Ms Jane Humphreys
Corporate Director of Children,
Education and Social Caret
Stockton Council
Municipal Buildings
Church Road
Stockton TS18 1LD

27th October 2008

Ref: TS/CD

Dear Ms Humphreys

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR STOCKTON-ON-TEES

Introduction

This performance summary report summarises the findings of the 2008 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 the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

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

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment 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 31st January 2009) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	Grade awarded
Delivering Outcomes	**Good**
Improved health and emotional well–being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgment)	**Promising**
Leadership	Promising
Commissioning and use of resources	Promising
Performance Rating	**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 DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
• Promotion of healthier lifestyles • Access to, and provision of information • Strength of partnership working • Establishment of Integrated Service Areas • Working with long term conditions • Greater provision of Telecare systems • Direct access grant funded services • Engagement and consultation with people who use services and carers • Some self assessment • Developing a Local Involvement Network • Promotion of volunteering • People receiving a statement of needs • Complaints management • A paper single assessment process • Management of Emergency Duty Team • Extended home care provision • Provision of advocacy services • Overall take up of Direct Payments • Support for people who are near to death • Reducing admissions to care homes for people under 65 • Universal access to assessments • Disability Discriminiation Act monitoring • Monitoring the needs of minority ethnic groups • Management of disputes over eligibility for continuing care • Supporting people to maximise their income • Improved safeguarding management • Safeguarding training for council	• Availability of information in alternative formats • Intermediate care for some long term conditions • Relatively low proportion of Telecare users • Implementation of an electronic single assessment process • Eligibility criteria for services not readily available in other languages • Implementation of the 5 equality standards for local government • Levels of safeguarding training in the independent sector • Implementation of an Electronic case management system (ESCR)

- staff
- Choice of single rooms in care homes
- Developing the multi agency approach to safeguarding vulnerable adults
- Promotion of individual rights around personal and/or sexual relationships
- The eligibility criteria for access to care services set at moderate
- The protection of personal information
- Political support for adult social care
- Strategic planning
- Preparation for "Putting People First" system transformation
- Transition planning for young people
- Leadership in the council's registered services
- Commitment to staff training
- Integrated partnership working and commissioning with Health Trusts
- Development of a joint strategic needs assessment (JSNA)
- Support for self funders
- Financial management and use of resources
- Low increases in fees for services
- Quality based contract compliance processes

Older people

• Services for older people with mental health problems • A new Older People's Strategy • Delayed transfers of care • Rapid Response Team • Helping people to live at home • Extra Care provision	• Waiting times for assessments • Waiting times for provision of service • The volume of care homes admissions • The proportion of Direct Payments made to older people

People with learning disabilities

• Helping people into work • Access to health care • Re-settlement from NHS campus provision • Increase in short term breaks • Leisure service changing facilities	• Helping people to live at home • Delivering specialist services

People with mental health problems	
• Helping people to live at home • • Helping people into work • Services for drug misusers • Promotion of fire safety with drug users and their families. • Advice worker for debt, employment and housing issues •	• High level of safeguarding referrals
People with physical and sensory disabilities	
• Helping people to live at home • Helping people into work • Improved waiting times for equipment and adaptations •	
Carers	
• New Carers Strategy • Carers emergency card • Promoting the needs of carers in employment	• Provision of services for carers

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well–being

The contribution that the council makes to this outcome is good

Most people who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being. There is a good range of information available regarding healthy lifestyles although it could be made a little more accessible for some groups. The council demonstrates good working with health partners and other relevant agencies. There are significant benefits emerging from joint initiatives with health through the development of integrated service areas and other new structures. Most people only stay in hospital when their medical needs warrant this. A minority of conditions could be better catered for within intermediate care arrangements.

