Commission for Social Care Inspection

Making Social Care Better for People

Service Inspection Report

INDEPENDENCE, WELLBEING AND CHOICE

City of York

June 2008

Safeguarding Adults

Delivering Personalised Services

Delivering Preventative Services



COMMISSION FOR SOCIAL CARE INSPECTION

The Commission for Social Care Inspection (CSCI) was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of adult social care services in England. CSCI combines inspection, review, performance and regulatory functions across the range of adult social care services in the public and independent sectors.

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The Commission for Social Care Inspection aims to:

- put the people who use social care first
- improve services and stamp out bad practice;
- be an expert voice on social care;
- practise what we preach in our own organisation.

INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

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INTRODUCTION AND BACKGROUND

An inspection team from the CSCI visited the City of York in June 2008 to find out how well the council was safeguarding adults whose circumstances made them vulnerable.

The inspection team also looked at how well the City of York was providing personalised services and preventative services. To do this the team focused on services for older people.

Before visiting the City of York, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included crucially the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with older people and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in the City of York. It will support the council and partner organisations in the City of York in working together to improve the lives of people and meet their needs.

SUMMARY

Safeguarding Adults

The Commission rates council performance using four grades. These are: poor, adequate, good and excellent. We concluded that the City of York's performance in safeguarding adults was **adequate.**
Initial responses to safeguarding alerts were timely and appropriate and there were examples of good practice where staff had gone to some lengths to ensure protection for the vulnerable adult. Practice was not governed however, by clear decision-making and effective managerial oversight nor bounded by robust policy and procedures. Investigations were not routinely carried out in a structured way with variable approaches to the convening of strategy meetings and case conferences resulting in inconsistency in the development of protection plans. Recording practice was inconsistent and not guided by standard proforma. No effective processes were in place to ensure that minimum standards of protection and beneficial outcomes were consistently achieved. The council had also to establish clear standards for other organisations participating in investigations and monitor compliance.

A new safeguarding policy and procedure was in development with the draft demonstrating some good features likely to offer improved practice guidance to staff and managers. Further work was needed to ensure it was a comprehensive, accessible and effective driver for good practice. The development and implementation of appropriately targeted training had been slow and there were examples of staff and managers undertaking safeguarding work without having received formal training. A multi-level training programme had recently been developed and was to be rolled-out to staff identified as priority.

Performance management and quality assurance approaches were underdeveloped and overarching governance was weak with a lack of formal reporting arrangements, active scrutiny and drive for improvement by councillors. The North Yorkshire and York Safeguarding Adults' Board Annual Report did not set out an effective work programme to strengthen arrangements and did not include measurable objectives against which progress and improved outcomes could be tracked effectively. Public information about safeguarding was also underdeveloped, with no leaflets or posters being available and scope to further develop website information.

Personalised Services

We concluded that the City of York's performance in delivering personalised services for older people was **adequate.**
Generally, older people and their carers were satisfied with the quality of services they received and felt that their level of independence had benefited from the support given. There were capacity issues to be addressed at the point of access to services and people often had to wait

considerable periods for social care and occupational therapy assessments. In response to this, the council had initiated a review of intake services with a view to making improvements.

Older people were less likely to be delayed in hospital than previously but the quality of both discharges and monitoring arrangements was poor. Operationally the focus had been on activity and numbers rather than beneficial outcomes for older people and this was of concern. Plans to develop more cohesive, joint arrangements had not been progressed. In spite of national expectations, only the council had adopted the Single Assessment Process by rather than this process being applied across social care and health jointly. Generally there was more to be done to ensure that social care and health worked in full co-operation at the frontline to ensure smooth interfaces between services.

Assessment and care planning was not holistic and lacked ambition. Care plans predominantly focused on physical needs rather than comprehensively addressing health, wellbeing and social inclusion that would fully support the council's agenda to deliver increasingly personalised services and embraced the social inclusion needs and aspirations of older people. The approach to direct payments showed little creativity and innovative thinking in relation to older people and numbers of older people using these was low. Home care support was not consistently promoting older people's independence.

Preventative Services

We concluded that the City of York's performance in delivering preventative services for older people was **good**

The council's positive focus on developing safer communities and crime reduction through the Safer York Partnership was contributing to the development of a broad range of preventative services across city communities. Older people and their carers valued the services provided, which were provided mainly through the voluntary sector. There was potential to develop more with private sector providers. Specific preventative initiatives involving Police were successfully reducing the fear of crime and having a positive impact on crime statistics in targeted areas.

Access to home adaptations had improved and Telecare services were being expanded and resulting in some older people being able to remain living in their own home. Leisure and cultural opportunities for older people were being developed to promote healthier lifestyles. Plans for additional extracare housing and supported living schemes were underway and a new handyman service had been agreed. Culturally sensitive services were underdeveloped however and direct payments could be used more creatively to meet the needs of black and minority ethnic elders and to promote health and wellbeing more broadly as part of the growing preventative agenda.

Capacity to Improve

The Commission rates council capacity to improve its performance using four grades. These are: poor, uncertain, promising, and excellent. We concluded that capacity to improve in the City of York was **uncertain.** Chief officers in the council were setting an ambitious agenda for a modernised adult social care service delivering personalised support and self-directed care within a framework of strong corporate partnerships. Councillors however, were not sufficiently well informed or consistently engaged with developments to demonstrate effective leadership. Frontline staff felt disconnected from strategic management and few opportunities had been developed for direct interaction and engagement. While organisational changes had generally been managed effectively, staff morale and confidence had suffered somewhat as a result of the reorganisation of the home care service which had been less well managed. Lessons had been learnt from this experience informing management's approach to the next phase of home care reshaping. Consultation with people who used services and the wider population of older people was developing positively and had resulted in a number of improvements. Progress had yet to be made on involving people who had or may experience safeguarding processes in shaping arrangements.

Strategic planning was aspirational, including consideration of critical success factors within a sound basic template. While some specifics and measurable objectives had been identified, some key baseline information and targets had yet to be established and there was scope to develop greater precision and measurability based on local in addition to national priorities and objectives. With no development of service plans down to team level, it was difficult for staff to contribute effectively to their attainment or to progress check developments. The council was significantly off the national pace in relation to social care services operating within a performance management culture. No comprehensive overarching performance management and quality assurance framework had yet been developed across adult services or safeguarding arrangements and plans to introduce such a framework were still at an early stage. Management oversight of safeguarding practice and procedural compliance was weak. There was no clear work planning under the Safeguarding Adults Board or sufficient reporting and scrutiny at council level to constitute effective governance arrangements.

Management action had been effective in tackling high levels of sickness absence and some workforce planning activities had been undertaken although no overarching workforce development plan was yet in place. The absence of some key managers had significantly inhibited developments to date. A comprehensive and effective approach to ensuring that staff and managers undertaking safeguarding activity were trained and practicing competently had not yet been introduced.

