

## REPORT TO CABINET

**Title: ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL CARE BY THE CARE QUALITY COMMISSION**

Date: 27 January 2011

Member Reporting: Cllr Simon Dudley

Contact Officer(s): Christabel Shawcross, Strategic Director of  
Adult & Community Services  
Keith Skerman, Head of Adult Services

Wards Affected: All

### 1. SUMMARY

This report outlines the Care Quality Commission (CQC) Annual Performance Assessment.

- 1.1. CQC judges that Adult Social Care services are 'Performing Well' for the second year running in the Royal Borough of Windsor & Maidenhead in relation to April 2009 – March 2010. It gives an excellent rating on improving health and well being, achieving well on five other outcomes and adequate for personal dignity and respect.
- 1.2. This is based on a mixture of self-assessment against outcomes, performance data, and any inspection action plans. RBWM had an inspection on Independence and Choice and Safeguarding in July 2009. This was reported to Cabinet September 2009.
- 1.3. CQC announced in October 2010 that this was the last year of their rating performance through an Annual Performance Assessment. Future arrangements are to be confirmed and will be based more on Local Authorities produced improvement plans, linked to outcomes agreed with local user and carer groups with a much greater focus on transparency and local accountability by publishing more information on the website. DoH is currently consulting on proposals.

### 2. RECOMMENDATION: That:

- 1) The CQC Annual Performance Report be noted.
- 2) The Head of Adult Services be asked to implement the action plan to address those areas of the service deemed to be 'areas for development' (see Appendix 2).
- 3) To require the Director of Adult Social Care to report on annual improvement for 2011/12 to Scrutiny, subject to further DoH guidance.

What will be different for residents as a result of this decision?
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Continuing improvement of services for older people, those with disabilities and other vulnerable adults, will be demonstrated through the action plan as well as safeguarding improvement. This will impact on improving quality of life and protection from abuse through an improved range of service for some of the most vulnerable in the community.
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### **3. SUPPORTING INFORMATION**

#### **3.1 Background**

3.1.1 The Adult Social Care Annual Performance Assessment is made by the Care Quality Commission (CQC) and is required to be reported annually to Cabinet. The Care Quality Commission was established in April 2009 and brings together the Commission for Social Care Inspection and the Healthcare Commission. The function of the CQC in relation to social care is the inspection, regulation and review of adult social care. Following the coalition government arrangements in May 2010 a proposed social care outcomes framework to replace the National Indicator Set is currently subject to consultation, It has been confirmed that this is the last CQC Annual Performance Assessment, based on the current process of regular business meetings with the Director of Adult Social Services (DASS) and validation of National Indicator's through an annual assessment. Future arrangements are subject to consultation by DoH, current proposals are to move towards a risk based inspection system, rather than a routine programme of inspections.

3.1.2 For 2009/10 the performance management was based on four levels:

- 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

3.1.3 In the annual process, the following elements of performance assessment for adult social care contribute to the final report and judgements:

- Ongoing routine business meetings between the Council and the CQC
- An annual self-assessment submitted by the Council
- 2009/10 performance indicators
- An Annual Review Meeting (which was held in July 2010) that examined evidence from both the self-assessment and the performance indicators
- The outcome of the CQC inspection that took place in June 2009
- The subsequent Quality Risk Profile (QRP) produced by CQC, which was shared with the Council after the Annual Review Meeting.

- The final performance ratings letter, sent to the Council under embargo in October 2009 (to provide an opportunity to comment before the publication of the final version on 25 November 2009).
- Representation letter (if relevant) following representation by the Council on the rating.

3.1.4 A greater emphasis was placed in 2009/10 on self-assessment. Authorities were only asked to supply additional evidence if they considered their rating should improve. RBWM submitted evidence for consideration of moving from well to excellent on two outcomes, 2, Improved Quality of Life and 5, Freedom from Discrimination and Harassment, and from adequate to well on outcome 7, maintaining personal dignity and respect.

3.1.5 The performance ratings for adult social care for 2009/10 were published on 25 November 2010, details of which are below for RBWM.