Key strengths
- The council has actively promoted healthy lifestyles through newsletters and guidance packs, and through its website.
- The provision of information has been enhanced by improvements in the council's First Contact information team and through improvements in information available through GPs.
- The strength of partnership working between the Council, PCT and other agencies to address improved health and prevention, supported by integrated senior staff structures, has been acknowledged in the Audit Commission's corporate assessment.
- Close working between Social Workers, Occupational Therapists and District Nurses / Community Matrons is becoming embedded.
- The established partnerships are currently forming the basis of new ways of delivering social care and health services in the Adult Integrated Service Areas (ISAs), in which formal joint working arrangements are operating under one clear governance structure.
- Progress has been made in implementing the social care model for people with long-term neurological conditions. There is an emphasis on partnership working with health and a full team of community matrons has been established to enhance individual case management.
- The council is performing strongly in relation to services for drug misusers. The service has been improved and has received a top rating from the National Treatment Agency.
- Much work has been done to improve access to health care for people with learning disabilities. This has involved significant numbers of social care staff and health professionals receiving training on how best to promote the health of people with learning disabilities. Most GPs have now established a register of service users and health action plans are being established for an increasing number of individuals.
- Services for older people with mental health problems have improved with co-location of health and social care services and quicker waiting

times. Much effort has gone into developing ways of achieving early identification and treatment of dementia.

- The council have a new Older Peoples Strategy action plan with a key priority being "improved personal wellbeing". As a result people are being encouraged to walk and exercise more, eat better, participate in health checks and screening and quit smoking. The council is also working jointly with Health to reduce the incidence of cardiovascular disease, reduce falls, and improve the health of members of the black and minority ethnic (BME) community.
- There are no delayed transfers of care from hospitals to the community that are attributable to the council. Investment in rehabilitation is preventing further need for medical and social care interventions for most cases.
- The council's Rapid Response team now provides a 7-day a week service that enables weekend hospital discharges to be supported.
- There are a small number of people with learning disabilities still remaining in hospital campus accommodation who are now being resettled in the community.

Key areas for development
- A translation and interpretation service is available on the council's website but there is no indication of information being available in other formats such as Braille or audio.
- The council, in partnership with the PCT, recognises that some specific and long term conditions are not being catered for within the present intermediate care arrangements as well as they might be and it is hoped that services might be expanded to embrace these areas.

Improved quality of life

The contribution that the council makes to this outcome is good

The independence of most people who use services and their carers is promoted within services. Targeted initiatives in some areas are making a difference by meeting most people's care needs through good and appropriate services. More people are being helped to live their lives in the way they choose and more carers are being supported in appropriate ways. People are able to directly access a range of grant funded services which are quality monitored by the council. Where there are small numbers of people who need a specialist service the council works with specialist providers and neighbouring councils to develop the right kind of support. People are able to feel safer in their homes through the provision of Telecare services.

Key strengths
- A high proportion of older people are actively helped to live at home in Stockton without a reliance on high levels of intensive home care.
- The council knows and understands the benefits of Telecare and

Telehealth systems in promoting the independence of individuals and in making better use of resources. The number of people using Telecare systems in Stockton has increased considerably and good outcomes have been achieved in the rollout of systems over the past year.

- The proportion of people with learning disabilities helped to live at home remains lower than for comparator councils. However, the quality of life of people with learning disabilities and their carers has been enhanced considerably by a big increase in the number of short-term breaks being provided and the provision of special changing facilities for people with complex needs at the town's main leisure service.

- People with physical disabilities are now receiving equipment and adaptations more quickly than they were but not as quickly as other councils. More people with Physical disabilities are being helped to live at home than for most councils.

- The number of people with mental health problems that the council helps to live at home has increased over the past year.

- The council has improved its focus on the needs of carers and is implementing a new Carers Strategy, which was widely consulted on. Priority has been given to increasing the number of respite breaks for carers. Carers were consulted on the introduction of a carers emergency card. The council has also developed its support systems to benefit carers who are employed by the council.