Finances were managed effectively within a comparatively low budget for adult social care but there was scope for greater connectivity between

commissioning and planning and financial strands within the directorate to support operational changes leading to improvement. The Medium term financial planning was focused on managing budget pressures rather than setting out a financial context and plan to achieve developmental objectives.

Positively, after a challenging period of serious financial difficulties within the PCT and difficult inter-organisational relations, health and social care were beginning to work more closely in partnership and had developed a list of shared priorities to form a joint work programme. This was a sign of “green shoots” in moving towards a joint commissioning approach but significant work was to be done to translate these early positives at a strategic level into effective partnership work across frontline services that comprehensively encompassed efficiency and quality outcomes

RECOMMENDATIONS

Outcome theme	Recommendation
Safeguarding adults	• The council and its partners should implement robust governance, performance management and quality assurance arrangements to achieve the key outcomes of keeping people safe. These should include the following; ➢ formalised and effective council scrutiny ➢ comprehensive inter-agency procedures establishing minimum standards of practice and participation ➢ multi-agency practice and performance monitoring through effective managerial oversight • The council and partners should ensure that competency-based skills training consistently completed by staff and managers undertaking key roles is in place and evaluated for impact. • The council and partners should ensure that the annual safeguarding report sets out comprehensive activity data and performance analysis set against a measurable work programme and objectives to track improvements year-on-year. • The council and its partners should promote awareness of safeguarding adults' issues through all available media so that local people are aware of the steps they can take to reduce risk and report concerns. • The Safeguarding Adults Board should ensure that people who have been or consider themselves to be at risk of harm have opportunities to shape the local safeguarding agenda and priorities. • The council and partners should develop an effective serious case review protocol.
Personalised Services	• The council and its partners should work jointly to ensure that discharge arrangements are cohesive and effective demonstrating good quality outcomes for older people. • The council and its partners should implement the Single Assessment Process (SAP) in accordance with national expectations. • The council should ensure that assessment and care management and services are in place to deliver beneficial and personalised outcomes that promote

	wellbeing. • The council should work with its partners to effectively promote and support the use of advocacy services for older people.
Preventative Services	• The council should ensure that the needs of black and minority ethnic elders are met through the development of culturally sensitive services and self-directed support opportunities. • The council should review and revise the Minimum Guaranteed Standards to ensure that it makes the maximum contribution to the delivery of personalised services that promote wellbeing and independence in line with council objectives.
Leadership and Commissioning	• The council should strengthen its leadership role in relation to safeguarding by the full engagement of councillors in the development, scrutiny and evaluation of arrangements. • The council should develop a comprehensive performance management and quality assurance framework across all adult social care areas. • The council should introduce measures to assure the content and quality of supervision within a whole system approach to individual performance development. • The council should ensure a robust approach to multi-agency workforce planning is in place to support the delivery of its objectives. • The council should ensure that staff and people who use services are effectively engaged with and supported through organisational change. • The council should ensure that managers are fully equipped to deliver organisational change and effective services through the provision of a comprehensive management development programme. • The council with partners should ensure that strategic planning and commissioning is supported by the incorporation of measurable objectives and financial information. • The council should develop team plans derived from council, directorate and service plan objectives and ensure teams set specific and monitorable goals to deliver continuous improvement.

CONTEXT

The City of York is located in Yorkshire in the north east of England. The population is 181,053 (2001 Census) with 19.4% (35,185) being of pensionable age compared to 13.6% in England and Wales and 34% being over the age of 50. The older population was expected to grow by 31% by 2020. Generally, the area is an affluent one with 78% home ownership compared to a 68% national average; there are packets of deprivation within the city however.

The ethnic breakdown of City of York residents over the age of 50 indicates a black and minority ethnic (BME) population of 1,756, which equates to 1% of the total population and 2.8% of the population aged over 50. There is no one significant community of BME older people within York. The biggest groups are White Irish (301) and White Other (278). The next largest groups are Chinese (40) and then Indian (29). Mid year estimates indicate that the ethnic minority population is growing.

In 2007 CSCI assessed the City of York adults' services to be good with promising capacity for improvement and a two star rating. The most recent CSCI inspection had been on learning disability services in 2006 resulting in judgements of serving most people well with promising capacity for improvement.

A high level Safeguarding Adults Board (SAB) chaired by the Director of Housing and Adult Social Services for the City of York had been established to incorporate North Yorkshire and the City of York. An infrastructure of four sub-groups or Local Safeguarding Groups (LSAG) one of which was for City of York and Selby, chaired by the City of York's Head of Adult Services. The SA co-ordinator post was jointly funded by North Yorkshire, the City of York, Police and PCT giving the opportunity for arrangements to operate across the area covered by the single PCT and Police force.

KEY FINDINGS

1. Safeguarding Adults

1.1 Safeguarding against poor treatment

Safeguarding Adult alerts were responded to in a timely fashion and activity was undertaken to protect vulnerable people. This activity was not generally compliant with procedures and was not subject to rigorous managerial oversight.

Initial responses to safeguarding alerts were timely and appropriate, but managerial and multi-disciplinary decision-making was unclear leading to investigation processes becoming muddled. In some instances, this resulted in processes drifting with stakeholders experiencing a lack of clear and satisfactory resolution. While there were examples of some good casework with staff taking prompt action to ensure people were protected, processes were not well governed by the policy and procedures. Thresholds to trigger formal procedures were not clearly defined or easily distinguished from Dignity Challenge actions. The council was not always ensuring that investigations undertaken by other agencies were carried out to a required standard, recorded and reported appropriately.

There was no clear and consistent approach to the undertaking of strategy meetings and case conferences with managers being unclear about when these should be convened. Where these had occurred, recording was inconsistent and not of a high standard. No dedicated or trained specialist minute takers had been identified. There was a lack of clarity about who should be invited to strategy meetings and case conferences both in the procedures and in practice; what factors should be considered in relation to family carers, the alleged victim and provider agencies attending and who should make these decisions. Consequently there was inconsistency in strategy meeting participation and those that had participated experienced varying approaches to being given feedback on outcomes. Few formal protection plans were being developed as required by the procedures although in most cases activity to protect had taken place. Where plans had been developed they were not routinely reviewed according to timescales or used to inform on-going care planning. No serious case review protocol had yet been agreed.

Most safeguarding work was undertaken by the Intake Team creating significant pressure and reducing capacity for mainstream work with resultant build-up in waiting times for assessments. This necessitated some managerial staff undertaking both investigating work as well as managing investigations. Workload pressures reduced capacity to follow-up, monitor and review protection plans resulting in frequent merging of protection work with care management processes without formalised reviews and clear managerial decisions being made as to whether this was appropriate.