Areas for judgement	Grade Awarded
<b>Delivering Outcomes – Overall Windsor &amp; Maidenhead are performing:</b>	
Outcome 1 – Improved health and emotional well-being	Excellent
Outcome 2 – Improved quality of life	Well
Outcome 3 – Making a positive contribution	Well
Outcome 4 – Increased choice and control	Well
Outcome 5 – Freedom from discrimination and harassment	Well
Outcome 6 – Economic well-being	Well
Outcome 7 – Maintaining personal dignity and respect	Adequate
Performance Rating	<b>Performing Well</b>

3.1.6 Within the report there is a list of “What the Council does well” and “What the Council needs to improve” as well as the seven outcomes they consider leadership, commissioning and use of services. The full report is contained in Appendix 1.

3.1.7 CQC judged performance overall remained as performing well. They did not accept that there was evidence to justify higher excellent ratings for outcomes 2 and 5. There is a stage of formal representation to challenge unreasonableness and their interpretation of the facts and evidence. For outcomes 2 and 5 we accepted their view on areas to improve to achieve excellence and the action plan will address improvements. However on 7, ‘dignity and respect’ the issue related to interpretation of safeguarding referral numbers, training and completion of cases. It was considered their assessment was unreasonable and evidence was re-submitted to support this. Although the outcome of this was the rating stays at adequate, there was more acknowledgement of positive steps taken as set out below, in paragraph 3.1.16 and confirmation the issue was one of embedding the changes made.

### 3.1.8 Leadership

The overall conclusion on leadership was “The council is performing well overall in providing a range of care services to meet the needs of people who live in Windsor and Maidenhead to improve their quality of life and how they choose to live. People who use services and their carers have been involved in consultation for the future personalisation agenda”. “The council stated that it needed to build and develop its workforce strategy following work with other Berkshire unitary authorities to identify needs for the future. The strategy is a plan to ensure that the council has the right staff with the right skills, knowledge and resourcefulness to deliver a range of care services needed for the local population”.

### 3.1.9 Strengths

The overall summary of the key points of strength of leadership are:

- People who use services and their carers have been involved in consultation for the future personalisation agenda.
- A range of services are in place for people being discharged from hospital and the number of people staying longer in hospital than is necessary is low.
- Fewer staff left employment during the year than in other similar councils and fewer days were lost to sickness absence.

### 3.1.10 Improvements

Overall improvements are:

- The council needs to increase the number of people who have personal budgets to enable them to have more choice and control over the services they receive.
- The council will need to develop and implement its workforce strategy to ensure that it has the staff to deliver the range of care needed to support local people.

### 3.1.11 Commissioning

The overall conclusion on commissioning and use of resources is:

“The council is well aware of the needs of the local population and what services are required to meet those needs. The council has consulted with local people and those who provide services both in the voluntary and independent sectors about how services could or should be provided to help maintain independence, offer choice and control and increase well being.”

“The council has stated that the joint strategic needs assessment and analysis, underpins all of its services and developments. 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 a ‘duty to co-operate’

between primary care trusts, who commission healthcare and the local authorities that commission social care, to work together to deliver services to ensure that health and social care needs are met”.

“The council has developed good working relationship with partner organisations delivering healthcare. The council has been working with the primary care trust in joint funding initiatives; which include carers support initiatives, end of life care schemes, integrated Community Mental Health Team with joint funded manager and public health initiatives. There are a number of services jointly funded with healthcare organisations. Examples include services with people with substance misuse problems, with HIV and AIDS and some services for older people. These jointly funded programmes are run by a manager whose post is also jointly funded by health and social services. End of life care, for people who require care and support services towards the end of their lives had received additional investment. The majority of services purchased by the council had been rated as either good or excellent”.

“The council has reviewed its budget for providing a range of social care services and the services it commissions. Increased focus on preventative services and integrating intermediate care with health services and a reduction in some posts has enabled the council to meet its efficiency savings of 5% by the end of the year. Windsor and Maidenhead are making good use of the Department of Health’s ‘Use of Resources’ guide to inform their commissioning strategy. There is a longstanding integrated approach to intermediate care as part of joint prevention strategy with the primary care trust.”

Key areas for improvement are:

“The council needs to ensure that in the current economic climate and with increasing financial pressures that services are delivered with the agreed allocated budgets”.

