectors to start and shape the market in preparation for increased demand for personalised services. The council is working in partnership with their health colleagues and have implemented a workforce strategy, again to ensure that the workforce across both health and social care are appropriately skilled to meet the challenges of personalisation.

Robust performance and information management systems and processes are in place which enable the council to track delivery against the personalisation plan, identify risks and provide opportunities for feedback on performance at team meetings

The area's Joint Strategic Needs Assessment (JSNA) informs commissioning decisions and has recently been revised and published. Commissioning is undertaken jointly between the Local Authority and the NHS, via the Joint Strategic Commissioning Board. A number of joint commissioning posts are already in place with the post of Joint Commissioner for Learning Disabilities currently being recruited to. A number of joint commissioning strategies have been developed and implemented. Commissioning decisions are influenced by feedback from people who use services, their carers and the general public and the council has established processes for obtaining such feedback.

The council is in the early stages of implementing personal budgets; however, they have moved away from block contracting and have developed framework agreements with providers and can demonstrate improved outcomes and value for money for individuals from such work within the domiciliary care sector, where more people have been buying their own individual care via a direct payment or personal budget.

Improvements to safeguarding processes have been made since the Service Inspection of 2009 and the council can now demonstrate the existence of a robust Safeguarding Adults Board with multi-agency membership and clear direction. Information about safeguarding is easily accessible and there is a single point of contact for people to report concerns. The council have also set up a process to protect people who are buying their own care via a direct payment or an individual budget.

Darlington Council are strong on the support they provide for carers, recognising and treating them as experts and supporting them to live a life of their own as well as providing care.

Leadership

"People from all communities are engaged in planning with councilors and senior managers. Councilors 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's vision for the transformation of adult social care (ASC) services is presented in a number of documents which have been circulated and discussed with staff, elected members, managers and key stakeholders. There is a regular monthly forum which has been developed for staff to learn more about personalisation, there is regular reporting to the Health & Wellbeing Scrutiny Committee and there is a lead Cabinet member for personalisation. An action plan for delivering the transformation agenda has been developed and agreed by the Programme Board. All Directors and Assistant Directors have undertaken an intensive programme of transformational leadership training, with an emphasis on cascading this training to the workforce.

The Health and Wellbeing Scrutiny Committee have an active role in the transformation of ASC, as well as holding partners to account for change. The council have provided an example of the Committees work which resulted in significant service improvements for people.

Leaders and managers have demonstrated, over the past year, their capacity to lead and implement significant changes which have improved outcomes for people. For example within Intermediate Care (ICS), the number of ICS beds has been reduced from 10 to 8 and savings re-directed into the development of two reablement flats in Extra Care Schemes. The Intermediate Care Team continues to re-focus the provision of rehabilitation through various schemes which are having a positive impact on peoples lives.

The Access and Contact Team have been trained in the use of person centred tools and have adopted the customer-focussed approach when answering contact calls. Extra care has also adopted the approach and as a result residents have one-page profiles and use other person centred tools. The Person Centred Planning Team monitors reviews and actions carried out and this information is used to feed future commissioning intentions.

In terms of the workforce, the Adult Social Care Workforce Plan and Workforce Development Plan have been implemented and are reviewed annually, there are plans for a local workforce strategy to be developed that will support the personalisation agenda and will be in a common format for both health and adult social care. Restructuring within ASC and housing is on-going with the appointment of an Assistant Director for ASC and Housing and two additional Heads of Service. Further restructuring is taking

place.

Retention rates are improving with the percentage of adult services directly employed staff that left during the year decreasing, however, vacancy rates have increased from 4% in 2008/09 to 8.6% this year. Sickness levels have also increased slightly. At the time of writing, ASC are undertaking a staff survey to benchmark and produce an action plan to support organisational and cultural changes.

The council revised their Performance Assessment processes in 2009, and developed it on an Outcome Based Accountability methodology. Service plans have been developed, based on outcomes for individuals and service outcomes with strategic leads have been assigned to ensure delivery. The service plan is underpinned by team plans with individual accountability for actions. Performance clinics have been introduced which scrutinize operation and strategic performance management data and set clear plans for improvement where needed. The performance information is used within team meetings to ensure accountability at all levels. Performance clinic information is also used in service reviews on a quarterly basis.