Practice was not well supported or guided by the current outdated safeguarding adults policy and procedures. The new policy and procedures, due to be finalised in July needed further development. There were improvements and potentially some good features in the new procedures such as the planned inclusion of a set of proforma to support greater consistency but these were still at an early developmental stage. The format was overly complex and difficult to access, with few standards and expectations in relation to participating agencies. The inclusion of flow charts in the current and draft procedures were useful although could be further developed to inform providers and other external agencies of their roles and responsibilities. Some stakeholders were unaware that the policy and procedures were being revised and the engagement of frontline staff in the consultation process had been inconsistent.

Voluntary and independent sector agencies reported that arrangements had become more effective over the past year although all agencies experienced highly variable levels of response and engagement from the Police both on individual cases and in developmental forums. Staff in out-of-hours services experienced more consistently positive responses from the Police through the vulnerable adults unit, than their daytime colleagues.

Information about adult safeguarding was available through the council website with scope to develop this further giving the issue greater prominence. No public information leaflets or posters about safeguarding adults had been developed and this was a key deficit. Managers had identified that there was under reporting on safeguarding activity. The introduction in 2007 and further development of the new client information system Frameworki, was expected to improve this position.

1.2 Making sure that staff and managers know what to do

The development and implementation of appropriately targeted safeguarding training had been slow and significant numbers of staff and managers were undertaking safeguarding work without having received formal training or evidencing competence. A training programme had recently been developed and was to be rolled-out to staff identified as priority.

The council had been slow in putting appropriate safeguarding adults training in place. The training needs of frontline staff, heavily involved in safeguarding work, had still to be met beyond the investigative interviewing skills course they had previously undertaken and found useful. This was despite staff identifying a need for this training in annual Performance Development Reviews (PDR) meetings for several years. There was no evident link between the frontline staff PDR records examined and the development of departmental training plans. Some key staff groups, such as occupational therapists, had not yet received basic awareness and alerter training. Although safeguarding adults training was stated in departmental policy as “mandatory”, there was confusion among managers about what this meant and there were no systems in place to enforce or monitor it.

Induction courses did include basic abuse awareness training. Participants had experienced alerter awareness training, particularly where led by external consultants, as excellent. Independent agencies were being given access to council run courses although there had been little use of joint training involving housing, Police, health and the independent sector. Opportunities to develop E-learning were being explored and a training-the-trainer cascade approach with associated impact monitoring was being developed as a considered approach. Training plans were not being developed however, to deliver competency-based practice. The competencies required in undertaking key roles and responsibilities in relation to safeguarding work had not been identified. A significant number of managers who chaired safeguarding meetings and oversaw processes had not themselves received appropriate training. The Police had been slow to get adult safeguarding incorporated into training given to frontline officers.

A comprehensive safeguarding training programme, developed by the training sub-group of the Local Safeguarding Adults Group for City of York and Selby (LSAG), to incorporate discrete training levels for different safeguarding roles and responsibilities was in the process of testing prior to being rolled out. Staff identified as being priority were to receive this training first.

1.3 Making sure that there are services to help prevent abuse and neglect

A range of preventative services was being developed although there was more to do to ensure all stakeholders were aware of what was available and were accessing these services effectively to protect people identified as vulnerable.

Multi-agency work was underway to explore the reasons for the high incidence of financial abuse identified in the city and to develop effective ways to address the issue. The voluntary sector lacked capacity to meet the demand for financial advice that could help alleviate the issue. The council was looking to learn from other authorities that had successfully tackled similar issues.

Positive multi-agency neighbourhood schemes were helping to promote safer communities and lower fear of crime e.g. Street lighting had been improved. Older people felt safer as a result of the cold caller scheme. A specialist group had been established to take forward the Race Hate Crime Strategy 2008. A home services directory of quality assured tradesmen was in place and valued by those who had accessed it. Assessment and care management teams were not sufficiently proactive in setting up preventative protection or contingency plans for people living in vulnerable situations as a result of assessment. This meant that there was less effective multi-agency monitoring of fragile or risky situations.

The mental health 24/7 crisis unit was a valued resource, giving people known to services the opportunity to self-refer to prevent crisis

breakdown. The emergency carers' card was also a positive new initiative, giving increased peace of mind to carers. Support to people experiencing domestic violence out of hours was underdeveloped however and was a challenge to the multi-agency partnership. Multi-agency and stakeholder awareness of the wide range of preventative initiatives and services was not well developed. There was little multi-agency awareness of the emergency support services that were available. we saw little evidence of Police doing home visits and safety checks for older people living in the community despite these being funded by the council.

1.4 Making sure that quality assurance processes are in place and working effectively

Robust quality assurance and performance management arrangements for safeguarding work were not in place. Overarching governance arrangements were weak.

Quality assurance processes were significantly underdeveloped. The Safeguarding co-ordinator employed by North Yorkshire and working across North Yorkshire and the City of York, did not have a quality assurance or monitoring role being mainly focused on strategic development. No robust managerial or audit system was in place to ensure actions were followed through and processes resolved to demonstrate to officers and elected members that vulnerable people were made safer as a result of intervention.

Standards, expectations and accountabilities relating to the contribution of providers to investigations and to the implementation and monitoring of protection plans were not included in the current or draft policy, nor had effective operational monitoring by the council been established. Frameworki gave opportunity for much more robust quality assurance and performance management systems to be put in place across all levels of safeguarding activity. Further work was needed to fully exploit this opportunity.

Whereas contracting arrangements with providers were being strengthened to include a safeguarding focus, there was scope to further develop council standards and expectations in relation to CRB checking of advocacy workers and volunteers. Agencies did their own checks but this was not a contract requirement for the council. CRB checks for personal assistants employed by direct payment users were encouraged and funded by the council but few people took this offer up. With no public information having been developed regarding raising awareness about safeguarding and the prevention of abuse, it was unclear how well informed direct payment users were about CRB checking being a key preventative action or about the risks of abuse generally. Managers acknowledged this area for development.

Safeguarding recording practice was not guided by a set of standard proforma or sufficiently governed by managers to ensure either compliance with procedures or good quality practice and outcomes. Meetings were not always clear in purpose or attendees and were not

consistently minuted. Opportunities to improve practice through showcasing or evaluating practice through practice forums had not been fully explored beyond a single practice workshop held in February. There were some shortfalls in supervision practice with supervision records not demonstrating a consistent approach to monitoring and evaluating safeguarding practice by the worker or in managers overseeing investigations.

1.5 Making sure that POVA arrangements are robust and work well

Multi-agency and cross authority Safeguarding Adults structures were in place and had been successful in establishing the profile of safeguarding arrangements to date. It was unclear whether these arrangements were the most effective to deliver improvements to outcomes in the City of York in the future. The annual report on safeguarding activity was not an effective performance improvement tool.