- 3.1.12 On outcomes 2 and 5 the key issues have already been identified by Adult Social Care as commissioning and development issues concerning the management of demand and demographic growth with increased numbers of older people. Increased use of Telecare and extra-care housing are key prevention services and the strategic approach to this is to be reported to Cabinet in February 2011.
- 3.1.13 We are pleased that CQC acknowledges the newly formed (2009) Adult & Community Services Directorate approach to promote health and wellbeing through leisure and library service developments, specifically citing the established SMILE programme to help people stay as active and independent as possible. A more recent initiative with the library services being ‘books on prescription’ to help people with mental health problems manage common problems, retain confidence and use local facilities to improve their quality of life.

3.1.14 On outcome 2, an issue concerning intensive home care was raised as being low, that is numbers of people receiving 10 or over hours a week. Data investigation shows we may have been under-reporting the numbers of people with 10 plus hours as the numbers going into residential care for the past few years have been relatively low in comparison with other local authorities. This is being monitored in 2010/11.

#### 3.1.15 Safeguarding

The adequate rating for maintaining personal dignity and respect reflects the safeguarding inspection adequate rating in July 2009. Significant improvements have been made, and acknowledged by CQC, but we acknowledge we were likely to take more time beyond March 2010 to embed improvements to be evidenced to CQC. CQC acknowledge the numbers of referrals has increased, listing there were good levels of referrals for people with mental health needs and for carers. There are no nationally agreed definitions for this reporting, as some councils include alerts in the total number. Our performance manager provided CQC with evidence, that if RBWM did this, we are average, not lower. CQC rejected this as evidence and were not prepared to change the rating after formal representation. Other issues regarding, training of social care providers was a data collection issue, which has been resolved for 2010/11.

3.1.16 Following representation however, CQC conceded that our 'representations are partially upheld concerning safeguarding referrals' and they would acknowledge that it had been positively noted that we had started reporting on areas not previously done, separating alerts from referrals, and this was a significant step. In this area of outcome 7 CQC considered we met the requirements for performing well.

#### 3.1.17 Quality Assurance

RBWM is developing a good quality assurance framework for safeguarding and this is reported to and overseen by the local Safeguarding Board which has an independent chair. The annual report on safeguarding is to be reported to scrutiny in January 2011 and will show evidence of improvements.

3.1.18 Each of the outcomes for which we put forward as having improved, have areas of strengths and improvement identified. An action plan, Appendix 2 has been developed to meet the areas where the council needs to improve. This will be monitored through the Director of Adult Social Care DMT and where appropriate the independently chaired Adult's Safeguarding Board.

#### 4. Future Performance Assessment

Following the election of the coalition government in May 2010, there have been two key announcements regarding the future of adult social care performance:

(1) CQC have confirmed that this is the final Annual Performance Assessment that will be produced in this format.

(2) The National Indicator Set will be replaced with a new set of performance measures.

4.1 The DoH are currently consulting on a new social care outcomes framework, focused on three key themes; Outcomes, Quality and Transparency. A Quality and Outcomes Data Set (QODS) supported by a set of Outcome-focused measures is proposed, with the intention that a first draft will take effect from April 2011, followed by further implementation in 2012/13. The consultation also proposes a risk-based inspection system where CQC will use information from a number of sources, for example statutory returns and council websites, in order to identify significant outliers. Those councils identified as outliers will still be subject to a form of inspection. There is a strong focus on local accountability to replace routine inspections by CQC, along with a system of Peer Review between councils.

Emphasis is also placed on closer integration of health and social care, for example the current LINKS (likely to become Health Watch) will have a role in holding councils to account. It is proposed that Health Watch will have the authority to request an inspection by CQC if they feel it is necessary. The new QODS and outcome measures will also be grouped into five domains, which will align with the NHS outcomes framework.

4.2 The way forward will form part of the Corporate Review of National Indicators and targets, incorporating CQC requirements.

## 5. OPTIONS AVAILABLE AND RISK ASSESSMENT

### 5.1 Options

	Option	Comments	Financial Implications
	Do nothing.	This is not an option as the Local Authority is required to provide an action plan and improvements indeed all actions will improve services and reduce risks to residents	N/A
	Develop action plan for improvements.	Where improvements require additional resources these will need separately identifying in light of the budget position	Any improvements would need to be achieved from within existing financial resources, some will require work with partners such as housing associations regarding extra-care housing developments.

