

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Stockton-on-Tees



| Contact Name | Job Title |
|----------------|--------------|
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The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

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.

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.

We also make a written assessment about

Leadership and

Commissioning and use of resources

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.

2009/10 Council APA Performance

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|---|------------------|
| 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 | Excellent |
| 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 | Well |

Council overall summary of 2009/10 performance

An inspection of the council's services for older people was undertaken in July 2010. Although the report had not been published at the time this assessment was undertaken, its findings have been included in the evidence used.

There is strong leadership in the council, and a clear vision of the way adult social care will develop in future. There is good joint planning and working between partner agencies. People who use services and carers are well engaged in shaping developments through a range of mechanisms. Performance management arrangements are good, although they will need to be reshaped as the personalisation approach develops and more people start to direct their own support. People are supported by staff that are well qualified and experienced, and the recent inspection found that front line workers have a positive and enthusiastic approach.

The council works with service providers to ensure that different types of support people will want and expect in future are available, but this approach needs to be further developed. Changes are still needed to some existing services to make them more efficient and to meet people's needs and wishes. This includes the development of a range of accommodation for people with learning disabilities. Older people would benefit from wider alternatives to residential care, as a high number move into care homes. The council's spending on adult social care has historically been relatively low, but budgets are well managed.

Most people are very satisfied with the services they receive, and front line staff aim to promote choice and give people control. Older people with complex needs are well supported in accordance with their wishes. Arrangements for people to direct their own services have been put in place at a later stage than in many other areas, and fewer people use this approach than elsewhere. Good use is made of Telecare, and the community OT service is effective. Hospital discharge arrangements are well managed. Support for carers is appreciated by the people who receive it, but far fewer carers receive services for themselves than in similar councils. The complaints system is well managed, and has led to service improvements.

Appropriate actions are taken to make people safe, and this includes sensitive work undertaken with individuals. Some case recording needs to be improved and information leaflets produced to raise public awareness of safeguarding should be more widely displayed. The leadership of safeguarding across organisations needs to be strengthened, but there is good multi disciplinary working when safeguarding issues arise. People involved in safeguarding incidents who might benefit from the involvement of an advocate are not always offered this, and consideration of the use of Independent Mental Capacity Advocates is not always recorded as taking place. People's care respects their privacy and dignity, and they are helped to make choices about their lifestyle.

Leadership

"People from all communities are engaged in planning with councillors and senior managers. Councillors 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

An inspection of the council's leadership was carried out in July 2010. The report had not been published at the time of writing this assessment, but will be available on www.cqc.org.uk/guidanceforprofessionals/councils. The findings from the inspection have informed this assessment.

An updated vision for adult social care is widely available and there are clear priorities for action. There is strong leadership in the council and support for the social care modernisation agenda. Some elected members have key roles as "champions" for particular aspects of care such as older people's care, and dignity. The personalisation project has a range of subgroups, and work to transform social care, which started more slowly than in many areas, will increase the number of people directing their own support.

Strong engagement between statutory partners means that services are jointly planned, and front line social care and health services are integrated through jointly managed local teams. An independent review of joint working arrangements was undertaken this year, to look at management and staffing issues. There is scope to work more closely with the community and voluntary sector, to develop their understanding of how to respond to plans for increased personalisation.

People who use services and carers are involved in developments through a range of mechanisms, including the Over 50s Assembly, focus groups and the older people's "Are you being served?" annual event, which also feeds back progress on changes that have been put in place.

Performance management arrangements, some of which operate jointly across organisations, include clear targets to improve

services. Performance clinics are held when improvement is needed. The collection and analysis of information about safeguarding activity is under-developed, and more information will need to be collated about the outcome of new ways of working. Improvements in monitoring information will be supported by the introduction of a replacement IT system from June 2011. People are supported by staff that are well qualified and experienced, and the recent inspection found that front line workers have a positive and enthusiastic approach. Access to training is good, but staff in the First Contact team need to be offered up to date information about local resources and procedures.

