



Making Social Care  
Better for People

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Ref: TS/CH

Dear Director,

## **SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR STOCKTON-ON-TEES**

### **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.

## 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	Good
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
<b>Capacity to Improve (Combined judgement)</b>	Promising
Leadership	
Commissioning and use of resources	
<b>Star Rating</b>	2 stars

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>• Promotion of healthier lifestyles</li> <li>• Frequency of reviews</li> <li>• Support for people with long term conditions</li> <li>• Provision of Telecare systems</li> <li>• Black and ethnic minority (BME) advisory group</li> <li>• Promotion of volunteering</li> <li>• Transition planning for young people</li> <li>• Complaints management</li> <li>• A paper single assessment process</li> <li>• Management of Emergency Duty Team</li> <li>• Provision of advocacy services</li> <li>• Overall take up of Direct Payments</li> <li>• Choice and Control in regulated services</li> <li>• Development of a Single Equality Scheme</li> <li>• Information on the ethnicity of people receiving a service</li> <li>• Management of disputes over eligibility for continuing care</li> <li>• Supporting people to maximise their income</li> <li>• Increased awareness and reporting of protection of vulnerable adults issues</li> <li>• Maintenance of a multi agency approach to safeguarding vulnerable adults</li> <li>• Establishment of an Independent Mental Health Advocacy Service</li> <li>• Promotion of individual rights around personal and/or sexual relationships</li> <li>• The protection of personal information</li> <li>• Privacy and dignity standards in the council's registered services</li> <li>• Strategic planning</li> <li>• Logistical support and general training for the independent sector</li> </ul>	<ul style="list-style-type: none"> <li>• Intermediate care</li> <li>• Waiting times for items of equipment</li> <li>• Services for carers</li> <li>• How safe people feel at home</li> <li>• Direct Payments made to people from black and ethnic minority communities</li> <li>• Implementation of the 5 equality standards for local government</li> <li>• The promotion of vulnerable adult training for independent sector staff</li> <li>• Implementation of an Electronic case management system (ESCR)</li> <li>• The high number of vacant posts</li> </ul>

<ul style="list-style-type: none"> <li>• Staff training expenditure</li> <li>• Leadership in the council's registered services</li> <li>• Integrated partnership working and commissioning with Health Trusts</li> <li>• The eligibility criteria for access to care services set at moderate</li> <li>• Developing strategic commissioning</li> <li>• Support for self funders</li> <li>• Performance standards in commissioning</li> <li>• Financial management and use of resources</li> <li>• Low increases in fees for services</li> </ul>	
<b>Older people</b>	
<ul style="list-style-type: none"> <li>• Delayed transfers of care</li> <li>• Services for older people with mental health problems</li> <li>• 50 new extra care places</li> <li>• Helping people to live at home</li> <li>• Falls prevention</li> <li>• Engagement and consultation with people</li> <li>• Person centred care</li> <li>• Quick and open access to assessments</li> <li>• Reducing the overall costs of care for people</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive home care</li> <li>• Waiting times for assessments</li> <li>• Waiting times for provision of service</li> <li>• The high level of assessments leading to service provision</li> <li>• Admissions to care homes</li> <li>• The proportion of BME people receiving an assessment</li> <li>• Consideration of the appropriateness of overall expenditure levels</li> </ul>
<b>People with learning disabilities</b>	
<ul style="list-style-type: none"> <li>• Provision of services for people with complex needs</li> <li>• Engagement and consultation with people</li> <li>• Helping people into work</li> </ul>	<ul style="list-style-type: none"> <li>• The low proportion of people who have short term breaks</li> <li>• Helping people to live at home</li> <li>• The high proportion of people from black and ethnic minority communities receiving a service</li> <li>• Consideration of the appropriateness of overall expenditure levels</li> </ul>
<b>People with mental health problems</b>	
<ul style="list-style-type: none"> <li>• Arrangements to access residential treatment programmes for people with alcohol problems</li> <li>• Retention rate of drug misusers in treatment</li> <li>• Engagement and consultation with people with drug and alcohol problems</li> <li>• Helping people into work</li> </ul>	<ul style="list-style-type: none"> <li>• Helping people to live at home</li> </ul>

<b>People with physical and sensory disabilities</b>	
<ul style="list-style-type: none"> <li>• Waiting times for adaptations</li> <li>• Helping people to live at home</li> <li>• Engagement and consultation with people</li> <li>• Helping people into work</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of the appropriateness of overall expenditure levels</li> </ul>
<b>Carers</b>	
<ul style="list-style-type: none"> <li>• Access to breaks for BME carers</li> <li>• Carers Centre support for carers</li> </ul>	<ul style="list-style-type: none"> <li>• The strategic vision for carers</li> <li>• Provision of Direct Payments</li> </ul>

## **KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME**

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

The delivery of outcomes in this area is good.