- The council supports a large number of clients through 14 grant funded services and signposts customers to such services when it is appropriate. Almost half of these are carers and 6% are from the BME community. The Council monitors the quality of services generally through survey information.

- In the past year 50 places were established in a new Extra Care provision. This has reduced the need for people to be admitted to care homes and helps them to retain a greater degree of independence. The project was developed through a partnership of the council, the PCT, and a registered social landlord. It also provides services to people outside the facility.

- Minor adaptations for people with physical disabilities are generally being provided more quickly than they are in most other councils.

- The Drug Action Team were nominated for a community engagement award for their work with the Fire Brigade to promote fire safety with drug users and their families.

- Although the council does not have clear mechanisms to monitor whether people who use services feel safe in their homes, there is good evidence that Telecare systems are expanding and providing the sort of security, in terms of alarms and other aids that people would want to have.

Key areas for development
- Despite good progress in the past year the proportion of Telecare users is well below the level of comparator councils. The council and PCT have an agreed investment plan for the next two years but the level of investment in infrastructure is well below that of comparator councils.
- Despite the improvements being made in the range of services for

carers, measurable performance in the provision of services remains well below that of most other councils.

- The council is aware of the gaps in services that exist for people with profound and multiple learning disabilities. Newer individualised and specialist services are being considered, particularly for the small group of people who need to be resettled out of hospital campus based provision.

Making a positive contribution

The contribution that the council makes to this outcome is good

Most people who use services and their carers are encouraged to communicate their views and say what they truly think. They are also helped, where appropriate, to contribute to the workings of the wider community in culturally valued ways. There is good evidence of people who use services and their carers being listened to and influencing the way services are shaped. The council is committed to developing the number of people volunteering to support social care and more use is being made of available volunteers.

Key strengths
- People are enabled to make a positive contribution through the many and diverse mechanisms through which the council engages with service users and carers. These seek to obtain people's views about the quality and design of services in the context of individual and community needs and occasionally though the complaints process.
- Some people are able to undertake limited self-assessments, examples of which are the carers card (for emergency services) and the Avalon sitting service.
- Most people who use services and their carers (including a variety of service user groups, people of different ages, from diverse backgrounds) have been actively involved in development work and planning and review of services. This work is well developed and embedded in the council's procedures and practice.
- The strength of the Council's consultation mechanisms has been identified through corporate assessment, including particular arrangements for the BME and Disability networks. The setting up of the Local Involvement Networks (LINks) scheme is progressing and a LINks Co-ordinator in place.
- Engagement with older people has been through the over 50s assembly, the "Are You Being Swerved" event, and through formal consultation processes. Such consultation has helped in the development of Telecare services, the reconfiguration of home care services, and the development of health and well being leisure focused services.
- Engagement with people with learning disabilities and their carers was a significant factor in the development of the Brighter Futures scheme (to promote inclusion and develop better life and work skills). Strong engagement has helped the council to expand person centred planning

and has also helped to create a greater awareness of hate crime in the community.

- Consultation with people with drug or alcohol problems has helped to shorten waiting times for alcohol services and helped establish a better range of tenancies and accommodation for those who need it.
- There is a strong encouragement for members of the general community to come forward as volunteers working in social care and support services, and there is good evidence of increasing numbers and effective use being made of the volunteers available. The Retired and Senior Volunteer Programme has received lottery funding for a project aimed at helping vulnerable people to avoid doorstep crime.   A focus on volunteering at the "Are You Being Served" event also encouraged a number of people to become interested in volunteering.

Key areas for development

None

Increased choice and control

The contribution that the council makes to this outcome is good

People are well informed about the services they receive. Assessments, and subsequent delivery of service for older people, are relatively slow.
Complaints are handled promptly and courteously. Action is taken as a result of complaints where appropriate. The council knows what services need to be available out of working hours and what responses are required for urgent/unpredictable support and care needs. A single assessment process is in place across the council area but is not yet electronic. The range of services is widening and the council is working towards offering more choice and meeting individual preferences. Advocacy services are effective. Take up of Direct Payments overall is high, but could be higher for older people.