The council have undertaken work to ensure that their information technology systems are able to deliver transformation. The CareFirst system has been developed to deliver an effective safeguarding service and delivery of self directed support. Work has been undertaken with health partners in managing the risks of running two systems. The system is now able to deliver information on the outcomes of person centred plans for people with a learning disability.

Senior operational managers and the service manager for safeguarding meet monthly to take a collective view on the identification and management of risk in relation to the implementation of innovative practices. Within the innovation of practice recommendations for services each service manager must demonstrate that they have considered an impact analysis of other areas of the business, which is then addressed on a whole scale operation basis.

Key strengths

None identified.

Areas for improvement

- Complete and implement the joint workforce strategies with health partners.

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

A revised Joint Strategic Needs Assessment (JSNA) has been produced which assesses the needs of the people of Darlington and informs commissioning decisions. A Joint Strategic Commissioning Board has been set up between the council and NHS. The Board meets on a monthly basis to progress three key agreed priority areas, which are; Prevention, Dementia and Maintaining People at Home. The aim of the Board is to facilitate partnership working to secure better outcomes and value.

The council's commitment to co producing transformation with key stakeholders is embedded within the ASC commissioning intentions plan. The council has commissioned a user-led organisation to further support user engagement and develop a longer term process to ensure continued co-production. The council have strengthened their Joint Commissioning Posts with the recruitment of a Joint Commissioner for Older and Disabled People, and Head of Strategic Commissioning and Partnerships (jointly funded by the Council and PCT and accountable to both). The joint post of Commissioner for Learning Disability has been established but is yet to be recruited to. A number of joint commissioning strategies have been completed; i.e. the Carers Strategy, End Life Care, Long Term Conditions Strategy and Autism strategy. Dementia, Adult and Mental Health and Learning Disability strategies are ongoing.

Commissioners and providers are working together on a number of provider and partnership forums, for example; residential and nursing homes have signed up to the three year Gold Standards Framework training programme and work on the development and provision of telehealth services in the care home sector has been progressed in partnership with providers, GPs and the university. A number of providers have developed their business to be able to respond to people on an individual level, including developing an individual services fund and local brokerage. Data provided by the council shows a decreasing trend for permanent residential home placements.

The council is in the early stages of implementing personal budgets; however, they have moved away from block contracting and have developed framework agreements with providers and can demonstrate improved outcomes and value for money for individuals from such work within the domiciliary care sector, where more people have been buying their own individual care via a direct payment or personal budget. The council report that they currently have 90 people who are utilising a direct payment.

Financial resources are evaluated and invested or de-invested to effectively support the transformation programme. The council has provided evidence of both investment and dis-investment of services that have had a measurable positive impact on people's lives and have driven forward the transformation agenda.

Users and carers are involved and are consulted, on the development of joint commissioning strategies. For example, under the Older Person Mental Health Strategy, information was gathered from users and carers via a number of forums and mediums,

resulting in the production of a detailed document to inform commissioning.

The council has used the Department of Health's 'Use of Resources' guide, along with other benchmarking tools, to identify high cost areas for further investigation. Examples of work done in this area include; a Dementia Collaborative which has been initiated to reconfigure pathways of current services in order to reduce inappropriate hospital admissions and reliance upon nursing and residential care placements, and development of a reablement model for delivery in 2010/11.

Key strengths

None identified.

Areas for improvement

None identified.

Outcome 1: Improving health and emotional well-being

"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".

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward 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 well in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

None identified.

Areas for improvement

None identified.

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 Care Quality Commission has agreed to carry forward the judgement awarded for outcome 2 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform well in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

None identified.

Areas for improvement

None identified.

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

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome 3 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform well in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

None identified.

Areas for improvement

None identified.

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 Care Quality Commission has agreed to carry forward the judgement awarded for outcome 4 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform well in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

None identified.