Key strengths

- People are engaged in developments through a range of approaches, and their suggestions lead to change.
- There is strong support for adult social care activity, across the council and from elected members.
- Arrangements for people to direct their own support are now in place.
- Health and social care managers and staff work well together to plan and deliver services.
- Staff are experienced and well trained.

Areas for improvement

- Ensure that people are offered up to date information and advice, by improving the information flow to First Contact staff.
- Further develop some data collection and analysis.

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

An inspection of the council's commissioning and use of resources was carried out in July 2010. The report had not been published at the time of writing this assessment, but will be available on www.cqc.org.uk/guidanceforprofessionals/councils. The findings from the inspection have informed this assessment.

The inspection found that the council makes excellent use of customer surveys to monitor the quality of its services. It has developed a "market management" approach to extend the range of providers and types of services, but it could engage more effectively with the community and voluntary sector in shaping the future development of social care provision. There is good joint commissioning with statutory partners based on the Joint Strategic Needs Assessment, which is regularly refreshed. The LINK provides useful feedback, but is not yet making a strong impact on commissioning decisions.

A review of services for people with learning disabilities is currently taking place, with the aim of developing suitable housing with support. The Efficiency, Improvement and Transformation process continues to examine service areas to make sure they are cost effective and innovative. A number of recommendations have been made this year which will result in changes to existing services, including reducing the number of people being placed in care homes. There are more care homes than needed in the area, with a high level of vacancies, and many more people are supported in care homes than in similar councils.

There is good budget management with effective controls in place. The council's expenditure on adult social care remains relatively low, and the budget is being increased each year to narrow this gap. Expenditure on advocacy for people with learning disabilities is particularly low. Providers are challenged when things go wrong, and any concerns relating to complaints or safeguarding are followed up through the contracting and compliance process.

Key strengths

- People's views about services are gathered through customer surveys and changes are made in response.
- An Efficiency, Improvement and Transformation process examines service areas to make sure they are cost effective and innovative.
- The council commissions services jointly with its partners, based on an assessment of need.
- The quality of services is maintained by challenging providers when there are concerns.

Areas for improvement

- Offer people wider options for support, by developing engagement with the community and voluntary sector.
- Improve housing and support options for people with learning disabilities, by implementing the recommendations of the review that is taking place.
- Continue to develop alternatives to care homes for older people.
- Improve value for money by implementing the recommendations of the Efficiency, Improvement and Transformation reviews.

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 excellently 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

An inspection of the council's arrangements to increase people's choice and control of personal support was carried out in July 2010. The report had not been published at the time of writing this assessment, but will be available on www.cqc.org.uk/guidanceforprofessionals/councils . The findings from the inspection have informed this assessment.

The council distributes information to the public through a quarterly newsletter, but other information about social care processes and services is not always easy to find in locations such as libraries and GP surgeries.

The recent inspection found that most people are very satisfied with the services they receive, and it concluded that front line staff aim to promote choice and give people control. There are strong relationships with other statutory agencies, and assessment and care planning are good. Older people with very complex needs are well supported in accordance with their wishes.

The council has introduced arrangements for people to direct their own services, but this has come at a later stage than in many other areas, and fewer people are using this new approach than elsewhere. Support would be more personalised if there was a greater focus on people's individual histories and preferences. Fewer people receive direct payments than might be expected, although most payments are for substantial amounts. There continue to be a high number of people moving into care homes.

Good use is made of Telecare, and the community OT service is effective, offering good access to equipment and adaptations. Hospital discharge arrangements are well managed. Some people experience problems with the quality and reliability of domiciliary care commissioned from independent providers. Support for carers is appreciated by the people who receive it, but far fewer carers receive services than in similar councils despite this being a target for improvement, and more help could be offered through the use of direct payments to meet carers' own needs, including carers who are in employment. Support for people with dementia and their carers is good.

