

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Bracknell Forest



Contact Name	Job Title
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<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p>Performing Poorly - not delivering the minimum requirements for people. Performing Adequately - only delivering the minimum requirements for people. Performing Well - consistently delivering above the minimum requirements for people. Performing Excellently - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p>Leadership and Commissioning and use of resources Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: Outcomes framework You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Well
Outcome 3: Making a positive contribution	Excellent
Outcome 4: Increased choice and control	Excellent
Outcome 5: Freedom from discrimination and harassment	Well
Outcome 6: Economic well-being	Excellent
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

The senior management team is aware of the needs of the local population and what services are needed to support independence, well being and improve their quality of life. The council works with local people to ensure that they are involved in the development of services. Effective partnership working has been developed with services that provide healthcare and organisations in the voluntary sector. The council has made progress in implementing the 'putting people first' programme, and has reviewed current services to identify what needs to be changed to make sure that services are more personalised.

People who use services and carers, including those from minority and hard to reach groups, are represented on boards, committees and public groups. There is a varied range of voluntary groups providing support, information and advice to service users and carers. There is also a range of volunteering activities for people who use services or their carers to become involved in.

The council is one of twenty-two national demonstrator sites for improving dementia care services. The timeliness of initial assessment of care needs and providing programmes of care was better than in similar councils. The council has a well established adults safeguarding board, which has senior managerial membership from the council and partner organisations. However, the council should review the relatively low numbers of safeguarding referrals from partner organisations to understand the reason for this and if further publicity is needed or other action needs to be taken.

Leadership

"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

The senior management team is aware of the needs of the local population and what services are needed to support independence, well being and improve their quality of life. The council is performing well overall in identifying the care needs of the local population and delivering a range of services to meet those needs. These are set out in the joint strategic needs assessment and analysis of need. This analysis is a government led initiative to ensure that the health and social care needs of a local population are fully understood. This forms the basis of a 'duty to cooperate' between primary care trusts who commission healthcare and local authorities who commission social care to work together to identify the needs of the local population and deliver a range of care services to meet those needs. The council has developed effective relationships with partner organisations.

The council has made progress in implementing the 'putting people first' programme, to review current services and identify what needs to be changed to make sure that services are more personalised. Progress has been made with the personalisation agenda, which aims to ensure that people receiving services whether provided by the council or funded themselves, have choices and control over the services they receive. This includes initiatives like direct payments and individual budgets to enable people to have more flexible programmes of care. In Bracknell Forest, individual budgets are in place for people with learning disabilities and the council has run pilot programmes for other people who use services. The pilot evaluation has taken place and the council is in the process of rolling out these new programmes. Direct payments have been in place for a longer period of time indicating that the approach to assist residents to have more choice and control over their care is becoming embedded within Bracknell Forest.

The council has reviewed services, which do not meet the required standard for providing, safe and effective services and has worked with those providers who need to improve the standards of care in the services they provide.

The council has updated their 'safer recruitment policy' which is to ensure that the recruitment process for staff working in care

services ensures that the appropriate employment checks on prospective employees are made to prevent any potential risks to people who use services. The council has also improved its IT systems to record information on service users and their care plans and any safeguarding issues more accurately.

The council has implemented a number of initiatives, which are aimed at improving the lives of local people. These include the development of the 'local employment forum' where over forty local employers are assisting people with learning disabilities to find employment and increasing the number of carers who access services for themselves.

The Council has been influential in the development of the Bracknell Healthspace, which will bring a wide range of services closer to home for many people. These will include urgent care, GP services, physiotherapy, and specialist appointments with visiting hospital consultants and a whole range of scans and other diagnostic tests.

Key strengths

- The council was aware of the needs of the local population and provides a range of services to meet those needs and improve the quality of life for people living in Bracknell Forest.
- The council works with local people to ensure that they are involved in the development of services.
- The council is progressing well on the implementation of the 'putting people first' programme.

Areas for improvement

- The council should continue to focus on the development of the preventative services available to residents within the borough. This will give residents more options and activities to assist with retaining independence, whilst also assisting the council in working towards achieving their PPF milestone target for April 2011 for 'Prevention and Cost Effective Services'.