Areas for improvement

None identified.

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 carry forward 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 well in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

None identified.

Areas for improvement

None identified.

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 carry forward 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 well in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

None identified.

Areas for improvement

None identified.

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

There is a well established Safeguarding Adults Board within the council with membership from health, police, probation service and children’s services. The Board is supported by the Lead Officers Group (LOG) which undertakes work as directed by the Board and is accountable to the Board. Standing items for Board and LOG meetings include lessons learnt, executive strategy updates and serious case reviews. A single agency safeguarding plan is published on an annual basis.

In 2009-10 the council developed a single point of contact for holding advice and guidance about safeguarding and for people to report suspicions and concerns (Carefirst). The single point of contact is accessible to members of the public and providers via the Adult Social Care web-site. Members of the Adult Safeguarding Team have also provided detail of Carefirst, and information about adult abuse to various voluntary groups and providers within the Darlington area. The number of referrals received has increased this year compared to last.

In addition to providing information and guidance, Carefirst manages the safeguarding alert, and sends the information to the relevant Team Manager who then takes overall responsibility for the safeguarding process. Data is captured electronically, and mandatory fields have been set up to capture and provide an audit trail of the decision making process. Robust monitoring procedures are in place for all regulated services and include looking at the quality of care being provided and the training that the staff receives. Through this process the council have been able to clearly identify where safeguarding standards have not been

adhered to and actions taken with providers via contractual compliance mechanisms and the provision of further training for staff.

In order to improve communication between agencies, links have been developed with health partners with the appointment of safeguarding leads in the PCT and the setting up of a safeguarding group within the Mental Health Trust. Processes are in place to ensure that safeguarding concerns are addressed and risks are reduced for service users within the personalisation and increased choice and control agenda.

Working in partnership with Durham County Council, the council has developed a safeguarding training package that integrates Safeguarding, Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). Basic alerter training has been reviewed to link in with MCA 2005 and DoLS. This training programme has been extended to a wider range of partners and stakeholders (including the independent sector) and the percentage of staff trained to identify and assess risk has increased from 50% in 2008/09 to 62% in 2009/10. This exceeds the target set by 2%, but is still 24% less than in comparator councils. The councils safeguarding procedures and documentation at all stages leads the assessor/decision maker to take mental capacity into consideration and to commission the use of the Independent Mental Capacity Advocates (IMCA) where appropriate. The mental capacity test and best interest decision making tools are available to all staff on the intranet and seven qualified Best Interest Assessors are now part of the Safeguarding Team.

The council has worked on using commissioning as a lever for improvement and report a year-on-year increase in the number of contractors meeting required standards. The council have reviewed contracts and developed an outcome-based matrix for each service area. This allows the clear identification and measurement of performance on the quality of care in respect of dignity

The council have consulted older people on respecting and maintaining dignity. The local priorities identified from this consultation are shared with provider organisations and the public. Actions taken, and the impact on quality of life, are monitored by the GOLD (Growing Older Living in Darlington) Health Group.

The council have developed processes to ensure carers are treated and recognised as experts, and have Carer Experts on the Learning Disability Partnership Board, Sub Groups and Strategic Visions Group. The council has provided Carer Experts with training on person-centred tools, and also supported leadership training. Carers have also been given the opportunity to attend a Caring with Confidence course, run by Darlington Association on Disability Support Services and the Sunderland Carers Centre. The council has introduced a new post of Carer's Support Worker, to work with family carers as 'experts', in particular to provide support in difficult times, promote independence and support carers to maintain their caring role or into paid employment. The council has developed a Carers Emergency Support Service in partnership with Durham County Council and the PCT, to support carers at times of crisis. This commenced on 1st April 2010. The council have developed their carer's assessment process to focus

more on carers and the maintenance and sustainability of their role.

Key strengths

- Carefirst – the single point of contact
- Support for carers

Areas for improvement

- Introduce personal budgets for carers
 - Continue to increase the number of staff, both in-house and in the independent sector, trained to basic alert level.
-