## 5.2 Risk Assessment

5.2.1 The Comprehensive Spending Review and reduction in grants will affect how quickly improvements can be made, where staff capacity and budget resources are limited. These will be mitigated through the DoH allocation of funding for social care recognising the pressures of demographic growth. Details of this will need further analysis after the settlement is announced early December.

## 6. CONSULTATIONS CARRIED OUT

6.1 No external consultation has been carried out in the preparation of this report.

## 7. COMMENTS FROM OVERVIEW AND SCRUTINY PANEL

7.1 TBC

## 8. IMPLICATIONS

8.1 The following implications have been addressed, where indicated below.

Financial	Legal	Human Rights Act	Planning	Sustainable Development	Diversity & Equality
x	x	✓	N/A	N/A	✓

### Background Papers:

DoH – Consultation Transparency in Outcomes: A framework for Adult Social Care. November 2010

### Authorisation:

	Legal	Finance	Planning	Property	Procurement	DMT
<b>Name:</b>	Maria Lucas	Alan Abrahamson	N/A	N/A	N/A	Director and Service Heads
<b>Date Approved:</b>		02/12/2010				02/12/2010

	Directors Group	Lead Member	Ward Cllrs (if Appropriate)	Leader's Office	Scrutiny Panel
<b>Name:</b>	Christabel Shawcross	Cllr S Dudley	ALL	Cllr Burbage	
<b>Date Approved:</b>	08/12/2010	06/12/2010		11/1/11	





# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Windsor and Maidenhead



Contact Name	Job Title
Maureen Burton	Compliance Manager

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

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

## Council overall summary of 2009/10 performance

The council has performed well overall in providing a range of care services to meet the needs of people who live in Windsor and Maidenhead to improve their quality of life and how they choose to live. People who use services and their carers have been involved in consultation about the future personalisation agenda. The council has worked with local people and their carers about their care needs to identify how services could or should be developed to meet those needs. The council has produced a booklet 'organising my own care' to enable local people, to make decisions about what services they need.

There are a number of exercise and rehabilitation programmes available for people to increase mobility and independence, particularly following illness. A range of services are in place for people being discharged from hospital and the number of people staying longer in hospital than is necessary is low. The ways into work scheme has been successful in achieving employment for people with a learning disability. A diversity action group has been established to improve access to services for people for an ethnic minority group.

Safeguarding has been identified as a priority by the council with an aim to prevent actual or potential abuse. The council has increased publicity of safeguarding to raise awareness of adult safeguarding issues both within the council and amongst the public and partner organisations. The overall number of safeguarding referrals has increased locally. Despite the overall increase in referrals, rates are lower when compared with similar councils nationally. The number of safeguarding referrals completed in a timely way is also below the average of similar councils.

Fewer staff left employment during the year than in other similar councils and fewer days were lost to sickness absence. The council has made efficiency savings of 5%

## Leadership

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

## Conclusion of 2009/10 performance

The council is performing well overall in providing a range of care services to meet the needs of people who live in Windsor and Maidenhead to improve their quality of life and how they choose to live. People who use services and their carers have been involved in consultation for the future personalisation agenda. Personalisation is a government led initiative to ensure that every person receiving services, whether paid for by the council or paid by themselves, has a choice and control of what services they receive. A key element of this is to give people who use services more control over how money allocated to their care is spent, either through a direct payment system or the allocation of a personal budget. However, The uptake of personal budgets, which are intended to give people who use services more choice, flexibility and control over the care services they receive, was low. The council have stated that they have been taking a cautious and managed approach to ensure that all systems are in place including the resource allocation system to provide more personal budgets to people and carers receiving services. The resource allocation system is a way of identifying a personal budget to meet the assessed care needs of an individual

The council has worked closely with colleagues providing healthcare to ensure that the appropriate services are in place for people being discharged from hospital. Commonly referred as delayed discharges, the number of people staying longer in hospital than is necessary is low.

The council stated that it needed to build and develop its workforce strategy following work with other Berkshire unitary authorities to identify needs for the future. The strategy is a plan to ensure that the council has the right staff with the right skills, knowledge and resourcefulness to deliver a range of care services needed for the local population. In the council, fewer staff left employment during the year than in other similar councils and fewer days were lost to sickness absence.