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

The council clearly involves local people about what services it should be buying and how these support independent living and improved quality of life. The council has a number of services jointly funded with organisations providing healthcare and with voluntary organisations. Examples include services for people with substance misuse problems and a falls prevention programme, jointly funded with the local primary care trust and providing services for people who have had a stroke jointly funded with the stroke association. The council has also worked closely with local general practitioners to ensure that people over the age of 75 have timely access to both a health and a social care assessment of their needs. The council is aware of the need and to work in partnership with other organisations to provide a more beneficial and efficient range of services for local people.

The council has been working on developing services for young people and those with complex needs and has been using the 'Just Advocacy' service to support this. Just Advocacy is a charitable organisation which provides support to people with learning disabilities to make sure their wishes and views are known and that their best interests are met in Bracknell Forest, North East Hampshire and West Surrey.

The council has evaluated their current procedures relating to costs and value for money and has, as a result of this introduced a new domiciliary care framework. The framework standardises the hourly rate paid to providers allowing the council and users of personal budgets to make a choice based on quality rather than cost. Arrangements for purchasing services which can offer more personalised care for older people and those with long term conditions has meant moving away from the previous 'block contract' services, which offered less flexibility and responsiveness. However in 09/10 the evidence of the changes made was not yet apparent and the council remained higher than average for their use of block contracts for domiciliary care when compared to their IPF comparators. There has been a reduced spend on residential care services and the council plans to take this further in 2010/11 with a significant programme of work around the decommissioning of residential care services for people with learning disabilities. The council achieved its targets for efficiency savings in 2009/10 through modernising its home care services and

reducing reliance on residential provision both for older people and people with learning disabilities. This work will be continued over the next year, together with embedding more effective procurement services, to achieve further efficiency savings.

Key strengths

- People who use services are encouraged and supported to contribute to how local services are planned and delivered.
- The council has developed effective relationships with a number of other care providers and there are several examples of jointly commissioning services for the benefit of local people.
- Services commissioned by the council have been evaluated and changes made where services have not met the required standard of care delivery.

Areas for improvement

- Ensure ongoing monitoring of the implementation of the new domiciliary care framework in order to assess its effectiveness in facilitating a more focused and transparent approach to procurement and monitoring of services which are based on quality rather than cost.

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 accept 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 any indicators of change to this performance.

Key strengths

Areas for improvement

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 accept 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 any indicators of change to this performance.

Key strengths

Areas for improvement

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 council has developed a range of ways to support people who use services and carers to be part of local community life. People are widely consulted on what services could or should be provided to help to maintain independence and well being and improve the quality of life for local people. This has assisted the council in identifying gaps in current provision. The council understands the importance of analysing and assessing the needs of the population in order to provide a range of responsive and appropriate services. A coordinator has been appointed to improve employment opportunities, apprenticeships and voluntary work for people who use services and their carers.

The council has been working with Rethink, a national charity, which supports people with mental health problems. The Rethink member’s campaign committee is helping to promote mental health locally and supporting people with mental health problems be more involved in the local community

People who use services and carers, including those from minority and hard to reach groups, are represented on boards, committees and public groups. The learning disability partnership board has reviewed the services provided for people with a learning disability and for people with autism. Council has a strong focus on assisting vulnerable adults into training or employment and there are many examples of service users taking up training opportunities and finding permanent employment. There are a number of support groups led or facilitated by people who use services. Examples include the bi-polar support group, which provides support for people with this psychiatric illness.

The council has employed a family and carer support worker to provide support and help to people who use services and their carers. A number of local people have been helped through this service. Work is underway to develop services for people who have had strokes to regain or retain independence. In partnership with Princess Royal Trust, an organisation that provides support, advice and information for carers, the council has provided carers with an emergency respite service. The scheme has

proved successful with 125 carers over the year receiving support. Other initiatives that have been developed include the 'headspace community arts project', which is a facility for community activities such as arts and craft sessions for people of all ages and abilities.