There is extensive provision of healthier lifestyle activities and information, all readily available online. The level of delayed discharges from hospital is very low. Intermediate care is generally effective but overall provision is lower than other councils and the council should satisfy itself that the level of provision accurately matches demand. Services for people with mental health problems have improved. More people receive timely reviews in Stockton than the average for other councils. There is good support for people with long term conditions and people with drug and alcohol problems.

#### **Key strengths**

- People are well served by the council and PCT in respect of the provision of healthier lifestyle activities and information. The council's website provides information on a wide range of healthy lifestyle promotional activities. This is supplemented with leaflets available in all PCT premises.
- The council has undertaken joint initiatives with health to:
  - Reduce smoking in adults and older people. The council has exceeded its stretch Local Public Services Agreement (LPSA) target for smoking cessation;
  - Improve health support in the more disadvantaged areas including a weight management programme which links into the existing 'Active Health' GP referral exercise programme".
- There are 10 residential intermediate care beds available helping people achieve independence and not have to be admitted to a care home. The service now caters for people with mental health problems who need intermediate care. Although the reported provision of residential care to prevent hospital admission or to facilitate timely discharge is relatively low, services are effective in meeting the requirements of hospital discharges. The Intermediate Care Support Service has recently been enhanced to provide:
  - Telecare beds in the residential Intermediate Care facility
  - PCT support to provide a 7 day a week and evening service

Also the Rapid Response team provide an alternative to admissions to hospitals or care homes. Support is provided in people's own homes and there is a current bid to extend this to 7 days a week and evenings.

- The number of older people experiencing delayed transfers of care from hospital continues to be very low and the council is not responsible for any of the few delays there are.
- Services for older people with mental health problems have improved particularly with the provision of: a seven day a week Community Mental Health Team, a project worker post established to drive the Everybody's Business agenda, and partnership working with the Alzheimer's Society to deliver dementia awareness training.

- More people receive reviews than in other councils. People with learning disabilities and people with mental health problems are now receiving significantly more reviews than previously.
- Care management arrangements with health to support people with long term conditions includes appropriate provision of equipment and adaptations. Care support workers directly and proactively help people to live in their own homes.
- There are appropriate arrangements in place to access residential treatment programmes for people with alcohol related problems as required.
- The number of people with drug related problems accessing residential treatment programmes has increased due to better funding, improved processes and greater client consultation and choice. The National Drug Treatment Monitoring System (DTMS) summary report for the fourth quarter of 2006/07 shows that the retention rate of drug misusers in treatment for twelve weeks or more to be higher than the national average.  
There are no adults with learning disabilities who are fit for discharge remaining in NHS hospitals.

### **Key areas for improvement**

- Consideration should be given to examining whether the relatively low level of provision of intermediate care provision compared to other councils, reflects a shortfall in the level of provision required, or whether it is an appropriate level of provision which realistically reflects the presenting level of need and demand.

### **Improved quality of life**

Delivery of outcomes in this area is adequate.

The council is effectively helping older people and physically disabled people to live at home but is less effective at helping people with learning disabilities and people with mental health problems to do so. The provision of Telecare systems is progressing well. Waiting times for adaptations have improved but items of equipment are still being delivered less quickly than the national average. The provision of extra care places has accelerated. More breaks are being provided for carers from black and ethnic minority (BME) communities. Services for carers have improved but not to the level of most other councils. Grant funded services are developing. Better outcomes are being achieved in relation to reducing falls. Arrangements for people with profound and multiple learning disabilities are improving. Older people are receiving lower levels of intensive care or alternatively Direct Payments than in other councils. People with learning disabilities are not getting many short term breaks. The council has not addressed the issue of how safe vulnerable people feel at home.

