



Making Social Care
Better for People

CSCI

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Ref: RH/RS

CONFIDENTIAL: EMBARGOED UNTIL 29 NOVEMBER 2007

Dear Director,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR THE CITY OF YORK

Introduction

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

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

- *Delivering outcomes (formerly Serving People Well) using the LSIF rating scale*

And

- *Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2008) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Promising
Leadership	
Commissioning and use of resources	
Star Rating	2 star

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
All people using services	
<ul style="list-style-type: none"> • Healthy and active lifestyles promoted through the Local Area Agreement • Effective care management systems and needs assessment to all customers including self-funders • Effective working relationship with the primary care trust (PCT) • Increased level of support with respect to grant funded services • Sustained performance of the delivery of equipment and adaptations delivered within 7 days • Low numbers of users waiting for the provision of major adaptations • Prompt delivery for minor adaptations • People report feeling safe and secure in their own homes, with a variety of local safety initiatives being taken up • Residents and service users contribute to the planning of services • External and internal council services have regular meetings with residents where ideas and local initiatives explored and created • Consultation and events on identifying the needs of minority and ethnic groups • Customer Information Strategy in place ensuring availability of information enabling choice and control • Clear information through its leaflets and website about the complaints procedures, eligibility criteria and standards of service customers can expect 	<ul style="list-style-type: none"> • Continued development of the 'Healthy City' statement • Single Assessment Process further with evidence of good outcomes • Clients receiving a review • The rate of delayed transfers of care, which remains high to comparators, indicating continued challenge for the Council • Extend provision of extra-care housing • Promotion of volunteering to be developed • Continuation of the process for modernising day services • Further improvement in direct payments and individualised budgets • Further improvement in care management processes – initial response and assessment • The number of people receiving a statement of their needs and how they will be met • Ensure that under-represented groups have fair access to services • Further development around pathways to employment for both users and carers

<ul style="list-style-type: none"> • Clear eligibility criteria for social care services based on need 	
Older people	
<ul style="list-style-type: none"> • Focused activity for improved health and physical activity • Low numbers of adults and older people being admitted on a permanent basis to residential / nursing care is maintained • Intermediate care services used to prevent admissions to hospital • Good involvement of users with regard to the Long Term Commissioning Strategy and the Older People's Accommodation with Support scheme • Specialist home care and the warden services • Increased access and take up to assistive technology services and telecare services 	<ul style="list-style-type: none"> • Further development of the Fast Response Service • Development and implementation of the Home Care Purchasing & Commissioning restructure • Numbers of older people helped to live at home including the provision of intensive home care • Demonstrate equitability of access and take up of services for people from ethnic minority backgrounds following assessments
People with learning disabilities	
<ul style="list-style-type: none"> • Valuing People Partnership Board arrangements • Customer engagement through user parliaments, which debate priority issues and feedback to the Board and the council • Numbers of people with a learning disability helped into voluntary work • Information readily available via a new web site • There has been increased investment in learning disability advocacy provision • People with learning disabilities living in supported living and 18 people have moved onto individualised budgets enabling more choice and greater independence 	<ul style="list-style-type: none"> • To continue to reduce the number of people who have learning disabilities who remain in NHS in-patient accommodation • Numbers of users with a learning disability helped to live at home • Numbers of users with a learning disability helped into paid work
People with mental health problems	
<ul style="list-style-type: none"> • The proportion of drug users retained for 12+ weeks in treatment services 	<ul style="list-style-type: none"> • Continued increase in numbers to plan for the numbers of problem drug misusers is accessing treatment services • Those users with a mental health

	problem helped to live at home
People with physical and sensory disabilities	
<ul style="list-style-type: none"> • Numbers of users helped to live at home • Services user contribution to advisory group for the Community Equipment Loans service • Take up of direct payments 	
Carers	
<ul style="list-style-type: none"> • Flexible breaks scheme • Increased support to carers of users with mental health problems • Improvement in the numbers of breaks for black and minority ethnic carers • An increase in the numbers of breaks offered through the carers grant across many user groups • Carers' access to the education, training and employment and leisure opportunities through the work of the Carers Employment and Lifelong Learning Project and Network 	<ul style="list-style-type: none"> • Extend the range of services for carers • Continue to progress and review the strategy for the support of carers • To continue to increase the numbers of planned short-term breaks for people with learning disabilities • Access and take up of breaks services for people from black minority ethnic backgrounds • Assessments and reviews for carers, caring for people with learning disabilities

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The council makes a good contribution to improving people's health and sense of well-being.

The council has been active in engaging older people in healthy lifestyle initiatives. The Physical Activity Plan is an example of this and part of this plan is specifically focused on the people aged 50 plus. The council also reports good working relationships with the primary care trust (PCT) and together with the care services improvement partnership (CSIP) has worked on – care management links with GP practices, improved pathway management for people with long term conditions, medication and integrated fast response services.