### Key strengths

- People who use services and their carers have been involved in consultation for the future personalisation agenda.
- A range of services are in place for people being discharged from hospital and the number of people staying longer in hospital than is necessary is low.
- Fewer staff left employment during the year than in other similar councils and fewer days were lost to sickness absence.

### **Areas for improvement**

- The council needs to increase the number of people who have personal budgets to enable them to have more choice and control over the services they receive.
- The council will need to develop and implement its workforce strategy to ensure that it has the staff to deliver the range of care needed to support local people.

## 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 is well aware of the needs of the local population and what services are required to meet those needs. The council has consulted with local people and those who provide services both in the voluntary and independent sectors about how services could or should be provided to help maintain independence, offer choice and control and increase well being. The council has made progress in the implementation of the 'putting people first' programme. This is a reform of public services which is aimed at helping people to live their lives as they wish and to receive services that are of high quality, are safe and promote independence, dignity and well being.

The council has stated that the joint strategic needs assessment and analysis, underpins all of its services and developments. 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 a 'duty to cooperate' between primary care trusts, who commission healthcare and the local authorities that commission social care, to work together to deliver services to ensure that health and social care needs are met.

The council has developed good working relationships with partner organisations delivering healthcare. The Council has been working with the primary care trust in joint funding initiatives; which include carers support initiatives, end of life care schemes, integrated Community Mental Health Team with joint funded manager and public health initiatives. There are a number of services jointly funded with healthcare organisations. Examples include services with people with substance misuse problems, with HIV and AIDS and some services for older people. These jointly funded programmes are run by a manager whose post is also jointly funded by health and social services. End of life care, for people who require care and support services towards the end of their lives had received additional investment. The majority of services purchased by the council had been rated as either good or excellent.

The council has reviewed its budget for providing a range of social care services and the services it commissions. Increased focus on preventative services and integrating intermediate care with health services and a reduction in some posts has enabled the



council to meet its efficiency savings of 5% by the end of they year. Windsor and Maidenhead are making good use of the Department of Health's 'Use of Resources' guide to inform their commissioning strategy. There is a longstanding integrated approach to intermediate care as part of joint prevention strategy with the primary care trust. The council stated that the overall budget and demographic pressure growth is well understood, but there is the need for clear projecting for future demand of services based on the current analysis of need.

### **Key strengths**

- The council has consulted widely and is aware of the needs of the local population and what services are required to meet those needs.
- The council has made progress in the 'putting people first' programme.
- The council has made efficiency sayings of 5%

### **Areas for improvement**

- The council needs to ensure that in the current economic climate and with increasing financial pressures that services are delivered with the agreed allocated budgets

### **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 *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 “Excellent” 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

People who live in Windsor and Maidenhead benefit from a number of initiatives to help them to live independently. The council has worked with local people who use services and their carers about their care needs and how services could or should be developed to meet those needs. The council undertook a review of information provided on health and social care issues.

There are a number of exercise and rehabilitation programmes available for people to increase mobility and independence. These include rehabilitation programmes for stroke survivors and people with heart conditions or weight problems. The implementation of the ‘so much improvement with a little exercise’, known as the SMILE programme helps people with reduced or limited mobility stay as active and independent as possible. The council has also introduced ‘books on prescription’ scheme to help people with mental health problems manage common mental health problems, retain confidence use local facilities to improve their enjoyment of life.. Voluntary organisations have been funded to provide breaks and support for people who have caring responsibilities.

Fewer people in Windsor and Maidenhead received intensive home care in comparison to similar councils. Intensive home care offers choice to people who would otherwise be in a nursing home or continuing care in hospital. The council spent much less on telecare services for people compared to similar councils. Telecare consists of equipment and services that support safety and independence in peoples own homes. For example equipment can be fitted in a home to sense risks such as smoke, floods and

gas. It can also be set to remind someone to take their medication or for help if needed. The Council have stated that the absence of a dedicated plan and post to promote this contributed to its current low uptake. Substantially fewer people in Windsor and Maidenhead benefited from the use of Telecare provision in comparison to similar councils. People waiting for major adaptations in their homes; face less of a wait than in other areas. However those who require minor adaptations have to wait much longer from their assessments to work beginning.