## **Key strengths**

- 50 new extra care places have opened in April 07 and were rapidly filled. The new facility is of high quality and designed for very flexible use. The council is also working with Supporting People colleagues across the Tees-wide sub-region to plan future extra care services.
- The provision of Telecare systems to support the independence of older people in Stockton is developing well and will be rolled out substantially during 2007/08.
- The council has significantly reduced the length of time people have to wait for major adaptations and the average length of time waiting for minor adaptations is lower in Stockton than elsewhere.
- The council is effectively helping older people and physically disabled people to live at home.
- The council has used a good proportion of the Carers Grant to ensure access to breaks for carers of people from black and ethnic minority communities. The council supports the Hindu Society in Middlesbrough and the Link carers group, through which a high number of breaks are delivered at a relatively lower cost.
- The council commissions services for deaf-blind adults from BlindVoiceUK and also works with Teesside Society for the Blind and the Royal National Institute for the Deaf in supporting clients.
- A large proportion of people using grant funded services are steered there through a community care assessment. Service usage and value for money is monitored and work is ongoing to streamline the usability of the services.
- Progress is being made in reducing the number of falls with improved outcomes in terms of fewer hip and thigh injuries. The Falls Prevention Programme is helping care homes to introduce a physical activity programme to improve independence and prevent injurious falls. A system for recording falls in care homes is helping to establish a baseline for improvement.
- A more comprehensive approach to the provision of services for people with complex needs is being developed and there is good evidence of forward looking strategic planning for young people in transition. Person Centred Planning is central to the work with individuals though not all yet have an individualised plan. The council is leading a Tees wide services group to develop new provision in the area. There are still a number of people in relatively distant out of area placements but all have or are being reviewed in the light of the best interests and choice of the individuals and families concerned. The council reports that carers are increasingly telling them that council services are delivering what they want.

## **Key areas for improvement**

- The percentage of items of equipment and adaptations delivered within 7 working days is lower than the national average. The council should seek to increase this figure
- Fewer older people are receiving intensive home care than is the case in most other councils and, although the council is promoting the use of Direct Payments for older people, the proportion who alternatively



purchase intensive home care through Direct Payments is less than half the averages for comparator councils and England. The council recognises that promoting the take up of complex intensive home care packages, particularly as part of a Direct Payment arrangement is very challenging. A new third party support provider for Direct Payments has been commissioned as part of the strategy to will improve the situation. The council should consider further how it can better address the challenge of helping older people to live in their homes either through intensive home care/Direct Payments or through alternative less traditional flexible support systems.

- The proportion of people with learning disabilities who have short term breaks in their care plans is very low. The council should seek to improve the level of breaks provided.
- Services for carers have improved but not to the level of most other councils. Carers for all major service user groups receive a very significantly lower proportion of carer specific services than the national average. The proportion is very significantly lower for learning disabled people (19% of the national average), physically and sensory disabled people (26%), and people with mental health problems (7%). Given that the council reports that very few carers assessments are declined it would seem that the council is less effective than might be expected in providing suitable services for those who are assessed. The council has already begun to consider how it might significantly improve the level of services provided for carers and should continue this focus on improvement in this area.
- The council is less effective than comparator councils in helping people with learning disabilities and particularly people with mental health problems to live at home and should explore ways in which it can improve the situation.
- The council commissioned a MORI survey of citizens which showed that people are feeling safer than they were the previous year but this did not provide evidence of how safe vulnerable people feel at home. The council should consider how it might more effectively monitor and support vulnerable people to feel safer at home.

## **Making a positive contribution**

The delivery of outcomes in this area is good.

Opportunities for people to undertake self assessment are developing. There are well established systems for consulting with service users and carers including the Viewpoint panel. Consultation with older people, people with learning disabilities, and people with drug or alcohol problems is extensive and service users are able to influence decision making. The council is appropriately addressing the disability equality agenda. Although there is engagement with carers through the Stockton Carers' Centre the council's strategic vision for carers needs developing. A BME advisory service has been commissioned. Volunteering is promoted in a variety of ways.