Key strengths
- The council has some mechanisms for ensuring that people using services are well informed about services, particularly those services which it commissions from other providers. Part of the assessment process involves checking that service users are satisfied with the information they have received.
- A very high proportion of assessments of older people lead to a provision of service.
- Almost all people receive a statement of their needs that include clear accounts of planned outcomes.
- Most service users and carers understand how to make a complaint. Although the number of complaints is lower than the national average across all groupings the council has mature complaints processes and a good customer interface.   This has led to improved outcomes and a reduction of the level of complaints over time. The council is able to demonstrate how improvements have been made to services as a result

of complaints received.

- Out of hours services have been improved by the extension of care to people in their own homes becoming available in the evenings and weekends where necessary. The Emergency Duty Team for the whole of Teesside is provided by Stockton council. It continues to provide an effective and efficient response, based on feedback from service users and providers.
- As a result of the implementation of a paper based single assessment process (SAP) across the council most people who use services and their carers have to tell their story only once.
- The council can demonstrate how effective the advocacy services that are available to users of services have been in helping to resolve difficult issues. Advocacy services for people with learning disabilities have been enhanced with the provision of a BME, young people and carers worker within the advocacy service.
- Fewer people under 65 are being admitted to care homes due to the expanding range of services being made available in terms of alternative more independent living arrangements.
- The council is strongly promoting independence and choice for many people by expanding the opportunities for people to live in an environment of their choice. It is routinely making people aware of the availability of self directed services and encouraging the take up of such services.
- The council has significantly increased the level of take up of Direct Payments over the past year to a level that is substantially higher than for most other councils. There is a good spread of Direct Payments across all user groups but the level for older people is proportionally less than for other councils. For most user groups, with the exception of older people, the majority of Direct Payments made are at high cost.
- Where people are in hospital and near to death the council is positively supporting those who wish to return to their own homes.

Key areas for development
- Assessments of older people take longer to complete in Stockton than for most other councils. This was an area for improvement last year but the improvement made still leaves the council short of the national average. After assessment the provision of service also takes slightly longer than for most other councils. The council has recognised that the processes involved in assessment and delivery of service could be improved and is working to re-design the processes involved.
- An electronic SAP process has not yet been implemented.
- The proportion of older people being admitted to care homes has remained static and is significantly higher than the national average.
- The proportion of Direct Payments made to older people is lower than for most councils.

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is good

Eligibility criteria are published for all services but could be more accessible for minority groups. There is universal access to assessments. The council has not yet reached level 3 of the equality standards for local government. The council is working well to ensure that people from hard to reach groups, or who have difficulty in making sure their needs are recognised, are treated appropriately and do not fall between services due to ineffective practices. Local services for some people with severe learning disabilities still need to be developed.

Key strengths
- A clear matrix of eligibility criteria for all services is published on the council's website.
- There is universal access to initial assessments to determine the needs of individuals, regardless of whether they intend to self-fund or whether they are eligible for council provision. The great majority get a full assessment whilst almost all the rest have their queries resolved at the point of contact. Only 0.5% are signposted to other services. Individuals are unlikely to fall between services due to ineffective working practices.
- In order to improve access to information and advice about individual needs the council has expanded the information available to the public in libraries and other agencies. The council's First Contact team, the access point for social care services, is now well developed. The quality of information on the council's website has improved and key new developments are promoted in the local press. A new North Tees Carers Centre, providing information about all adult services, opened during the past year.
- The council has good arrangements in place for monitoring Disability Discrimination Act requirements. Action planning is at a high level and a corporate diversity-working group has oversight of what is happening. Monitoring of the Single Equality Scheme is done by the Disability Advisory Group, which has a wide representative base.
- The council has a clear picture of the age and disability profile of minority ethnic groups and monitors the proportionality of assessments and services provided to the people in these sectors. There has been an expansion of workers engaged in supporting people in BME communities accessing mental healthcare.
- The proportion of learning disabled adults receiving services that are from minority ethnic groups is more than double that of the population as a whole.