Many young carers have been supported by the Princess Royal Trust, which provides support, advice and information to carers. A number of support groups have been established to provide advice and support for people and their cares with HIV and AIDS, for people with autistic spectrum disorders and people with profound learning disabilities. Fewer carers however benefited from a break service in comparison to other similar councils.

The council has invested in additional extra care housing, which provided opportunities for people to move out of residential care and live independently and supported in their own homes. Despite this increase, substantially fewer people have benefited from extra care housing than in similar council areas.

### Key strengths

- The council has worked with local people and their carers about their care needs to identify how services could or should be developed to meet care needs.
- There are a number of exercise and rehabilitation programmes available for people to increase mobility and independence, particularly following illness.

### Areas for improvement

- The council should ensure that more people receive intensive home care to help people stay independent. Fewer people benefited from intensive home care in Windsor and Maidenhead.
- Fewer people in Windsor and Maidenhead benefited from the use of Telecare equipment and the council should work to implement its plan to resource and develop access to telecare for people who would benefit from this provision.
- The council needs to improve waiting times for minor adaptations needed to be made to improve independence and well being.
- The council should explore why extra care provision is low in Windsor and Maidenhead and why fewer people have benefited from extra care in the royal borough.

### **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 accept the judgement awarded for *outcome 3* from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “Well” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

### Key strengths

### Areas for improvement

### 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 3* from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “Well” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

**Key strengths**

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**Areas for improvement**

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## **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 council has publicised its ‘eligibility’ criteria for access to care services, to ensure that this widely known. Eligibility criteria are the national agreement to ensure fairer access to services across the country. For people living in Windsor and Maidenhead, this was at both a critical and substantial level. Critical level is when need is assessed, for example, as life threatening, where serious abuse or neglect has occurred or vital support systems cannot be maintained. Substantial level is when need is assessed, for example, there is an inability to carry out the majority of personal care needs, substantial risk of falling or severe mobility problems. The council have been reviewing access to information for people whose first language is not English although this is currently work in progress.

The Council has been involved in a major initiative which resulted in completing home safety checks on 1,000 homes to reduce chances of crime. The ‘safe as houses’ programme was part of the home office safe homes grant funding. The Council have stated that its levels of burglary have been reduced. The diversity action group has been established with the aim of improving links with minority groups to gain improved access to services. However the council has stated that it is too early to say what impact this has had. However, a high percentage of older people from minority ethnic groups received an assessment of their care needs. The Council has jointly funded a mental health promotion officer to promote mental health and combat discrimination and social exclusion within minority ethnic communities.

The council has produced a booklet ‘organising my own care’ to enable local people, including who pay for their own care, to make decisions about what services they need. The council has invested in a range of advocacy services. Advocacy is where a person is speaking for, or action on behalf of another person to help them to express and present their views or ensure that their best interests are central to decisions about their needs. The ways into work scheme has been diversity award winning for succeeding in achieving employment for people with a learning disability



### **Key strengths**

- The council has produced a booklet 'organising my own care' to enable local people, to make decisions about what services they need.
- The ways into work scheme has been successful in achieving employment for people with a learning disability.
- A diversity action group has been established to improve access to services for people for an ethnic minority group.

### **Areas for improvement**

- The council needs to continue to work with people from ethnic minorities and be able to demonstrate that there is fair and appropriate access to services for those who need care services.
- Windsor and Maidenhead should actively use their Diversity Action Group to improve outcomes for local people.
- The council should implement their review of information for people whose first language is not English to seek alternative formats for people where necessary.

## 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 “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 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 previous adults safeguarding board was replaced during the year with the new East Berkshire safeguarding advisory group which has senior manager level membership and an independent chair. Windsor and Maidenhead has its own Safeguarding Adults Partnership Board and the council has developed a quality assurance framework for the management of safeguarding referrals. This framework is a systematic way of monitoring and evaluating all aspects of the safeguarding process to ensure that policies and procedures are followed correctly.