## **Key strengths**

- There is some establishment of processes for residents to undertake self-assessment where this is considered appropriate. There is more work to be done in this area and further progress is planned for 07/08.
- The council has a long established system for consulting with citizens via its Viewpoint panel and this is used quite extensively by older people. An Older People's Consultation Group is meeting monthly and comprises membership from a number of different groups that previously operated separately. An "Are you being served" group meets monthly to plan its annual older people's consultation event. This is a big event which is very popular with older people and carers and incorporates a variety of elements to engage people including some entertainment.
- People with learning disabilities and their carers benefit from good representation on partnership groups and there are targeted carer forums on various aspects of learning disability services. People who use services are part of a review team for quality standards and dedicated advocacy groups contribute to service development.
- People with drug and alcohol misuse problems and their carers are well engaged in all decision making groups. Forums are held to gather views and opinions on services and planning.
- A new disability advisory group has recently been formed and there is good engagement with disabled people through the Viewpoint panel. A Disability Equality Scheme consultation event identified improvements council wide.
- Stockton Carers' Centre has a significant role in supporting carers. The Centre is a service commissioned by the council as part of its strategy to improve support for carers.
- Following scoping work during 2006/07, a BME advisory service has been commissioned through Stockton District Information and Advice Service (formerly CAB) for 2007/08.
- The council promotes volunteering in a number of ways and has strong links with the community and voluntary sector via the Local Strategic Partnerships and Area Partnerships. Examples include:
  - Careers advice in schools also emphasises volunteering roles;
  - A cadet scheme which enables trainees to progress from 16 into a social care scheme;
  - The council encourages some people who use services to see volunteering as a means to enabling them to help themselves and it has achieved better performance than most councils in helping people into voluntary work;
  - Duke of Edinburgh Award scheme has involved 250 individuals with a community service element.

## **Key areas for improvement**

- The council's strategic vision for services for carers does not provide a clear picture of what the current services are or what they are planned to be, particularly in terms of outcomes to be achieved for carers. It is unclear what the council's position is in relation to a whether a carer works or desires to work, is undertaking or wishes to undertake, any education, training or leisure activity; and what the council might wish to

do to address such issues on either a collective or individual basis. The council is reviewing its strategic vision for services to carers. In doing so it should ensure that it addresses the issues which are seen as priorities for carers and consider how that vision will inform improvements in the shape and delivery of services to carers in the future.

## **Increased choice and control**

The delivery of outcomes in this area is good.

Arrangements to ensure effective planning for young people in transition to adult services are good. Complaints are appropriately managed and are now supported by the development of an improved customer interface. Person centred care for older people is being improved and a single assessment process has been implemented across the council. Advocacy services are available across the range of service user groups. Provision of Direct Payments has improved but take-up with carers is notably low. The number of younger adults admitted to care homes has reduced slightly but the number of older people admitted, although reduced, is still high. The council's regulated services met all the standards in relation to this outcome. Assessment waiting times for older people are recovering from poor levels and waiting times for provision of services are also poor. An unusually high proportion of assessments lead to provision of service.

### **Key strengths**

- Process mapping of the systems and services in place to support young people through transition planning is comprehensive, enabling more effective planning and co-ordination. Person Centred Planning and Direct Payments are central to the approach.
- The complaints manager is independent of services provision and is perceived to have a direct role in improving service provision as a consequence of complaints investigations. The number of complaints overall is dropping but the council feels that the improved customer interface arising from the development of its Customer First programme and the positive effects of its contract compliance monitoring of commissioned services have contributed to this reduction.
- Person centred care for older people is being improved by the expansion of community matrons, provision of more sophisticated telecare systems and the re-organisation of occupational therapy to tackle the backlog of pending assessments.
- A paper single assessment process has been implemented across the council area but the electronic summary is only partially available.
- Advocacy services are available for all individuals who use adult care services. In respect of older people, support is offered by Stockton's Welfare Rights services, the Citizens Advice Bureau and through Stockton Age Concern.
- Overall activity in respect of Direct Payments has improved with the exception of Carers and the proportion of Directs Payments received by people from black and ethnic minority communities. Provision of Direct

Payments overall is higher than the national average but lower than the average for comparator councils.

- The number of younger adults admitted to care homes has reduced slightly but is still slightly higher than the national average.
- All national minimum standards relating to choice and control in the regulatory inspection reports on regulated services provided by the council were met. These include care needs assessment, meeting needs, reviews, and contracts.