Key areas for development
- The eligibility criteria for services which is published on the council's website is not readily available in other languages.

- The council has only achieved level 1 of the five equality standards for local government. The council is targeting achievement of level 3 by December 2008.
- The council is working with other councils in the area to further develop specialist services for people with profound and multiple learning disabilities (PMLD) and for people with autistic spectrum disorders (ASD)

Economic well being

The contribution that the council makes to this outcome is good

There is a clear and effective protocol in place between the council and the Primary Care Trust covering continuing care. There is a wide choice of pathways to meet diverse economic and employment needs, including for those who are disadvantaged and not always heard. The council is positively promoting the work needs of carers across the area. The development of early intervention services is resulting in most people who receive support from them making reduced contributions over time in the form of charges for care. A partnership approach exists locally making available information to help people to maximise their income and avoid financial difficulties.

Key strengths
- The national Framework for NHS Continuing Healthcare is now fully implemented in Stockton, in partnership with the PCT.   Multidisciplinary meetings take place for each person who is going through the process of screening for continuing healthcare. There have been no formal disputes in relation to continuing healthcare eligibility over the past year.
- STEPS, the council's employment support service working with people with mental health needs, physical disabilities and learning disabilities, has achieved good outcomes over time. Good outcomes are being achieved in helping people with learning disabilities into work, particularly paid work where the proportion is much higher than the national average. Efforts are being made to promote "job carving" with local employers so that tailored work can be identified for individuals. STEPS is achieving good outcomes for people with physical disabilities and people with mental health problems. STEPS also has a particular focus on achieving improved outcomes for the BME community.
- Carers have been supported in taking up or maintaining work and the council is increasingly ensuring that the work needs of carers are being recognised. Encouragement for other employers to recognise the needs of carers is a key priority in the Carers Strategy. The introduction of the Carers Card, the expansion of carers' breaks, and the support for carers who are employed by the council contributes to generally improving outcomes for carers.
- One of the key objectives of the newly formed integrated service areas is to improve preventative services. This will inevitably reduce the

impact of contributions people are making to the cost of their care in the longer term. The council recognises the implications of reduced charges and is taking this into account in its financial planning. The support of the council's client financial assessment team, in helping individuals to maximise their benefit income, often eases the burden of costs for service users.

- The Welfare Rights team is integrated within health and social care. The team has been able to help a large number of people to substantially increase their income. Last year they helped a number of people with learning disabilities to maximise benefits before taking up tenancies. The council has also targeted potential clients through a series of adverts in doctors' surgeries, in order to try to make help available to people who are not currently receiving social care support.
- The council jointly commissioned an advice worker for people with mental health problems to support them with debt management, access to employment and housing. Positive feedback was received from users of the service.

Key areas for development

None

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is good

Most adults who are vulnerable are not abused, neglected or, embarrassed through poor care whilst using services. The council makes sure that most internal front line staff are aware of how to identify safeguarding issues and respond appropriately to concerns. It is less clear that staff in the independent sector have received sufficient safeguarding training. All people admitted to care homes or supported living settings have access to single rooms if they choose. Almost all people are able to form interpersonal relationships, including sexual relationships, in a safe, non-judgemental context. Privacy and confidentiality are assured in most cases through appropriate policies and procedures. A multi agency approach to safeguarding adults is in place and works effectively.