The complaints system is well managed, and has led to service improvements. However responses to complaints are not always written in a way that enables people to see a clear outcome.

Key strengths

- Most people are very satisfied with the services they receive and front line staff focus on helping people to make choices and take control of their support.
- Relationships with statutory agencies are strong, leading to good support for older people with health related needs.
- There is good access to equipment and adaptations.
- Complaints are well managed, and lead to improvements in services.

Areas for improvement

- Fewer people benefit from the opportunity to direct their own support than elsewhere, as this option is relatively recent in Stockton.
- The council should continue to develop alternative support options, so that fewer people need to move into care homes.
- More carers would benefit from support and services, including direct payments to meet their own needs.

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

An inspection of the council's arrangements to maintain people's personal dignity and respect was carried out in July 2010. The report had not been published at the time of writing this assessment, but will be available on www.cqc.org.uk/guidanceforprofessionals/councils. The findings from the inspection have informed this assessment.

The number of safeguarding referrals received by the council continues to grow, and the recent inspection found that senior managers give a high priority to safeguarding work. In most cases, appropriate actions are taken to make people safe, although some actions from strategy meetings are not followed through. Sensitive work is undertaken with individuals, including those who are reluctant to engage in it. People's wishes are taken into account during safeguarding incidents. Files are routinely audited, but some case recording needs to be improved so that there is a consistently high standard.

Information leaflets produced to raise public awareness of safeguarding need to be more widely displayed in appropriate venues, and in accessible formats.

The Stockton on Tees Local Safeguarding Vulnerable Adults Committee, which was established some years ago, oversees local operational safeguarding activity. A Teeswide Safeguarding Board is responsible for strategic planning, policies and training across four neighbouring councils. It was established in 2009, and continues to develop its approach.

The recent inspection found there is a need to strengthen the leadership of safeguarding across organisations, and the approach to quality assurance. Better data collection, analysis and reporting would enable more effective use of staff resources, and not all staff across organisations have a clear understanding of what constitutes a safeguarding alert. However there is good multi disciplinary working when safeguarding issues arise. The inspection found that not all actions agreed in strategy meetings had

been followed through, and the reasons for not doing this had not been recorded.

Although safeguarding training is well promoted for staff, take-up by independent sector providers needs to increase, and there has been little progress on this area for development identified last year.

The council should ensure that the use of advocates is always considered, both for alleged victims of safeguarding incidents and vulnerable perpetrators. The need to involve advocates at an early stage rather than wait for a crisis is not always recognised by staff. Although the council has provided awareness training on the Mental Capacity Act and Deprivation of Liberty Standards across agencies, the inspection found that the use of Independent Mental Capacity Advocates is not always considered, and files do not always record the reasons for not making these referrals. Providers are not always confident about when to make an application under Deprivation of Liberty Safeguards.

There is strong multi agency working through the Community Safety Partnership, and reported crime is reducing. Some work has been undertaken to reduce harassment and hate crime.

People's care respects their privacy and dignity, and they are helped to make choices about their lifestyle. There are strong links between adult safeguarding and contract monitoring processes, and work is undertaken to tackle any examples of poor service provision.

Key strengths

- People are helped to be safe because a high priority is given to safeguarding issues and the routine auditing of files.
- Staff from different agencies work well together.
- Sensitive work is undertaken with individual people, and their wishes are respected.
- There are good links between safeguarding and contract monitoring, so that instances of poor practice in service provision are challenged.
- People's care respects their privacy and dignity.

Areas for improvement

- People need greater access to information leaflets about safeguarding in public places.
 - Some case recording should improve, so there are consistently high standards.
 - Actions agreed in strategy meetings should be followed through, or the reasons for not doing this should be recorded.
 - More people should be put in touch with advocates, and the use of Independent Mental Capacity Advocates should be considered when safeguarding issues arise.
 - Ensure that staff in the independent sector receive appropriate safeguarding training.
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