The current cross authority, multi-agency infrastructure had been effective in establishing a strategic framework and raising the profile of safeguarding arrangements across the region to date, given the Police force and previous PCT configuration. It was not clear however, that this remained the optimum structural arrangement in relation to the ambitions and local issues for the City of York. The Director of Housing and Adult Social Services was developing a proposal to reshape these arrangements to provide a specific focus on the city with a likely dedicated co-ordinator and strategic board, while retaining the benefits of the regional networking. There were good links with the independent sector at a strategic level as the chair of the Independent Care Group was a member of the Safeguarding Adults Board (SAB).

The SAB was not leading the safeguarding community with sufficient strength and the LSAG was not monitoring activity and outcomes in a sufficiently robust way. Stakeholders were unclear about the role, responsibilities and activity of the LSAG and there was a shared sense that more dynamism and local focus would benefit the city. Attendees were not all clear on their own role or contribution to the LSAG and the implications for their own organisation. The minutes and decisions of the LSAG were not widely shared, not posted on the intranet or shared with the wider network of strategic planning forums or adult service area Partnership Boards. Some key stakeholders had not heard about the LSAG or only had a vague awareness of it. Members of the group felt that LSAG not always good at following up issues. Safeguarding Adults work and the outcomes from the LSAG were not a routine agenda item of the Supporting People Core Strategic Group, although the Supporting People Manager did get the minutes and the Director of Housing and Adult Social Services was involved in both bodies. The annual SAB report did not set out a work programme with measurable objectives against which progress and improvements could be tracked. This made it difficult to track the progress of some areas of work identified as priorities in the 2006/07 report and yet to be completed.

There was not yet a whole systems approach to safeguarding within the multi-agency work to develop a safer communities framework. Key elements within the framework were unaware of the work of the SAB and LSAG. Governance arrangements in relation to councillors' understanding and scrutinising safeguarding activity and outcomes to ensure arrangements operated effectively were weak. There was no elected member presence on either the SAB or the Local Safeguarding Adult Group for Selby and York and reporting arrangements to ensure councillors were robustly scrutinising safeguarding performance were not in place. There was an awareness of the ADASS standards among LSAG members and national serious incidents were discussed at the group although there was scope for learning from these to be more clearly formalised and disseminated across the safer communities framework.

People who used services and their carers had not had a clear role in shaping and evaluating safeguarding arrangements. While there was an appreciation among senior managers that a need to capture the experience of people at the centre of investigations existed, no work had yet been undertaken to move this forward, despite this being identified as a priority in the 2006/07 SAB annual report.

1.6 Making sure that people's privacy and confidentiality are respected

There was an inconsistent approach to respecting people's privacy and confidentiality within case records.

There was not a consistent approach to ensuring the privacy and confidentiality of people who use services with evidence on several case records of either misfiled records or third party individuals being identified. Case records showed no evidence of data protection forms being signed by people who use services.

While the new draft policy made good reference to advocacy in relation to supporting the alleged victim, there was no reference to accessing independent advocacy for the alleged perpetrator should that individual be identified as vulnerable.

In practice, multi-agency staff were not clear about how to address the issue of consent of the alleged victim in making decisions about whether to proceed with investigations. Greater guidance on this was being included in the new procedures and would need to be included in future multi-agency training.

2. Delivering Personalised Services

2.1 Access to Assessment and Care Management

Older people did not always experience assessment and care management services positively and in a timely manner although they generally experienced a benefit from intervention.

There was a good range of public information leaflets on services although availability and distribution of these could be improved. There was scope to expand consultation on format, content and effectiveness particularly around signposting to other languages and formats, which was overly simplistic and underdeveloped. Information on key policies and services was accessible through the website, which also had scope for further development. Older people intending to self-fund were able to access assessment processes.

Fair Access to Care Criteria (FACS) were set at moderate and above paving the way for older people to experience good access into preventative and early intervention services addressing lower levels of need and potentially reducing the risk of vulnerability and dependence in the longer-term. This application of criteria however did result in pressure on the "front door" of services where there had been little work to date to develop fast tracking or self assessment to quickly signpost people to services for low-level needs or to access low level equipment. A number of older people reported experiencing initial screening as "insensitive and rigorous". They felt that it was only by being persistent were they likely to gain access to the support they were seeking. Currently, the Advice and Information Team acted as first point of contact for homelessness, adults and children's social care services. A project to review and redesign the intake service for greater effectiveness, including opportunities for self- service and on-line assessment, had been scoped as part of the transition process into the council's new accommodation planned for 2010.

Performance on PAF D55 - waiting time for assessments was low at 80 against comparator councils (83) and the England average at 84. Staff spoke of "Boom and Bust" approaches to reducing waiting times and improve performance by the use of agency staff to bring lists down temporarily followed by periods of build up. Long-term solutions to resolve these difficulties had not been developed. There had also been long waits for OT assessments over a period of time without a clear plan to achieve improvement. Waiting times for assessment and services had been exacerbated by high levels of sickness absence, which had been a departmental feature for some time. Management action had been effective in significantly reducing sickness levels in recent months.

Older people in outlying villages found it difficult to access services as main access points were within the city centre. There was some regular "surgeries" held in GP practices by social care staff to respond to local need and people who had accessed these found them useful. There were

no examples of outreach projects to facilitate engagement with hard to reach groups, although this was identified as an objective in the new project to review intake services. Discussions were underway to explore opportunities to develop such initiatives. Interpreting services were easily accessible through assessment and care management services.

2.2 Assessments and Care Planning

Assessments did not routinely lead to comprehensive care plans that addressed the whole range of health, wellbeing and social care needs of older people.

The FACE assessment proforma was comprehensive and promoted a holistic approach to assessment. These did not link well with care plans however, which were not sufficiently personalised or holistic: focusing predominantly on personal care to the exclusion of emotional health and wellbeing and social inclusion. Assessment and care planning activity needed to be more ambitious and creative in approach, ensuring that opportunities for social inclusion were routinely explored. Both aspects of care management were insufficiently individualised, lacked a focus on wellbeing initiatives and failed to specify good outcomes for service users in relation to emotional and mental wellbeing. Where outcomes had been identified, these were generally broad in scope. Older people and their carers experienced assessment and care management services as inconsistent with several telling us “It depends who you get”. Some felt that cultural needs were not being sufficiently included in assessments.

Other than at the Intermediate Care unit, the Single Assessment Process (SAP) was not in place. In part this was a result of the multiplicity of information systems across North Yorkshire and York but the positive partnerships developing at strategic levels had yet to be matched across operational services and reflected in cohesive and fully co-operative processes. A lack of multi-disciplinary training had also contributed to underdeveloped cross-professional understanding thus inhibiting the adoption of a single process. The implementation of SAP was not identified as a shared priority between health and social care at the time of the inspection.