### **Key areas for improvement**

- Waiting times for the completion of assessments for older people during 2006/07 were poor. The sources of the problem (including availability of Occupational Therapists) have been addressed and there have been improvements in waiting times more recently. The council should ensure that these improvements are sustained so as to permanently minimise any delay for people who use services.
- Assessments of older people almost always lead to a provision of service. The council should consider why the proportion of provision of service is so high given its assertion that the eligibility level for access to services is set at moderate rather than low.
- Waiting times for provision of service have deteriorated significantly and the council's planned improvement for next year will still be well below the current national average. The council should give consideration to how it might improve processes to achieve much quicker provision of services.
- The proportion of Direct Payments arranged for carers is very low and in stark contrast with the national average. The council should work to improve take-up of Direct Payments by carers.
- The council should consider why the number of Direct Payments made to people from black and ethnic minority communities is low and focus its efforts on improving the take-up level within this group.
- The number of older people admitted to care homes has reduced but is still considerably higher than the national average. From the basis of the improvements achieved so far the council should continue to work to help an increasing proportion of people live at home and reduce the need for them to have to live in care homes.

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

The delivery of outcomes in this area is good.

The council has developed a single equality scheme in consultation with people who use services which fully embraces disability equality issues. Nevertheless implementation of the 5 equality standards for local government has been slower than for most other councils. There is universal access to assessments for all and assessments are started quickly after first contact. The ethnicity of all people who use services is now known. The number of people with learning disabilities who are from minority ethnic groups and are receiving services is high. The number of older people from minority ethnic groups receiving an assessment seems low.

### **Key strengths**

- The Council ran a 'Tell Us What You Think' event in 2006 from which it developed its Disability Discrimination Action Plan. This has been developed into a single equality scheme across the council. A disability advisory group monitors and reviews a range of council services.
- Assessments of older people are initiated very quickly after first contact. All individuals have access to initial assessments regardless of whether, ultimately, they may pay for their own care.
- The ethnicity of people receiving a service is more likely to be known in Stockton than in other councils. This is a good improvement on last year.

### **Key areas for improvement**

- Although the council has done a considerable amount of work in progressing the 5 equality standards for local government, it is behind the pace nationally in respect of implementation of the standards. Every effort should be made to accelerate the implementation process.
- The proportion of older people from minority ethnic groups receiving an assessment is lower than for older people overall. However, the council has suggested that the number of older people in the black and ethnic minority communities is much smaller than the proportion in the community as a whole. As such the proportion of this group receiving an assessment may be more appropriate than it would seem. The council should satisfy itself that this hypothesis is true and that the proportion of assessments received is effectively the same as it is for older people overall.  
The number of people with learning disabilities who are from minority ethnic groups who are receiving services is double what should be expected. This is an area the council should continue to monitor and evaluate.

### **Economic well being**

The delivery of outcomes in this area is good.

Disputes over eligibility for NHS continuing health care are rare and are well managed. The council is working effectively to promote work opportunities for disabled people and people with mental health problems. The council is gradually reducing the overall costs of care for people who use services. There are good arrangements with partners to provide people who need social care with support and advice on welfare benefits and how to maximise their income.

### **Key strengths**

- Disputes over eligibility for NHS continuing health care are rare and are well managed in conjunction with NHS partners. There was a 36% reduction in disputed cases from 2005/06 to 2006/07.
- The council has an established team of workers who promote opportunities for disabled people and people with mental health problems to access work and to prepare them for work. The team works in

conjunction with the Shaw Trust. The council has helped a better than average number of people with learning disabilities into paid work and a much better than average number into voluntary work. There have been substantial achievements in securing work opportunities for people with mental health problems and in supporting them in work. There has also been considerable success in promoting work opportunities for people with physical disabilities

- The council is gradually reducing the overall costs of care for people who use services through engagement in the change towards more preventative services, Direct Payments, and the redesign of services. It is effectively addressing the financial implications of such changes. The council has arrangements with partners to provide people who need social care with support and advice on welfare benefits. Support is provided by an integrated council and Pensions service team. There is extra support for learning disabled people through the STEPs team and for carers through the Stockton Carers' Centre. The Welfare Rights Services works in conjunction with the Department of Work and Pensions and the Housing/Council Tax benefit sections to enhance benefits take up.