Safeguarding has been identified as a priority by the council with an aim to prevent actual or potential abuse. The council has increased publicity of safeguarding to raise awareness of adult safeguarding issues both within the council and amongst the public and partner organisations. Examples of initiatives include distributing leaflets about safeguarding to a number of community facilities such as libraries, leisure centres and care homes. The council has worked closely with the local involvement network to help to provide information to a wide range of people and organisations. This network is a local organisation for service users, patients, carers and the public to have their say on health and social care services. The Council has identified that there is a lot more work to be done in terms of increasing safeguarding awareness and raising safeguarding alerts amongst partner organisations. Most placements for people in registered care homes are in services which have been rated as good or excellent by the CQC.

The overall number of safeguarding referrals has increased locally. There were good levels of safeguarding referrals for people with mental health needs and for carers. However the number of safeguarding referrals for people with physical and sensory disabilities has declined. Despite the overall increase in referrals, rates are lower when compared with similar councils nationally. The number of safeguarding referrals completed in a timely way is also below the average of similar councils. Training for council staff on the assessment and management of vulnerable people is slightly better than the average for similar councils. The training, commonly referred to as safeguarding training, has also been provided for staff working for organisations that provide social care service. However, fewer people providing social care services had the training compared to staff in similar

council areas.

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. A training programme has been established as the council has identified that there is a need to improve the levels of understanding of the safeguards.

### **Key strengths**

- There were good levels of safeguarding referrals for people with mental health needs and for carers.
- Training for staff employed within the council has increased.

### **Areas for improvement**

- The council needs to demonstrate that improvements in referral rates are consolidated and that a quality assurance system is embedded to monitor outcomes.
  - The council needs to continue its programme of raising awareness in adult safeguarding amongst the public and with partner organisations.
  - The council needs to develop its training programme across all care services to ensure that staff providing social care receive safeguarding training and information about deprivation of liberty safeguards and what these mean for care services.
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DRAFT  
**Annual performance assessment 2010/11**  
**RBWM Social Care Improvement Action Plan**

**1. Introduction:**

This a summary of the response to key areas for improvement highlighted in the CQC APA for 2009/10, with actions to address them

<b>2. Leadership</b>	<b>Action Identified</b>	<b>Responsible Officer</b>	<b>Completion Date or milestone</b>
<p><b>2.1 Increase the number of people receiving Personal Budgets</b></p>	<p>There is a Transforming Adult Social Care (TASC) programme underway with the primary role of increasing the number on Personal Budgets to meet the national target of a minimum of 30% of those funded by the Council in the community by 31.3.11 (based on the national definition of NI 130). There is also an offer of Direct Payments to all those assessed and reviewed for support as part of this programme.</p>	<p>K.Skerman Head of Adult Services</p>	<p>30% of community based users on Personal budgets target to be met by 31.3.11</p> <p>Regular monitoring by the TASC Steering Group and Corporate Management Team (CMT)</p>
<p><b>2.2 Develop and implement a workforce strategy to meet the social care needs</b></p>	<p>The Council submitted a plan in line with DH INLAWS guidance in March 2010 which has informed the 10/11 training programme for adult social care and the investment in the workforce both within the council and with its partners an suppliers. Specific training on the TASC programme, and the development of new roles for personal assistants will support the changes required.</p>	<p>M. Edridge, Training Manager</p>	<p>Training targets for Council staff and external providers to be monitored by the TASC Steering Group</p>

<b>2. Leadership</b>	<b>Action Identified</b>	<b>Responsible Officer</b>	<b>Completion Date or milestone</b>
<b>3. Commissioning and Use of Resources</b>			
<b>3.1 Services are supplied within agreed budgets</b>	<p>The DH "Use of Resources" analysis showed the Council as having good ratios of those in residential care compared to those supported in the community (except in physical disabilities).</p> <p>The 09/10 outturn showed that over £2m savings were delivered in the Adult Services budget, and a further £2m savings are on target in 10/11. There is an overspend of predicted of £400k on this year's budget, which is being addressed.</p> <p>The 11/12 position is challenging due to ongoing higher levels of demand and commitments.</p>	K.Skerman, Head of Adult Services	Service Monitoring through monthly reports to DMT, CMT, and quarterly reports to Cabinet and Overview and Scrutiny
<b>4. Improved Quality of Life</b>			
<b>4.1 Increase the number of people receiving intensive homecare ( over 10 hours/week)</b>	<p>The Council achieved average levels of intensive homecare in 08/09 compared its comparator group of councils. The reduction in 09/10 was due to the careful allocation of resources to meet individual needs, not smaller numbers of people receiving homecare. Higher numbers of people and hours of intensive homecare in 10/11 reflects an increase in demand .</p>	Diana Wade-Smith, Acting Service Manager, Adult Social Care	Regular monitoring by the TASC Operational Board to achieve target of 20 people receiving Intensive Home care per 10,000 18+ population (increase from rate of 12 in 2009/10) to be met by 31.3.11
<b>4.2 Increase the number of people supported by telecare</b>	<p>The Council's telecare programme has been reviewed with its partners to both promote telecare, and systematically introduce this type of support to those that might benefit such as in rehabilitation for prevention, and deploy it for new priorities in dementia care to help older people remain in their own homes.</p>	Diana Wade-Smith, Acting Service Manager, Adult Social Care	Regular monitoring by TASC Operational Board to achieve target of 288 new service users aged 65+ to be provided with Telecare, to be met by 31.3.11