The council had not been strong at setting and monitoring standards for provider agencies re: choice and customer service although this had been an area of recent focused work. Commissioning care plans were not sufficiently outcome focused to give providers clear and comprehensive guidance on what they were expected to deliver or achieve for the individual using their service. Provider services were developing and implementing support plans that were more individualised and in-house provider services were developing approaches to learning from people who used services’ experience to develop a greater focus on personalisation and enhance service delivery.

Reviews were being undertaken mainly by reviewing officers in each team, but there was overlapping of provider and assessor led reviews resulting in some duplication and lack of co-ordination of effort between

agencies to promote best outcomes. Performance on reviews PAF D40 was low at 66 per cent.

The hospital discharge policy was not joint but health led and minimised the role and status of social care staff. The hospital social work team did not have a high profile or authoritative voice in ensuring effective discharge arrangements through the MDT. Outcomes were described by practitioners as “compromise agreements”. Performance on delayed transfers of care had significantly improved but the overall quality of discharges and monitoring arrangements was poor. Operationally the focus had been on activity and numbers rather than beneficial outcomes for older people. A review of the effectiveness of the implementation of the specific grant relating to hospital discharge had been undertaken but no review of the effectiveness of the procedure in promoting the quality of outcomes for service users and carers. Agreed monthly meetings to review overall discharge performance have not taken place. Beyond the evaluation of the speed of processes, quality issues had not been considered.

There had been no recent training regarding hospital discharge due to pressure of work. Social Care staff had not been involved in any training around the policy. No progress on the development of an integrated multi-agency team as proposed in 2006 had been made. Some discharges to residential homes and, to a lesser degree, home care were circumventing the agreed policy to the detriment of some older people: there was no agreed conduit for staff to raise concerns about this practice or for disputes to be resolved. Managers were unaware of an operational protocol that had been developed.

There was not yet an effective multi-disciplinary approach to the development of specialist services for older people. Access to specialist assessments was slow, inconsistent and largely down to individual staff rather than bounded by clear and effective protocols. Older people and carers experienced the interfaces between services as fragmented. Eg Access to CPN being through the GP only. It was difficult to access older peoples’ mental health services.

Although referrals for advocacy had risen in the past year, advocacy had been given a low priority historically and was not sufficiently or consistently promoted in care management processes. The benefits of advocacy to people who use services and to assessment and care management processes were not yet fully understood or embraced in community teams. There was no council steer for advocacy agencies or training being offered.

2.3 Availability of out-of-hours Services

There was good access to support services that operated beyond normal office hours with scope for further development.

There was good access to out-of-hours support through Warden Call and the community nursing services. North Yorkshire provided a contracted Emergency Duty Team (EDT) service to the City of York which worked

effectively with workers having access to the City of York client database system.

Home support services were well regarded but not available over extended hours and officers identified this as a gap. Telecare support through the highly valued Warden Call service was still at early stages of development but a number of people reported the benefits they were experiencing at night and weekends.

2.4 Range of Services

A wide range of services for older people was being established across the voluntary and independent sector with more to be done to ensure awareness of the range of services is sufficiently well developed.

The council had retained a high level of in-house directly provided service for older people. In-house domiciliary care was undergoing a second phase of reshaping following a radical redesign process in 2006 resulting in services for older people that were more targeted and focused. Warden Call service was held in high regard and was providing an effective conduit for establishing telecare services. Low-level support services funded through the PCT and operated by voluntary orgs to support people on discharge from hospital were valued as was the council and PCT funded Internet shopping service. A rich array of voluntary sector services was evident but frontline assessment and care management staff were not sufficiently aware of them. More could be done to inform frontline staff of the range of services on offer across all sectors.

The Promoting Independence Team (PIT) offered a valued service focused on reablement and the promotion of independence. Due to capacity issues and lack of "move-on" provision particularly in relation to specialist dementia home care support, the PIT was under significant pressure and holding cases beyond its remit.

Beyond the high performing community equipment service, there were few jointly commissioned or jointly provided services. With the exception of the Archway unit, the residential strand of intermediate care, services had been developed by health and social care in parallel rather than jointly. Intermediate care operated as a constellation of services rather than a unified system and there was subsequent overlap and interface confusion about care pathways and inter-service referral routes. A whole systems' approach to the evaluation of the effectiveness and outcomes from intermediate care services had not yet been developed. A multi-agency steering group had been established to take this work forward under the four joint priorities agreement and a series of CSIP facilitated workshops had been held from which action plans were being drawn up to develop a more cohesive framework.

The council had established a new block contract with a local provider to increase the provision of dementia care beds. Additional extra-care provision was being developed incorporating recommissioned buildings as well as new provision. The Supporting People refresh of 2007 demonstrated a good process, descriptions and analysis with priority

areas being identified, including older people but no specific targets for what will be developed, by when and why.

2.5 Promoting Independence and Choice

Some older people were benefiting from having more choice and control through direct payments but there was more to be done to promote wellbeing and personalised services.

Older people reported generally being satisfied with the quality of intervention and were usually experiencing a beneficial impact on their level of independence. Provider services were proactive in developing approaches that promoted independence for older people. These were less well developed in commissioning where physical care predominated. Some arbitrary limits that did not enable needs to be fully met were being applied to manage resources rather than identified need driving resource deployment e.g. 1 bath per week. Home care services were not commissioned in such a way that promoted independence or quality service. There were examples of commissioning 15 minute home care visits during which complex tasks like washing, dressing and giving breakfast were to be accomplished and no allowance to support an older person to cook a meal or provide fresh cooked food, only cold or microwaved. These were not facilitating the promotion of independence but rather forced the person using services to be a passive recipient. No travel time was allowed for between visits putting more pressure on workers to complete tasks as fast as possible and move on. Recipients of these services described being “stressed” by rushed home care visits. This was a consistent and powerful message from people who use these services.

The council paid relatively competitive rates for direct payment home care. Prompt decisions about direct payments were made at operational manager level. This was a positive feature as people who use services were quickly informed of the outcome of their application. A number of older people had taken up direct payments in order to retain their home care provider through the major recommissioning in 2006 rather than opting for them as a positive choice. This had resulted in artificial growth in the numbers of people using direct payments, which had now plateaued off. Most people using direct payments were content with outcomes, feeling more in control of their home care and able to direct workers more although the issue of limited funding restricting time allocations remained. Communication with scheme users was poorly developed e.g. - information about changing rates and different methods and routes for monitoring expenditure. The council did undertake CRB checks for personal assistants recruited through direct payments and set clear expectations regarding CRB checking with directly contracted services.

Of the 60 older people on direct payments at 31 March, only 5/6 employed their own personal assistant. The directorate was setting targets to improve numbers but in the absence of team plans or individual targets set through PDR, these were unlikely to impact practice. There were few examples of direct payments being used to

facilitate social inclusion and promote increased quality of life through emotional wellbeing. Training for staff had been slow in coming and had not resulted in increased confidence in the benefits of direct payments to prompt increased promotion of scheme. Staff felt there were few opportunities for older people in York to use direct payments creatively to meet their wellbeing and social inclusion needs.