## **Maintaining personal dignity and respect**

The delivery of outcomes in this area is good.

Greater awareness of adult protection issues is believed to have led to a two thirds increase in the number of vulnerable adults referrals. Safeguarding has been enhanced through a multi agency approach to safeguarding, through the establishment of an Independent Mental Capacity Advocacy service, and by substantial training of council staff. The level of training of independent sector staff sponsored or promoted by the council is less certain. The council promotes the rights of individuals' personal relationships in its policy and practice. Steps have been taken to ensure that privacy and confidentiality is assured for as many people who use services as possible. All council funded individuals who are admitted to care homes are allocated single rooms. All the national minimum standards relating to privacy and dignity in the council's regulated services were met.

## **Key strengths**

- Protection of vulnerable adults referrals have increased by approximately 66% over the past year, especially for older people and people with mental health problems. Greater awareness within services is felt to be the reason accounting for the increases. The council treats all referrals equally, irrespective of whether a referral is in respect of someone who is not receiving services. About a tenth of the referrals are from self funders.
- An Independent Mental Capacity Advocacy Service has been put in place and is operational. Appropriate staff training has been given and information about the service widely disseminated.
- The council has trained a high proportion of its staff to identify and assess risks to vulnerable adults.

- The council has a clear Diversity Statement within all its contracts which includes people's rights around sexual preference. The Diversity Policy was developed with input from Stockton residents and has been used to support the development of contracts and specifications. The council expects that the issue of personal and/or sexual relationships is considered within care planning and monitors such issues within its contract monitoring activity.
- The council has taken substantial steps to ensure compliance with the Data Protection Act. In 06/07 all premises were audited in relation to data protection under Caldicott Principles. A code of conduct for data protection was made part of the induction process for staff and by March 2007 data protection training had been provided for 90% of staff.
- A multi agency approach to safeguarding adults is in place and works effectively in accordance with POVA (Protection Of Vulnerable Adults) requirements. The principle agencies Health, Social Care, and Police, are all committed to a multi agency approach to safeguarding vulnerable adults and work in collaboration with the voluntary and independent sector. Past funding issues have been resolved and there has been across the board increases in funding for 2007/08
- All national minimum standards relating to privacy and dignity in the regulatory inspection reports on regulated services provided by the council were met. This includes the specific privacy and dignity standard for care homes for older people and domiciliary care agencies.
- All individuals who are funded by the council and who are admitted to care homes are allocated single rooms.

### **Key areas for improvement**

- The council has ostensibly funded/commissioned vulnerable adult training for only about 10% of independent sector staff, which is a third of the national average. However, in conjunction with Skills for Care, the council has provided every registered care service with a Tees-wide developed adult protection training workbook, for use with their staff groups. As such the council does not have direct outcome figures for the training delivered. The council is supporting a new e-learning pack which will be delivered in the same way. The council should ensure that in future all forms of protection of vulnerable adults training can be accurately validated and counted so that it can have a better understanding of the level of knowledge and competence possessed by the staff of the services it commissions.

### **Capacity to improve**

The council's capacity for improvement is promising.

Key challenges for the council are clearly identified and actions to address these are integrated within overall strategic planning in collaboration with health partners. An integrated commissioning approach across council and PCT services is well established and covers all the main adult client groups. Transition planning for young people is well established within a single

children's and adults directorate. Support to the independent sector in terms of training and resource backing has been good. Expenditure on staff training and provision for social work practice learning are better than average. There is good leadership within the council's own regulated services. There are potential difficulties arising from changes within the Tees, Esk and Wear Valleys NHS Trust. A full electronic case management system (ESCR) has yet to be implemented. The proportion of vacant posts in the council is high.

The council has a commissioning strategy which is widely consulted on and is linked to the ongoing development of locality based integrated services. Care services are provided for those people whose needs are assessed as moderate and above. Self funders are assisted in obtaining the services they need. The council is able to act to assure performance standards which are part of its commissioning contracts. The council has established sound financial systems and uses its resources well but should satisfy itself that expenditure is sufficient in some areas.