Key strengths
- Over the past year the council has created tighter links between the safeguarding lead officer and the contracts team and this has helped to ensure more efficient and effective working on safeguarding issues.
- The level of safeguarding referrals in Stockton is lower than comparator councils for most service groups. The council believes that extensive training has improved practices in services caring for older people and that decisive action in some services over the past 3 years is now leading to a drop in safeguarding referrals.
- The proportion of the council's own staff that have had training to identify and assess risks to people whose circumstances make them

vulnerable is significantly higher than comparator councils.

- The council does not use shared rooms in any registered care homes. Where couples wish to be together adjacent rooms are used to provide a shared living room and shared bedroom.
- 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. A high proportion of council and PCT staff receive multi agency Data Protection /Caldecott Principles training. Policies and strategies covering records management, retention and disposal, data quality and classification have been approved corporately and rolled out across the authority.
- Discussions are being held with partners in the Safeguarding Board and with the Adult Safeguarding bodies in Tees Valley, about any extra benefits to the community in a combined area committee, co- terminus with the police authority boundary.

Key areas for development
- The level of safeguarding referrals for people with mental health problems are significantly higher than other councils.
- The percentage of staff with protection of vulnerable adults training in the independent sector that is funded or commissioned by the council has increased, but is still significantly lower than comparator councils. The council has provided a good deal of direct training, and has promoted web based training for independent sector staff. However it cannot be sure of the depth and quality of training being received overall and as such cannot be fully confident of the competence of staff looking after people in independent sector services.

Capacity to improve

The council's capacity to improve services further is promising

Adult social care is strongly supported by council members. There is a clear perception of current and future strategic challenges and how to deal with them. The council is working with the Care Service Improvement Partnership (CSIP) to develop its approach to "Putting People First". Coordinated working arrangements across directorates in the council and with external partnerships are reflected in strategic planning. The council's registered care services generally achieve high ratings. The new integrated service areas (ISAs) have been established. There are no significant workforce difficulties and staff receive good levels of training. The council is in a stable financial position.

Eligibility for access to care services is set at the moderate level. The council has a detailed analysis of needs of the whole population with comprehensive gap analysis on which to develop strategic planning. The council has a track record of competently managing its social care budgets. It secures almost all services at a justifiable cost and there is robust financial management planning in place to ensure that plans to deliver national and local priorities are viable and deliverable. The council commissions care home services on a quality basis and does not utilise incentive payments. Self funders have full access to assessment processes and advice and information.

Key strengths
Leadership
- There is considerable pride in the achievements of the council overall and this is reflected in the strong and stable support adult social care receives from members. Although the council is politically fairly evenly divided there is a strong commitment to do the right things for the people of Stockton
- The council has been judged to be 4 stars and improving strongly in the Audit Commission's 2008 Corporate Performance Assessment (CPA).
- The council has been able to clearly identify organisational and service specific challenges presented in the past year. In addressing these a number of key outcomes have been achieved. These have included:

    - The establishment of the Older People's and Carers Strategies.
    - The progression of plans to establish integrated service areas (ISAs) with health, and associated workforce planning.
    - Progress on the development of more specialist and more personalised services for people with learning disabilities.
    - Reductions in in-house care home provision and the development of extra care services.
    - Establishment of the new Health and Wellbeing Partnership, with revised management arrangements.
    - Joint work with the PCT to produce a Joint Strategic Needs Assessment (JSNA).
    - A tighter focus on safeguarding and quality assurance in contracting with external care providers.

    The council expects to further develop these strategic themes in 2008/09. Additionally it will be working to improve the timeliness of assessments and service delivery in the context of the new ISAs and to expand the take up of Direct Payments and Individualised budgets.
- The council is also working with CSIP to help refine its approach to "Putting People First". Priorities for improvement include:
    - The development of a personalisation team to support and lead the changes required
    - Development of new models of services
    - Expansion of support for direct payments and individual budgets
    - Workforce development and support
- There continues to be 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. All young people in transition go through a Person Centred Planning process and there have been enhancements to the process to improve engagement with service users and their families.