<b>2. Leadership</b>	<b>Action Identified</b>	<b>Responsible Officer</b>	<b>Completion Date or milestone</b>
<b>4.3 Reduce the waiting times for minor adaptations</b>	There has been a review of the efficiency and performance management of assessments and delivery of minor adaptations for 10/11 which is scheduled to meet the expected standards and reduced waiting times.	Sue Dunn, Acting Principal OT	Regular monitoring by TASC Operational Board of target of average waiting time of 2.5 weeks to be met by 31.3.11
<b>4.4 Expand the extracare opportunities available</b>	Extracare sheltered housing for older people has not been developed in the volume CQC required due to market conditions (i.e. demand) and reliance upon the private sector in a population with high levels of owner occupancy. Affordable housing for those with complex needs has been successfully developed for specialist learning disabilities supported accommodation in the last 2 years. The council is working with housing partners to seek opportunities to create mixed tenure and other extracare developments in the medium term alongside its prevention strategy.	Keith Skerman, Head of Adult Services	Commissioning plans in place by 31.3.11 and included in Cabinet Report on Planning for demand growth in February 2011.
<b>5. Freedom from discrimination and harassment</b>			
<b>5.1 Continue to work with BME on fair and appropriate services</b>	The council culturally appropriate services as a result of ongoing equalities performance monitoring.	Louise Kerfoot, Service Manager, Community Team for People with Learning Disability	Regular monitoring by the TASC Operational Board
<b>5.2 Review the Council information for people whose first language is not English</b>	The production of information through leaflets, and the Council's website is being reviewed with users and carers to cater for different formats and languages for the "My care my choice" TASC campaign promoting in 10/11.	Spencer Dainton, TASC Programme Manager	Review way information is available, to be completed 31.3.11, and review/restructure of advice and information unit by 31.3.11

<b>2. Leadership</b>	<b>Action Identified</b>	<b>Responsible Officer</b>	<b>Completion Date or milestone</b>
<b>6. Maintaining personal dignity and respect</b>			
<b>6.1 Demonstrate improvements in referral rates are consolidated and there is quality assurance of outcomes</b>	The Council has supported the Adult Safeguarding Board and its independent chair form both a communications and a quality assurance group to address the awareness raising and QA aspects of ensuring referral rates and responses to them are improved. Outcome measures and users' experiences have also been developed through a focus group with users, cares, and the public.	John Scaife, Head of Joint Commissioning	Targets met 31.3.11
<b>6.2 Continue raising awareness of safeguarding</b>	The dedicated cross agency Adult Safeguarding communications sub group had achieved 56% increase in referrals in 09/10 and maintained that level since through a campaign of publicity, training and awareness raising. An ongoing programme of activity to continue raising awareness is in place	Andrew Small, Safeguarding Manager	Regular monitoring by the Adult Safeguarding Board
<b>6.3 Develop training across the care sector in Deprivation of Liberty (DOLS)</b>	The take up of training both within the Council and across its partners and providers has been at a high level. The council is regarded by neighbouring authorities as a model of best practice due to the significantly higher levels of activity, referrals, and cooperation with care homes in DOLS. Measuring outcomes, maintaining staff awareness and involvement across agencies has continued to engage providers who participate in the training.	John Scaife Head of joint Commissioning	Regular monitoring by the Adult Safeguarding Board with Annual Report in July 2011 on DOLS