The council also provides intermediate care services although this is low in comparison to other councils. The council has explained this is due at least to two factors – firstly due to the financial recovery actions of the PCT, which closed its support to one unit and secondly, the focus for the council has been increasingly to prevent people coming into long term care. This means that intermediate care has been used as a 'step-up' facility more than it has been used as a 'step-down' facility. The past 18 months has been a turbulent time for the health economy in York and this is principally due to the PCT difficulties and consequent closures of beds in York District Hospital. Within this context the council appears to have managed patient pathways well and minimised delays where possible.

Delayed transfers have been a long-standing problem for York. While there have been significant reductions the rates remains comparatively high. Continued work is needed in this area.

A final point to be made under this heading concerns the reviews of clients. The council has not made any improvement on last year's return and remains behind that of comparator councils.

Key strengths

- Range of information, advice and projects promotes healthy and physically active lifestyles
- Identified health outcomes, lifestyles, and the wider determinants of health as priorities and targets within the Local Area Agreement
- Engagement with health partners
- Targeted strategy of intermediate care as part of preventative strategy
- Re-enablement team focus on prevention and independence
- People were retained in drug treatment services for more than 12 weeks

Key areas for improvement

- Further development of the single assessment process in conjunction with PCT
- Clients receiving a review
- Drug mis-users accessing treatment services

- Continued reductions in delayed transfers of care
- To continue to reduce the number of people who have learning disabilities who remain in NHS in-patient accommodation

Improved quality of life

The contribution that the council makes to this outcome is adequate.

The indicators of council performance in this area give mixed messages. The rates of admission to long term care for vulnerable people are low and have fallen over the past year and are two-thirds of that of comparators. This is good performance but must be supported by other evidence that people that would have otherwise been admitted to care are now being supported at home. This has yet to be demonstrated fully. The council indicators on helping people to live at home shows that the proportion of people helped to live at home has fallen. The council does support numerous agencies to provide non-care managed support but there is limited evidence to show how many people are benefiting. The council needs to demonstrate the effectiveness of their approaches to support grant-funded organisations. The council is clear that there are a number of agencies that are supported in this way and include agencies such as the Home Improvement Agency, which is aimed at providing support to owner occupiers who are at risk of coming into long term care settings.

The council has invested in the provision of telecare services that it sees as part of its prevention strategy. It is aimed at preventing the need for admission into care settings and/or more immediately aimed at reducing the demand for home care services that are committed inappropriately. The financial savings that may accrue as a result can then be invested more appropriately.

The council has been effective in the provision of equipment and adaptations including both minor and major adaptations. This is good performance and clearly enables people to remain in their own homes.

The council recognises also that there are problems with respect to the delivery of carer assessments. However, the council reports that it has increased significantly the proportion of short breaks and that this has been due to the introduction of the flexible carer scheme.

The council has shown that people report that they feel safe in York and this is believed to be the result of the safety initiatives undertaken by the council.

Key strengths

- Low numbers of adults and older people being admitted on a permanent basis to residential/nursing care
- Specialist home care – the Promoting Independence Team - and the warden services
- Council's overall multi-faceted plans with respect to prevention
- Successful implementation and delivery of Telecare Services

Performance of the delivery of equipment and adaptations, including minor and major adaptations

- People report feeling safe and secure in their own homes, with a variety of local safety initiatives being taken up
- Numbers of breaks services through the carers grant across many user groups

Key areas for improvement

- Further development of the Fast Response Service
- Council to demonstrate the effectiveness of prevention strategy and grant funded services in supporting people at home including those with a learning disability and a mental health problem
- Extend the range of services for carers
- Continue to progress and review the strategy for the support of carers
- To continue to increase the numbers of planned short-term breaks for people with learning disabilities
- Breaks for carers from black minority ethnic backgrounds
- Numbers of older people helped to live at home including the provision of intensive home care

Making a positive contribution

The outcomes in this area are good.

The council has demonstrated good consultation and involvement mechanisms for the people it serves. It has established partnership boards for older people services and another for learning disability services. The Older People's Assembly contributes to discussions and is involved in the partnership board. The council also reports that in its modernisation plan for day services for the service group areas that service users, their carers and relatives have been fully involved in the planning process. Indeed this process in itself has caused delays as the council endeavours to address the various agendas pertaining to day services. The council has also demonstrated the way it has responded to suggestions from these groups and complaints. For instance, the consultation on telecare led to the instigation of the demonstration flat, and complaints about the timing and communication on respite and home care matters have changed council processes. Also changes have been made in the way direct payments are accessed.