## **Key strengths**

### Leadership

- The council has been able to clearly identify the challenges to delivering services presented in the past year. These have primarily related to dealing with NHS reconfigurations, better commissioning relations with service providers and general modernisation. Actions taken to address the challenges have been at both a strategic and operational level with partners and have involved developing multi-agency plans which are linked to national and local priorities.
- A number of legitimate challenges to delivering services in 2007/08 have also been identified. The council is clear about the actions it must take to address the challenges and has linked these to specific elements of strategic planning and associated documents. These connect to the overall Adult Vision and detailed action planning at an operational level. The overall picture of strategic planning in the short to medium term is coherent and linked to embedded joint working with partners.
- There is close working between Adult and Children's social work teams to provide seamless transition for young people who will require the support of adult services. Adult and children's social care is provided within a single corporate directorate and this helps to ensure consistent and continuous support. All young people in transition go through a Person Centred Planning process.
- During the past year it has been necessary for the council to assist independent providers to mitigate the consequences of particular staffing difficulties. In doing so the council has very positively supported the needs of services users to sustain and enjoy a stable living environment.
- Training resources are being appropriately directed between the council's own staff and the independent sector and a variety of training opportunities for both council staff and independent sector staff are being generated as circumstances require.
- More is being spent on staff training than in most councils and more practice learning opportunities for social workers in training are being provided than is the average.



- The overall performance in the national minimum standards for the council's regulated services, in relation to leadership, was high.
- The council has an integrated commissioning approach across both local authority and PCT services, covering all the main adult client groups, and encompassing the work of the Drug Action Team and Tees Community Equipment Service. Integrated partnership working is well established but is not formulated within a formal Health Act Flexibility (HAF) partnership. There is a formal HAF covering the council's relationship with the Tees, Esk and Wear Valleys NHS Trust, for both Learning Disability and Mental Health services.

#### Commissioning and use of resources

- The Council's commissioning strategy, the Adults Vision, reinforces partnership working across Health and social care and provides a detailed focus for action planning for 2006 to 2008. It is being widely consulted on and is underpinned by an analysis of need and identifies where there are gaps in services. A key area of the strategy is the further development of commissioning expertise, using appropriate public health and social care information to support the planning, delivery and monitoring of services. The intention is to establish multi agency locality based teams in integrated service areas, informed by the provision of clear information which will enable local need and demand to be assessed and monitored to support locality based commissioning of services.
- The eligibility criteria for access to care services is set at moderate. The council has reviewed this position in conjunction with the PCT and there are no plans to change this.
- Full information on the council's charging policy for residential care services is provided on its website.
- Self-funders are appropriately supported in relation to planning and managing the services they may need.
- Performance standards are written into commissioning contracts for care services and are relevant and challenging. Evidence from the Commission's (CSCI) regulatory activity indicates that contract review/compliance visits are addressing appropriate issues within such services.
- The council makes a substantial effort to consider where it can achieve efficiencies in its use and development of resources. There is clear evidence that the council effectively assesses the implications for the way in which it plans and delivers services.
- The council has sound financial management systems in place and the Audit Commission awarded a top score in the Use of Resources assessment.
- Increases in fees for services are being kept below the national and comparator averages.

## **Key areas for improvement**

### Leadership

- A full electronic case management system (ESCR) has not yet been implemented, partly due to difficulties identified at a national level. The council is planning to procure a replacement care management system for adults which will go some way towards implementation of an ESCR. This work should remain a priority for the council.
- There has been a significant rise in the number of posts that were vacant although specific recruitment and retention difficulties have been identified only in the area of home care provision. Efforts should be made to address these issues.

### Commissioning and use of resources

- The levels of per capita spending on personal social services were significantly lower than the national averages for older people, people with learning disabilities, and people with physical and sensory disabilities during 2006/07. The council believes that their record in terms of sound financial management (reinforced by the Audit Commission) and Value for Money is recognised as significantly high in Stockton and accounts, to a significant extent, for these differences. Also the increase in expenditure on social care this year is much greater than for other sections of the council. The council should nevertheless consider whether expenditure is actually sufficient for all services groups and whether there is any link between low expenditure and those areas where indicators show that performance is not as good as it is elsewhere.

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

Monitoring of action taken by the council to address areas for improvement identified in this report will be primarily through routine business meetings, the minimum number of which will be 3.

Yours sincerely



### **REGIONAL DIRECTOR**

Regional Director  
Commission for Social Care Inspection