Improving support to carers was a priority area for the council and there were a number of developments that would benefit carers including Carers Emergency Cards to support carers in crisis. The new Carers' Centre currently being launched gave better access to carers and was to be the base for a developing network of support services giving good opportunity to the council to address the somewhat mixed experiences we encountered. The uptake of carers' assessments was relatively low. Uptake was being encouraged as this gave access to the flexible carers' payments the recipients of which had found valuable. Some carers we met did not feel that carers' assessments had resulted in any particular benefit or additional support service to them however. Respite care services were limited and some carers felt under-supported as a result. Performance on services for carers (PAF C62) is low at 4.8 for carers' breaks. Some family carers were frustrated that they were not the first point of contact for the directorate when their relative was mentally frail or found paperwork confusing and stressful, even though they may have requested this a number of times.

3. Delivering Preventative Services

3.1 Promoting Independence

A range of preventive services was being developed across the council with scope for further development.

The council supported a good range of preventative services provided through the voluntary sector. The development of most preventative services had been achieved through in-house or the voluntary sector, there had been little development to date of such services with private sector providers and this was an area for development. Work had yet to be undertaken to develop culturally sensitive services. Few if any direct payments had been offered to meet the specific cultural needs of BME elders and this warranted further exploration in relation to developing preventative approaches.

The recent introduction of telecare initiatives through the Warden Call service had been well received by older people and their carers.
One carer told us;

"...a door sensor was suggested, and the following day a team arrived and fitted it. We have been very happy that my father has been able to stay in his own home for the past year."

The provision of major adaptations through Disabled Facilities Grants (DFG) processes had been improved with waiting times reduced, although still the cause of frustration to some, people were generally satisfied with outcomes. Internal surveys returned high levels of satisfaction with OT and the adaptations services.

The good focus on early intervention work was somewhat diminished as the PIT team was holding a number of cases for some months rather than the 6 weeks intended. This was due to the lack of available suitable move-on services particularly in for people with dementia needing home care. This capacity issue was to be addressed through the second phase of the home care reshaping.

3.2 Preventative Services

The council had a positive focus on developing safer communities and crime reduction as a key priority through a range of positive corporate and partnership initiatives under the Safer York Partnership. Initiatives included the capable guardian scheme, cold calling control zones and the developing role of Community Police Support Officers. These were acting as effective preventative services, impacting positively on the incidents of crime. Leisure and access to sport initiatives by the council were having positive benefits, facilitating “sport for all” approaches to engage the less fit in accessing the award winning sports centre. An example of this was the introduction of swimming passes for OAPs. However the council’s failure to support the 50+ festival promoting and showcasing healthy activities and lifestyles was a missed opportunity.

Support plans under the Supporting People programme had been strengthened and floating support was being developed. A handyman scheme had been agreed and supported living and extra care housing opportunities were being developed. A new development of 60 two-bedded bungalows and 40 extra care apartments was being developed. Both health and social care were keen to expand telecare and telehealth but plans for this could be limited due to PCT budget problems. Housing with care units were being proactive in promoting healthy activities and lifestyles.

3.3 Access to Preventative Services

The Age Concern home from hospital service was excellent and the development of good preventative services had reduced the number of unscheduled care calls made to the EDT.

The council had developed a list of preferred providers for the benefit of people with learning disabilities using direct payments to help them make informed choices about providers. This system had yet to be rolled out to provide the same benefits to older people who used direct payments.

The Minimum Guaranteed Standards document was a useful development in giving operational guidance to staff. There was scope to further develop this, as currently the standards did not include any consideration of social inclusion and emotional wellbeing and as such was potentially

acting as an inhibiter to comprehensive assessment and care planning. Further development of the standards document would make it a valuable driver for the cultural change the directorate was setting out to achieve, making it potentially a key contributor to the delivery of the personalisation and promotion of independence agenda.

3.4 Access to initial assessments

The council was promoting a positive corporate approach to enabling access to non-care managed services such as befriending schemes, drop-ins and neighbourhood initiatives promoting citizenship and community support. Approaches to the quality assurance of non-care managed services were underdeveloped however.

Generally, older people who used services felt that once engaged with services they were satisfied with the outcomes but they did find it difficult to re-engage with services once the case was closed to active care management. Many older people approached voluntary sector agencies to obtain initial advice and information about where to get support. Improving access to services, including for those who find it most difficult to engage with services, was the main objective for the Advice and Information Project which would review the effectiveness of first contact and intake services.

4. Capacity to Improve

4.1 Leadership

There was a sense of refreshed corporate direction since the new CEO was appointed in Oct 07. Chief officers and strategic managers were setting an ambitious vision and agenda for corporate services based on ensuring strong corporate functions supporting well-established social care services. The Executive Member and Leader were supportive of the strong and ambitious leadership evident at chief officer and senior manager level in Housing and Adult Social Services. This support needed to be strengthened by a much greater depth of councillor knowledge and challenge to service activity and performance, particularly for safeguarding. No training programme was in place to support councillors in developing the knowledge and understanding necessary to maximise their role and impact. A strong framework of rigorous member scrutiny and formal reporting needed to be put in place. The role of “champion” members lacked clarity and was underdeveloped with no evidence of impact on the council’s modernisation agenda or service delivery. Councillors were not sufficiently engaged with the oversight and development of effective safeguarding arrangements. There was no council presence in the safeguarding governance infrastructure and council reporting and scrutiny of safeguarding arrangements were very weak.

Frontline staff were not sufficiently engaged with the modernisation and personalisation agenda to be able to carry the vision into their day-to-day

work. Staff felt there was positive leadership from the Head of Adult Services but they perceived bottlenecks of communication at lower levels of management contributing to disconnection between strategic management and the frontline. There had been few staff events bringing senior management and frontline staff together to develop shared understandings, enable frontline practice to inform strategic development and engender ownership of the strategic ambition.

Housing and Adult Social Services had introduced two major changes in the past two years; having successfully introduced Frameworki and radically reshaping the home care service. While these were regarded as directorate successes with operational benefits, frontline staff had not experienced the changes in relation to the home care service positively, with communication and consultation having been poorly managed. Staff and people who used services had felt somewhat damaged by the process losing some confidence in management's ability to manage major change. Senior managers were aware of the lessons needing to be learnt from this project and more positive engagement with the Trade Unions had now been established and additional HR capacity resourced to support managers in delivering the next phase of change. Connectivity and confidence building between the frontline and strategic management through improved communication across the directorate were areas for development going into the next phase of organisational change.