The council also reports that any changes to services, such as the implementation of phase 3 of the closure programme for the long stay NHS campuses have ensured that all service users have been subject to a person centred planning processes.

Key strengths

- Representation on the Valuing People Partnership Board for people with learning disabilities
- Residents and service users contribution to the planning of services
- External and internal council services have regular meetings with residents where ideas and local initiatives explored and created

- Consultation events in order to engage people from minority ethnic backgrounds
- Contributions enabled through user parliaments, which debate priority issues and feedback to the partnership boards and the council
- Numbers of users with a learning disability helped into voluntary work
- Contributions by people who have physical and sensory disabilities regarding equipment loans service

Key areas for improvement

- Promotion of volunteering
- Continuation of the process of modernising and re-shaping day services
- Numbers of people with a learning disability helped into paid work

Increased choice and control

The outcomes in this area are adequate.

Care assessment and management processes appear to be more effective for some service areas in York. Assessments commence comparatively promptly and are completed more quickly. However, this improvement is not uniform. Older people's assessments are less prompt than comparator councils and services being delivered within 4 weeks of assessments have seen only marginal improvement although comparative with other councils. Furthermore, while most people receive a statement of their needs and how they will be met there remains room for improvement – particularly when compared with other councils. The council has shown that it has an effective and comprehensive out of hours services. Aspects of this has been supplied by North Yorkshire County Council through their commissioned Emergency Duty Service (EDT), which is able to access emergency services and undertake assessments. The most recent development has been that EDT can now access the electronic service user database to enable more effective and appropriate intervention when needed.

With respect to the introduction of the single assessment process the council acknowledges that there has been slippage on the implementation timetable. There have been a number of barriers to full implementation – some of which were financial and others that were due to the reorganisation of the PCT and financial challenges facing the Trust.

The council's performance with respect to the uptake of direct payments has improved on last year's return having doubled. However, the council explains that the appetite for direct payments, especially amongst older people remains low. There appears to be customer resistance to the use of direct payments. However, the council has more enthusiastically embraced the opportunities for self-directed support offered through the pilot 'in control' programme. This has been introduced through the services for people with learning disabilities and will be shortly offered to people with sensory and physical disabilities. Initial feedback has been very positive and the programme has the full support of Members. The programme has demonstrated that service users and their families have been very effective and very efficient in utilising the resources

made available for them to manage. This is a significant cultural shift for all three sectors – service user, council provider and independent provider. The project is still in its pilot phases but the council is hoping to introduce this as a real option for many service users. This together with the day services modernisation programme are 3-year programmes that are managed by respective project boards.

Key strengths

- Investment in learning disability advocacy provision
- Good range of services both available and under review for users
- People with a learning disabilities living in supported living
- Successful pilot 'in-control' programme for people with learning disabilities and their carers having individualised budgets to manage their care

Key areas for improvement

- Responsiveness and assessment processes in services for older people
- Assessments or reviews for carers of people with learning disabilities
- Full implementation of the Single Assessment Process
- The numbers of people receiving a statement of their needs and how they will be met
- Further improvement in direct payments and individualised budgets

Freedom from discrimination or harassment

The outcomes in this area are good.

The council has maintained its eligibility criteria under Fair Access to Care Services at 'moderate'. This is laudable and is clear from their public information about services provided from the council. However, it is understood that care management staff have been asked to more stringently apply the criteria than was previous practice. The council also provides their advice and services universally irrespective of whether people making enquiries are likely to be self-funders. This is good, although we note that the council is not able to disaggregate the proportion of enquiries made by self-funder clients and determine whether appropriate advice is given.

The council has not implemented all of the Government's equality standards although it intends to have 4 of the 5 standards in place by 31 March 2008. The last standard will be in place for the following year. The council has also been active to ensure that people from minority backgrounds have equitable access to services. It has engaged minority communities through two events held in York. There are only small numbers of people from black and ethnic minority backgrounds in the York district. The national indicators do not serve York well in this regard. Because of the small numbers of people from minority backgrounds, small variations in the numbers of people seen or assisted can have a disproportionate impact on the indicator. For this reason it is important for the council to devise its own means of demonstrating that its services are equitably accessible to people from minority backgrounds.

Despite this, we acknowledge that the council is mindful that it must ensure that firstly services are able to meet their needs and secondly, it endeavours to use person centred approaches to ensure that people's needs are appropriately met.

Key strengths

- Council has clear eligibility criteria for social care services based on need and is maintaining the FACS criteria at a moderate level which is clearly explained in the council's leaflets and on their website
- There is good compliance with the Disability Discrimination Act

Key areas for improvement

- Take up of services following an assessment by people from minority ethnic backgrounds
- The percentage of adults assessed whose ethnicity was not stated
- Full implementation of the five standards of the Government's equality standards

Economic well being

The outcomes in this area are good.