- The council now provides only a limited number of registered care services in house. The 3 care homes for younger adults are all rated as 3 star services. Two of these services were assessed as consistently good or excellent across all outcome areas and the other was assessed as good or excellent across all but 2 outcome areas, which were assessed as adequate. Neither of the 2 care homes for older people were inspected this year but their existing rating from 2007 is 3 stars. There are 4 in house home care services and 1 has been rated as a 3 star service, 2 as 2 star, and one as 1 star. The 1 star service had some areas for improvement relating to personal care and protection.

- The new ISAs went live from July 2008. The ISAs have locality-based teams for each of 4 geographical areas within the borough and bring together community nursing and social care services in accessible, multi-skilled teams.

- Arrangements for the new ISAs have been a focus for workforce development to support both the cultural change as well as the changes in service delivery and practice. Staff have been consulted at all stages of the program.

- The council have no significant recruitment and retention difficulties.

- The level of spending on staff training is higher than for most other councils and the council is committed to promoting training for independent care sector staff who are able to access the council's in-house courses and other training opportunities afforded by the Tees Valley Social Care and Health Alliance.

- More practice learning opportunities for social workers in training are being provided than is the average.

- Both the council and the PCT are in stable financial positions. The Council's medium-term financial plan continues to address issues relating to demand on social care services and there has been 4% annual uplift in the budget for social care.

- A review of the council's overall approach to performance management has resulted in an improved joint performance perspective with health partners and better management of performance information in relation to the delivery of services for older people.

Commissioning and use of resources
- The delivery of services by public health and council staff is fully integrated in Stockton under the leadership of the Health and Wellbeing management team. The strength of partnership working under these arrangements has been acknowledged in corporate performance assessment.

- Within this framework the council is working collaboratively to produce the Joint Strategic Needs assessment (JSNA). The JSNA is nearing completion and has a detailed analysis of the needs of the whole population with a good understanding of what sectors of the population

are falling behind in terms of socio-economic and health factors and where the investment of resources over time need to be made.   The council has a clear perception of how the JSNA will be used to develop existing commissioning strategies for Adult Care and Older People into an overall coherent Health and Wellbeing Strategy for the medium and long term.

- The council has reviewed its current Fair Access to Care Services (FACS) arrangements and has decided not to change the level of eligibility for care services which remains at the moderate level.
- People who are likely to have to pay for the services they receive have full access to care management and assessment processes; information, advice and guidance on benefits; and advice on what services are available. They are also given information on what they can expect in terms of safeguarding and complaints.
- The strength of resource management and Value For Money (VFM) for residents has been endorsed through the Council achieving a top score in the CPA Use of Resources judgement. In terms of medium term financial planning and low unit costs for care home and home care services, the council is obtaining good value for money for service users.
- The council's Budgetary Control Process is risk based and a dedicated financial support team provides support to ensure that service developments such as the new integrated service areas and individual service reviews are appropriately financed and monitored.
- Efficiencies are being achieved and the savings made are being re-invested in priority services.   A clear pattern is emerging of services being transformed with resources gradually moving from more traditional services to more efficient, integrated, and personalised services which are responsive to the needs of service users and carers.
- The increases in fees being paid by the council to independent services providers in 2008/09 are generally lower than in most council, as are the increases in charges to people who use such services.
- There is a surplus of care home places in Stockton and the council is able to commission services to a large extent on the basis of the quality of services provided.   The council does not believe that incentive payments based on service quality are necessary since it has also developed quality based contract compliance processes that are effectively achieving improved standards without incurring extra cost.
- Almost all home care services are block contracted since the council believes that in this way it can ensure an overall quality of service through selected providers.

Key areas for development
Leadership

- The council is not on target to achieve implementation of an electronic social care record in 2008. The implementation of a full adult social care case management system is a top priority for the council in 2008/09.

Commissioning and use of resources
None

Yours sincerely

Linda Christon
Regional Director
Commission for Social Care Inspection