City of York senior managers were in strong leadership positions in regards to establishing effective safeguarding arrangements as the DHASS chaired the SAB and the Head of Adults Services chaired the LSAG. Although the profile of safeguarding work had been raised since the formation of the SAB in 2007, there was more to do to raise the profile of the LSAG as the key driver for safeguarding for the city. The DHASS was ambitious for safeguarding adult's work, wanting to raise the standards to match those in place for children's safeguarding. There were advantages to the cross North Yorkshire and City of York arrangements but it was unclear whether the current infrastructure continued to be the 'best fit' for driving improvements in York. There was recognition of the need for a greater focus on the City of York's needs and some early consideration of the possible development of a dedicated service subject to more exploration with key stakeholders and elected members.

Meeting the needs of BME elders and other groups likely to be socially excluded such as people who are lesbian, gay, bisexual and transgender (LGBT) remained an area for development with activity to address the issue and engage with minority communities at a fairly early stage. The DHASS was the corporate lead officer on the equalities agenda but no culturally specific services had yet been developed as the focus was on addressing the challenge of identifying the needs and aspirations of the city's small and diverse BME population. York Race Equality Network (YREN) and other agencies were engaged in the Social Inclusion Working Group which was beginning to identify the needs of hard-to-reach communities. A BME elders group had been formed and two conferences under the auspices of YREN had been held. These were positive developments but there was much to do to ensure that strategic planning and commissioning was inclusive of the needs of the whole population.

There was a new sense of partnership between Housing and Adult Social Services and the single PCT at a strategic level. The formation of the joint commissioning group was a new and positive development. Four priority work streams had been agreed. This sense of a shared agenda had yet to pervade to operational service delivery. Strategic plans included good needs identification but were light on specifics with the need to develop more measurable objectives.

Good skills in the finance section had not always been used to best effect with financial expertise being brought in late in the process of the home care reorganisation when earlier involvement may have been helpful to the process and outcomes. Managers recognised that connectivity between finance, commissioning, performance management and operational services could be further strengthened. The introduction of the portfolio management board approach in the past 12 months created a structure more likely to achieve this although its impact on service development outcomes had yet to be fully demonstrated.

Business plans needed further development to act as effective drivers for improvement across all levels of service and to the frontline. The template for service plans was good giving a good base to build on but the contents of plans were not sufficiently developed or precise. Key baseline information was incomplete with customer measures and 50% of deadlines yet to be set. Plans reflected national indicators with scope to develop a suite of local indicators, lacked analysis of past performance against targets and did not include full details of how progress would be measured across all areas identified for improvement.

Human resource (HR) issues were managed corporately with the Head of HR recently being appointed following an 18-month vacancy. The corporate HR representative attended the directorate management team meetings regularly Directorate workforce planning activity had been undertaken although there was no workforce development plan in place. This was a deficit given the benefit of an effective workforce plan in delivering an ambitious change agenda requiring staff to develop a changing set of skills. An absence management strategy had had a positive effect in tackling the historically high levels of absence, reducing levels by 30 per cent, but long-term absences of some key managers and personnel had clearly inhibited developments particularly around performance management and quality assurance and we had some concerns about the impact on the delivery of future development and improvement.

There were some key deficits in relation to training and development. Although leadership and management standards training modules and NVQ4 were available, awareness of these opportunities among managers was low and the approach to management development was not robust. It was not clear how well-equipped managers were to take forward the agenda for modernisation and personalisation or support staff through change. No competencies had been identified for the undertaking of responsibilities of safeguarding investigations. Key staff had yet to receive safeguarding training. There was poor connectivity between the

PDR system and the development of training and development programmes with training and development that was on offer not necessarily matching the needs of the service.

The council had been slow in developing a performance management framework and culture within Housing and Social Services that ensured that staff at all levels understood their role and responsibility in contributing to directorate and council performance. Performance improvement plans did not cascade below service plan level and no development of team plans linked to national PIs and local performance improvement targets had taken place. Some of the practice was good because of the staff and the traditions, rather than because of the systems and management structures that were in place. There was no real connection between performance management and commissioning. Supervision focused on caseloads rather than comprehensively including safeguarding activity, performance management and personal development in relation to delivering service objectives. Frontline staff were receptive to a greater focus on performance management and welcomed the recent introduction of the business development team. Team meetings were felt to be becoming more productive and focused on better outcomes. The directorate was receptive to learning from external audit and inspection and had used tools from this inspection to positively evaluate practice and performance and identify some learning and areas for development.

4.2 Commissioning and Use of Resources

The Joint Commissioning Group with four priority work streams was a potential strength but was still at too early stage of development to have delivered positive outcomes. No overarching plan to bring the resulting projects together was yet in place and managers were still mapping out pathways and identifying service gaps. Commissioning services for older people was traditional in nature and whereas preventative and equipment services were well delivered, overall there was scope for much greater innovation and ambition at an individual and service level. Quality premiums had not yet been developed in commissioning services due to the current council fee structure. No joint commissioning posts were in place although there had been some early discussion about possible joint commissioning posts across intermediate care services. Other than for the Community Equipment service, no section 75 (s31) arrangements were in place due to financial problems in the health economy that have inhibited further similar developments across the partnership. There were examples of duplicated services and no older peoples' services were integrated. Positive developments in learning disability services eg introduction of Individual Budgets, were being used to develop personalisation models to inform improvements in older people's services.

The Joint Strategic Needs Assessment had been completed ahead of the due submission date. Intermediate care was providing a focus to improve joint work and formed one of the four priority work streams. There was not yet a clear understanding about how the strands of intermediate care worked together and where the interfaces were, with work still at the stage of mapping services. There was multi-disciplinary understanding

that the services lacked capacity for enablement and therapeutic provision to facilitate reablement and some discussion about the possible development of therapy specific elements in a new specialist home care worker role had taken place.

Overall, market stimulation and management was underdeveloped. Changes had been wrought in the home care market through the re-commissioning project and there had been some stimulation of dementia care provision through block booking arrangements. Partners were frustrated however, by the council's lack of response to proposals for new services to meet needs and perceived unwillingness to develop more creative and facilitative support roles in the community. Voluntary sector organisations reported that they did not feel like equal partners in developing the early intervention and preventative agenda and were often only engaged and consulted when there was a "done deal". Contracting arrangements were being strengthened but there was no contracting presence in LSAG or the SAB and contract staff were not be confident that they were sufficiently engaged in individual safeguarding cases.

Managers acknowledged the long-term commissioning plan for older people to be aspirational but lacking in financial detail and measurable objectives. The MTFP was focused on managing financial pressures rather than the realisation of service ambitions. The forecast in the council corporate plan and directorate financial report to elected members focused on cost and service pressures, proposals for saving resources and a borrowing plan rather than setting out the ambition to commission more effectively. Managers acknowledged that financial planning could be further developed to be more cross cutting, strategic and with finances linked more closely to activity and the delivery of service priorities.