There is a varied range of voluntary groups providing support, information and advice to service users and carers. There is also a range of volunteering activities for people who use services or their carers to become involved in. These provide opportunities for learning new skills as well as helping people to be involved in local community activities. The council has consulted with services users, carers voluntary organisations to develop a 'local care economy' that will be established to support the implementation of personal budgets. Personal budgets are personal finance plans to fund the care services needed by individuals

The council is working with 'Be Heard', which is an advocacy group for adults with learning disabilities in Bracknell. Advocacy is where a person is speaking up for, or acting on behalf of another person to make sure their wishes and views are known and acting in the best interests of that person. The group plans to become a training resource for organisations and agencies to help promote anti-bullying and disability awareness.

Key strengths

- People are widely consulted on what services could or should be provided to help to maintain independence and well being and improve the quality of life for local people
- People who use services and carers, including those from minority and hard to reach groups, are represented on boards, committees and public groups.
- There is a varied range of voluntary groups providing support, information and advice to service users and carers.
- There is also a range of volunteering activities for people who use services or their carers to become involved in.

Areas for improvement

- The council needs to monitor and evaluate the various programmes and initiatives introduced to understand their impact and be able to demonstrate outcomes for people who use the services.

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to accept the judgement awarded for *outcome 4* from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “Excellently” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

Key strengths

Areas for improvement

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 accept 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 any indicators of change to this performance.

Key strengths

Areas for improvement

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 accept 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 “Excellently” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

Key strengths

Areas for improvement

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

The council has a well established adults safeguarding board, which has senior managerial membership from the council and partner organisations. Attendance at board meetings is high. The council regularly monitors safeguarding case files to ensure that the correct processes and procedures are followed in the management of safeguarding referrals.

Referral rates have reduced and were low when compared to similar councils nationally. The council has attributed this in part, to improvements in local residential care homes. Recent assessment of the low rates of referrals has found that referral rates from NHS services were particularly low. A number of initiatives have taken place to raise awareness amongst the local population about adult safeguarding issues.

Training for staff in ensuring that adults are protected from actual or potential abuse has increased. This has been a priority for the council and the number of staff trained is higher than for similar councils. There has been an increase in safeguarding training for staff employed in organisations that provide social care.

The council is committed to providing a range of services that support people to live independently. In Bracknell Forest, initial assessments and subsequent care programmes are carried out quickly and the council is better than similar councils in organising timely assessments and care packages. There has been a slight increase in the number of people who were receiving residential care. The council does not place people in care home, which have been rated as poor by the CQC. The council has systems in place to ensure that people who are in vulnerable circumstances are carefully tracked so that no one at risk is left without support. The council has an emergency respite services in partnership with the Princess Royal Trust, an organisation that provides support, advice and information to carers. The council has put in place a number of systems to get feedback from people who use services, which include questionnaires and consultation with individuals and groups of service users or carers.

The council has developed a number of preventative services with partner organisations and is a national demonstrator site for a

dementia advisor. The key objective of the demonstrator site programme is to test out two service models. Firstly the dementia adviser service where a named person provides information and support to people with dementia and their carers. Secondly, the peer support network, a range of networks, often provided by the voluntary sector such as dementia cafes or carer support groups. The council has introduced a 'stay safe' scheme where local people who feel threatened in any way can get immediate help and support by going into local shops or businesses.

The council has worked to raise the awareness of the deprivation of liberty safeguards. These safeguards are designed to protect people in hospital or in residential care. Applications need to be made to local councils if a vulnerable person is to be deprived of their liberty for treatment or care in their best interests or to protect them from harm. Referrals have been lower than expected, as is the case nationally. Following a review of referrals, the council increased training and information provided about the safeguards and has seen a rise in referrals.

Key strengths

- The council has a well established adults safeguarding board, which has senior managerial membership from the council and partner organisations.
- The council is one of twenty-two national demonstrator sites for improving dementia care services.
- Timeliness of initial assessment of care needs and providing programmes of care being provided was better than in similar councils.
- The number of council staff who have received training in safeguarding vulnerable adults was high and was better than in similar councils.

Areas for improvement

- The council should review the relatively low numbers of safeguarding referrals from partner organisations to understand the reason for this and if further publicity is needed or other action needs to be taken.
 - The council should review the use and helpfulness of the 'stay safe' scheme.
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