The council reports that the number of disputes between the council and the health partners on matters concerning continuing care are low. There is a clear escalation policy and arrangements are in place to ensure that people's needs continue to be met while the matters are resolved.

The council endeavours to support people into employment through appropriate education and training opportunities. However, the numbers of customers being supported through to employment or volunteer work remain low. The council endeavours to support carers in this way also. The council has also been very active in ensuring that people receive their entitled benefits. There has been a significant increase in the numbers of people claiming and this in turn has meant that people can be more independent of council support. The council has also endeavoured to support people with learning disabilities in their own homes through the supporting people programme.

Key strengths

- The Council's Carers Employment and Lifelong Learning Project and Network which endeavours to ensure that carers have access to the education, training and employment and leisure opportunities
- Additional income and benefits for people through the work of the benefits advice team

Key areas for improvement

- Further development of pathways to employment for both users and carers

Maintaining personal dignity and respect

The outcomes in this area are good.

The council has been proactive in establishing a York and North Yorkshire safeguarding committee that is comprised of councils' representatives, the police and health services. The Commission is also represented on this. This group has established the agreed procedures and evidence both anecdotally and statistically shows that these arrangements are effective. That being said it appears that the council needs to do more to assure itself that more of its staff are suitably trained in these procedures and furthermore that it has successfully engaged the independent sector. While the council ensures that the independent sector complies with these requirements through contracting arrangements there is minimal engagement in terms of formal training being offered through the council to independent carer services staff.

Key strengths

- A joint Safeguarding Board covers the areas for York and North Yorkshire council areas
- Availability of single rooms for the vast majority of service users in York

Key areas for improvement

- Engage with independent sector staff on training on safeguarding issues and procedures

Capacity to improve

The council's capacity to improve services further is promising.

The council is at the first stages of implementing its electronic care record systems. This is linked to the performance management systems. The new system went live in July 2007 and as yet the real impact of this is yet to be seen. The council also continues to face challenges with respect to its staffing. York, as an area, is hard to recruit to because of the high cost of living. The council has reported high turnover rates of staff and also high rates of sickness absences. These are matters that the council need to focus on as it is linked to the council's overall performance. The council has recognised these as priority areas and has agreed a joint pilot project with the Health and Safety Executive in order to target its work with respect to stress related illness. The council reports that there is evidence of some early wins in that since the last quarter of the 2006/07-year improvements are evident in the reduced levels of absenteeism.

The council has established a new commissioning approach and used appropriate demographic data to ascertain the projected needs in the future. The council, its members and staff are fully engaged in this process and the resultant 15-year planning document is a good planning base. However, due to the challenges that have faced the PCT it is only at the beginning phases of re-engaging health partners in this process.

The council has also been very effective in its new approach to home care. The new commissioning arrangements have resulted in more cost-effective services and importantly it reports that service users receive home care support from a single provider. Satisfaction surveys indicate that the vast majority of people report that care workers arrive on time, provide the care that has been agreed and carry the tasks out to the satisfaction of the user.

Overall the council has recovered from projected overspends to a balanced budget. This has been achieved through better commissioning, better outcomes for service users, more involvement of service users in service planning and with a vision that in the future saved funds will be able to be invested in social care preventative services. That being said York council spends less per capita on adult social care than other councils. It might be argued that some of the shortfalls on expenditure might also account for some of the shortfalls in performance against national indicators.

Key strengths

Leadership

- Broad DASS role that encompasses social care, diversity, health and housing issues within the council area
- Strategic planning and good use of combined resources with partners which are congruent with that of the Government's objectives
- Full implementation of the action plan that emerged from the learning n disability inspection in 2006

Commissioning and use of resources

- Effective care management systems and needs assessment to all customers including self-funders
- Effective budget planning and use of resources including demonstrable value for money and comparative unit costs
- Effective use of commissioning standards for providers of services

Key areas for improvement

Leadership

- Health and social care economy to deliver on the outcomes for adults and older people
- Development of the new Mental Health Partnership Board
- Recruitment, retention and absenteeism issues for staff
- Engagement and training with independent sector staff
- Implementation and monitoring of the electronic record system

Commissioning and use of resources

- Delivery of the outcomes as outlined in the commissioning strategy
- Continued focus on the delivery of home care reconfiguration

Follow up action in 2007-08

In line with service inspection criteria we are considering undertaking a service inspection of your council.

Progress on the key areas or improvement will be monitored through meetings between CSCI and the council.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Linda Christon', written in a cursive style.

LINDA CHRISTON
Regional Director
Commission for Social Care Inspection