Historically council expenditure on personnel social services had been low limiting developmental opportunity. Budget management was effective with sound arrangements. Training for budget managers in finance was in place with additional periodic practical workshops and the support of link finance officers. Budgets were not devolved as closely to operational decisions as they might be. Finance was a strength but the skills could be more effectively deployed to support the modernisation of services.

There were some sound arrangements for consultation with people who use services and older people more widely through the older peoples' assembly and forum. As a result of consultation, a new Supporting People handyperson scheme was to be introduced in October and a proposal developed to open a Centre for Independent Living by 2010. More needed to be done to develop consultation and communication with direct payment users and currently there had been no exploration of how to capture and learning from the experience of people experiencing safeguarding activity. A survey of home care, residential care and nursing care for self-funders has been undertaken with the independent sector with 55% respondents. The survey captured evidence from outsiders moving into York but as yet the key messages from this work are unclear.

Active York Partnerships across all sectors included the PCT. A number of positive initiatives across the city in promoting better health and wellbeing through increased activity included a volunteer-led walking programme which was benefiting older people and people with mental health problems. There were early indications that the joint funded Internet shopping service was a positive initiative. Sports and activities equipment had been introduced to a number of housing schemes for the tenants use. Neighbourhood action planning was acting as a positive means of channelling multi-agency intelligence across the Safer York Partnership. This work had strong elected member involvement. Early stages of the Capable Guardian project in the most deprived city ward had corporate council and multi-agency engagement. Two community facilitator posts were being funded through the social care reform grant to promote wellbeing and active participation in the community as part of the personalisation agenda across adult services. The website will be used as a key tool in taking this forward. Community matrons had worked well for health but less well in building up the links with social care and more could be made of this role in forging greater cohesion across disciplines at the frontline.

APPENDIX 1 INSPECTION THEMES AND DESCRIPTORS

INSPECTION THEME 1 (Core Theme) People Are Safeguarded	
1.1	Adults who are vulnerable are safeguarded against abuse.
1.2	Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues.
1.3	Workers are aware of and routinely use a range of preventative support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases.
1.4	Robust quality assurance processes are in place and working effectively.
1.5	Adult Protection Committees, or similar arrangements, are in place; they work effectively and accord to POVA requirements.
1.6	People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures.

INSPECTION THEME 3 People Receive Personalised Services	
3.1	All referral, assessment, care planning and review processes are undertaken with respect for the person and in a timely manner.
3.2	People with urgent social care support needs outside normal working hours are appropriately supported.
3.3	All people who use services and their carers: • need to 'tell their story' only once in having their social care needs assessed; • have care plans that include clear accounts of planned outcomes; • know how to access any records kept about them; and • have been offered advocacy services.
3.4	The range of services is broad and is able to offer choices and meet preferences in all circumstances.
3.5	All people who use services are aware of the availability of self-directed services and are encouraged to take up these services; they are able to continue to live in the environment of their choice.
3.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.
3.7	All people are clearly assigned to a team or manager for assessment, care planning, and service delivery.
3.8	Care planning and service delivery are holistic and effectively identify and meet individual needs.

INSPECTION THEME 4 People Have Access to Preventative Services	
4.1	The independence of all people who use services and carers is promoted consistently within all services. Well targeted initiatives in a wide range of areas: • meet people's care needs (appropriate to culture, religion, sexual orientation, gender and age); • minimise the impact of any disabilities; and • enable people to live their lives in the way they choose.
4.2	There is a successful focus on early prevention, which can be demonstrated to be reducing need for higher-level support in almost all relevant instances.
4.3	Where the council commissions services which do not require a formal assessment all people have easy access to these services, which meet their cultural and other needs.
4.4	Where the council commissions services which do not require a formal assessment the council and all people who use these services are satisfied with the care and support on offer and the council can evidence good outcomes from these services.

4.5	Care managers refer on to relevant non-care managed services all people who need them.
4.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

Leadership	
8.1	Highly competent, ambitious and determined **leadership skills** of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that [the selected themes[1]]. Senior officers make sure there is **effective staff contribution**, both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.
8.2	**Plans** to ensure the delivery of the selected themes **are comprehensive** and linked strategically and address key developmental areas. They identify **national and local priorities** for the selected themes[2]. Realistic **targets** are being set and are being met. Coordinated working arrangements across the council and with external partnerships are reflected in **strategic planning** to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.
8.3	There are the **people, skills and capability** in place at all levels to deliver **service priorities** and to maintain high **quality services** to ensure the good outcomes in the selected themes.
8.4	**Performance Management, quality assurance**, and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.

Commissioning and Use of Resources	
9.1	The council, working jointly with relevant partners, has a detailed **analysis of need** for the selected themes with comprehensive gap analysis and **strategic commissioning plan** that links investment to activity over time. Expenditure on relevant services reflects national and local priorities and is fairly allocated to meet the needs.
9.2	The council secures services relating to the selected themes at a **justifiable cost**, having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust **financial management planning and reporting systems** in the services delivering the selected themes.
9.3	The council makes sure that all people who use services, carers groups and staff groups relevant to the selected themes are integral to the commissioning process through **consultation, design and evaluation of service provision**. There is evidence that the council has information about costs in relation to quality and these are used in strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of the selected themes.
9.4	The council has a clear **understanding of the local social care market** relating to the selected themes and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. Optimum use is made of **joint commissioning and partnership working** to improve the economy, efficiency and effectiveness of the selected themes. Informed choices are made about the balance of cost and quality in commissioning and de-commissioning services.

[1] People are safeguarded / people receive personalised services / people have access to preventative services.
[2] Safeguarding Adults / Delivering personalised services / Prevention

APPENDIX 2 METHODOLOGY

This inspection was one of a number inspections carried out by the Commission for Social Care Inspection (CSCI) in 2008 under the Independence, Wellbeing and Choice agenda[3]. The aim of this inspection was to evaluate how well adults were safeguarded by City of York and how well City of York were meeting the needs of older people in relation to:

- personalised services; and
- preventative services.

The inspection had a particular emphasis on improving outcomes for people. The views and experiences of adults in need of community social care services were at the core of this inspection.

An inspection design team created the inspection methodology. The Themes and Descriptors (see Appendix 1) were developed from the CSCI's Outcomes and Descriptors[4].

The inspection team consisted of two inspectors from CSCI and an 'expert by experience'. At the beginning of the inspection process, we invited the council to provide evidence, supplementary to that provided in their annual self-assessment survey, related to the focus of the inspection. Before the fieldwork, we reviewed all available evidence on the performance of the council.

We sent questionnaires to 150 older people who use services. The results from these questionnaires helped us to identify areas for exploration during the fieldwork.

The fieldwork consisted of 5 days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

- people who had experience of receiving services
- organisations which advocate or represent people who use services and carers' interests
- council staff
- key staff in other parts of the council and partner organisations

[3] Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).
[4] CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07